

# Academy News



**Academy of  
Osseointegration**

Advancing the Vision of Implant Dentistry

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## Academy News

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## The Osseointegration Foundation, Astra Tech, Nobel Biocare, head impressive list of 2006 SSID Workshop sponsors

By Drs. Vincent J. Iacono and David L. Cochran,  
Co-Chairs, 2006 State of the Science on Implant Dentistry Committee

An impressive list of sponsors, led by the Osseointegration Foundation (OF), Astra Tech and Nobel Biocare, plans to support the Academy's 2006 State of the Science on Implant Dentistry (SSID) Workshop, scheduled for August 3-6, 2006.



Dr. Vincent Iacono

At its recent Board meeting, the OF agreed to be the "lead" sponsor and participate with a \$150,000 contribution. Mr. **Scott Root**, Chief Executive Officer of Astra Tech, and Mr. **Kevin Mosher**, Vice President and General Manager, Nobel Biocare North America, committed to be "principal" sponsors at \$75,000.

The Committee is delighted to welcome the following "supporting" sponsors to the landmark event: Straumann, 3i Implant Innovations, Inc., and Zimmer Dental, who have each pledged \$25,000 to the Workshop. Quintessence, as a "major" sponsor (\$50,000 pledged), is planning to publish the proceedings of the SSID Workshop as a supplement to the *International Journal of Oral & Maxillofacial Implants (IJOMI)*.

The Workshop's eight reviewers are now hard at work with Dr. **Howard Proskin**, SSID Biostatistician, to complete data extraction tables for their extensive lists of reviewed articles. The reviewers and Dr. Proskin are closely following established guidelines for statistical analysis of the data and writing the systematic reviews. Dr. Proskin is advising the reviewers to use a methodology of weighting the significance of different studies to achieve balance and avoid bias in determining which data from published papers satisfy developed inclusion requirements. The eight draft reviews are to be completed this fall and sent to the Organizing Committee for comment.

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**Seattle hosts  
2006 Annual  
Meeting**

see page 8

## President's Message

# Academy's goal: offer input to ADA in implant dentistry accreditation

By Dr. Richard K. Rounsavelle

Membership in the Academy, with benefits such as our excellent journal and cutting edge scientific meeting, provides



Dr. Richard K. Rounsavelle

one way for a dentist to establish credentials in implant dentistry. Implant programs offered at a selected number of dental schools, similar to a general practice residency (GPR), offer another way to learn and gain expertise in our discipline.

Seven requirements must be met before a discipline can be recognized by the American Dental Association (ADA) as an approved specialty. Since implant dentistry is an area within general dentistry that applies elements of the recognized specialties of prosthodontics, periodontics, and oral and maxillofacial surgery, it does not bring enough unique knowledge to dental practice to qualify for ADA-approved specialty status.

The ADA, through the Commission on Dental Accreditation, has recently recognized the need to provide accreditation for certain non specialty programs, such as implant dentistry. At the present time, there is no accrediting body for these programs in implant dentistry either for the individual dentist completing the program or for the programs themselves. The AO Board of Directors would like to offer input to the ADA to help in both areas.

We have appointed a Board committee headed by Dr. **Steven Eckert** to help establish guidelines that may serve as standards for accreditation of a dental implant program as an area of advanced training in general dentistry. This committee has started its work, but there are many steps in the process.

The first step will be for AO to conduct a survey to determine how many bona fide postgraduate programs in implant dentistry exist and how many want to be accredited. The Commission on Dental Accreditation seeks to ensure the quality of dental education by accrediting programs, not certifying individual dentists. Certification would come after accreditation is established as the way that a dentist affirms successful completion of a program of study in implant dentistry.

To establish an accreditation process, the Commission says an area of advanced training in general dentistry must demonstrate:

- The existence of a well-defined body of established scientific knowledge underlying the general dentistry education area.
- The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.
- A sufficient number of established programs with structured curricula, qualified faculty and enrolled individuals that accreditation can be a viable method of quality assurance.
- The education programs are the equivalent of at least one 12-month academic year in length.
- The quality of the advanced educational program is important to the health care of the general public.

Once we show that a sufficient number of established implant dentistry programs wish to be accredited, the next step will be to develop accreditation standards. Standards are educational requirements and guidelines to which the implant dentistry programs train their students. Our Board committee has

already started developing ideas that may serve as those standards.

After standards are developed, revised and approved, involving the appropriate communities of interest within dentistry, an accreditation board can be established to test to the standards and provide certification. AO is eager to take leadership in establishing a process for accreditation of programs in implant dentistry. At its strategic planning meeting in June, the Board established accreditation as one of our top priority goals.

Accreditation, we believe, will be key to realizing the public credibility necessary for the growth and development of implant dentistry. It will take time, but the Board is firmly persuaded that it is a goal we must achieve.

The Academy's year is off to a strong start, as you can see by reading this newsletter. You will find reports about the new simultaneous translation service to be introduced at next year's Seattle Annual Meeting, the success of our Outstanding Student in Implant Dentistry Award Program, the restructuring of our committees, the new "AO Dental Implant Forum," and the progress on our landmark Workshop on the State of the Science in Implant Dentistry.

Your AO membership brings all the benefits it always has, **plus** these outstanding new programs and services with **no increase in dues or registration fees for over five years**. We have reduced fees for the popular Limited Attendance Lectures by 50 percent. In addition, we are reaching out to students and residents by charging only a "processing fee" (\$25) for attending the Seattle meeting, where we also plan to sponsor a special Saturday morning reception for these new colleagues.

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## President's Profile

# Dr. Rick Rounsavelle, Californian, wanted to be in a profession



AO President Dr. **Rick Rounsavelle** says he owes his career in dentistry to “a lucky guess.”

“No one in my family had been in a profession. I grew up in Southern California and got it into my head that I wanted to be in a profession. After looking into what it would be like to be a physician for an eighth grade paper, I decided maybe dentistry would be the way to go,” he remembers.

In 1962, Dr. Rounsavelle enrolled as an undergraduate at the University of Southern California as a pre-dental student, and he's never looked back. After receiving a B.A. at USC, he went right on to dental school there, graduating with honors and entering private practice in 1969.

From 1969 to 1993, Dr. Rounsavelle was a part-time clinical instructor in the USC Dental School, teaching removable prosthodontics, occlusion, treatment planning, and fixed prosthodontics. He continues to participate in the dental school's mentorship program and serves as a study group leader in implant restorative dentistry. He is a life member of Dentistry Associates and Century Club at USC.

President of the Western Los Angeles Dental Society in 1989, Dr. Rounsavelle has a long history of involvement in organized dentistry. He served on the Board of Trustees of the California Dental Association for six years and on its Council on Scientific Sessions for over a decade. He is currently chair of the CDA Scientific Sessions Board of Managers.

Dr. Rounsavelle represented CDA at the American Dental Association's House of Delegates from 1995-1999. He is a Fellow of AO, American College of Dentistry, International College of Dentistry, Pierre Fauchard, and the Academy of Dentistry International.

Dr. Rounsavelle was introduced to implant dentistry in 1987, not long after the technology was brought to the U.S. He

## President's Message...continued from page 2

For me, AO has provided a tremendous source for professional education and growth. Past President Dr. **Mel Schwarz** convinced me back in 1988 that I needed to attend the meeting of this new implant dentistry group called the Academy of Osseointegration. Since then I have missed only one meeting, and that was due to a commitment to chair a California Dental Association committee. AO continues to help me extend the horizons of my practice. I know it can do the same for you.

attended his first AO meeting in Dallas the next year and joined the young organization. He was elected to the AO Board of Directors in 2000, chaired the 2004 Annual Meeting and became President the next year.

A native Californian, Dr. Rounsavelle enjoys a California lifestyle. A private pilot, he enjoys flying his plane down to Baja California to do charity work in a small Mexican village with a nonprofit healthcare organization of volunteers called Aeromedicos.



*Dr. Rick Rounsavelle flew his airplane (top right) to remote Cadeje, Mexico, where he treats patients in Aeromedicos clinic.*

Aeromedicos, founded in 1974 and based in Santa Barbara, California, organizes visits by more than 100 volunteers to Cadeje, Baja California Sur, Mexico, a small, remote community about 600 miles south of San Diego. Aeromedicos volunteers provide quality medical, dental, audiology and optometry services the first weekend of each month to residents of Cadeje and the small fishing villages and ranchos of this remote desert area. Patients travel from miles around and gather on Saturday morning each month for treatment.

Dr. Rounsavelle's other interests and hobbies include fishing and hunting, skiing and surfing, boating, swimming and fitness training. He is married to Dr. **Kirsten A. Wagner**, a retired dentist, and has two grown children from a previous marriage and one grandchild. The couple lives in Torrance, not far from the office where Dr. Rounsavelle and his partner, AO member Dr. **Allan C. Jones**, practice the team approach to implant dentistry.

## Dr. Steven Eckert appointed to succeed Dr. William Laney as *IJOMI* Editor-in-Chief

The Board of Directors has approved the appointment of Dr. **Steven E. Eckert**, Rochester, MN, to succeed Dr. **William R. Laney**, Rio Verde, AZ, as Editor-in-Chief of the *International Journal of Oral & Maxillofacial Implants (IJOMI)*, effective after the 2006 Annual Meeting.



*Dr. Steven Eckert*

Dr. Laney has held the Editor-in-Chief's position since *IJOMI* was established in 1985. Dr. Eckert is Associate Professor of Dentistry at the Mayo Clinic College of Medicine, a position similar to one Dr. Laney held at Mayo when he was appointed *IJOMI* Editor-in-Chief.

# AO presents Outstanding Student Awards

Thirty-nine students from dental schools across the country have been selected to receive the Academy of Osseointegration's Outstanding Dental Student in Implant Dentistry Award.

The awards program, introduced earlier this year, plays a vital role in AO's ongoing commitment to supporting and expanding educational opportunities for a new generation of implant dentistry specialists. Each award winner receives a free, one-year AO membership, a complimentary subscription to the *International Journal of Oral & Maxillofacial Implants (IJOMI)*, paid registration for next year's Annual Meeting in Seattle, and \$500.

Awards recognize the most deserving student at a particular institution based on each school's own criteria and selection process. Schools that participate in the program receive a distinctive perpetual plaque, allowing them to list current and future award winners.

Recipients of AO's 2005 Outstanding Dental Student in Implant Dentistry Award are:

**Ariel Abramson**, State University of New York Stony Brook School of Dental Medicine;

**Harold T. Akins**, Medical College of Georgia School of Dentistry;

**Shawn R. Anderson**, Loma Linda University School of Dentistry;

**Vilas Balakrishna**, Boston University Goldman School of Dental Medicine;

**Adam Berry**, University of Washington School of Dentistry;

**Jennifer Biter**, Meharry Medical College School of Dentistry;

**Eric S. A. Blamires**, Case Western Reserve University School of Dental Medicine;

**Gina M. Norman-Boatright**, Indiana University School of Dentistry;

**Gregory C. Bohle**, University of Missouri, Kansas City School of Dentistry;

**Amy E. Brockman**, University of Connecticut School of Dental Medicine;

**Pereen M. Bubala**, Howard University College of Dentistry;

**Hayley E. Burdette**, West Virginia University School of Dentistry;

**Christopher S. Carroll**, University of Nebraska Medical Center College of Dentistry;

**Chanyoung S. Chi**, New York University College of Dentistry;

**Woojae Chong**, Temple University School of Dentistry;

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## Clinical Technique Feature

# Treating and retreating difficult implant placements

By Clarence Lindquist, DDS, Dennis Flanagan, DDS

Compromised implant sites can have higher failure rates than sites with adequate bone volume and quality. Cases with compromised sites may have poor quality bone, attenuated bone availability, site specific prosthetic complications, or combinations of any of these. These factors can make accurate and successful implant placement difficult or force the surgeon to make a less than ideal placement. As a result, failures can occur for surgical or prosthetic reasons.



Dr. Clarence Lindquist



Dr. Dennis Flanagan

The high density of Type I bone (Fig. 1) can cause overheating during site preparation. Raising the bone temperature more than 16 degrees C for more than two minutes can cause bone resorption. Raising bone temperature 47 degrees for one minute can cause bone to cease to exist as a differentiated tissue. Also, placing a screw type implant in this type of bone with or without tapping may result in excessive heat and compression necrosis. Over-compression can result in ischemia of the surrounding bone osseous with necrosis. This can prevent integration of the implant with the surrounding bone.

The blood supply of dense Type I cortical bone comes mostly from the periosteum and not from the vascular, underlying cancellous bone with a more generous arterial supply. Since adequate blood supply is needed for new bone formation, it is more vulnerable to thermal or mechanical insults.

Type II bone (Fig. 1) may be the most predictable type of bone for an implant. Good density and good vascularity make for good implant stability leading to optimum conditions for osseointegration to occur. Type III and IV bone (Fig. 1), the least dense types, require care during preparation to ensure adequate implant stability when inserting screw type implants.

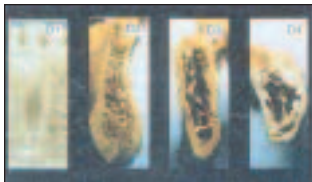


Figure 1

Osteotome osseous compression that provides denser bone to implant contact may be of value in these types of sites. Press fit implants with straight walls or fins may enjoy an advantage with Type III and IV bone.

Anatomical barriers, especially in compromised sites, can impede proper implant placement. Pneumatized sinuses and atrophic sites (Fig. 2, 3) that encroach on the mandibular canal can present barriers to placement. Sinus grafts can overcome a

pneumatized sinus by providing greater bone volume for implant stabilization. Sinus graft procedures may not be needed in some cases where there is enough native bone. Recent case studies have shown successful outcomes using short (less than 9mm) implants.

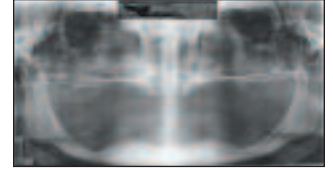


Figure 2

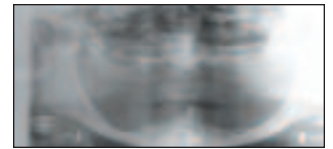


Figure 3

A severely resorbed ridge in the maxilla or mandible can be a barrier to implant placement. In the mandible, the resorbed ridge may consist only of dense, Type I cortical bone that may require augmentation by onlay grafting, ridge splitting or mandibular nerve repositioning. Short implants also have been used successfully in these atrophic sites with lack of adequate vertical bone height. Although the resulting implant-to-prosthesis ratio (crown-root ratio) is incongruent with traditional prosthodontic concepts, the dynamic advantage is with implants rather than with natural teeth.

Systemic conditions or habits of the patient may physiologically compromise the patient's ability to heal or osseointegrate. Smokers can have a failure rate twice that of non-smokers, but since success rates are high even in the presence of moderate smoking, this may not be a significant factor in many situations. Heavy smokers, two packs of cigarettes per day, are even more at risk.

Failures can occur for no apparent reason. Dental implant technology is still biologically based and not all of the chemophysiology of osseointegration is understood. Restoration of the dentition is, of course, the aim of the treatment. An appropriately constructed prosthesis is needed. Gross osseous defects or malpositioning of the jaws may preclude an excellent outcome. In the final prosthesis, the forces of occlusion should be directed axially along the implant fixtures and minimized laterally.

Posterior teeth are subjected to much more force than anterior teeth. These implants may need to be wider and thus stronger to prevent component or implant body failure, which can be catastrophic.

Narrow, resorbed ridges are difficult to treat. A decision must be made as to an augmentation or split ridge technique. Either option has its own drawbacks. Grafting has the problem of graft failure, resorption, and morbidity at the donor site. Autologous bone augmentations taken from the iliac crest, mandibular ramus or symphysis, calvarium and tibia have provided bone to augment severely atrophic ridges. Resorption of

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# 276 members volunteer for AO committees

Responding to a call from the Academy's new Advisory Committee on Committees (ACC), 276 members volunteered to serve on the organization's restructured committees.

The ACC, under the leadership of President-elect Dr. **Edward B. Sevetz, Jr.**, Orange Park, FL, determined that



Dr. Edward Sevetz

the Academy should drop its "Council" system, under which committees were organized under four leadership councils, vesting responsibility instead with each committee. ACC has established written charges for each of the Academy's committees.

Recognizing that many committees don't have to hold face to face meetings in the age of electronic communication, ACC has accepted many overseas members as committee volunteers and allowed many committees to increase their membership.

ACC has set committee terms at three years, required committee chairs to appoint a co-chair, established a policy that committee chairs may remove members, subject to Board approval, and encouraged committee chairs to recommend additional committee members, again subject to Board approval.

ACC approved these guidelines for committee chairs:

1. Strive to balance the composition of your committee among general dentist, periodontist, prosthodontist and oral and maxillofacial surgeon AO members.
2. The deadline for submitting a list of committee members for approval is May 31 of each year, in advance of the June Board meeting.
3. By action at the June Board meeting, additional members may be assigned to committees through the volunteer committee application process.
4. Committee chairs will complete an online evaluation form by May 31 each year to help the ACC evaluate each committee member.

5. Committee chairs may serve for three years, or longer if re-appointed by the Board, and must submit the name of a designated successor as vice chair by May 31 of the year preceding the chair's third year of service.

A change in the Academy's bylaws has been recommended to transfer responsibility for overseeing committees from the Nominating Committee to the ACC.

In June, the ACC decided to restructure itself, retiring Dr. Sevetz as chair and amending the committee's membership to comprise the Vice President (now Dr. **Steven E. Eckert**, Rochester, MN), who serves as chair, the incoming Vice President (Dr. **Steven G. Lewis**, Cincinnati, OH), the immediate Past President (Dr. **Marjorie K. Jeffcoat**, Philadelphia, PA), and three at-large, Board-appointed directors who have served at least one year on the AO Board (Drs. **Joseph E. Gian-Grasso**, Philadelphia, PA, **Kenneth F. Hinds**, Laguna Niguel, CA, and **Peter K. Moy**, Los Angeles, CA).

## Treating and retreating difficult implant placements...continued from page 6

cortical grafts is common and may compromise implant success in the long and short term. Homografts and xenografts can provide alternatives to autografts. Ridge splitting (osseous expansion) has the drawback of being technique sensitive and not applicable for all situations.

The proper implant for the presenting site is important.

Width and length and surface treatment may be important

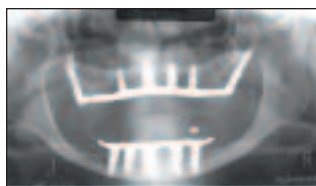


Figure 4

factors contributing to success or failure of the case in the maxilla and mandible. Tuberosity and zygomatic implants can provide alternatives to grafting in some severely atrophic sites and permit prosthetic treatment in a less invasive manner (Fig. 4).

Retreatment of a failed implant case may encounter pitfalls in the failed site and also patient emotional issues, as treatment is often prolonged (Fig. 5). A failed implant site may need ridge preservation or guided bone regeneration techniques in preparation for a new implant placement. There have been reports

of immediate "rescue" implants placed in failed sites with debridement but without augmentation. These sites usually have an intact cortical rim that provides implant stability.

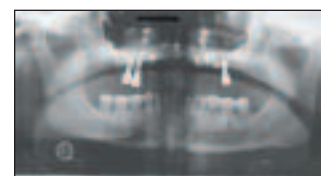


Figure 5

The authors believe that delayed replacement can lead to better success rates and a better outcome. A failing implant should be removed or treated as soon as possible to prevent further bone loss. There is a higher failure rate associated with failed endodontic sites. A current theory is that there may be encapsulated bacteria vegetating in the cancellous bone that are disturbed and activated by the osteotomy and which are able to colonize the implant surface. These bacteria are in a stationary phase with reduced metabolism and can be resistant to antibiotics.

There may be some sites the surgeon may opt not to treat. Some patients are not amenable to some of the protracted treatment associated with implant-supported prosthetics and are not appropriate candidates for retreatment.

## 2006 Annual Meeting theme: "Technological Breakthroughs"

"Technological Breakthroughs in Implant Dentistry" is the theme of the Academy's 2006 Annual Meeting, held in Seattle, WA, March 16 - 18.



Dr. Kenneth Hinds

The three-day meeting will feature a broad range of noted speakers and informative discussions that will focus on how technological advances are being implemented into clinical practice.

"Next year's meeting will emphasize the role of current and emerging technologies in our continuing efforts to improve the quality of patient care,"

explained Annual Meeting Chair Dr. **Kenneth F. Hinds**, Laguna Niguel, CA. "Several speakers will address the question of whether technological breakthroughs are advancing faster than the science itself. As the world's premier organization of implant dentistry professionals, we must remain at the forefront of these technological advances, yet make certain that our field incorporates this technology in a way that helps the patients we serve," he added.

### New 'Team Approach' Track debuts

AO's innovative Three Track Program, an Annual Meeting staple, will be held Saturday, March 18. Along with the Restorative and Surgical Tracks popular in previous years, AO will debut a program series emphasizing interdisciplinary clinical practice approaches.

This new track is designed to showcase how interdisciplinary understanding and cooperation are hallmarks of high quality clinical outcomes in implant dentistry.

"When specialists in different fields work together, the result is better care. The Team Approach Track will focus on how members can be productive team members with other dental professionals," Dr. Hinds explained. "It should also prove appealing to younger members with less experience and exposure to clinical cases."

### Round Table Clinics return

AO's Round Table Clinics, which made their debut in 2005 and were wildly successful, give meeting guests the opportunity to increase their interaction with Annual Meeting presenters.

These smaller, more intimate educational sessions will take place Friday, March 17, featuring the insights of Drs. **Edward M. Amet**, Overland Park, KS, **Charles A. Babbush**, Lyndhurst, OH, **Robert L. Blackwell**, Decatur, IL, **Dayn C. Boitet**, Orange Park, FL, **Laurence Rifkin**, Beverly Hills, CA, **George F. Priest, Jr.**, Atlanta, GA, **Eric Van Dooren**, Wilrijk, Belgium, and **Lee R. Walker**, Los Gatos, CA.

## Cosmopolitan Seattle to host 2006 Annual Meeting, March 16-18

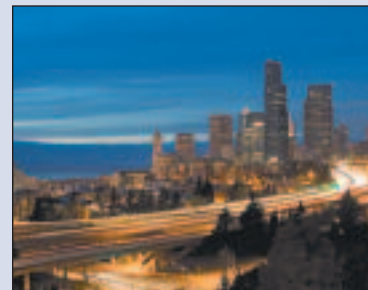
A rich blend of natural beauty, Puget Sound seafood and savory international cuisine prepared by nationally-acclaimed chefs, a flourishing cultural scene and world famous tourist destinations await guests at the Academy of Osseointegration's 2006 Annual Meeting in Seattle, March 16 - 18.

Meeting guests are encouraged to enjoy Seattle's vast array of recreational activities. Nationally-respected opera, ballet, art galleries, museums and festivals offer countless opportunities to experience the best in arts and culture.

A thriving music scene includes jazz, the internationally-renowned Seattle Symphony, and the Experience Music Project, which celebrates popular music with a mix of interactive exhibits, unique artifacts and live performances.

For those who prefer outdoor activities, kayaking, canoeing, fishing, clamming, hiking and a variety of urban parks await. Explore Mt. Rainier National Park, Mount St. Helens National Volcanic Monument, North Cascades National Park, Olympic National Park and Rainforest, and Columbia River Gorge National Scenic Area.

A trip to Seattle would not be complete without a visit to Pike Place Market. The nation's oldest working farmer's market offers fresh fruits and vegetables, seasonal flowers, herbs, seafood spices, cheeses, handcrafted work by local artists, shops and fine dining. It is also the site of Pike Place Fish, where world-famous fishmongers have taken the art of "salmon-slinging" to new heights.



## Board selects Orlando, Florida for 2010 Annual Meeting

Pleased with the Academy's experience at this year's Annual Meeting, The Board of Directors decided to return to the Walt Disney World Dolphin Hotel in Orlando, FL, for the 2010 Annual Meeting, February 25-28.

For 2010, the Dolphin offers expanded exhibit space in two large halls, where the 2005 meeting used only one hall. Staff has also negotiated more and larger breakout room space than the Academy had this year.

The Board considered other sites in Orlando and nearby Tampa, FL.

Next year's Seattle Annual Meeting will be followed by San Antonio in 2007, Boston in 2008 and San Diego in 2009.

## Annual Meeting to offer simultaneous translation

A new feature of AO's 2006 Seattle Annual Meeting will be simultaneous translation, United Nations style, into four languages: Italian, Japanese, Korean, and Spanish. Delegations speaking these languages are the largest among the meeting's foreign registrants.

A team of eight interpreters, two for each language, will provide simultaneous translation through a wireless electronic system with 400 multichannel receivers. Registrants will watch the live proceedings and listen with headphones that carry simultaneous translation in their language of choice.

"We see this is as one way to open our meeting to a broader international audience. We will be using a translation company experienced in medical conferencing that will provide 'UN caliber' interpreters—some of the best medical conference interpreters in the country," said Executive Director Kevin P. Smith.

## 2006 SSID workshop...continued from page 1

The Organizing Committee will have a face-to-face meeting in January 2006 in Chicago with the eight reviewers, Section Chairs, Dr. Proskin, and AO's SSID Consultant, Dr. James Bader. The reviews will be edited and then finalized for distribution to all Workshop participants in early spring of 2006.



Dr. David Cochran

The participants, whom we have assigned to each of the eight sections, will address the completed systematic reviews at the Workshop in August 2006. They will determine if the

reviews are complete and accurate, append with new information, and then develop evidence-based conclusions.

SSID questions, review authors and co-review authors are as follows:

**Section 1:** What is the effect on outcomes of time-to-loading of a fixed or removable prosthesis placed on implant (s)? Review author: **Asbjorn Jokstad**, DDS, PhD, University of Oslo, Oslo, Norway. Co-Review author: **Alan B. Carr**, DMD, Mayo Clinic, Rochester, MN.

**Section 2:** Which hard tissue augmentation techniques are the most successful in furnishing osseous support for implant placement? Review author: **Peter K. Moy**, DMD, UCLA School of Dentistry, Los Angeles, CA. Co-review author: **Tara L. Aghaloo**, DDS, MD, UCLA Medical Center, Los Angeles.

**Section 3:** In patients requiring single tooth replacement, what are the outcomes of implants as compared with tooth-support-

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## New online educational forum lets members communicate

The Ad-Hoc Committee on Electronic Education has established an online forum where Academy members can communicate with colleagues on a variety of implant dentistry topics, Dr. **Stephen L. Wheeler**, Encinitas, CA, reported.



Dr. Stephen Wheeler

The Academy of Osseointegration Forum, accessible from a link posted on the AO Website's home page, [www.osseo.org](http://www.osseo.org), offers members a venue to establish online peer discussions, post studies and conduct polls on various treatment methods.

Members may also access the service via the pull-down menu under "Resources" at the top of the page. Users must register with the Forum in order to post comments and replies on the discussion board.

"We have already established discussion sections dedicated to surgery, restorative techniques, and laboratory and treatment planning to get the ball rolling," Dr. Wheeler explained. "We encourage all Academy members to take advantage of this new educational benefit. The more who use it, the more successful it will be."

The Forum offers step-by-step guidelines for posting questions or answering those already on the site, with protocol guidelines to maintain decorum. Drs. Wheeler and **Steven E. Eckert**, Rochester, MN, have agreed to serve as Forum moderators, making certain that postings are within established guidelines approved by the AO Board of Directors.

Dr. Wheeler also sees the Forum as an opportunity for members to post studies and encourage discussion on particular findings.

"A great number of our members are actively involved in scientific protocols or clinical investigations to evaluate new products or treatment modalities," Dr. Wheeler said. "Many of us in clinical practice use this information to determine how best to treat our patients."

"Members involved in research, meanwhile, can learn far more by sharing thoughts and results with colleagues across a wide spectrum. The Forum will allow members to find the latest information on a variety of non-proprietary research projects and compare that research with others involved in similar projects. Our goal is to present the most up-to-date information throughout the year," he added.

# AO welcomes 448 new members

## AO new members since August 2004

Carlos S. Abboud, DMD  
Howard N. Abrahams, DMD  
Jeffrey S. Ackerman, DDS  
Shari Aftahi, DMD  
Jong K. Ahn, DDS  
Shin Y. Ahn, MSD  
Hitomi Akimoto, DDS  
Ahmed Al-Momani, DMD  
Yacoub Y. Al-Tarakemah, DDS  
Joe S. Alamat, DDS, MD  
Juan Alberto, DDS  
Laurence W. Albright, DMD  
Susan P. Alexander, DMD  
Michael G. Allard, DDS, MD  
Charles M. Allen, Jr., DDS  
Kurt A. Aschim, DDS  
Catherine L. Badell, DDS  
Hanna E. K. Bae, BDS  
Jong P. Baek, DDS  
Jessica M. Baez, DDS  
Stephen F. Balshi, MBE  
Abdulaziz Basha-Hijazi, DDS  
Tricia D. Bato, DDS  
Mary Anne S. Baysac, DDS, MPH  
Dean A. Beatty, DDS  
Scott T. Bedichek, DDS  
William T. Benzing, DMD  
Mark S. Berg, DMD  
Robert W. Berg, DMD  
Alan J. Berkson, DDS  
Vinamra Bhasin, BDS, DMD  
Sanjeev R. Bhatia, MDS,FDS,RCS,DDS  
Garry J. Bloch, DMD  
Eric M. Block, DMD, CAGS  
Mary A. Brafford, DMD  
Darren G. Brenner, DMD  
Eric N. Brown, BSc, DMD

Tanya A. Brown, DMD  
Arthur W. Bryant, DMD  
Peggy L. N. Budhu, DDS  
John T. Burdine, DDS, MScD  
Jonathan E. Burke, DMD  
James K. Burnham, DDS  
Wook Byun, DMD  
William E. Carroll, DDS  
Rhonda G. Carter, DDS  
Thaddeus R. Carter, DMD  
Krzysztof Caruk, DDS  
Alessandra A. Castro  
Young-Ah Chai, DMD  
Laurissa M. Champion, DMD  
Keng-Chung Chang, DDS  
Kuang-Han Andrew Chang, DDS  
Karen K. N. Cheng, DDS  
Yu-Kun Chih, DDS  
Kyung Y. Cho, DDS  
Min Y. Cho, DDS  
Tae H. Cho, DMD, MS, PhD  
Yeong C. Cho, DDS  
Dae H. Choi, DDS  
Dong C. Choi, MSD  
Hye J. Choi, DDS  
Jae W. Choi, DDS  
Myung S. Choi, DDS  
Sou H. Choi, DDS  
Hsiao-Wei Chou, DMD  
James Chou, DDS,MS  
Kowk F. J. Chow, MBBS, MDS  
Maria Christodoulidou, DMD  
Kyung-Bae Chun  
Il-Hyuk Chung, DDS  
Will E. Chung, DDS  
Daniel R. Clagett, DMD  
Antoine B. Clarke, DDS  
Robert L. Clarke, DMD  
Bryan K. Cochran, DDS

Peter H. Collins, DDS  
Aziz Constantino, DDS,MSc  
Gary G. Cook, BA, DDS  
Theodore P. Corcoran, DMD, MD  
Luca Cordaro, MD, DDS, PhD  
Omar R. Cruz, DMD  
Jennifer M. D'Costa, DDS  
Walid K. Dabbagh, DDS,DSc  
Justin A. Dacy, DDS, BS  
Ewa Darabi, DDS  
Akbar A. Dawood, DMD  
Carlos O. DeLeon, DDS  
Fanasy P. Deming, DMD  
Paul J. Denemark, DDS, MSD  
Brian C. Dewey, DDS  
Gunjan Dhir, BDS  
Giorgio T. Di Vincenzo, DMD  
Michael R. Doctor, DDS, MS  
Jin S. Doo, DDS  
Jay W. Dorgan, DDS  
Luis R. S. Duarte, Sr., DDS, MS  
James N. Edmonds, Jr., DMD, MPH  
David G. Edmondson, BS, DDS  
Mohamed E. El Deeb, DDS, DOS, MS  
Ahmed M. El Ghobashi, DDS  
Sameh K. El-Ebrashi, BDS, MS  
Moustafa H. El-Ghareeb, BDS, MS  
Harold Eymmer, DMD,DDS  
George T. Favetta, DMD  
Elisabetta Fiera, DDS  
Juan C. Flores-Orduna, DDS  
Marcos M. Freitas, DDS, MSc  
Eli M. Friedman, DMD  
Luis Gallardo

German O. Gallucci, DMD,  
DrMedDent  
Wael N. Garine, DDS  
Niki Ghaem-Maghani, DDS  
Mira Ghaly, DMD  
Vincent C. Goh, DDS  
Jay P. Gohel, DDS  
Alexandre O. Gongalves, DDS  
Kelly M. Goodin, DDS  
Sharon R. Goodwin, BDS  
David Gozalo, DDS, MS  
Saul E. Grajales, DMD, MSD  
William M. Grover, DDS  
Juan J. Gutierrez - Riera, MSD  
Mauricio A. Gutierrez, DMD, MS  
John M. Hackenberger, DDS  
Jacob D. Hager, DDS  
Jin W. Han, DDS, MS  
Jin-Taek Han, DMD  
Keum-Dong Han  
Seung H. Han, DDS  
Young S. Han, DDS  
Karen J. Harris, DMD  
Matthew L. Heaton, DDS  
Mary E. Hein, DDS  
Joey J. Heinze, DDS  
Ronald L. Henry, Jr., CDT  
Jun Y. Heo, DDS, MSD  
Young J. Heo, DMD  
Steven Herzog, DDS, MS  
Markus P. Heyder, BS DDS  
Mark D. Hidde, CDT  
Carole N. Hildebrand, DDS  
EunHee Hong, DDS  
Nathan J. Hornsby, DDS

Chip R. Houske, DDS, MAGD  
Brian A. Houston, DDS  
Lein F. Hsiao, DDS  
Wayne W. Hsieh, DDS  
Cindy H. Hsu, DDS  
Stephen S. Hsu, DMD  
Sung U. Hu, DMD  
Kuo-Ching Huang, DDS  
Young C. Huh, MSD  
Sungil Hur, DDS  
Byung G. Hwang, DDS  
Kyung-Gyun Hwang, DDS, PhD  
Anthony Ienna, DDS  
Giovana Iezzi, DDS  
Miguel A. Iglesia, DDS  
Eui B. Im, DMD  
Eun S. Jang, DDS  
Hyon S. Jang, DDS, PhD  
Woo J. Jeon  
Yong-Hyun Jeon, DDS  
Tae Y. Jeong, MSD  
Gyeong A. Joe, MSD  
Asbjorn Jokstad, DDS  
Archie A. Jones, DDS  
Michael E. Jones, DDS  
Satish A. Joshi, DDS  
Brendon D. Joyce, BDS  
Kyung A. Juhn, DDS  
Joong-Hyun Jun, DDS, MS, PhD  
Eui Y. Jung, DDS  
Ho S. Kang, DDS  
Jeong M. Kang, DDS  
Mose Kang, DDS  
Nam Y. Kang  
Siyad Kanho, DDS, MS

Remaining new members will be listed in the next issue of *Academy News*.

## AO Presents Outstanding Student Awards...continued from page 5

**Michael T. Cwiklinski**, University of Pennsylvania School of Dental Medicine;

**Jacob C. Duke**, University of Tennessee College of Dentistry;

**Janelle C. Eckdhal**, University of Iowa – Dows Institute for Dental Research;

**Gabriel Fritz**, Virginia Commonwealth University School of Dentistry;

**Peter F. Fuentes**, University of Medicine and Dentistry of New Jersey – New Jersey Dental School;

**Brian C. Harris**, University of the Pacific School of Dentistry;

**Long T. Huynh**, Medical University of South Carolina College of Dental Medicine;

**Neal L. Johnson**, Tufts University School of Dental Medicine;

**Jordan A. Kushner**, Southern Illinois University School of Dental Medicine;

**Hung Le**, University of California, San Francisco School of Dentistry;

**Sunshine O. Lodwick**, University of Colorado School of Dentistry;

**Ivan A. Marks**, UCLA School of Dentistry;

**Luigi O. Massa**, Baylor College of Dentistry;

**Nora McKinney**, University of Texas Health Science Center at San Antonio;

**Kelly A. Misch**, University of Michigan School of Dentistry;

**Jeremy Molon**, State University of New York at Buffalo School of Dental Medicine;

**Ligia Morrison**, Marquette University School of Dentistry;

**Lorayne T. Perry**, University of Texas Health Science Center, Houston Dental Branch;

**Anna Royzman**, Nova Southeastern University College of Dental Medicine;

**Nathan R. Smith**, University of Alabama at Birmingham School of Dentistry;

**Daniel Thunell**, University of Pittsburgh School of Dental Medicine;

**Courtney Williams**, University of Oklahoma College of Dentistry;

**Mariusz K. Wrzosek**, Harvard School of Dental Medicine;

**Jessica Zatroch**, Ohio State University College of Dentistry.

## 2006 SSID workshop...continued from page 9

ed restorations? Review author: **Thomas J. Salinas**, DDS, Papillion, NE. Co-review author: **Steven E. Eckert**, DDS, MS, Mayo Clinic, Rochester, MN.

**Section 4:** For teeth requiring endodontic treatment, what are the differences in outcomes of restored endodontically treated teeth compared to implant supported restorations? Review author: **Syngcuk Kim**, DDS, PhD, University of Pennsylvania, School of Dentistry, Philadelphia, PA. Co-review author: **Mian K. Iqbal**, DMD, MS, University of Pennsylvania, School of Dentistry, Philadelphia, PA.

**Section 5:** Does the type of implant prosthesis affect outcomes in the completely edentulous arch? Review author: **S. Ross Bryant**, DDS, PhD, FRCD, University of British Columbia, Vancouver, BC, Canada. Co-review author: **David MacDonald**, BDS, Bsc,

LLB, Msc, FDSRCPS, DRRRCR, Vancouver, BC, Canada.

**Section 6:** Does the type of implant prosthesis affect outcomes in the partially edentulous arch? Review author: **Hans-Peter Weber**, DMD, Harvard University School of Dental Medicine, Boston, MA. Co-review author: **Cortino Sukotjo**, DDS, PhD, Harvard School of Dental Medicine, Boston.

**Section 7:** How do smoking, diabetes, and periodontal disease affect outcomes of implant treatment? **Perry R. Klokkevold**, DDS, MS, UCLA School of Dentistry, Los Angeles, CA. Co-review author: **Thomas J. Han**, DDS, Los Angeles, CA.

**Section 8:** How does the timing of implant placement after extraction affect outcomes? **Marc Quirynen**, DDS, PhD, Catholic University Leuven, Brussels, Belgium. Co-review author:

**Tord Berglundh**, Goteborg University, Goteborg, Sweden.

The eventual outcome of the Workshop is the development of clinical guidelines responding to each of the eight questions that may be used by dentists, others involved in clinical practice, government regulators, insurance companies and other third parties.

The workshop will be held at the Oak Brook Hills Conference Center in the Chicago suburb of Oak Brook, Illinois. About 100 experts and observers will participate, by invitation only.

No other organization has done this for implant dentistry. The results could lead to changes in clinical protocols, innovations in dental school curricula, and revision of reimbursement formulas followed by insurance companies and other third party payers.

# The media or the message

By Dr. Michael R. Norton, Newsletter Editor

Like many of you, I sometimes marvel at the ever increasing quality of presentations to which we are treated. This



Dr. Michael R. Norton

trend is all the more apparent to those of us who trudge the lecture circuit looking to keep up to date, lest we slip into archaic modes of presentation and feel forevermore unwanted.

I remember the days when dual projection became the new *modus operandi*. Colleagues became aware, perhaps for the first time, of just how influential presentation and style could be to help enhance and deliver the all-important message. Of course, the reality has always been that the truly passionate, articulate and knowledgeable speaker needs little in the way of visual aids to captivate his or her audience.

Nonetheless, as if a single jammed slide projector was not enough, we found ourselves being drawn into dual and eventually triple slide projection. What ensued was audiovisual chaos, with presentations constantly being spoilt as projectors struggled to keep slides in order. Or was it that lecturers simply couldn't work out how to press three buttons in one direction at the same time? Whatever the reasons, many man hours have been wasted by dutiful delegates in numerous venues all over the world—waiting for the problems to be resolved and the message to move on.

My ultimate experience of this remarkable obsession came when I was privileged to see the scholarly use of eight slide projectors in a computer controlled presentation. Ironically, it went extremely smoothly and was one of the most artistic presentations I have ever seen, although I never fully understood the message!

Fortunately for AV technicians, help was just around the corner in the form of the multimedia projector. Oh, the trauma! All those slides carefully compiled, labelled and loaded into more carousels than you could count. What was to become of them? On the other hand, what joy not to have to schlep a metal canister that weighed more than the legal limit for five passengers' hand luggage and which, for me, once became an unintended weapon. Canister in hand, I once turned away from a rampaging police dog at Los Angeles Airport and smacked the poor beast square on the nose!

**“All the leading lecturers have a wealth of knowledge and know-how, and it's that information for which we yearn.”**

This paradigm shift in presentation format was not that long ago. I recall hearing the masses heave a genuine sigh of relief when, once again, we could revert to single projection, using the dynamism of Powerpoint™ to replace the magnetism of triple projection. Now we focus our gaze once more on a single central image rather than trying to imitate Eddie Cantor, while trying to focus on both ends of a triple slide show with only two eyes.

So, we languished in quiet contentment for about the last five years, being able to concentrate on that all important verbal message. Leading lecturers played around with colour, sepia, black & white, shades of grey, contrast and the like. The truth was we were happy, and AV technicians somehow less stressed than they had been for many a year.

As with everything in life, progress is inevitable, and all good things come to an end. So enter the Apple Mac in place of the good old IBM-compatible PC, necessary I understand in no small part because of the need to ensure that photographs are made to look their very best

(“made” not manipulated). Suddenly, we find ourselves struggling with a rather strained relationship that these laptops have with essentially PC-compatible projectors. Have you noticed how it's never the lecturers' fault, as they strut across the stage foaming at the mouth? Who would be an AV technician?

Nevertheless, I hear them chant that's not enough. Let's go for the new wide screen format. In this way, the cycle can be complete once more bringing us back to a form of triple projection—now with a superb new visual extravaganza that is Apple-solutely superb, it can't be denied.

Out of breath yet? Well don't stop there, because if you really want to be up with the Joneses, you must include a 10-minute video with sound, lights, camera, action, catwalks, fashion, beauty, and even—dare I say—a hint of sexual overtones.

And the message, I hear you ask?

Indeed, what happened to the message? The science? The data?

I am all for advancing the quality of our presentations. I must now admit to having given a few wide screen presentations myself, although I think for now I remain a die hard PC person. This editorial is a plea to colleagues—both lecturers and scientific committee members. Don't allow our podia to become catwalks for trendy dental fashion film and media hype that is devoid of message, lacking in content and, frankly, an affront to the paying audience.

All the leading lecturers have a wealth of knowledge and know-how, and it's that information for which we yearn. Frankly, the best lecturers will always be those who can captivate with voice, authority of knowledge and educational prowess.

Bring back the overhead projector!