ICOI takes Toronto

Spring Implant Symposium takes place in late April

By Sierra Rendon, Managing Editor

The ICOI will be holding its Spring Implant Symposium at the Sheraton Centre in downtown Toronto, Canada, from April 27–29.

The Sheraton Centre hotel is located in the heart of Toronto, cheek-by-jowl to the financial and theater districts and sits on top of Toronto’s famous massive underground shopping mall, the PATH.

The Sheraton is conveniently located near museums and Toronto’s professional sports arenas.

The scientific program was designed by Dr. Natalie Wong with assistance by her committee members, Drs. Blake Nicolucci and Yvan Poitras. The full 2½-day program will include hands-on workshops, basic lectures, and interactive discussions.

Research: New coating appears to accelerate the fixation of implants

By Dental Tribune International

Researchers from Linköping University in Sweden have successfully tested a new drug coating on humans that allows titanium implants to adhere to the bone better and more rapidly. The findings could benefit patients with difficulty chewing after dental treatment.

After the dental implant placement, many patients are unable to chew food as before. Using the current technology, it may take four to six months before the bone surrounding the implant has healed and is strong enough for the patient to truly begin to benefit from surgery.

The new coating consists of a nanometre-thin layer of protein that adheres to the metal surface. Attached to the protein is a drug belonging to the class of bisphosphonates, usually used to treat osteoporosis.

Now, for the first time, this method has been tested on humans. The study involved 16 patients. Each of them received two implants — one ordinary implant and one surface-treated implant as described above.

Neither the patient nor the dental surgeon knew which was which. After six months, it was noted that for 15 of the 16 patients, the surface-treated screw was much better established. After only two months, X-ray images showed positive changes in the tissue surrounding the surface-treated implants. According to the researchers, no complications occurred.

“It is the first time ever anyone has succeeded in reinforcing the bone around an implant with localized medication,” said study leader Per Aspenberg, professor of orthopaedics, who devised the method of using bisphosphonates Linköping University in Sweden’s method.

The study was published online in the Bone journal.
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Trinon Collegium Practicum: practical implantology courses for clinicians

Continuing education in dental implantology has traditionally focused on theoretical aspects. However, since 2003, the Trinon Collegium Practicum has organized practice-oriented dental implantology courses based on the model of surgeon training in European hospitals, enabling dentists to have a firmer grasp of implantology.

Entering implantology can be difficult for dentists to achieve successfully. It is not a subject of university education, and with international universities and courses being focused largely on theoretical orientation, it proves a time-consuming endeavor. Furthermore, in international education and training programs, the dentists almost never work on patients or might work on phantom cases, classified as hands-on.

This, according to Prof. Rainer Valentin, board member of the German Society for Dental Implantology (DGZI), led to education in implantology placing an increasing emphasis on theoretical training, which then results in a neglect of practical experience and, most importantly, the proof thereof.

This phenomenon is repeated globally and results in dentists often lacking in confidence and developing a fear of complicated cases, which essentially leads to long pauses between individual implants and a limited learning curve.

**Learning by doing**

The Q-Implant Marathon is one reaction to this situation in the continuously expanding education sector. Started in 2003 in Cuba, and since conducted more than 70 times in four countries worldwide, the course is designed to be purely hands-on with a real patient experience under strict supervision from international surgeons and university hospitals.

Participants with a strong theoretical foundation in implantology spend five days assisting in and performing surgery, placing approximately 30 implants within this short period.

“Only one is confident doing what one knows,” said Dr. Harald Glas from Vienna, summarizing the positive effect of practical education. During the Q-Implant Marathon, Glas worked with international peers and supervisors on several cases a day. Every case is discussed beforehand with the supervising surgeon and assistant surgeon. Furthermore, even during the surgery, questions about surgical treatments are addressed.

Patients are prepared and followed-up by the resident team of the university hospital and, in most cases, are immediately provided with long-term temporary restorations so participants can see the result of the treatment and complete their photographic documentation.

The phased approach of the Q-Implant Marathon, which accounts for 45 dental CME points, divides participants in three levels: Beginner, Advanced I and Advanced II.

This gives dental practitioners an opportunity to learn the relevant practical knowledge they require at their home clinics.

Beginners’ courses are working on basic implant cases whereas surgeons with considerable experience can venture into more complicated cases with the knowledge and safety of having a supervisor to discuss the case and assist during surgery.

The concept of hands-on courses has been influenced by surgeon training in European hospitals where emphasis on practical surgical training of young doctors is at the center from day one. The experienced surgeon guides the hand of the assistant physician and gives him the feeling for working on patients while in a safe and controlled environment.

“Learning by doing is the most successful way to gain experience in implantology and that is why we do it that way,” said Dr. Alfredo Valencia, the scientific director of the Q-Implant Marathon program.

**A focus on the United States**

Today, the concept has been rolled out throughout three permanent locations worldwide with one in Dominican Republic and two courses in Asia. In the last eight years, the Trinon Collegium Practicum has seen more than 2,000 dentists participate in the Q-Implant Marathon with more than 12,000 patients treated and more than 30,000 implants placed.

The decision to conduct these hands-on courses in the Dominican Republic stems from the rising number of dental implantologists in the United States and its surrounding regions, a growing number of patients demanding a high level of care and the overall lack of practice-oriented courses in close proximity to American dentists. The course in Dominican Republic is based in Santo Domingo and has been conducted more than 26 times. This course collaborates with private clinics, where the clinic equipment is comparable to U.S. standards; similarly, the infrastructure is more or less comparable to the situation in the United States. All of the Trinon Collegium Practicum courses have ensured that conditions under which surgeons work have appropriate standards including surgical equipment, professional tooth scaling for patients, digital X-ray equipment and modern dental treatment chairs.

The head instructor for the Q-Implant Marathon in Santo Domingo is Valencia, who studied human medicine at the Oviedo University in Spain and specialized in stomatology, oral-maxillofacial surgery and implantology over the years. Valencia is supported by a team of assisting tutors, whom he personally recruited. Most of these tutors have learned implantology from him.

“So I know them well and it is easy for me to work with them,” Valencia said.

The atmosphere is harmonious: even after 12 hours in the surgery room, the groups still like to meet for an evening meal. Courses in Santo Domingo have developed even further over time with regard to patient care and technical aspects of surgery. One of the most important improvements has been patient selection. The local team is now able to assign patients to suit the ability and the needs of participants.

**Contact information**

The Q-Implant Marathon is conducted six to eight times a year in the Dominican Republic and Asia. To find out more about the Q-Implant Marathon, contact Optimum Solution Group, Mac Kuhiak, call (877) 705-1002, e-mail info@ optimumsolutiongroup.com or visit www.implantologycourses.com.

The Q-Implant Marathon team with participants in Santo Domingo. Photos/Provided by Trinon Collegium Practicum.

Q-Implant Marathon participants in Santo Domingo working in a team.
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AAID Research Foundation awards more than $165,000 for research projects

The future of implant dentistry is driven by research, and thanks to the AAID Research Foundation, more than $165,000 in grants were awarded to dental investigators in the last two years, the foundation announced.

“The AAID Foundation provides generous grants to post-graduate researchers for unbiased dental implant research to further the science of oral implantology through research and education,” said Jaime Lozada, DMD, chairman, AAID Research Foundation. “The AAID strongly advocates evidence-based dentistry, and grants from the foundation are contributing significantly to the body of evidence in our field.”

Lozada added that the AAID Foundation ranks as the leading grantor for dental implant research, and, overall, it has funded more than 70 research projects totaling more than $500,000. Individual grants range from $2,500 to $25,000.

“The future of implant dentistry will be built upon the commitments that the AAID Foundation makes today to support education, research and the advancement in the practice of implant dentistry,” Lozada said.

One $10,000 AAID Foundation awardee, Mahmoud Torabinejad, DDS, PhD, Loma Linda University, is researching levels of patient satisfaction and complications during and after root canal treatments and single-tooth implants.

“Dr. Torabinejad’s research is an excellent example of the cutting-edge work the AAID Foundation is supporting that will give practitioners solid scientific evidence for making treatment decisions and recommendations to their patients,” Lozada said.

Another grant recipient, Thomas Dodson, DDS, Massachusetts General Hospital, has worked on a study of implant survival rates and factors most commonly associated with implant failures.

“Less than 2 percent of implants fail, but this research should be helpful in determining which types of patient might be prone to possible implant failure,” Lozada noted.

The AAID Foundation’s awards are funded by contributions to the AAID Research Endowment Fund from AAID members, sponsors and friends. Income generated from the endowment is allocated exclusively to support implant research projects.

AAID Foundation Awardees for 2012 will be announced at the AAID Annual Scientific Meeting, Oct. 7-11, in Washington, D.C.
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Clinical evidence and mechanism of an underestimated relationship

By Drs. Yong-Keun Lee and Hyung-Joo Moon

During the treatment of symptoms originating from disorders of the temporomandibular joint (TMJ) and occlusion, it was found that restoring the TMJ to its normal condition resulted in a change of general body health. In most cases, this change was improved general body health. Owing to similar reports, a connection between TMJ status and general body health was therefore hypothesized. However, the mechanism of this relationship remains unclear.

In this article, the relationships between dental occlusion/TMJ status and general body health are reviewed with reference to peer-reviewed papers. A conceptual theory is proposed that may explain this mechanism.

**TMJ and myofascial pain**

Dental occlusion is the relationship between the maxillary and mandibular teeth when they approach each other. The TMJ is the joint of the jaw, which is unique in that it is the only bilateral joint that crosses the midline. As the treatment of dental diseases aims to achieve harmony within the entire stomatognathic system, teeth could be literally seen as one entity. During the treatment of symptoms associated with the stomatognathic system, teeth could be literally seen as part of the human body, and the concept of the “tooth body” was first proposed.4 The causes of TMJ disorders can be divided into five categories: dental, trauma, lifestyle habits, stressful social situations and emotional factors.5 Trauma can be in the form of whiplash, traction applied to the neck muscles and blows to the head, face or jaw.6 Evidence of significant trauma to the TMJ has also been found following hyperextension of the neck muscles.7

**Relationship between TMJ and general body health**

There have been several studies on the relationship between occlusion/TMJ and general body health. Among other findings, it has been found that lesions in the masticatory muscles or dento-alveolar ligaments can perturb visual stability and thus generate postural imbalance.8 The position and functioning of the mandible also have an effect on the centre of gravity.9, 10

Dental occlusion is associated with reduced lower extremity strength, agility and balance in elderly people.11 The proper functional occlusion of natural or artificial teeth has been shown to play an important role in generating an adequate postural reflex.12 The subgroups of general body conditions associated with TMJ may be divided into the following three categories:

1. **Synchronization of the head and jaw muscles with other muscles**

   There is a necessary systematic synchronization of the head and jaw muscles with the other muscles of the body to maintain proper body posture. The functional coupling of the stomatognathic system with the neck muscles is well known. Patients suffering from occlusal or TMJ disorders have frequently reported dysfunction and pain in their neck muscles.13, 14 An imbalance of sternocleidomastoid muscle activity, often leading to neck pain, can be induced by a unilateral loss of occlusal support.15

2. **Mechanism of relationship between the TMJ and general body health**

   Dental occlusion/TMJ condition exerts an influence on body stability. Human beings assume a relatively unstable posture when in the standing position, therefore, the maintenance of a standing position is related to fluctuation in the center of gravity, which is controlled by

   - Ergonomics at work, oral and childhood habits, as well as poor diet and strenuous activities such as heavy lifting, have been cited.4
   - Myofascial pain, deriving from the hyperalgesic trigger points located in skeletal muscle and fascia, is commonly characterized by persistent regional pain.6 Myofascial component has generally been considered to be part of pain syndromes that involve TMJ. Trigger points in masticatory muscles are presumably caused by malocclusion, misalignment and functional para-functional of the jaws, abnormal head and neck postures, or trauma.8

   **Mechanism based on qi and the meridian aspect**

   The myofascial component has generally been considered to be part of pain syndromes that involve TMJ. Trigger points in masticatory muscles are presumably caused by malocclusion, misalignment and functional para-functional of the jaws, abnormal head and neck postures, or trauma.8 It has been suggested that occlusion and head position affect the center of gravity, resulting in an increased risk of falling when abnormal.16 Poor or absent dental occlusion may decrease proprioception in this area, interfering with the proper stability of the head posture.17 It is thought that tooth loss is a risk factor for postural instability.18 Physiologically, mechanical receptors in the periodontal membrane and temporomandibular joints detect movements and coordinate masticatory function,19 and this is related to the motor activity of the neck muscles.20 Fluctuations in the center of gravity caused by altering the occlusal contact area experimentally was examined experimentally, and the results confirmed that occlusal contact affects gravity fluctuation and that appropriate occlusion attained by maintaining even occlusal contact in the posterior region is crucial for gravity fluctuation.21

   **Mechanism of relationship between the TMJ and general body health based on the myofascial aspect**

   The second hypothesis is that the TMJ and other parts of the body are connected through fasciae, which is a connective element between various anatomical structures,22 very similar to a three-dimensional network extending throughout the whole body.23 This network can be stretched by the contraction of underlying muscles and transmit tension over a distance.24 The fascial tissues are arranged vertically, from head to toe, and four interconnected transverse fascial planes criss-cross the body. Therefore, an injury or irritation of one of these fascial planes and dysfunction may occur throughout the body.25

   **Mechanism based on qi and the meridian aspect**

   The second hypothesis is that the TMJ and other parts of the body are connected through the meridian system, which is constituted of the fasciae. Traditionally, acupuncture meridians are believed to form a network throughout the body, connecting peripheral tissues to each
Studies that seek to understand the acupuncture point/meridian systems from a Western perspective have mainly focused on identifying distinct histological features that differentiate acupuncture points from surrounding tissue. One of the histological and anatomical associations with the meridians is intermuscular or intramuscular loose connective tissue (fascia). Ancient acupuncture texts contain several references to “fat, greasy membranes, fasciae and systems of connecting membranes” through which the qi is believed to flow. In terms of connective tissue associations, several authors have suggested that a connection may exist between the acupuncture meridians, which tend to be located along the fascial planes between muscles or between a muscle and bone or tendon, and the connective tissue.

In view of experimental evidence, it has been hypothesized that the network of the meridians can be viewed as a representation of a network of interstitial connective tissues. These findings are supported by ultrasound images showing connective tissue cleavage planes at the acupuncture points in human beings. Rather than viewing acupuncture points as discrete entities, it has been proposed that these points might correspond to sites of convergence in a network of connective tissue permeating the entire body, similar to highway intersections in a network of primary and secondary roads.

Correlation between trigger points and acupuncture points

Although separated by two millennia, the traditions of acupuncture and myofascial pain therapies share fundamental similarities in the treatment of pain disorders. Recent reports have suggested substantial anatomic, clinical and physiological overlap of the myofascial trigger points and acupuncture points. The analogy between the trigger points and acupuncture points has been discussed since 1977, when 100 percent anatomic and 71 percent clinical pain correspondences for the myofascial trigger points and acupuncture points in the treatment of pain disorders were reported. A number of similarities between them were also suggested. The two structures have similar locations and needles are used at either point to treat pain. The pain associated with the local twitch response at trigger points is similar to the de qi sensation, and the referred pain generated by needling trigger points is similar to the propagated sensation along the meridians.

It was pointed out, however, that the acupuncture points located at the trigger points are not frequently used by acupuncturists, and do not share the same clinical indications as the trigger point therapy. It was further argued that the claim of 71 percent correspondence between the acupuncture points and the trigger points is conceptually impossible. Furthermore, even putting this conceptual problem aside, no more than 40 percent of the acupuncture points correlated with the treatment for pain and, more likely, only approximately 18 to 19 percent of the points are actually correlated. The correlation between the trigger points and the acupuncture points clearly need to be further investigated in the future.

The fascial connection theory we propose can explain the functional connection between dental occlusion/TMJ and other parts of the body based on either myofascial release or the qi and meridian system, or a combination of the two. Therefore, dental occlusion should be built up and maintained in a normal natural condition, while causes for deterioration of the TMJ status should be treated in an effort to restore the natural condition.

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Gear up for charitable Bike Ride

MIS Implants Technologies, based in Fair Lawn, N.J., will be holding its second Bike Ride on July 29. This year, participants will be riding for Ninos de la Luz (Children of the Light), an organization that funds an orphanage for the “lost boys” of the Dominican Republic. This organization shelters boys who have been living on the streets, often abandoned by their families, giving them a place to live, schooling and life skills to eventually live on their own and be a solid member of society.

The 2012 Bike Ride will be 40 miles in length and go through part of the lower Hudson Valley — starting in Park Ridge, N.J., and ending in Piermont, N.Y. A light breakfast will be served prior to the ride as well as replenishing snacks after. There will be one planned rest stop along the route.

Motti Weisman, CEO of MIS Implants Technologies, visited the orphanage. He was touched and impressed by the commitment of the people running this facility and immediately wanted to help in a substantial way. He was able to meet and dine with some of the boys and was intrigued by their stories.

“The work being done here is remarkable, and I have committed to provide the funding for a media center to help with the boys’ computer skills and ultimately make them current with today’s workplace,” Weisman said. “The boys are able to stay at the facility, known as ‘The Ranch,’” until they are 18. The success stories from this group are truly heartwarming, and I foresee having a long-term relationship with this organization to continue to help.”

There is no government funding available for social needs such as this. Private funding is crucial to give these boys an environment where they can turn their lives around and thrive.

Registration is now open for the 2012 MIS Charitable Bike Ride. For more information, visit www.miscyclingteam.com or call (201) 710-6217. There are different registration packages available. All proceeds from this event will be directly donated to impact international health and earmarked for Ninos de la Luz. Registration fees are tax deductible.

To learn more about the orphanage, visit ninosdelaluz.org.

Join MIS Implants for its charitable Bike Ride, taking place July 29. The ride will benefit Ninos de la Luz, an organization that aids children in the Dominican Republic. Photo: www.sxc.hu

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"Now I am having more confidence in implant dentistry. I diagnosed 2 cases for new patients this past week. They are maxillary premolar cases. Thank you for your instruction and guidance in Implantology." Alexander Zhang, DDS, Chico, CA.

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DENTSPLY International launches new global business, DENTSPLY Implants

Company begins marketing, selling in North America this month

Following its Aug. 31 acquisition of Astra Tech AB, which operated the No. 3 player in the global dental implant market (Astra Tech Dental), DENTSPLY International Inc. (NASDAQ: XRAY) now unites its innovative and growing dental implant-related businesses (DENTSPLY Friadent and Astra Tech Dental) into a new company, DENTSPLY Implants.

The newly created business will actively market and sell products as DENTSPLY Implants in North America, beginning this month.

DENTSPLY Implants offers a portfolio that is unique in its freedom to create predictable and lasting patient-specific implant solutions with an extensive line of dental implants, bone regenerative products, digital technologies and professional development tools.

The portfolio includes ANKYLOS®, XiVE® and ASTRA TECH Implant System™. It also includes ATLANTIS™ — patient-specific CAD/CAM abutments, as well as 3-D virtual surgical planning and surgical guides.

Jim Mosch, executive vice president of DENTSPLY International and group president of DENTSPLY Implants, said: “The solid history of both Astra Tech Dental and DENTSPLY Friadent, in combination with the strength of DENTSPLY International, creates a new, unique global foundation to exceed the expectations of today’s knowledgeable, demanding dental professionals.

“Current DENTSPLY Friadent and Astra Tech Dental customers can rest assured knowing that the world-class products they know and trust will continue to be supported and developed. We remain strongly committed to innovation and clinical research, and our shared vision continues — to increase the quality of life for patients worldwide.”

DENTSPLY Implants builds upon the fundamental values of a thorough scientific approach, a dedication to long-term clinical evidence and a strong customer focus. The new global DENTSPLY Implants business model has begun to take form this month, beginning with North America.

“By joining Astra Tech Dental and the implant business from DENTSPLY Tulsa Dental Specialties in North America, we will have a unique product portfolio gathered in one company and supported by one sales force. We look forward to this great opportunity to build upon our partnership with dental professionals in providing optimal care to their implant patients,” said Scott Root, president of DENTSPLY Implants, North America.

About DENTSPLY International

DENTSPLY International Inc. is a leading manufacturer and distributor of dental and other healthcare products. The company believes it is the world’s largest manufacturer of professional dental products.

For more than 110 years, DENTSPLY’s commitment to innovation and professional collaboration has enhanced its portfolio of branded consumables and small equipment. Headquartered in the United States, the company has global operations with sales in more than 120 countries. Visit www.dentsply.com for more information about DENTSPLY and its products.

(Source: DENTSPLY International)
A few reservations still available for CAMLOG Congress in Switzerland

By Dental Tribune International

CAMLOG Foundation, an organization established by scientists under Swiss law, has reported that its fourth International CAMLOG Congress in Lucerne has attracted great attention. It announced that a number of workshops are already fully booked, though a few registrations can still be accepted.

The CAMLOG Foundation engages in targeted support of gifted young scientists, the promotion of basic and applied research and continued training and education to promote progress in implant dentistry and related fields in order to better serve the patient. As part of its scientific mission, the foundation has assumed patronage of the International CAMLOG congresses.

As reported by CAMLOG, the conference has already received great attention in the months leading up to the event. All pre-conference workshops on Mount Pilatus are already fully booked. However, participants can still register for other presentations, as well as for the Saturday, May 5, CAMLOG party, the organization said.

Under the motto, “Feel the pulse of science in the heart of Switzerland,” the event will take place in Lucerne’s architecturally impressive Culture and Congress Centre, located on the edge of Lake Lucerne, from May 3-5.

Many well-known speakers will present on a variety of scientific and technical topics with regard to state-of-the-art implant dentistry.

The papers will cover such topics as innovations in implant-abutment connections, long-term clinical experience with platform switching, the demographic shift and aging patients, and current trends in digital dentistry. In conclusion of the congress, complex cases with compromised and demanding patients will be debated in a “Meet the Experts” panel discussion.

Registration for the congress is still open. Participants can register at www.camlogcongress.com.

‘Take Five with Marty’ web video series launches

Marty Jablow, DMD, nationally known dental industry thought leader, author and lecturer, has officially launched his web video series, titled “Take Five with Marty.” Jablow is a full-time practicing dentist who is known for his “tell-it-like-it-is” evaluations, explanations and demonstrations of new dental products, ranging from advanced dental technology to the latest dental materials.

The format of the program consists of feature reports on dental research and news, interviews and clinical spotlights – all in five minutes or less. In April, “Take Five with Marty” will feature a two-part interview with Eva Grayzel, an oral cancer survivor who has dedicated her life to informing dentists and patients alike on the importance of a thorough “Six-Step Screening” to detect oral cancer early, when it is most easily treated.

According to Jablow: “Eva is a non-smoker who was diagnosed with late-stage oral cancer 13 years ago at age 36 because her dentist missed the early signs of the disease. She knows firsthand that a thorough six-step screening may have saved her from undergoing the radical and painful treatment that took a third of her tongue, her entire left sternocleidomastoid muscle and most of her salivary glands. Her story is compelling, and her mission is inspirational.”

During the past few months, Jablow has been in the studio or on Skype to conduct interviews with a who’s who of dentistry, including Dr. John Flucke (cone-beam radiography), Lisa Wadsworth, RDH (implant assisting and ergonomics), Dr. Anthony Stefanou (opportunity beyond the operatory), Dr. Paul Feuerstein (digital impressions) and Dr. Ryan Swain (short-term orthodontics).

To view the program, visit www.TakeFiveWithMarty.com. For more information on how to become a guest or clinical tip expert, send an e-mail inquiry to info@takefivewithmarty.com. You can also follow “Take Five with Marty” on Twitter, Facebook and YouTube.
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