

# Academy News



Academy of  
Osseointegration

Advancing the Vision of Implant Dentistry

www.osseo.org

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## Academy News

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## 2004 AO Annual Meeting to showcase restoration esthetics, molecular therapy research

Today's breakthroughs in restorative dentistry esthetics and an in-depth examination of research that will revolutionize tomorrow's treatment options are cornerstones of AO's 2004 Annual Meeting, "Bridging the Future with Implants," March 18 - 20, in San Francisco.



Dr. Joseph E. Gian-Grasso

"With implants now surpassing bridgework as a preferred method of tooth restoration, the 2004 meeting will offer a comprehensive look at recent accomplishments, showcase technological advances that are enhancing patient care and help chart a course for future success," explained Program Chair Dr. **Joseph E. Gian-Grasso**, Philadelphia, PA.

The meeting, held at the San Francisco Hilton and Moscone West Convention Center, begins Thursday, March 18, with the Opening Symposium *Esthetic Outcomes in Implant Dentistry*. Moderated by Dr. Gian-Grasso, the presentation covers one of today's hottest topics: how to enhance the cosmetic component of restorative dentistry.

According to Dr. Gian-Grasso, the program serves as an important milestone in

developing recognized esthetic guidelines. The symposium features the prosthetic insights of Dr. **John C. Kois**, Tacoma, WA; an overview of minimal traumatic microsurgical techniques for optimal implant esthetics by Dr. **Bobby L. Butler**, Seattle, WA; and the oral surgical views of Dr. **Anthony G. Sclar**, Miami, FL. Dr. **Frank Celenza, Jr.**, New York, NY, will discuss the complementary relationship between implants and orthodontics.



Dr. Anthony G. Sclar

AO's Three Track Program returns in 2004 on Saturday, March 20, with a unique

...continued on page 3

## AO in San Francisco, March 18-20



## Presidents Message

# Online survey helps us listen to members

By Dr. Clarence C. Lindquist

On behalf of the AO Board of Directors, we thank all of you who participated in our recent online membership poll. It is



Dr. Clarence C. Lindquist

gratifying to see such an interest from our members. The survey attracted a 36 percent response rate, representing 920 members, with a fairly even distribution of responses among general dentists, prosthodontists, periodontists and oral and maxillofacial surgeons.

Most of our responses (85 percent) came from members in private practice, with 15 percent from the academic field. U.S. members submitted the most responses with Asia representing the second largest group, followed by Western Europe and Canada. This significant number of responses, along with the cross-section of specialists and demographics, will allow the Board to better define its strategic plans.

### Annual Meeting highly rated

We were delighted to find that the vast majority of our members rate the Academy very highly and assess the value of the Annual Meeting as very important professionally. Our survey confirms that members believe collaborating with the other dental organizations, such as our recent meeting in Boston with AAOMS, AAP and ACP, is important and should be continued

in the future. The *International Journal of Oral & Maxillofacial Surgery* continues to be a highly regarded member benefit. The ability to access scientific and clinical information online is a new discovery from our earlier surveys.

We learned that most of our members believe dental implants are now the standard of care, and many believe insurance should cover implants. Our members believe strongly that dental schools should teach implant dentistry to all predoctoral dental students. Academy members believe that AO should continue to support clinical research and serve as a clearinghouse for research data and projects. Also,

**“Almost all of our respondents said their practices are growing, and yet they feel most patients are still unaware of the advantages of dental implants.”**

they see offering hands-on training programs as an important service.

Almost all of our respondents said their practices are growing, and yet they feel most patients are still unaware of the advantages of dental implants. We were pleased to learn that most members regard AO as the most important professional organization to which they belong and believe they receive an excellent return on their membership dues investment.

These are just a few of the findings from our survey. Last summer, the AO Board, along with our strategic planning consultants from the Forbes Group, met for a full day reviewing the survey results, as

we continue our efforts toward strengthening our strategic plan and focusing on our mission.

### Revise mission statement

The Academy's mission statement has been revised to read: "Advance the practice of implant dentistry and tissue replacement through development and improvement of clinical skills and the transfer of scientific and technical knowledge to enhance oral health and well being."

To carry out its mission, the Board developed four strategic planning goals. The next step will be to develop objectives and strategies to accomplish these four goals:

- **Program:** Transfer scientific and technical knowledge; develop and improve clinical skills.
- **Management:** Assure that AO is structured to efficiently and effectively achieve its strategic outcomes.
- **Cultural:** Assure that the organization's values and histories are reflected in members' communication, volunteerism, recognition procedures, and customer service and committee/staff recognition.
- **Resources:** Assure that AO has sufficient resources to accomplish its strategic plan.

Future issues of *Academy News* will include progress reports, as we implement our objectives and strategies.

## View 2004 Annual Meeting Preliminary Program at [www.osseo.org](http://www.osseo.org)

Visit the AO Website at [www.osseo.org](http://www.osseo.org) to catch up on past editions of *Academy News* and get a glimpse of the upcoming scientific program for the Annual Meeting, March 18-20, 2004, in San Francisco.

Members can also:

- Register for the Annual Meeting online;
- Book rooms at the Hilton San Francisco Hotel;
- Order patient education brochures.

## 2004 Annual Meeting showcases restoration esthetics ...continued from page 1

modification. Along with Surgical and Restorative segments, a new Research Track allows members to explore new therapies that will dramatically alter approaches to restorative surgery.

"This is an exciting time for our field, as tissue engineering and gene therapy will radically enhance our ability to provide quality care in the next 25 years," Dr. Gian-Grasso explained. "The Research Track will give members an update on how this research is proceeding and



Dr. Vincent J. Iacono

emphasize how cell-mediated modalities will forever change the way we treat patients."

Moderated by Dr. **Vincent J. Iacono**, Stony Brook, NY, the **Research**

### Track features:

- *Cell Based Approaches to Tissue Repair* – Dr. **Lyndon F. Cooper**, Chapel Hill, NC, leads this presentation that will compare embryonic and adult stem cells for tissue engineering, describe a cell-based tissue engineering device for alveolar bone repair and discuss the relevant challenges that exist for translation of cell-based tissue engineering to clinical practice;
- *Tissue Engineering Strategies* – Dr. **David J. Mooney**, Ann Arbor, MI, will discuss major strategies used to engineer and regenerate tissue, identify current and potential clinical applications of tissue engineering and showcase the role of biomaterials in therapy;
- *Evaluating Gene Therapy Research: Should I Change the Way I practice?* – Led by Dr. **Sreenivas Koka**, Lincoln, NE, objectives of this segment are to present key bone formation processes and discuss their relation to gene therapy and how to establish new clinical therapies based on gene therapy literature;

- *Tissue Engineering of Alveolar Bone Using Gene Therapy* – Dr. **William V. Giannobile**, Ann Arbor, MI, offers insights on the concepts of tissue engineering, growth factors to regenerate bone around implants and the potential role genetics may play in the restoration of advanced bone defects.

The **Restorative Track**, moderated by Dr. **Scott R. Adishian**, Pasadena, CA, features:

- *Implant Esthetics: Clinical and Laboratory Considerations* – Dr. **Keith M. Phillips**, Seattle, WA, will help attendees identify esthetic implant treatment planning strategies and develop a systematic approach in designing surgical guidelines, space requirements for implant prostheses, restorative strategies for inadequate implant placement and the development of good communication skills with the implant team;
- *Restoring Function, Esthetics and Stability* – This discussion on the tripod of modern implant dentistry is led by Dr. **Clark M. Stanford**, Iowa City, IA, who will illustrate how to utilize knowledge to decipher claims, ads and

**"This is an exciting time for our field, as ... (advances) will radically enhance our ability to provide quality care in the next 25 years."**

- truths, discuss the process of implant innovation and showcase areas of innovation in implant therapy;
- *Implant Restorative Design and Treatment in the Digital Age* – Dr. **David L. Guichet**, Orange, CA, will discuss implant restorative design choices and means to achieve a passive fit, identify which designs favor load distribution, hygiene or esthetics, and highlight efficient interdisciplinary treatment planning and communication techniques;
- *Suggested Abutment Design for Cemented Implant Restorations* – Dr. **Winston W. L. Chee**, Pasadena, CA, will focus on the advantages and disadvantages of cement-retained restorations, describe

the design of abutments with respect to cement margin location, material and esthetics, and demonstrate predictable methods of retrieving cemented restorations.



Dr. Robert N. Eskow

Dr. **Robert N. Eskow**, Livingston, NJ, moderates the **Surgical Track**. Topics include:

- *Surgical Innovations in Site Development* – Participants will learn ways to identify therapeutic requirements in a variety of clinical scenarios, describe the technical prerequisites for maximizing hard tissue regeneration treatment outcomes, discuss the indications and limitations of a variety of materials, and construct an appropriate postoperative regimen for maximization of treatment outcomes. This program is led by Dr. **Paul A. Fugazzotto**, Milton, MA;
- *Evidence-Based Decision Making and Practical Surgical Management for Sinus Augmentation Surgery* – Drs. **Craig M. Misch**, Sarasota, FL, and **Stephen L. Wallace**, Waterbury, CT, discuss the evolution of successful sinus grafting, identify appropriate therapies for different surgical situations and how to perform them;
- *Computer-Guided Implant Surgery: Evolution of a New Technology* – Dr. **Michael E. Abrams**, Brooklyn, NY, will highlight the treatment protocols necessary to implement CGS therapy in professional practice, identify the system's technical considerations and limitations, and ways to apply the

...continued on page 5

## 2004 Annual Meeting showcases restoration esthetics ...continued from page 3

principles of CGS to immediate load implants;

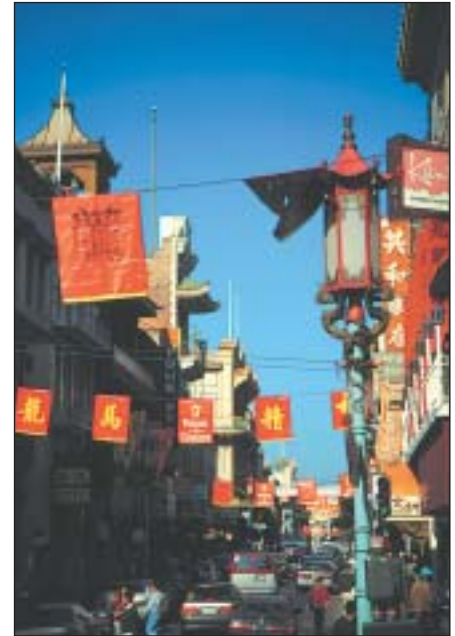
- *Piezoelectric Bone Surgery Techniques in Implantology* – This program, led by Dr. **Tomaso Vercelloti**, Genova, Italy, will present an introduction to piezoelectric bone surgery, identify oral surgery indications and describe step-by-step techniques for a variety of procedures, including ridge expansion, sinus lift, bone harvesting techniques and implant site preparation.

Meanwhile, AO's **Corporate Forum** on Thursday, March 18, lets members discover the latest in craniofacial implant technology research and development through manufacturer-hosted educational sessions. Participants include Ace Surgical Supply, Altatec Biotechnologies, Astra Tech, Bicon Dental Implants, Centerpulse Dental, The

Clinicians Preference, Dentsply/CeraMed/Friadent, Lifecore Biomedical, Nobel Biocare, The Straumann Company, Inc., and 3i.

Other Annual Meeting highlights include:

- **Limited Attendance Lectures** offer members an opportunity to discuss implant dentistry with invited speakers in a small, informal setting (Friday, March 19).
- **Point-Counterpoint Sessions** provide a forum for rigorous debate on current issues in implant dentistry. Topics include debate on vertical bone grafting in the posterior mandible and preferred situations for using implants versus crowns or bridges. The session culminates with a panel discussion (Friday, March 19).



*San Francisco's Chinatown is colorful and authentic.*

Photo courtesy of San Francisco Convention and Visitor's Bureau.

# San Francisco Annual Meeting could be AO's biggest yet

By Kevin Smith, Executive Director

Following on the heels of last year's very successful collaborative Annual Meeting in Boston, the 2004 San Francisco Annual Meeting is shaping up as one of the biggest in AO's 19-year history. The Academy received an unprecedented 191 abstracts—all submitted online—surpassing last year's record by 21. The number of abstract submissions is usually an early indicator of Annual Meeting popularity.

Another leading indicator is the number of exhibitors registered. Already, the Academy has exceeded last year's record-setting number of exhibitors. This crescendo of early interest comes as no surprise, as the AO continues to stage implant dentistry's best scientific and clinical meeting.



New Moscone West Convention Center.

The site for the Academy's 19th Annual Meeting, March 18-20, 2004, will be San Francisco's new Moscone West Convention Center. More than a mile of highly-engineered movable walls will be used to configure the 200,000 square feet of function space on the second and third floors. We will be able to adjust the room size to fit attendance in our many special sessions.

The exhibit hall provides over 97,000 square feet of space, enough to house Academy exhibitors and other events such as the poster exhibits and food functions. The first level location of the exhibit hall assures exhibitors and attendees easy access.

The Annual Meeting's official headquarters, the Hilton San Francisco Hotel, is within two short blocks of the chic Union Square shopping district and the Powell Street cable car line to scenic Fisherman's Wharf, with its seafood restaurants and boats to Alcatraz and other tourist destinations. Also, special AO buses will shuttle meeting attendees to and from nearby Moscone West Convention Center.

Spouses are cordially invited to enjoy AO tours during the meeting. The Sonoma Valley Wine Country tour and the San Francisco Highlights bus tour have been custom designed just for Academy attendees.



Photo courtesy of San Francisco Convention and Visitor's Bureau.

San Francisco cable cars are nation's only moving national historic landmarks.

A nineteenth century Gold Rush town that had to rebuild after the 1906 earthquake and fires, San Francisco has a rich heritage and boasts many famous landmarks: the blazing orange profile of the Golden Gate Bridge; the eclectic mix of seafood and tourist attractions along Fisherman's Wharf; the serenity of Golden Gate Park; the bustling shoppers and diners of Ghirardelli Square; Chinatown, with its fascinating mix of people amidst striking architecture; the clanging cable cars pulling up the crests of Nob and Russian hills; and the angular construction of the pyramid-shaped Transamerica building, the center of San Francisco's Financial District.

The City by the Bay combines sheer physical beauty, cultural diversity, leisure and recreational offerings, and an ideal climate. It's also one of the most popular destinations for prestigious professional meetings. We look forward to hosting you there.

## Clinical Innovations Subcommittee seeks members

AO's Clinical Innovations Subcommittee needs interested members to help evaluate presentations for the upcoming San Francisco Annual Meeting, March 18-20, 2004, according to Subcommittee Chair Dr. **Edward M. Amet**, Overland Park, KS.

Clinical Innovations replaces the previously popular "Table Clinics" at the Academy's Annual Meeting. "The sessions are intended as brief forums to introduce new and innovative developments, which may advance the clinical practice and stimulate scientific investigations related to implant dentistry," says Dr. Amet.

"The number of Clinical Innovation abstract submissions is growing each year. We need interested members to serve on the Subcommittee, and we also need members to help evaluate San Francisco presentations for Best Clinical Innovation Awards," he says.

Interested members are invited to contact Dr. Amet by e-mail at **dental-implants@dr-amet.com**.



Dr. Edward M. Amet

## Committee Chair Profile

# For Dr. Tony Wicks, AO committee post is “not only a duty but also a moral imperative”

Dr. **Russell A. Wicks**, Memphis, TN, is a man on a mission who believes his service as Chair of AO's Predoctoral Education Forum Committee “is not only a duty but also a moral imperative.” The “A” in his name stands for Anthony, and he goes by “Tony.”

One might say that Dr. Wicks caught the predoctoral education fever from his predecessor as committee chair, Dr. **Marvin L. Baer**, Fallston, MD. “He knew everybody involved in predoctoral education. I talked with him, and we found we are interested in many of the same things. He groomed me to be committee chair,” says Dr. Wicks.

Dr. Wicks' passion for predoctoral education animates the “charge” letter he sent to Committee members involved in planning the Predoctoral Education Forum at the San Francisco Annual Meeting, scheduled for 2:00 -5:00 pm, Wednesday, March 17. “We are charged



**Dr. Tony Wicks** (left) works with one of his predoctoral students at the University of Tennessee College of Dentistry

The Forum is open to all Academy members and non-member faculty members from North American dental schools. The agenda includes a report on a survey of current trends in dental education and a review of progress on AO's predoctoral implant education initiative.

## “... implant dentistry has offered the patients which I have treated...a life-changing improvement in their oral condition”

with a great and noble mission. It has been my experience that implant dentistry has offered the patients which I have treated...a life-changing improvement in their oral condition,” he wrote.

“I feel it's my personal quest and a goal of the AO to purvey the miracle of implant dentistry across the widest boundaries possible. There is no better way of doing that than to influence dental education in a positive manner. We face many political, administrative, and personal obstacles that may impugn this task, but our goal is honorable and our intent unassailable,” Dr. Wicks told committee members.

Its purpose is to expand implant training to all undergraduate dental students.

The Academy's Board has allocated funds to cover one night's hotel stay for one representative of each dental school attending the Forum.

Dr. Wicks is currently Associate Professor and Interim Chair of the Department

of Restorative Dentistry, University of Tennessee College of Dentistry. He received his dental degree from the University in 1978, and conducted a private practice from 1979-90, before receiving a master's degree and certificate in the specialty of Prosthodontics from the University of Texas, San Antonio. He joined the Tennessee faculty as Assistant Professor of Prosthodontics in 1993.

Dr. Wicks' work has been published nationally and internationally, and he has received many

awards. In 1995, the American College of Prosthodontics recognized him as America's “Outstanding Young Prosthodontist.”

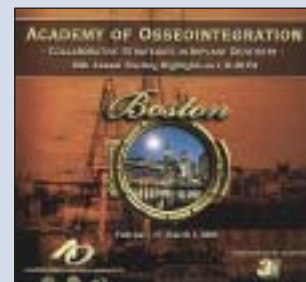
In 2002, he received the University of Tennessee's “Distinguished Dental Faculty Award” from the College of Dentistry.

Dr. Wicks says he accepted the AO committee chair “not to enhance my CV, but to have a very unique opportunity to do something meaningful for my profession and for humanity. This organization and this committee can make a difference.”

## Annual Meeting highlights on CD Rom

Highlights of the scientific program from AO's Boston Annual Meeting, “Collaborative Strategies in Implant Dentistry,” are available on CD-Rom. The three-disk set gives viewers a unique opportunity to hear 21 state-of-the-art lectures and view speaker slides from home or office.

Thanks to the generous sponsorship of **3i, Implant Innovations, Inc.**, AO members can purchase this permanent collection of some of the best Boston presentations for only \$175. Order form is enclosed with this newsletter.



# Where educators get educated

By Nicholas Caplanis, DMD, MS

A few weeks ago, as I was giving my usual five-minute blurb on the benefits of implant dentistry to a patient, she asked if dental implants were new. Her question started the thought of how significantly implant dentistry has evolved over the past 50 years. This is especially remarkable when you consider that many of G.V. Black's 18th century concepts are still being practiced today.

From the 1950s through the 1970s, Professor P.I. Brånemark and others embarked on the scientific journey to uncover the biologic basis of tissue integration to prostheses. They provided critical evidence of histologically and clinically successful osseointegration in animals followed by human subjects.

In the 1980s, most of the clinical focus was on how to establish and maintain osseointegration. How did it work? How was the surgery performed? Which is the best implant, and the best surface? Which patients could benefit? How long is the integration phase? What types of occlusal schemes were necessary? When did implants fail and why?

Once most of these issues were resolved, we started looking at our implant-supported restorations, and realized we needed to do better. We will likely remember the 1990s as the decade that promoted esthetics in implant dentistry. Just achieving osseointegration was no longer acceptable. Esthetic implant restorations mandate precise fixture positioning. The old excuse, "that's where the bone was," became just that. The term "emergence profile" has become almost a cliché today. Implant width, depth, and position became more important than implant type, structure and manufacturer.

Greater awareness of the diagnostic phase, the use of computerized tomography, diagnostic wax-ups, and surgical templates became the prerequisites for success. Advancements in reconstructive

periodontal and oral maxillofacial surgery, guided bone regeneration, hard and soft tissue grafts, and sinus augmentation promoted ideal implant positioning. The team approach to implant dentistry truly took form, and implant-supported restorations started to look



*Dr. Nicholas Caplanis, a member of the Board of Editorial Consultants of Academy News, is an Assistant Professor and part-time faculty within the Graduate Program in Implant Dentistry, Loma Linda University School of Dentistry, Loma Linda, CA. Dr. Caplanis is founder and director of the Orange Coast Dental Academy, an advanced continuing education group in Orange County California, affiliated with the Seattle Study Club Network®. He maintains a full-time private practice limited to Periodontics, Periodontal reconstructive and dental implant surgery, in Mission Viejo, CA.*

like teeth and stopped looking like implant restorations.

Now, almost a third of the way through the current decade, it seems impossible to go to a dental implant meeting and not be indoctrinated on the success and benefits of immediate implant loading, even for single tooth restorations. A recent international symposium in Las Vegas devoted what appeared to be the majority of its programming to this very topic. In fact, research is suggesting that early loading may provide for more favorable osseointegration. A recent query on PubMed using keywords "immediate implant loading" produced over 100 references since the year 2000. Perhaps this decade will be remembered as the era of early or immediate loading? Or perhaps, even more intriguing, this may be the decade of tissue engineering, gene therapy or computerized and robotic dental implant procedures?

My hope is that we will remember this decade as the era in which implant dentistry became a significant and integral component of predoctoral dental education and a frequent routine procedure

in the general dental practice. Dental implant manufacturers realize that simplicity is essential to widespread acceptance of implant dentistry in the general dental practice. They have created components and techniques, so that every dentist can now apply simplified conventional crown and bridge procedures to restore dental implants. The use of solid abutments has paved the way for manufacturers.

No one can yet answer all these questions, but the Academy of Osseointegration's 19th Annual Meeting, March 18-20, 2004, in San Francisco, will offer many clues to what the future holds. The meeting will present the latest dental implant technologies, and provide a glimpse into concepts and materials that will influence the way we practice and ultimately improve the standard of patient care. Stimulating presentations will be made on the latest concepts, including single tooth immediate loading, microsurgery, distraction osteogenesis, tissue engineering, gene therapy, novel abutment designs, computerized guided implant surgery and much, much more. This year's program will also feature, for the first time, an innovative treatment planning symposium.

Continuing dental education is a fundamental prerequisite to contemporarily treat patients. In this rapidly evolving discipline you can't afford not keeping up with the latest information. Over just the past few years, implant designs have changed dramatically, new surfaces have

**"Perhaps this decade will be remembered as the era of early or immediate loading?"**

emerged and new prosthetic components and concepts have altered the way implant dentistry is practiced. I have found the Academy's Annual Meeting to be one of the most unbiased, informative, and valuable implant meetings that I attend each year. This is the meeting where educators get educated. I look forward to seeing you there.

# “Output” key to future of computer technology in implant dentistry: It goes way beyond e-mail

By Dr. David L. Guichet, Newsletter Editor

Many of my predictions on the use of technology in our lives and practices, published here three years ago, have



Dr. David L. Guichet

been realized. Now we face new challenges and have new tools to meet those challenges. Output is implant dentistry's next computer technology frontier. The output of actual

devices used in patient care will most likely focus on three areas: 1. Enhanced diagnosis and communication to facilitate interdisciplinary care; 2. The output of surgical devices to assist in the placement of implants; 3. Computer aided design and output of implant restorations.

Output goes beyond the virtual, almost imaginary, world of the desktop computer to the creation of actual devices. The merging of existing and new technologies with three-dimensional applications will provide for the next real gains in implant dentistry technology. In addition, the management of existing technologies such as digital photography and digital radiography in new ways can greatly facilitate interdisciplinary care.

Access to technology is now financially attainable. The greater challenge may come in management and training. Management is the key to success. One team member in our office is responsible for managing the computer network. Another computer expert serves as a consultant to assess big picture needs of the practice. Improvements made in the information network in our offices requires a significant investment in time and resources for training. A digital divide seems to separate some individuals, who believe

they have been left far behind, from others “in the know.”

Sharing complex diagnostic information between practitioners has been a challenge. Electronic communications are now subject to regulatory intervention mandated by federal privacy laws. Many tasks once performed daily using pay phone, fax, and postal mail are now being streamlined for communication via e-mail. Patient information must be secure. Our own study group is uplinking patients' data files and photographs and reviewing radiographs via the secure Website.

The key to success is in the management of the process. Our staff members are now collecting digital photographs and digital radiographs and uplinking these data files to a secure patient Website. Interactions between offices are streamlined through secure team-member notes. For example, “The implants are in place and ready for provisional restorations at this time. Upon comple-

**“The key to success is in the management of the process.”**



Screen shot of a virtual design pattern (left) and the actual wax-jet pattern before casting (right). Photo courtesy of Dr. Stephen Schmitt

tion, send the patient for orthodontic bracket placement.” The recipients of this secure e-mail communication include all involved team members, key staff members and the patient. The communication is clear and is now a part of the secure virtual record. Staff and patients can be efficiently prompted to take action to schedule the next visits. These capabilities are currently available and in daily use in many practices.

Prosthodontist Dr. **Stephen Schmitt**, of San Antonio, Texas, has applied three-dimensional technology to introduce the scanned details of abutments and casts for planning the fabrication of restorations. One such technology created a three dimensional virtual cast scanned from the patient's master cast. They then matched this information to the patient's CT scan data and opposing arch data. Combining these images enables design of the virtual restoration. Once designed, they can further refine it to include space for porcelain and a sprue for casting.

Designing the restoration framework is only

part of the process. Dr. Schmitt then uses ink jet technology that actually produces tiny wax droplets to create a wax pattern. This is then invested, cast, and electrically machined and adapted to the final master cast. This capability is in daily use in his practice and may give us a glimpse of how these processes will look in the future.

So how do we stay current with technology? How do we train ourselves and how do we train our team? Do we jump onto the bandwagon and proceed at a reasonable pace or wait and risk that the train may leave the

station. One way to assess the current state of the art in implant dentistry is by attending this year's Annual Meeting in San Francisco. You can be assured of learning what is new in the industry and what has been refined further that can be applied to your patients. This year's program promises to inform and enlighten you and your team members on current trends in implant dentistry. See you at the meeting.

# AO presents Laboratory Technician Program during 2004 Annual Meeting

For its 2004 Annual Meeting in San Francisco, AO presents a special Laboratory Technician Program that offers a series of technical and scientific-based lectures, Friday, March 19 and Saturday, March 20.

The two-day program, organized by Academy members **David Prestipino**, CDT, Alexandria, VA, and **Morty Ingber**, CDT, Bethesda, MD, provides in-depth information on the process and fabrication of dental implant prosthetics.



David Prestipino, CDT

a valuable part of the implant team, so we encourage members to invite their associates to participate in this informative program.”

AO’s commitment to dental technology programming began

in earnest at the 2000 Annual Meeting in New Orleans when seven CDTs from the U.S., Canada and Australia got together to talk about the future of dental technology and its relationship to the Academy.

The energy and ideas from that meeting resulted in AO’s first dental technology program, held in

Toronto, Canada, during the 2001 Academy meeting. Nearly 140 Certified

**“The process of making prosthetic teeth look real is a combination of artistry and science. ”**

Dental Technicians attended a program that presented an entire technical program based on scientific data and laboratory procedures.

“Academy members share the common goal of moving the field of osseointegrated implants forward through clinical and evidence-based research and education,” Mr. Ingber explained. “The process of making prosthetic teeth look real is a combination of artistry and science. AO is helping bring the many partners in this profession together,” he added.

An esteemed panel of international experts, including **Noaki Aiba**, USA; **Vincent Devaud**, USA; **Ernst Hegenbarth**, Germany; **Luc Rutten** and **Patrick Rutten**, Belgium; **R. Max Schultz**, USA; and Drs. **Robert Faulkner**, and **George Priest, Jr.**, USA, will present.

“Additional topics concerning laboratory marketing, outsourcing and implant dentistry pricing will also be covered,” Mr. Ingber explained. “Technicians are

## Topics to be covered in the Laboratory Technician Program

- Case planning
- Surgical stents
- Provisionalization
- Surgical indexing
- Tissue development
- Esthetic contouring
- Closing embrasure
- Design and fabrication of ceramic abutments
- Multiple fixed restorations
- Development of natural pink tissue ceramics
- Removable implant prosthetics

## 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. Important points are emphasized in summaries at the end of each chapter.

- *Home Care for Dental Implants: Protecting Your Investment* – the only comprehensive post-treatment implant hygiene handbook designed for patients.

To place an order, call the Academy of Osseointegration at 630/627-4475 or log onto the Academy’s Website, [www.osseo.org](http://www.osseo.org).

## AO Regional meeting scheduled February 6, San Francisco

The Academy's first 2004 regional meeting will be co-sponsored with the Northern California Academy of General Dentistry (NCAGD), Friday, February 6, 2004, from 8:00 am to 5:00 pm, at the Marines' Memorial Hotel & Club, 609 Sutter Street, San Francisco, (415/673-6672). All dentists within a 60 mile radius of San Francisco will receive a brochure by mail.



Dr. Robert E. Garfield

"The meeting will stress the simplicity, ease and profitability of implant dentistry, considered to be a standard of care for the replacement of teeth today. Four examples of the type of clinical

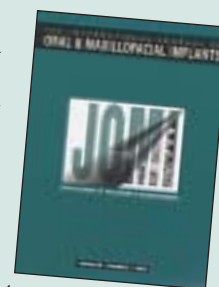
treatment seen in most primary care or restorative dental offices on an almost daily basis will be presented, from the first patient contact to the final restoration and follow-up," said Dr. **Robert E. Garfield**, Los Angeles, Chair of AO's Subcommittee on Regional Meetings.

Case management; treatment sequencing; the referral process; record keeping; informed consent and refusal; legal and professional requirements and clinical performance will be emphasized by four treatment teams. Seven Continuing Education Units will be given for attending this program.

AO members in the San Francisco area are encouraged to suggest this program to referring dentists who may not fully appreciate the value of implant dentistry. For information, contact Dr. Garfield at 310/472-2949.

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