American Academy of Periodontology to hold its 102nd annual meeting at San Diego Convention Center

By AAP Staff

The American Academy of Periodontology (AAP) will hold its 102nd annual meeting from Sept. 10–13, at the San Diego Convention Center in San Diego, Calif. This year’s event is presented in collaboration with the Japanese Society of Periodontology and the Japanese Academy of Clinical Periodontology.

The 2016 annual meeting provides more than 26 continuing education credits from an array of multidisciplinary courses relevant to those at all levels of the dental profession, from student to seasoned specialist. Sessions include hands-on workshops and state-of-the-art practical courses on diagnosis and treatment methods, the latest technologies, clinical applications and practice management.

“This year’s annual session will welcome thousands of dental professionals from around the world, and we’re pleased to provide attendees with the opportunity to hear from periodontal thought leaders and innovators,” said Wayne A. Aldredge, DMD, president of the AAP. “All dental professionals are encouraged to join us in San Diego.”

Highlights of the AAP 102nd Annual Meeting include the following:

• Opening general session. Named one of U.S. News and World Report’s 14 pioneers of medical progress, Anthony Atala, MD, will share his insights on tissue engineering and clinical applications in regenerative medicine in “Technology and Innovation: Regenerative Medicine and 3-D Printing.” Atala’s work has been heralded twice by Time magazine, first in 2007 as one of the top 10 medical breakthroughs of the year and again in 2013 as one of the five discoveries that will change the future of organ transplants.

• Dental hygiene symposium. This interactive course will elevate the registered dental hygienist as a key partner in comprehensive periodontal care. Attendees can earn four continuing education credits during lectures on such topics as the use of lasers in periodontics, the detection of peri-implant disease and regenerative periodontics.

• CBCT Boot Camp: This intensive course will provide a comprehensive review of the concepts of imaging for implants, including image manipulation to produce clinically correct cross-sections and a systematic review of a CBCT volume.

To register for the AAP 102nd Annual Meeting or for more information, visit www.perio.org/meetings, call (800) 282-4867, ext. 3213, or e-mail meetings@perio.org.

JoI offers updated glossary

AAID announces launch of updated ‘JOI Glossary of Terms’

By AAID Staff

The American Academy of Implant Dentistry (AAID) and Allen Press are proud to announce the publication of the “JOI Glossary of Terms, 2016 Edition,” a specialized collection of words, phrases and definitions used in general dentistry, implantology and oral surgery.

Updated with more than 1,500 terms, it’s the largest and most comprehensive edition of the glossary yet, the AAID asserts. The glossary is a publication of the Journal of Oral Implantology (JOI), which is co-published by AAID and Allen Press.

For the first time, the glossary will be freely available in a digital flipbook format, which is enabled with HTML5 and easily accessible through a PC, tablet or smartphone device. The glossary features an intuitive user interface along with search functionality, bookmarking and a web-based mobile app.

The “JOI Glossary of Terms, 2016 Edition” was developed by Journal of Oral Implantology Editor in Chief, Dr. James Rutkowski, and a team of JOI associate editors and contributors from the past two years.

“The goal of the ‘JOI Glossary of Terms’ has always been to educate. Whether you are a first-year dental student or have been practicing dental implantology for 20 years, the glossary is a wonderful professional resource tool,” Rutkowski said. “It is our hope that the expanded 2016 edition of the glossary reaches new audiences and continues to drive professional growth for both AAID and the dental community.”

Past editions of the JOI glossary were published in print and mainly distributed to AAID members, students and at AAID conferences and educational events. The new digital flipbook format was developed with the goal of enhancing the glossary’s audience as well as improving content dissemination and ease of use.

The “JOI Glossary of Terms, 2016 Edition” can be accessed at joionline.org.
ADA now accepting applications for 2016 John W. Stanford New Investigator Award

By ADA Staff

The American Dental Association announced recently that it is now accepting applications for the John W. Stanford New Investigator Award. The award was created to highlight the crucial role that dental standards play in patient health and safety, and in the efficacy of dental products. It aims to encourage more dentists and dental students to conduct standards-based research and participate in standards development.

ADA dental student members, ADA members who earned their dental degree no later than 2011 and ADA members pursuing an additional degree or specialty are invited to apply. All submissions must include one of the following:

• An original standards-related research report completed within the 2015-2016 academic year but not published
• A standards-related article published within the 2015-2016 academic year
• A standards-related extended abstract developed within the 2015-2016 academic year, it should include extended detail on methods and discussion sections

The winner of this award will be chosen by an awards committee featuring a member of the ADA Board of Trustees, as well as leaders from the ADA Council on Scientific Affairs and the ADA Standards Committee on Dental Products.

Last year’s winner was Dr. NathanIEL LawSon, DDS, for his report, “Depth of Cure of Bulk Fill Composites with Monowave and Polywave Curing Lights.”

“It’s an honor each year to help choose the winner of the John W. Stanford New Investigator Award,” said Dr. Jeffrey Platt, DDS, vice chair of both the ADA Standards Committee on Dental Products and the ADA Council on Scientific Affairs. “Through this award, we continue to honor the legacy of Dr. Stanford, who worked in dental standards development for more than four decades and was an important voice in the establishment of the ADA’s current standards program.”

All submissions must contain a statement in 250 words or less about how the research incorporates current dental standards and/or contributes to the development of dental standards. All application materials can be found at ADA.org/dentalstandards.

Applications are due by Oct. 1, and the winner will be notified in December. The winner will receive domestic airfare and a two-night hotel stay to present their paper at the ADA Standards meeting in San Francisco next March. They will also be announced in an ADA publication.

About the American Dental Association

The not-for-profit ADA is the nation’s largest dental association, representing more than 158,000 dentist members. The premier source of oral-health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859. The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. For more information about the ADA, visit ada.org.
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The Academy of Osseointegration (AO) has announced the recipients of the 2016 Outstanding Dental Student in Implant Dentistry Award. More than 50 students from dental schools across the country will receive the award, which honors their commitment to the field of implant dentistry.

Each student will receive a free year of AO membership, a complimentary subscription to the “International Journal of Oral & Maxillofacial Implants (JOMI),” a certificate and $500. Additionally, each will receive free registration for AO’s 32nd Annual Meeting set for March 15-18, in Orlando, Fla.

Recipients of the 2016 Outstanding Dental Student in Implant Dentistry are:

- Carter D. Beckham, University of Louisville, School of Dentistry
- Vanessa Bikhazi, New York University, College of Dentistry
- Jonathan P. Bishop, Tufts University, School of Medicine
- Emily K. Boothby, Ohio State University, College of Dentistry
- Michael Britting, University of Nevada, Las Vegas School of Dental Medicine
- Arielle K. Castine, University of Michigan, School of Dentistry
- Derek Chenet, Columbia University, College of Dental Medicine
- Isaac Chinitz, Stony Brook University, School of Dental Medicine
- Holly M. Clark, Indiana University, School of Dentistry
- Andrew Correes, Loma Linda University, School of Dentistry
- Michael K. Cvelich, University of North Carolina at Chapel Hill School of Dentistry
- Rushi P. Dave, University of Pittsburgh, School of Dental Medicine
- Steven J. Van De Graaff, Creighton University, School of Dentistry
- Navjot S. Dhollan, University at Buffalo, School of Dental Medicine
- Colin P. Den, University of Southern California, Herman Ostrow School of Dentistry
- Brittany E. Eigner, Case Western Reserve University, School of Dental Medicine
- Mikala Gaffke, Marquette University, School of Dentistry
- Napoleon Gaither, Meharry Medical College, School of Dentistry
- Stephanie R. Ganter, Texas A & M University, Baylor College of Dentistry
- Neha Grewal, University of Connecticut, School of Dental Medicine
- Pavel Y. Ivashchuk, University of Maryland, School of Dental Medicine
- Erica E. Jasa, University of Nebraska Medical Center, College of Dentistry
- Jonathan J. Jelmini, University of California, San Francisco, School of Dentistry
- Kevin C. Kaiser, University of Missouri, Kansas City School of Dentistry
- Philip Kaplan, Howard University College of Dentistry
- Garrett F. Kever, Louisiana State University, School of Dentistry
- Grant T. King, University of Tennessee Health Science Center, College of Dentistry
- Kasey M. Kirchner, Southern Illinois University, School of Dental Medicine
- George K. Koch, III, Harvard School of Dental Medicine
- Deanna S. Lee, University of the Pacific, Arthur A. Dugoni School of Dentistry
- Ellen B. Lee, University of Mississippi, School of Dentistry
- Austin L. Lyman, Temple University, Kornberg School of Dentistry
- Cory McMahan, West Virginia University, School of Dentistry
- Brin L. MacMillan, University of Detroit Mercy, School of Dentistry
- Katiuska McIntosh-Falcon, University of Puerto Rico, School of Dental Medicine, Medical Sciences Campus
- Edmund P. Monsef, A.T. Still University, Arizona School of Dental Medicine & Oral Health
- Alexander M. Munaretto, University of Illinois at Chicago, School of Dentistry
- Robert H. Painter, IV, Medical University of South Carolina, James B. Edwards College of Dental Medicine
- Ed G. Pantzlaff, University of Iowa, College of Dentistry and Dental Clinics
- Joel Pinter, Rutgers University, School of Dental Medicine
- Michelle J. Peters, Virginia Commonwealth University, School of Dentistry
- Steven C. Petritz, University of California, Los Angeles, School of Dentistry
- Ashwin Ravisananj, University of Kentucky, College of Dentistry
- Jennifer Ryan, Augusta University, The Dental College of Georgia
- Reza H. Shooshan, University of Pennsylvania, School of Dental Medicine
- Caroline A. Olsen Smith, University of Washington, School of Dentistry
- Justin R. Smith, University of Florida, College of Dentistry, Gainesville
- Alexander Sonesson, Oregon Health & Science University, School of Dentistry
- Jason M. Tartagni, Nova Southeastern University, College of Dental Medicine
- Kyle P. Trobough, University of Texas Health Science Center at San Antonio Dental School
- Justin M. Young, University of Oklahoma, College of Dentistry
- Lianora G. Zabanal, University of Texas, School of Dentistry at Houston
- Li Zhong, Boston University, Henry Goldman School of Dental Medicine
NEITHER IS THE ANATOMY OF YOUR IMPLANT PATIENTS

Your world is already full of clinical challenges so why work harder because of conventional thinking? Instead of augmenting sloped ridges to accommodate flat-top implants, it’s time to discover a simpler solution by using an implant that follows the bone. Because sloped-ridge situations call for anatomically designed sloped implants.

OsseoSpeed™ Profile EV
It’s time to challenge conventional thinking
At symposium, Nobel Biocare unveils new innovations to enhance restorative workflow

By Nobel Biocare Staff

Nobel Biocare recently welcomed dental professionals from around the world to the iconic Waldorf Astoria hotel in New York City for the Nobel Biocare Global Symposium 2016.

The program for the sellout event included lectures, hands-on training and master classes from the world’s leading experts in implant dentistry. Under the banner “Where Innovation Comes to Life,” Nobel Biocare unveiled a number of innovative new products and solutions at the event. According to the company, each is designed to help dental professionals treat more patients better, and many are so unique they are either patent protected or in the patent process.

Enhancing workflows for shorter time-to-teeth

The Nobel Biocare Global Symposium showcased the role that digital technology plays in increasing the efficiency and accuracy of diagnostics, treatment planning and guided surgery. Attendees were able to visit a digitally enabled practice exhibit featuring current technology as well as potential future innovations designed to increase integration, collaboration and efficiency. Participants could see how Nobel Biocare’s leading integrated workflow can accelerate, combine or even eliminate treatment steps, the company asserts.

Nobel Biocare is also advancing the restorative workflow in terms of componentry. An important new addition to Nobel Biocare’s assortment of components is the On1 concept. This modular solution bridges the gap between the surgical and prosthetic workflows. The On1 Base connects to the implant at surgery and then remains in place throughout the healing process, prosthetic work and then the lifetime of the restoration. This leaves the soft tissue undisturbed without compromising on restorative flexibility, leaving the biological seal it creates in place for optimized healing, according to Nobel.

As the On1 Base is seated at implant placement, the concept offers the surgeon peace of mind that only precision-engineered Nobel Biocare components are used with the implant, removing risks associated with using third-party abutments. It also eliminates the risk that non-biocompatible, unclean or reused components come into contact with the soft tissue. For a restorative clinician, the On1 Base allows for an improved patient experience, as the discomfort previously associated with the removal of healing abutments can be completely avoided. With two height options available, there is the flexibility to change the On1 Base should the thickness of the soft tissue require it in the short or long term — an option not available with tissue-level implants, the company states. As the healing cap of the On1 concept supports an intraoral scanning approach, conventional impression-taking procedures for delivery of the final crown can be eliminated.

Nobel Biocare also presented the evolution of the NobelProcera at the symposium. This includes the launch of the new NobelProcera Crown, the first in a series of options in a new high-translucency multilayered full-contour zirconia material. This new material possesses exceptional properties, combining high strength and durability with excellent esthetics, the company asserts. Nobel states it is now easier than ever to obtain precision-engineered NobelProcera restorations. One route is via the new NobelDesign CAD software, which offers dental technicians powerful CAD tools with an intuitive and adaptive interface. Another access point is NobelProcera Scan and Design Services.

Advancing edentulous solutions

As a leader in edentulous treatment and the company behind the revolutionary All-on-4® treatment concept, Nobel Biocare is committed to further advancing the standard of care for edentulous patients.

NobelSpeedy, the original and widely documented implant for the All-on-4 treatment concept, is now available in more lengths and diameters for increased surgical flexibility. With new shorter 7 mm, longer 20, 22 and 25 mm implants and a wider 5 mm implant variant, this expanded range is designed to further help clinicians utilize a graftless approach and achieve cortical anchorage where bone quality and quantity are limited, allowing more patients to benefit from the proven advantages of the All-on-4 treatment concept.

For more information about the Nobel Biocare Global Symposium 2016, visit nobelbiocare.com/global-symposium-2016.
Using the CBCT image as a map, Navident guides surgeons just like a GPS guides drivers. The dental surgeon plans where implants should be placed in the image. Navident, dynamically tracking the drill and the patient's jaw, provides guidance and visual feedback to ensure the implants are placed according to plan.

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Osteogenics secures North American distribution of Resorba dental sutures

By Osteogenics Staff

Osteogenics Biomedical, a leader in the development of innovative dental bone grafting products, recently announced the acquisition of exclusive North American distribution rights for the premium German dental suture brand, Resorba. While most sutures in dentistry are simply repositioned from medicine, Resorba, a major suture manufacturer in Germany since 1931, created a division exclusively for dentistry. Resorba combines unique materials with specialty dental needles to create products better suited for dental surgery.

Among its unique product offering is its best-selling dental suture, Glycolon™, an absorbable suture with a monofilament construction comprised of polyglycolic acid (PGA) and polycaprolactone (PCL). The monofilament structure provides excellent handling properties, does not wick bacteria and allows foratraumatic passage through tissue. Glycolon maintains 50 percent of its tensile strength for 11 to 13 days.

Resorba dental suture needles are manufactured from premium tempered 300-series stainless steel. Select configurations are also available with a black needle that provides increased contrast in the mouth for enhanced visualization.

"Following the success of our own Cytoplast™ PTFE suture line, expansion of our suture portfolio was a long-term goal," said Osteogenics president, Shane Shuttlesworth. "Resorba’s focus on unique, premium products designed for dentistry fits perfectly within our product portfolio philosophy."

For more information on the complete line of Resorba dental sutures, visit osteogenics.com/resorbasutures, or contact a customer service specialist at (888) 796-1923.

About Osteogenics Biomedical

Headquartered in Lubbock, Texas, Osteogenics Biomedical is a leader in the development of innovative dental bone grafting products serving periodontists, oral and maxillofacial surgeons and clinicians throughout the world who are involved with regenerative and implant dentistry. Osteogenics offers a complete line of bone grafting products including enCore® Combination and Mineralized Allografts, Cytoplast PTFE membranes, Cytoplast collagen membranes, Vitala™ porcine pericardium collagen membranes, Cytoplast PTFE suture, NovaBone® bone graft putty, the Pro-fix™ Precision Fixation System and Resorba® dental sutures.

‘Resorba’s focus on unique, premium products designed for dentistry fits perfectly within our product portfolio philosophy.’
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Visit us at the AAP in Booths 1921 and 943. We will also be at the AADMS meeting in booth 844.
i-CAT FLX V-Series: A CBCT solution that can grow with your practice

‘The i-CAT FLX V-Series enables practitioners to upgrade 2-D and 3-D technology at their own pace without buying a new 3-D CBCT or other imaging machine’

By i-CAT Staff

Building on the success of its i-CAT FLX cone-beam 3-D imaging technology, i-CAT, a brand of the KaVo Kerr Group, launches the i-CAT FLX V-Series, the industry’s first fully upgradable solution. This system offers three fields of view (FOV): enhanced low-dose and ultra-low-dose 3-D imaging and dedicated 2-D traditional panoramic capabilities at a price point starting at under $90,000.

The i-CAT FLX V-Series enables clinicians to support current or incorporate new treatment offerings, such as airway analysis, with an imaging solution that can grow as their practice evolves, according to the company.

Features include:

- A solution that can grow as a practice’s diagnosis and treatment offerings expand. i-CAT FLX V-Series provides the option of upgrading the field-of-view based on the types of procedures performed today and in the future, such as:
  - i-CAT FLX V8 – 8 cm x 8 cm, 2-D Pan
  - i-CAT FLX V10 – 10 cm x 16 cm, 2-D Pan
  - i-CAT FLX V16 – 17 cm x 23 cm, 2-D Pan

- Enhanced low-dose and ultra-low-dose scanning, which is easily achieved using i-CAT QuickScan and QuickScan+ protocols, allowing practitioners to take complete 3-D images at a radiation dose comparable to a 2-D panoramic image.

- The i-PAN™ feature allows technicians to take a quick 2-D pan using the same high-quality sensor that is used to acquire 3-D scans. Coupled with software used to enhance overall 2-D image quality, clinicians can use their i-CAT FLX V-Series for both 2-D and 3-D imaging.

- Utilizing i-CAT PureScan™ technology and full-size sensor, i-CAT FLX V-Series scanners utilize full-beam scanning and maximizes the use of the large sensor to capture a 3-D scan. This provides more anatomical information without compromising image quality compared to other smaller sensors.

“The i-CAT FLX V-Series enables practitioners to upgrade 2-D and 3-D technology at their own pace without buying a new 3-D CBCT or other imaging machine,” said Richard Matty, marketing director for i-CAT. “At any time, if practitioners want to add implants, airway analysis and treatment planning, orthodontic care, oral surgery or other capabilities, they can do so with a simple software upgrade. They can also offer 3-D imaging to other practices or health-care providers, thereby potentially expanding their practice.”

The i-CAT FLX V-series is available only through the company’s exclusive distributor, Henry Schein Dental. The i-CAT FLX V-Series will be presented at several upcoming industry events, including the ICIO Summer Implant Symposium in San Diego, Calif., and CDA in San Francisco, from Sept. 8-10. In addition, the i-CAT FLX V-Series was pre-launched in mid-July with two webinars, which can be viewed online via the link below.

For more information about the i-CAT FLX V-series, including a product brochure, access to either webinar or to schedule a demos, visit http://info.i-cat.com/dt_flx.
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RSVP at: go.biolase.com/AAP2016

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