Academy News

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Advancing the Vision of Implant Dentistry

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Special Feature

Implant-enhanced orthodontics

By Frank J. Celenza, DDS

The advent and success of implants has elevated the very practice of dentistry to new levels. Our patients are better served, and we can offer treatments that restore form and function in situations that were largely unmanageable not very long ago. In particular, the surgical and restorative specialties of dentistry have undergone dramatic transformation as they have risen to the challenges of implantology.

Frank J. Celenza, DDS

As a Periodontist, I have experienced the evolution the specialty has undergone and have adapted to the introduction and development of new procedures and thinking. I have observed and worked with many restorative colleagues who have similarly entered and embraced this challenge. However, the practice of orthodontics has responded to implantology only in seemingly collateral fashion, until recently. The purpose of this article is to delineate how I now see the specialty of orthodontics poised to enter an era of implant-enhancement.

Historically, for many orthodontists, the inclusion of implants into treatment plans was strictly to facilitate tooth replacement, either in response to congenital absence, or to permanent tooth loss for a host of reasons. Consequently, they have geared orthodontics toward making space and aligning roots to allow proper implant placement. Treatment plans included implants but rarely used them to facilitate orthodontics.

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Dallas site of 2002 Annual Meeting

Turn to page 13 for a preview of the 2002 Annual Meeting in Dallas

Academy News

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Past Presidents' reflections on the Academy —

By Dr. Dayn C. Boitet

As we prepare for the Academy's seventeenth Annual Meeting in Dallas, March 14-16, 2002, it is important to reflect on where we are going and where we have been.

Dr. Dayn Boitet

The Academy of Osseointegration began as the Delaware Valley Study Club, a small group of dental professionals graced with the vision to see where dentistry was heading. Their discussions led to our first Annual Meeting, 1986, in Chicago. Their leadership and foresight gave impetus to the Academy's growth.

To give these reflections the benefit of historical perspective and continuity, I contacted several Academy past presidents and asked for their comments on accomplishments and future directions.

Following are excerpts from responses received. In fairness to past presidents who did not have a chance to respond, our publication deadline was very tight. I have arranged the past presidents' comments chronologically from the earliest president who responded (Dr. **Paul H.J. Krogh**) to the immediate past president (Dr. **Melvyn S. Schwarz**):

Dr. Paul H.J. Krogh

"...osseointegration has been taken to levels unimaginable when Dr. Brånemark introduced it in the United States in 1982."

"As one looks forward to the scientific program for the upcoming Annual Meeting in Dallas, it is apparent that osseointegration has been taken to levels unimaginable when Dr. Brånemark introduced it in the United States in 1982. Aesthetic results, bone and soft tissue grafting to recreate dentoalveolar structures and long-term functional successes that exceed other implant surgical techniques are just a few of the advances we have witnessed. The Academy is the principal forum for the dissemination of new knowledge and techniques. Because of this, we are now able to provide services for our patients that were inconceivable 20 years ago. I have confidence that the Academy will continue in its role as the leading implant organization in the country." — Dr. **Paul H.J. Krogh**, Washington, DC, President, 1988-89

Northshore Dental Labs Ad

accomplishments and future directions

"I believe the Academy should consider expanding its focus to include more emphasis on endpoint satisfaction and life quality improvement for our completed implant patients. We could key on pictures and stories of patients happy with their implants in *Academy News*, patient promotional literature, annual meeting programs, and pieces prepared for the public. For example, we could feature a patient photo on the newsletter's cover, with an inside cover story." — Dr. **Thomas A. Collins**, Springfield, MO, President, 1993-94

Dr. Thomas A. Collins

"I believe the Academy should consider expanding its focus to include more emphasis on endpoint satisfaction and life quality improvement..."

"The AO has become the pre-eminent scientific organization in implant dentistry. While this is both encouraging and flattering, it should not allow us to become complacent regarding the challenges ahead. AO must continue to present the best and most scientifically credible osseointegration meeting anywhere. Our mission to continue to foster research through expanded incentives and programs which encourage young investigators and produce evidence-based reports is also important. The current trend toward supporting the activities of the Osseointegration Foundation is encouraging and should be enhanced with future collaborative efforts." — Dr. **Stephen M. Parel**, Dallas, TX, President, 1994-95

Dr. Stephen M. Parel

"The current trend toward supporting the activities of the Osseointegration Foundation is encouraging and should be enhanced with future collaborative efforts."

"AO has been the sole organization that truly provides a multi-disciplinary environment for learning. The Annual Meeting is the thrust of our entire organization. I have attended multiple lectures given by individuals from other specialties and found that they provide informative presentations to benefit clinicians across the board. This is very rare in other organizations. Because of AO, my practice and my communication with professionals in other fields crosses traditional barriers. As a result, patients are the ultimate beneficiaries. AO is an organization that continues to rise above others in the restoration of patients using endosseous implants and associated materials." — Dr. **Michael S. Block**, New Orleans, LA, President, 1995-96

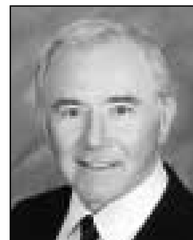
Dr. Michael S. Block

"Because of AO, my practice and my communication with professionals in other fields crosses traditional barriers."

"AO has embarked on implementing its ambitious strategic plan, calling for a host of initiatives in four general areas: education, facilitating research, implant treatment marketing and Academy promotion. As we reach these goals, AO will continue to maintain its position as the premier organization for providing educational opportunities in the clinical application of implant sciences. We have the experience and the intellectual resources to further advance and expand our program offering. High-quality scientific meetings will continue to be an Academy hallmark. Additional regional conferences and focused courses will further strengthen the Academy's role in implant education." — Dr. **Bejan Iranpour**, Rochester, NY, President, 1998-99

"Two major trends now evident throughout the health care disciplines will continue to impact dentistry in the future. One is increasing sophistication through application of new emerging technologies. The other is a trend toward general practitioners doing more treatments themselves. While these two trends may seem contradictory, AO's challenge will be to help maintain a high-quality standard of care through its educational initiatives to specialists and generalists alike." — Dr. **Melvyn S. Schwarz**, Torrance, CA, President, 2000-01

Dr. Melvin S. Schwarz



"AO's challenge will be to help maintain a high-quality standard of care through its educational initiatives to specialists and generalists alike."

Thank you, Paul, Tom, Steve, Mike, Bejan, and Mel for your wisdom and your continued contributions to AO and implant dentistry. Your unselfish efforts strengthen the Academy and help us better serve our patients.

In closing, let me comment briefly on the disastrous events of September 11. This tragedy struck at our nation's soul. Please take time to read Dr. **Vincent Celenza's** moving commentary from New York and to remember **Thomas E. Burnett**, a person well known to many of us, who was one of the heroic victims. On behalf of the Academy's officers and members, we ask the families and friends of everyone touched directly by this vicious act of terrorism to please accept our sincere condolences. May it comfort you to know that you are not alone at this time, as our thoughts and prayers are truly with you.

Former Calcitek executive Thomas E. Burnett, Jr. dies trying to thwart hijackers aboard United Flight 93

A medical products executive well known to many Academy members died tragically and heroically aboard terrorist-hijacked United Airlines Flight 93, bound from Newark to San Francisco before it crashed September 11 near Shanksville, PA.

Thomas Burnett

Thomas E. Burnett, Jr., 38, of San Ramon, CA, was vice president of sales and marketing for implant manufacturer Sulzer Calcitek from 1989-96 before leaving to become senior vice president and chief operating officer at Thoratec Corporation, which makes cardiovascular devices. On September 11, he was returning home from a visit to Thoratec's Edison, NJ, office.

Burnett used a cell phone to call his wife, Deena, four times from the hijacked airliner first just reporting the hijacking, later asking for information about the World Trade Center disaster, eventually suggesting the passengers on Flight 93 were formulating a plan to respond, according to a report in *The New York Times.*

He told his wife that the terrorists had already fatally stabbed one passenger but that a group was "getting ready to do something," *The Times* reported. "I pleaded with him to please sit down and not draw attention to himself," Mrs. Burnett, the mother of three young daughters — Halley, Madison and Anna Clare — told a San Francisco television station. "And he said: 'No, no. If they're going to run this into the ground we're going to have to do something.' And he hung up and never called back.

"I could tell that he was alarmed and trying to piece together the puzzle, trying to figure out what was going on and what he could do about the situation," Mrs. Burnett said. "He was not giving up. His adrenaline was going. And you could just tell that he had every intention of solving the problem and coming on home," *The Times* article quoted her saying.

An Academy member who knew Burnett well, Dr. **Michael S. Block,** New Orleans, said his Calcitek responsibilities involved liaison with dentists, university professionals, clinics, engineers and researchers. "Tom was very friendly, intelligent, dynamic. He would listen, assimilate what you said, and take information back to others in the company. I could see Tom assessing the situation on that airplane and coming up with a plan," Dr. Block said.

"This man was a genuine hero," said Dr. **Steven E. Eckert**, Rochester, MN. "It has become clear that the efforts of a few folks aboard the plane that crashed in Pennsylvania probably saved the lives of many people on the ground."

"Tom's spirit inspires us, and his selflessness portrays the very noblest of American values," said a paid notice published in *The Star Tribune*, Minneapolis. Memorials may be sent to the Thomas E. Burnett Jr. Family Memorial Fund, c/o BIBC, Oppenheimer Corp., Account #074-17387-10, 580 California St., Suite 2300, San Francisco, CA 94104 or Poor Clare Monastery of Bloomington, 8650 Russell Ave. S., Bloomington, MN 55431.

The hero that lies within:

A New Yorker's reflections of 9/11

By Dr. Vincent Celenza (and staff)

September 11, 2001 was a day that shook the entire world. Only moments before the tragedy was to unfold, Americans everywhere were enjoying the security and safety of our carefully carved out lifestyles. Suddenly our safe warm place didn't feel so safe and warm anymore. Change was forced upon us, and we have been reluctant to accept it. We can ask, "why?," but satisfactory answers are not forthcoming. Everything is different and not likely to return to what we knew anytime soon.

In the meantime, there is a crisis to deal with in lower Manhattan. Suddenly, the world is focusing on this city. Everyone is watching to see what New Yorkers will do. What they see are heroes of every kind: Firefighters, policemen, volunteers from all over, doctors, medics, hospital workers and more. And there is leadership. Mayor Rudy Giuliani immediately set the tone and, in a mood of mass cooperation, most listened and followed his example. So much blood was given immediately by New Yorkers that the banks had more than they could use and we were asked to hold off for a while.

There are heroes that don't even know they are heroes yet. Like the 40 or so pregnant wives of men who never returned from work that day. These courageous women will be raising children alone. Or the thousands of children who may never accept that their dad or mom is not coming home.

Newspapers, television, and magazines covered most of what was going on. A lot of the video footage was done and redone until we just couldn't bear it anymore. To say that the media have sensationalized these events is probably unfair, given that this is the most shocking and horrific attack any of us has ever seen. The coverage was, and continues to be, very complete and well done. What is only briefly mentioned in the news is the attitude change we

… continued on page 7

Can a coach improve your game?

By Dr. David Guichet

Tiger Woods can't see himself swing. Pavoratti can't hear himself sing. Michael Jordan can't see himself on the court. To keep themselves at the top of their games, each of these individuals has a coach. Any professional who really cares about top performance should have a coach. A coach is someone fully and unconditionally committed to the best performance of the individuals they are coaching. A coach can see the individual in action and communicate in a certain fashion that results in top performance and outstanding results.

Dr. David Guichet

You are responsible for your organizational effectiveness. You are accountable for your practice success. Do you function at the peak of your performance capability? If the answer is "no" or "inconsistent," then a coach may be able to help you achieve your goals. Like top athletes, professionals committed to peak performance can benefit from executive coaching.

> "Coaching helped me to provide effective leadership and devise a phased strategy to train, implement and adjust the new technological processes."

What is executive coaching? According to Dr. **Marc Cooper**, president and founder of EMiSAR, an executive development and performance coaching/consulting firm, coaching is a rigorous process and a unique relationship. It produces highly effective thinking and powerful action in executives, providers and staff. Coaching is based upon particular interactions between the coach and the "player"–interactions that yield the perceptions, understanding, and actions that deliver results.

In our group practice, we had chronic issues with our inability to train and develop computer-savvy dentists and staff. We had top-of-the-line high technology systems, but we couldn't manage their integration with the doctors, hygienists, registered dental assistants, laboratory technicians and the entire practice staff. Coaching helped me to provide effective leadership and devise a phased strategy to train, implement and adjust the new technological processes. At first, changes were difficult, but in relatively short time we achieved a new level of effectiveness and efficiency.

Business management experts utilize human performance technology to improve their human resource effectiveness. In dentistry and in health care in general, we are not introduced to this technology and we, therefore, do not consider it as a first line to improve our performance. Today, coaching is becoming more popular, and many are consulting with professional coaches

I like to use a sports analogy to explain what the coaching experience provides. First, it helps the "player" to understand the playing field and know the rules of the game. Second, it helps to keep the ball on the field (provides focus). Third, it assures that the ball continuously moves down the field toward the goal (provides direction). And fourth, executive coaching generates a creative process to identify future goals (creative business and development strategies).

How does one get access to coaching? Learn more online at www.nvo.com/emisar.com, www.mha.org, or health caredynamics.com or email me at dguichet@ngaseminars.com, and let me try to answer your questions.

The hero that lies within ... continued from page 5

are all witnessing in one another. As health care deliverers, we see many people each day. Everyone has a story they feel compelled to share. Our staffs comfort and empathize. There isn't much we can do, but we do what we can in that moment. I can't help but notice that there seems to be more time for people these days. More patience, much more tolerance.

This city has always been in the fast lane. It is famous for its pace. It prides itself on its "never have time to stop" attitude. Bold, impertinent behavior is more accepted here than anywhere on earth. We have a reputation, you know: This is New York City. Well, lately, some of this has changed. Information operators and cab drivers are different not gushy, but more civil. There is an air of greater cooperation, a helpfulness and an air of mutual respect, which is very refreshing.

As we wrestle with our new reality, we make our adjustments. We have entered an era of reprioritization. A time for rethinking and a time to figure out what is really important and what doesn't have the urgency we once thought it had. I believe we have come to cherish our freedom more than ever before. Have we ever witnessed a greater feeling of patriotism? It's not the first time for some, but in this generation it is definitely a new emotion. We now realize how much we have taken for granted. Our lifestyles, our friends, our staffs, even our families. As we come to appreciate the most important things in our lives as never before, let us as educated professionals lead by example whenever and wherever we can. Every exchange with another person is an opportunity to make a difference. Speak to your excellent staffs and empower them to do the same. We are all heroes if we can learn to love one another.

As John Lennon so beautifully put it: *"Imagine all the people living life as one....*

"You may say that I'm a dreamer, but I'm not the only one."

Implant enhanced orthodontics... *continued from page 1*

Placement of implants to facilitate orthodontics

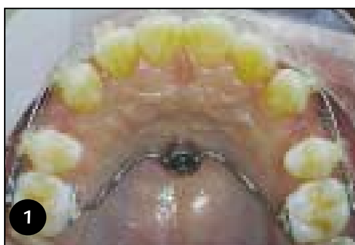
The placement of implants for the express purpose of facilitating orthodontics, actually employing implants as part of the mechanotherapy, has only recently begun to develop. The ultimate extension of this change in thinking would be the placement and use of types of implants designed expressly for orthodontic purposes, with no intention to restore or even retain such implants. When one considers some limitations involved with orthodontic therapy and couples that with the features of implants, one can begin to appreciate the potential of implant-enhanced orthodontics.

Newton's third law states that every action is accompanied by an equal and opposite reaction. Orthodontists are continually reminded of this. We design and adjust our appliances with this knowledge firmly entrenched in our mind. We address Newton's third law by managing "anchorage," which is defined as a body's resistance to displacement.

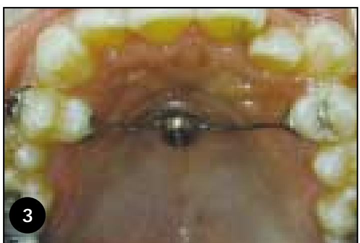
> "If one considers that this technology is still in its infancy, it becomes apparent that the future will bring many exciting and innovative developments in this area."

We manage tooth movement by pitting anchor segments that resist movement against active segments that we intend to move. For instance, the anchor segment may comprise more teeth than the active segment. Or, the active segment may be broken down and teeth moved individually, ensuring that we preserve the anchor segment.

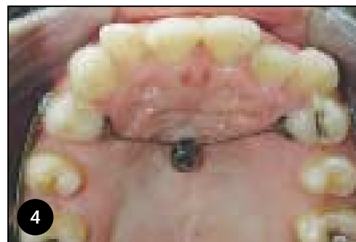
1) Typical setup for indirect anchorage to retract anterior teeth. Transpalatal arch is soldered to mid-palatal implant abutment and bonded to palatal surfaces of molars thereby preventing mesial movement. Force is applied to retract anterior teeth.



2) Post-retraction result. Extraction spaces are closed. Interarch elastics were used to effect similar space closure to lower arch. Cephalometric analysis shows that posterior dentition remained stationary throughout.



3) Indirect anchorage to effect posterior movement. Transpalatal arch is bonded to bicuspid teeth; coil springs along buccal will drive posterior teeth distally.



4) Result of distal driving. This type of movement, which is normally very difficult to achieve, is accomplished here without even placing appliances on the anterior teeth. Next phase of alignment anteriorly can now be accomplished with space that has been gained, obviating need for bicuspid extractions.

Further, innumerable modifications to appliances and auxiliary devices are designed to augment anchorage (such as transpalatal arches, headgears, lip bumpers and many others). Many, if not all, of these modifications require operator skill to manipulate effectively, or can be cumbersome and awkward to the patient. Lastly, when patient compliance enters the picture as an essential element, the treatment outcome can become considerably compromised.

Implants as anchor units in two situations

In two important situations, we can employ implants as anchor units: "Direct or indirect anchorage." "Direct anchorage" is a situation in which anchorage is enhanced by using forces that originate from the actual implant. This may take the form of a dental implant that is restored or provisionalized. An orthodontic bracket is bonded to the restoration, and pressure or tension applied using conventional braces. The implant does not respond to these stimuli the way a tooth does, and remains quite stable, allowing it to function as an anchor, as the natural teeth are moved. The use of an implant in this sense has proven to be effective and predictable. It can even simplify and streamline the orthodontic appliance.

A second, and particularly interesting offshoot of this technique is the situation known as "indirect anchorage." We define this as enhanced anchorage using an implant to stabilize dental units which, in turn, serve as the anchor units. This means that an implant is placed, possibly not even in a tooth location, and then joined by means of an arm or a wire to the natural teeth, which it thereby serves to stabilize. These stabilized teeth then serve as very stable anchor units. Examples of locations for indirect anchor implants would be mid-palatal and retromolar regions. The advantages of employing such implants from an orthodontic sense are very exciting.

Experience with palatal implants

My personal experience centers mainly on the use of palatal implants. I have found these implants to be simple to place, utilize and remove. Success rates are very high, as is patient tolerance. Orthodontic management is simple, in fact; the entire appliance is often far easier to adjust and service. Many subtleties such as intricate wire bending are obviated.

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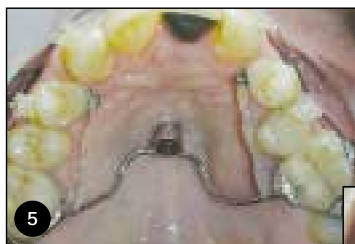
The mid-palatal implant should be an endosseous design, as we would expect from our experiences with dental implants. The Food and Drug Administration currently approves them only for adults, as the effects they may have on the mid-palatal suture, often not yet fused in adolescents, are still uncertain. Soft tissue management in the palatal environment is simple; punch and place implants are the norm for this region. Integration is usually uneventful, and impressioning can be performed with confidence at the eight-week period.

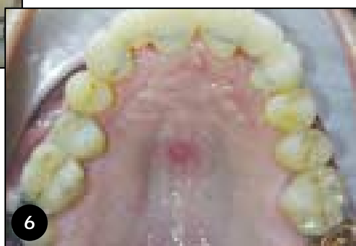
During this period of integration, early phases of orthodontic preparation can be carried out, so that the implant does not add to the treatment time. Once attached to the appliance and loaded, the implant serves as a stable unit and requires minimal monitoring. Post-orthodontics, the implant is explanted, and healing is usually rapid and uneventful. Morbidity associated with the placement and removal of mid-palatal implants has been negligible in my experience, and confidence is further reinforced with the knowledge that vital structures are non-existent in this area.

Dual specialist's view of implants

As a dual specialist, I have experience with these devices from both sides of the fence. Whereas it is a great advantage that these implants are easy to manage from a surgical standpoint, their real beauty lies in what they offer from the orthodontic perspective. The most obvious and first feature that many of us can identify is the elimination of patient compliance. This places control of the appliance entirely in the hands of the operator, affecting outcome immeasurably in many instances. However, many other benefits become apparent as one gains experience in this area.

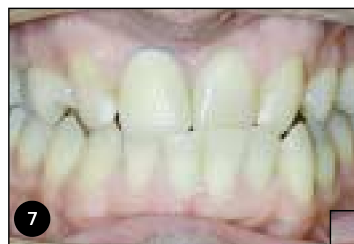


5) Orthodontic setup including indirect anchorage. Appliance will be activated to derotate bicuspids, retract cuspids and flair central incisors to jump crossbite. Movement will be accomplished simultaneously due to sufficient anchorage gained from palatal implant.

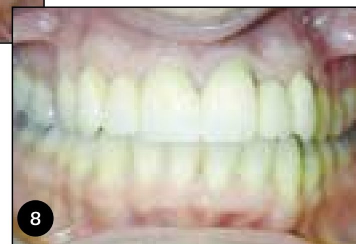


6) Post-orthodontic result, with anterior provisional bridge in place. Palatal implant had been explanted uneventfully four weeks prior.

Most importantly, case types and outcomes that were previously unattainable are now considered firmly within the realm of feasibility. Cases in which dentitions were either mutilated or insufficient in terms of anchorage potential can now be implant-enhanced, thereby offering opportunities that didn't previously exist. This can apply both to the enhancement of posterior anchorage (for anterior retraction) and of anterior anchorage (for posterior protraction).



***Before:** 7) Pretreatment photograph of adult male patient with anterior crossbite and congenitally missing lateral incisors. Cuspids are in lateral positions, first premolars severely rotated.*



***After:** 8) Anterior view showing that crossbite was jumped and space for lateral incisor provided by anterior protraction.*

(Restorative dentistry by Dr. Marc Sclafani, New York, NY.)

Treatment time reduced, steps expedited

Treatment time can be decreased considerably, as movements that previously required sequential steps can now be achieved en-masse, or simultaneously. This occurs because the implants have proven to withstand orthodontic loading quite comfortably, and so anchor preservation is no longer necessary. The result is that many steps can be expedited.

In addition, appliance design can be greatly simplified. For example, oftentimes we place appliances in both arches so that patients can wear intermaxillary elastics. Single arch mechanotherapy using indirect anchors can now treat many of these cases. Not only is compliance eliminated, but also the appliance is considerably streamlined.

Many of these observations come from my personal experiences employing implants as anchors, both in the direct and indirect sense. Whereas my appreciation of the power of these modalities is what drove my original involvement, upon reflection I have come to appreciate far greater potential than I had first anticipated. If one considers that this technology is still in its infancy, it becomes apparent that the future will bring many exciting and innovative developments in this area. It is for this reason I feel that orthodontics is about to undergo considerable transformation, perhaps as profoundly as did other specialties.

Frank J. Celenza, DDS,
Orthodontist/Periodontist, practices in New York City. He is associate clinical professor at the New York University School of Dentistry and president-elect, Northeastern Society of Periodontists. A sports car racing and bicycle enthusiast, he is a two-time Michelin One-Lap of America competitor and Double Metric Century Cycling Club member.

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Committee Spotlight

Dr. Robert Garfield finds second career as consultant, tutor, technician, committee chair

Robert E. Garfield, DDS, has created a complete facility in his Los Angeles home to offer instruction on implant dentistry and laboratory technology. His clients are dental colleagues who have encountered problematic cases, beginners, or dentists who need special custom abutments or retrofitted components for existing prostheses.

Since a 1990 accident popped a central retinal vein in his left eye, forcing his early retirement from clinical practice at age 53, Dr. Garfield has found many ways to apply his expertise in implant dentistry, occlusion, periodontal prosthesis, and their technical aspects.

An important commitment is serving the Academy as the chair of its Ad Hoc Committee on Regional Meetings. The Committee attracted more than 100 registrants to its first regional meeting last May in Los Angeles. AO now plans additional regional meetings for 2002, coordinated by Dr. **Jay R. Beagle** in Indianapolis, and by Drs. **Peter Passero** and **Abraham Ingber** in Washington, DC.

AO also keeps Dr. Garfield busy planning annual meeting technology programs, an involvement that grew out of his personal interest in the "arts and crafts" of implant dentistry.

Injury destroyed central vision

"My injury destroyed the central vision and with it the fine depth perception needed to safely perform clinical dentistry. At first, I was psychologically devastated when I realized that I could not continue my clinical practice. Later, I realized that I could still pursue my lifelong arts and crafts skill as an implant laboratory technician and clinical tutor.

"I became aware early of the importance of involving the dental technician as a full partner on the implant team. I found it a pleasure to do laboratory procedures myself, even when I had two full-time technicians in my office. I enjoyed making crowns, shaping wax, making castings. It was so interesting to me that deepening my involvement in the technical side afforded a comfortable transition from practice to my new career as consultant, teacher and technical support professional," Dr. Garfield says.

Dr. Garfield grew up in the Los Angeles area and earned a BA at UCLA. He received a DDS degree at Northwestern University Dental School, Chicago, before entering the U.S. Navy Dental Corps in 1963. After his discharge from active duty in 1965, he joined the faculty of the UCLA School of Dentistry in fixed prosthodontics. He gained valuable experience in clinical dentistry and laboratory technology, learning to be a ceramist and framework technician.

Technicians work at chair

When he established a private practice in the early 1970s, Dr. Garfield continued to do lab work. "I trained our technicians to work at the chair to learn more about the overall picture. It produced a very efficient system. I could see things technicians didn't understand about dentistry, and they taught me things dentists don't understand about technology. That's why I have been encouraging AO to develop these dental technology programs," he says.

Dr. Garfield remembers first hearing about predictable dental implants in 1982, as Dr. **Per-Ingvar Brånemark's** pioneering work began to receive notice in dental journals. "We were on the lookout for the new term 'osseointegration', and we started seeing articles about those implants. It was a very exciting time. Implants entered a huge growth phase. They entirely changed the way we treat dental restoration cases," he says.

Dr. Garfield joined AO in 1989. "I especially remember how Dr. **Charles Berman** (New York, AO President, 1992-93) and Dr. **Irving Stern** (Medina, WA, AO President 1991-92) encouraged my interest in AO and implant dentistry. I signed up for committees, explaining that I had more time to give after retiring from clinical practice. I have been quite busy ever since," says Dr. Garfield.

The California Academy of General Dentistry (CAGD) gave Dr. Garfield its "dentist of the year" award in 1996, after he served as president. He currently serves on the CAGD Board as Associate Editor of the "GP News" and coordinator of the AGD Master-Track continuing education program in California.

When he's not involved in things "dental," Dr. Garfield enjoys traveling with his wife, Arlene, a dentist's daughter "who understands what we go through." He is an avid daily runner and enjoys reading about history.

AO offers patient information brochures

The Academy of Osseointegration offers members an assortment of patient education publications at discount prices. They include:

- *Dental Implants: The Modern Solution to an Old Problem* a non-system-specific, pre-treatment brochure designed to provide patients with an overview of implants, placement and benefits.
- In-Treatment Patient Education Handbooks/Informed Consent Augmentation designed to answer the most frequently asked questions and augment the informed consent process.
- *Home Care for Dental Implants: Protecting Your Investment* the only comprehensive post-treatment implant hygiene handbook designed for patients.

To place an order, use the enclosed order form, call the Academy of Osseointegration at 630/627-4475 or log onto the Academy's Website, www.osseo.org.

Board revises criteria for election as Fellow

The Academy's Board of Directors has approved a revision of the criteria for election as a Fellow. The Fellow membership category was created to recognize individual performance and achievements in the field of implant dentistry and encourage member participation in the activities of the Academy and the Osseointegration Foundation (OF).

Applicants for Fellowship must have been Active members for a minimum of five years and must have attended at least five annual meetings. Applicants must also have accumulated 10 points from 5 of the following activities:

- Served on AO Board of Directors (3 points per completed 3-year term);
- Served on OF Board of Directors (3 points per completed 3-year term);
- Actively served on a committee (1 point per completed term, requires letter from the committee chair);
- Served as Annual Meeting Chair (3 points);
- Served as council/committee chair (2 points);
- Presented or served as a moderator at an annual meeting (1 point per meeting);
- Published an article in an implant dentistry refereed journal (1 point per article);
- Presented a table clinic or poster session at an annual meeting (1 per meeting);
- Presented or served as a moderator at one of the regional meetings (1 point);
- Served as Osseointegration Foundation President (3 points per completed term).

Members who believe they may qualify for Fellowship may complete an application form available from the headquarters office. Applications are verified at headquarters and forwarded to the Credentials Committee for evaluation. Fellows must be elected by the Board. A special Board vote is also required to grant Life Member status.

The Academy currently has 75 Fellows, of whom 6 have Life Member status.

Friadent Ad

Annual Meeting to showcase future of implant dentistry, March 14-16, in Dallas

Among the many highlights of AO's 17th Annual Meeting in Dallas, TX, attending surgeons will gain a first-hand look at the specialty's future with the forward-looking symposium "Challenges on the Horizon."

This opening symposium, held Thursday, March 14, 2002, and moderated by Dr. **Michael S. Block**, New Orleans, LA, will cover soft tissue engineering applications, shed new light on advances in bone and soft tissue reconstruction, and gene therapy for alveolar bone engineering with renowned experts Drs. **Michael McGuire, William Giannobile** and **Daniel Buchbinder**, New York City.

According to Program Chair Dr. **Clarence C. Lindquist**, Washington, DC, the program comes at a critical time in the specialty's history.

"The procedures covered in this symposium are becoming more important to our profession as every day passes," he said. "As we become more familiar with these treatments, we can provide specially-designed options to maximize the quality of care for patients with specific needs."

On the heels of last year's meeting's success, AO will again offer a three-track educational program on Saturday, March 16, broken down into key segments of implant dentistry: Core Curriculum, Surgical and Restorative.

Dental technology programs

Friday, March 15:

- *Treatment Planning and Team Communication, Laser Welding, Prosthetic Materials, Framework Fitting and Coordination of Therapy* – **Frederick Latham**, CDT, St. Leonards, Australia.
- *Precision Implant Placement Through Collaboration Between the Laboratory Technician and the Surgeon* – Dr. **Phillip Watkins** and **Marshall Goldberg**, CDT, Dallas TX.
- *Communication Within the Implant Team From a Technician's Point of View* – **Darrel Clark**, CDT, Weatherford, TX.

Saturday, March 16:

- *Biomechanics and Function in Implant Dentistry* – Dr. **Charles English**, Herber Springs, AR.
- *Teamwork and Creativity for Implant Dentistry* – Dr. **Robert Vogel**, Rancho Santa Fe, CA, and **Renzo Casellini**, Los Angeles.

View Annual Meeting highlights on CD-Rom

Highlights of the three-track scientific program from AO's Toronto Annual Meeting are now available on CD-Rom. The two-disc set gives members a unique opportunity to hear state-of-the-art lectures and view speaker slides from home or office.

These CDs allow members to begin anywhere in a presentation; pause, rewind, fast forward or exit from any point; and search via subject, keyword, title or author.

Academy members pay only $175 (non-members, $200). Add $15 for shipping outside the U.S. For more information, contact the Academy of Osseointegration at 800/656-7736.

The Core Curriculum track will appeal to practitioners new to the field of implant dentistry, help them further their careers and strengthen the Academy's position for the future.

"Our three-track format provides a valuable opportunity for members to create their own educational program and help advance their individual practices," said Dr. **Stephen L. Wheeler**, Encinitas, CA, Annual Meeting Chair. "Implant dentistry professionals may choose to follow one specific track or pick and choose individual programs from each."

Other highlights include:

- **Corporate Forum** – The Corporate Forum will allow attendees to gain insight on the latest research and development efforts from manufacturer-hosted educational seminars. Participating companies include 3i, Astra Tech, Bicon Dental Implants, Friadent, LifeCore Bio Medical Inc., Nobel Biocare, Straumann USA and Sulzer Dental. (Thursday, March 14)
- **Point/Counterpoint Sessions** designed to provide a forum for rigorous debate on implant dentistry issues. Topics for discussion include *Immediate vs. Delayed Loading*, Drs. **Paul Schnitman**, Wellesley Hills, MA, and **Torsten Jemt**; *Screw Retained vs. Cemented Restorations*, Drs. **Edwin McGlumphy**, Columbus, OH, and **Kenneth Hebel**, London, Ontario, Canada; and *Occlusal Overload and Crestal Bone Loss – Fiction or Fact,* Drs. **Dennis Tarnow**, New York City, and **Carl Misch**, Birmingham, MI. (Friday, March 15)
- **Limited Attendance Lectures** will allow AO members the chance to discuss recent breakthroughs in the field with invited speakers in smaller, more intimate settings. (Friday, March 15)

Sessions geared toward effective teamwork between surgeons and dental technicians will be offered throughout the Dallas meeting. According to Dr. Wheeler, surgeons are recognizing the importance technicians play in the treatment process as increasingly complex procedures become commonplace. Technicians are often the ones who develop templates for implant procedures.

Complete program and registration materials are being mailed to all AO members. For further information, contact the Academy's executive offices at 847/709-3030, or log onto the AO Website (www.osseo.org).

Student Profile

Harvard's Dr. Sang Park wants it all: teaching, clinical practice, research

Dr. **Sang E. Park**, Boston, MA, one of the Academy's new student members, believes she has the best of three worlds every week: two days teaching at the Harvard School of Dental Medicine, two days of clinical practice with the faculty group, and one day to continue her research at the Massachusetts Institute of Technology (MIT).

Dr. Sang Park

"I never get bored," says the finalist in the 2001 John J. Sharry Prosthodontic Research Competition, sponsored by the American College of Prosthodontics (ACP).

At AO's 2001 annual meeting, Dr. Park had a table clinic presentation, "Angulation Correction Through Abutment Selection Using the New ITI SynOcta Implant System." Dr. Park's special research interest involves the development of new synthetic resins for use with dentures and other prostheses. She is working on incorporating a negative charge into the resins that will repel microorganisms and fight disease.

"There's so much potential for the research we are working on in collaboration with MIT," she says. "Its applications extend beyond dentistry. The new research we are working on involves the use of the atomic forces microscope to measure physical and chemical properties at the molecular level. It can revolutionize the way we study materials in dentistry."

Her dissertation for a Harvard Master of Medical Sciences in Oral Biology was on the topic, "Surface charged poly (methyl methacrylate) impacts Candida albicans adhesion."

> "The new research…involves the use of the atomic forces microscope to measure physical and chemical properties at the molecular level. It can revolutionize the way we study materials in dentistry."

What impresses Dr. **Paul A. Schnitman**, Wellesley Hills, MA, most about Dr. Park is her enthusiasm for teaching, research, clinical practice, prosthodontics, and implant dentistry. "She's very committed to a future in academic dentistry," says Dr. Schnitman, one of Dr. Park's faculty supervisors. "She's an excellent clinician, and her research is leading edge. She sops up information like a sponge. She's a very pleasant person. She's easy to work with and a pleasure to teach," he adds.

Dr. **Hans-Peter Weber**, Boston, Chairman of Harvard's Department of Restorative Dentistry, adds: "We are very proud to see how Dr. Park's career has progressed very successfully. She is a graduate from our prosthodontics program, run by Dr. **Juan C. Loza**, Waban, MA, who is taking advantage of the wealth of research opportunities found at Harvard and MIT. We have many postdoctoral students following Sang's path of excellence in research, teaching and the practice of prosthodontics."

Dr. Park was born in Seoul, Korea. She first came to the United States when her father, a banker, was transferred to New York when she was five years old. The family returned to Korea, then later came back to New York. She attended college at New York University, taking a B.A. in chemistry, with a minor in mathematics in 1994. Her parents returned to Korea as she enrolled in the School of Dentistry at New York University. She earned the D.D.S. at NYU in 1999 and came to Harvard for graduate study in prosthodontics.

"I loved New York and owe much to NYU for getting me started in prosthodontics. I enjoyed the academic part of my program and knew I wanted that for my career. I was especially interested in implant dentistry," says Dr. Park.

She is now instructor in Harvard's Department of Restorative Dentistry and Course Director of both Predoctoral Dental Materials and Postdoctoral Advanced Biomaterials. "The materials we use greatly affect the success of our techniques. We can do much to improve methods and applications," she says.

While Dr. Park enjoys the intellectual stimulus of teaching and research, she insists on seeing patients. "I do see patients. I love dentistry, especially working with my hands. Clinical dentistry is something I don't want to give up. I would miss the patient interaction. It's too interesting," she says.

View Annual Meeting preliminary program at www.osseo.org

Visit the AO Website at www.osseo.org to catch a glimpse of the upcoming scientific program for the 17th Annual Meeting, March 14-16, 2002 in Dallas, TX. The synopsis features a complete listing of symposia, speakers and registration information.

Members can also:

- Download order forms for patient education brochures;
- Apply for Osseointegration Foundation research grants;
- View past issues of *Academy News*.