

# IMPLANT TRIBUNE

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## Program committee chair Dr. Jeffrey Ganeles offers highlights for this year's annual meeting

By Jeffrey Ganeles, DMD

On behalf of the annual meeting program committee, I look forward to welcoming more than 2,500 attendees to Orlando and the AO 2017 Annual Meeting.

The event will take place March 15–18 at the Orange County Convention Center.

This year's event is inspired by author Jim Collins, whose book, titled "Good to Great®," describes how companies transition from being good companies to great companies. This drive for constant improvement envelopes our field in implant dentistry and captures the enthusiasm of the synergistic partnership of our three fellow co-sponsoring organizations.

Before the annual meeting officially kicks off, many educational opportunities are available. On March 15, two unique and fascinating presentations on dental radiology and cellular and biomechanical aspects of osseointegration will be given by experts and are particularly useful to fulfill academic requirements for the AO Certificate Program. There will also be commercially sponsored hands-

on sessions that day with nine industry-leading innovators.

March 16 will offer a robust corporate forum. Then the opening symposium will feature Keynote Speaker Dr. Jill Helms, followed by lectures from five well-known international experts. Attendees can cap off that evening in the exhibit hall with the AO's traditional welcome reception to enjoy hors d'oeuvres, refreshments and networking while visiting exhibitors and reviewing ePosters.

Friday, March 17, will begin at 7 a.m. with an innovative new session, called "Business of Implant Dentistry — SWOT Analysis of Implant Dental Care Delivery Models." Speakers representing traditional referral-based practices, DSO and total care providers will explore the strengths, weaknesses and opportunities and threats (SWOT) in each treatment delivery model. Opposite this session, there will be eight "Morning with the Masters" sessions presented by Drs. Anthony Sclar, Lawrence Brecht, Thomas Taylor, HP Weber, Mauricio Araujo, Stephen Parel and Tiziano Testori.

Friday will continue with surgical and restorative tracks, featuring leading clinicians as well as lesser known, creative

rising stars who will discuss different aspects of implant dentistry ranging from surgical strategies and techniques, to complications management to treatment flow, digital dentistry, materials science and future trends. At 10:30 a.m. in the surgical track, there will be a session devoted to a 2017 update of the landmark 1997 AO Sinus Consensus Conference featuring Drs. Alan Hereford, Craig Misch, Paul Fugazzotto and Eric Dierks.

Following in the AO's tradition of supporting research and innovation, the oral clinical research abstract session will also be Friday morning. The oral scientific and clinical innovations sessions will be presented Friday afternoon.

Two other afternoon tracks are planned as well for Friday. These will integrate surgical and restorative topics and address clinical problems. From 1:30–3 p.m., there will be a session focusing on managing anterior esthetics opposite another concentrating on managing biologic complications. After a short break, two more sessions will take place, titled "New Concepts and Materials for Site Development" and "Image Guidance and Digital

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Dr. Rebecca Bockow

## Expanding alveolar contours

*New treatment options now available for patients in need of orthognathic surgery or other orthodontic treatment*

By Rebecca Bockow, DDS

Have you ever had a patient decline orthognathic surgery? Or, had a patient who needed orthodontics but did not pursue it because the projected treatment time was too long? Have you ever seen a patient with significant gingival recession who would also benefit from orthodontic treatment?

Thanks to new developments in interdisciplinary dentistry, we can now offer exciting and innovative treatment options for these patients.

Patients seeking orthodontic care may present with dental crowding and/or skeletal discrepancies. When the etiology for a malocclusion is skeletally based, a patient's treatment options include either a combination of orthodontics and orthognathic surgery or orthodontic "camouflage" treatment, including extractions, interproximal reduction and pushing teeth to their biologic extremes.

The biologic limits of orthodontic tooth movement are defined by the pre-treatment alveolar bone and the surrounding soft tissues. Moving teeth outside of the alveolus can result in bony dehiscences, fenestrations and gingival recession.

Traditionally, the only treatment op-

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# Dr. Arturo Llobell aims to help young clinicians avoid surprises in implant dentistry

By Sierra Rendon, Managing Editor

Implant Tribune recently sat down with AO 2017 Annual Meeting presenter Dr. Arturo Llobell, a clinician known to thrive in fast-paced environments. He's a renowned and practicing periodontist and prosthodontist, as well as a national race car champion. We asked Dr. Llobell to preview the "Young Clinicians' Series," where he will set a clear "roadbook" for predictability when facing complex full arch implant rehabilitations.

## What is the purpose/goal of this session?

The session will give a through and through vision on an array of important steps involved in today's full arch rehabilitations, while contemplating different treatment options and sequences related to both prosthodontics and surgery aimed to achieve predictable esthetic and functional outcomes.

## What topics will be covered?

The lecture will have an interdisciplinary focus based on treatment planning and execution, involving both surgical and prosthodontic aspects related to im-



Arturo Llobell

Photo/Provided by the AO

plant dentistry. The surgical portion will involve different approaches and keys to success in guided bone regeneration and bone resection, while debating the importance of implant selection and planning in guided surgery and immediate load protocols. The prosthodontic portion will discuss the benefits and limitations related to different prosthetic designs and material selection, involving

new technologies such as the facial scan or contemporary CAD/CAM protocols.

## Why is it important for young clinicians to attend?

During the session, I will also show tips that I've learned during my training as well as those that I now try to teach

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## ← ORLANDO, Page B1

Workflow for Planning and Treatment." These sessions will be filled with recognized and some underexposed experts.

On Friday evening, Dr. Alan Pollack will host the president's reception, which is complimentary to all attendees and registered guests. This event promises to offer an exciting and fun-filled evening at the Latin-themed Mango's Tropical Café. Transportation will be provided for this premier social event that you won't want to miss.

The main Saturday program will return to the "Good to Great" refrain as well, looking toward future advances in all aspects of the field. An underlying theme will be to leverage the multidisciplinary approach of AO with the multi-specialty sponsorship of this meeting throughout the day.

Topics will include new technologies, short implants, imaging, digital planning and guided treatment, socket management and site redevelopment. The multidisciplinary approach will be particularly evident in the afternoon team presentations, where internationally renowned groups from the United States, Venezuela and Australia will illustrate their evaluation and treatment methods to elegantly tackle difficult patient problems.

Saturday, March 18, will also offer full-day programs for both Allied Staff Professionals and Dental Laboratory Tech-



Dr. Jeffrey Ganeles

nicians. The Allied Professionals TEAM program will have a dynamic group of speakers focusing on different aspects of office and patient management challenges. The morning session will include maintaining HIPAA compliance, opportunities for practice growth, protocols for maintaining implant health and maximizing partnerships with commercial vendors.

In the afternoon, an innovative and enjoyable group will complete the meeting with "Good to Great: Optimizing the

Patient Experience with Ideal Team Interaction." This panel will be composed of a surgeon, restorative dentist, laboratory technician and industry representatives including manufacturers and financing, who will provide their input on creating great patient experiences in implant dentistry.

Lastly, be sure to experience a one-on-one learning environment with our invited clinicians in the personalized atmosphere of our Lunch and Learn sessions on Saturday. This will be your chance to get up close and personal with current and future leaders, putting individual topics and cases under the microscope.

The program committee has worked hard to provide an innovative, balanced, fascinating program that will be clinically relevant.

I believe we have a fantastic blend of "veteran" speakers with undiscovered rising stars covering both traditional subjects as well as new topics that will demand our consideration as we head into this next era of dental implant therapy.

AO's 2017 Annual Meeting will be held March 15-18 at the Orange County Convention Center. For more information, please visit the AO website at [www.osseo.org](http://www.osseo.org).

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through my faculty appointments that are really helping me on a daily basis. I will also explain clear, straightforward pathways with the goal of adding simplicity and avoiding confusion during the treatment planning and sequence of complex cases. Basically to show with a clear view, it is possible for us to do it!

*Why is it important to a cross-selection of clinicians?*

I believe that an adequate knowledge and consideration of different specialties, which can merge together in the treatment of complex cases, is crucial in order to obtain predictable, long-lasting results without undesirable surprises. This merging of concepts will be emphasized in the session by setting a clear “road-book” to follow through different important steps of the treatment.

*What are some key takeaways attendees will glean?*

Although the continuous innovation and evolution of technology will help us in many steps of the treatment, planning prior to execution must be considered as the most important treatment aspect in order to achieve predictable long-lasting esthetic and functional results.

Another takeaway will be that zirconia is a great material being used more and more in the profession because of its broad range of advantages and indica-



AO session aims to help young clinicians avoid implant complications. Photo/www.freeimages.com

tions, but it also has a significant number of considerations and limitations that have to be encountered in order to avoid failures.

Yet another key takeaway will be that an increase in vertical dimension can be considered as a secure and predictable procedure under certain parameters that can increase the treatment options available and improve the outcomes to follow.

This session will take place on Friday, March 17, from noon—1:30 p.m. and is free to all registered attendees of the annual meeting; however, advanced registration is required. Tickets will be collected and a box lunch will be served.

Register for AO’s 2017 Annual Meeting today at [www.osseo.org](http://www.osseo.org). Follow AO on Facebook, Twitter and LinkedIn for the most recent news, and use #AOOrlando when posting about the meeting.

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tion for patients requiring tooth movement beyond the scope of orthodontic camouflage was a combination of orthodontics and orthognathic surgery. Some patients decline orthognathic surgery because of fear, cost, lifestyle or underlying health issues. We now have an effective treatment option to offer borderline surgical orthodontic patients.

In implant dentistry, when the alveolar ridge is deficient to support the placement of an implant, we perform a localized bone graft, or a “guided bone regeneration.” The same principles can be applied to orthodontic tooth movement: If there is insufficient bone to support traditional tooth movement, we can now ask our surgical colleagues to graft the alveolus.

Advantages to this procedure include greater breadth of tooth movements, potentially less gingival recession, greater long-term orthodontic stability and a faster total treatment time for the patient. Studies show that tooth movement can be twice as fast in the presence of a localized injury compared to traditional orthodontic tooth movement. If a patient declines orthognathic surgery, we can now expand the alveolar ridge and safely move teeth a greater distance in order to mask an underlying skeletal discrepancy.

Diagnosis and treatment planning

from all team members is essential for a favorable treatment outcome. The ideal position of the teeth should be determined in three planes of space. The final restorative treatment plan may influence the ideal tooth position.

Once the team knows the tooth movement goals, the surgeon and orthodontist assess whether or not the available bone can support such movement. If the answer is no, a localized bone augmentation is necessary in the direction of the proposed tooth movement. Brackets and wires are placed a few weeks to a few months prior to the surgery.

Immediately following bone augmentation, the teeth are rapidly moved into the grafted bone. The new bone heals around the teeth as they move into the new position, creating increased post-orthodontic tooth and soft-tissue stability.

Join me at AO’s 2017 Annual Meeting in Orlando, to learn more during my presentation titled, “Expanding Alveolar Contours with Surgically Facilitated Orthodontics.” It will be part of a new session called “New Concepts and Materials for Site Development” that will be held on March 17 from 3:30 – 5 p.m.

AO’s 2017 Annual Meeting will be held March 15–18 at the Orange County Convention Center. For more information, visit [www.osseo.org](http://www.osseo.org).

*Note: Dr. Bockow’s article originally appeared in Spear Digest.*

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# AO keynote to focus on ‘whole person’ at Orlando meeting

## Dr. Helms: Dental clinicians may need to redefine beauty

By Jill Helms, DDS, PhD, Professor of Surgery, Stanford Medicine

Dental clinicians often play instrumental roles in restoring the integrity of a patient’s face; they also are in a unique position to help their patients appreciate the internal beauty as well. This is what I plan to address during my keynote presentation, titled “Beauty Reconsidered,” at the Academy of Osseointegration’s 2017 Annual Meeting. Neuroscientists tell us that our brains are hard-wired to recognize and respond to beauty. There is a region of the brain where neurons specifically fire when we

gaze upon a face. Within months of birth, infants use this brain region to recognize and discriminate among faces and the emotions portrayed by these faces. So, when something disrupts our facial appearance — whether it is caused by disease, deformity or trauma — it can have a profound impact on how others see us and how we see ourselves. Facial changes affect our sense of well-being. That’s why it is critical for dental clinicians to treat the whole person. You aren’t just restoring a part of the patient’s anatomy; you are restoring their sense of completeness. There may be surgical limitations to the repair, but as you approach a patient’s restorative plan, I urge you to consider how you can assist them in redefining what is beautiful. Join me at AO’s meeting, taking place March 15-18 in Orlando, Fla. Let’s do this together. Let’s teach ourselves and our patients that beauty is not determined by a surgical outcome alone.



Beauty is defined by authenticity, compassion and perseverance in the face of adversity. I hope this talk helps to guide you on a journey that goes beyond a validation of external beauty, and gets to the deeper business of appreciating the beauty that exists inside each of us.

*‘There may be surgical limitations to the repair, but as you approach a patient’s restorative plan, I urge you to consider how you can assist them in redefining what is beautiful.’*


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<sup>1</sup>Ishikawa-Nagai S, Da Silva JD, Weber HP, Park SE. Optical phenomenon of peri-implant soft tissue. Part II: preferred implant neck color to improve soft tissue esthetics. Clin. Oral Impl. Res. 18, 2007; 575-580.

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# Price reduced for BruxZir Milling Blanks

By Glidewell Dental Staff



The entire line of BruxZir Milling Blanks, including BruxZir Anterior, BruxZir Shaded, BruxZir Shaded 16 and BruxZir HT, are set to receive a significant price decrease across all milling blank thicknesses (12 mm, 15 mm, 20 mm and 25 mm) to enable dental laboratories of any size to provide Glidewell Dental's zirconia material. Photo/Provided by Glidewell Dental

**G**lidewell Dental, a leading provider of clinical and dental laboratory products, announced recently a price decrease for BruxZir® Milling Blanks, the material used to fabricate authentic BruxZir Solid Zirconia crowns and bridges.

The entire line of BruxZir Milling Blanks, including BruxZir Anterior, BruxZir Shaded, BruxZir Shaded 16 and BruxZir HT, will receive a significant price decrease across all milling blank thicknesses (12 mm, 15 mm, 20 mm and 25 mm) to enable dental laboratories of any size to provide the most trusted and prescribed zirconia material the industry has to offer, according to Glidewell.

In addition to the price reduction, a 10-mm-thick milling blank will join the BruxZir Shaded 16 line. This new blank size aims to empower dental labs with even more versatility and access to the monolithic revolution by creating less material waste during the fabrication of copings and frameworks, the company asserts.

Dental laboratories that take advantage of this competitive price decrease, along with the new BruxZir blank size, will be able to offer unmatched zirconia quality to their dentists, Glidewell states. The BruxZir material is backed by extensive clinical testing and validation — in contrast to clinically unvalidated zirconia and the potential risks associated with generic discount zirconia.

Furthermore, dental laboratories that offer authentic BruxZir restorations can bolster their zirconia business by joining the Authorized BruxZir Laboratory program. As part of this program, labs benefit from far-reaching marketing efforts at no cost, including nationwide mailers, quarterly ads and email campaigns. These results-driven marketing initiatives are crafted on member labs' behalf, with the mission to build brand awareness and help customers find labs that offer BruxZir zirconia.

For more information on the line of BruxZir Milling Blanks and the Authorized BruxZir Lab program, call (888) 303-3975 or visit [bruxzir.com](http://bruxzir.com).

BruxZir Milling Blanks are manufactured by PrismaTik Dentalcraft, Inc., the medical device manufacturing division of Glidewell Dental, in Irvine, Calif., in an ISO-certified facility that operates under FDA Current Good Manufacturing Practices (CGMPs). Featuring a diverse team of dentists, scientists, material researchers and other experienced professionals, PrismaTik Dentalcraft strives to develop the industry's most innovative products to bring comprehensive treatment to patients across the economic spectrum, according to the company.

#### About Glidewell Dental

Glidewell Dental, based in Newport Beach, Calif., is an industry-leading provider of dental lab products and services to dental professionals in select markets around the world for a low cost. Established in January 1970 by Jim Glidewell, CDT, the company has a decades-long heritage of technological innovation.

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# Introducing LOCATOR F-Tx: A new way to think about fixed full-arch restorations

By Zest Dental Solutions Staff

**L**OCATOR F-Tx is a simplified, time-saving solution for fixed full-arch restorations with no compromise to prosthesis strength or esthetics, according to Zest Dental Solutions.

Optimized for efficiency and chair time savings compared to conventional screw-retained systems, it features a novel, patent-pending “snap-in” attachment that eliminates the need for sub-gingival cement or screw access channels.

A new solution for immediate provisionalization, Zest Dental asserts, the fully integrated system accommodates the full range of final restorative options including all-acrylic, metal-reinforced acrylic, PFM and all-zirconia frameworks.

## Secure snap-fit design

This patent-pending retention system works similar to a ball and socket, allowing the denture attachment housing to securely snap into place and then pivot to the desired position. Once in place, it's fixed for the patient and can easily be removed by the clinician during hygiene and maintenance visits.

## Simplified angle correction/ stress-free passive fit

- The LOCATOR F-Tx Abutment features a unique, spherical coronal geometry, which allows the denture attachment housing to rotate in any direction and correct up to 40 degrees of convergence/divergence between two implants, eliminating the need for angled abutments.

- Chairside processing procedures at final prosthesis delivery ensures a stress-free passive fit.

## Denture attachment housing

- Denture attachment housing is threaded internally to accept a PEEK Retention Ball that snaps into the LOCATOR F-Tx Abutment.

- Features an anodized pink finish for improved esthetics.

- Aggressive grooves and flats limit vertical and rotational movement.

- Denture Attachment Housing is passively picked-up in the prosthesis via a chair side technique.

## Retention/processing balls

- PEEK retention balls are available in low-, medium- and high-retention levels based on the needs of the case.

- A processing ball comes pre-inserted with the denture attachment housing, an additional processing ball is included, and both are used for provisionalization and laboratory procedures.



## Abutment

- DuraTec™ Coating provides a hard, smooth and wear-resistant abutment exterior with a gingival tone.

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- LOCATOR F-Tx features all-in-one packaging that is sterile and includes everything you need: abutment (with cap to deliver the abutment to the implant site), denture attachment housing with pre-inserted processing ball, an extra processing ball, as well as one blue (low), tan (medium) and green (high) retention ball.

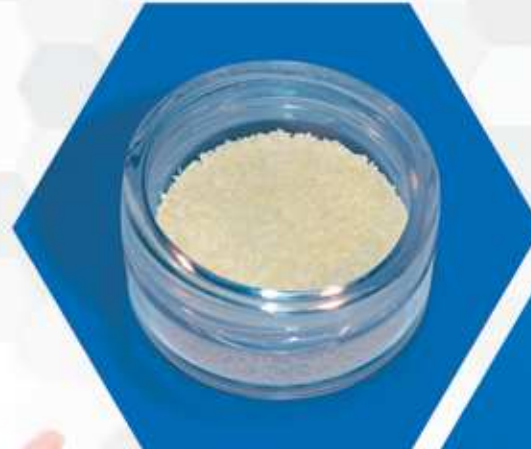
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