

Earn up to 31  
CE credit  
hours!

# Bridging the Gap

PARTNERS IN INTERDISCIPLINARY CARE



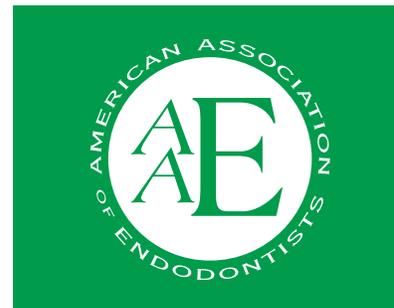
**2011 AAE ANNUAL SESSION**



San Antonio, Texas

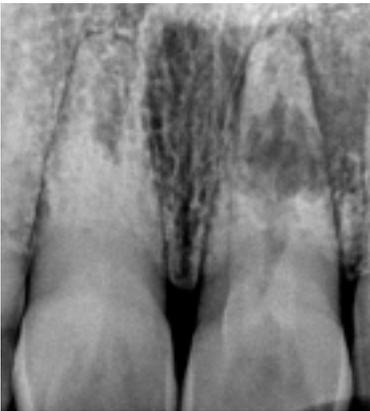
April 13 – 16

San Antonio Convention Center

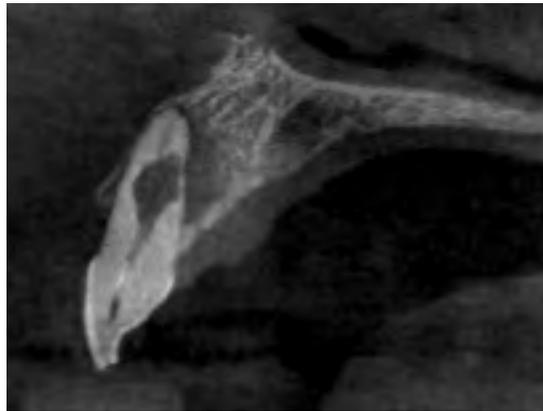


# EVEN COMPLEX ROOT CANALS CANNOT HIDE

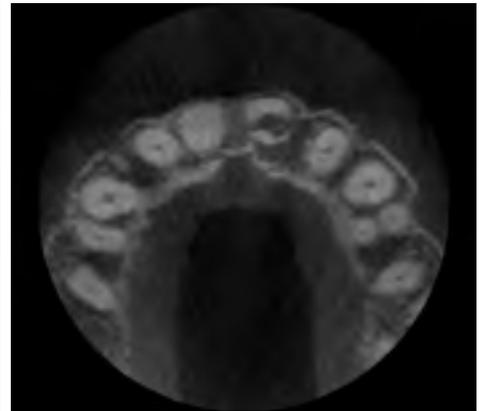
*"The 9000 3D is a high performance imaging tool because it shows the complexity of root canals in 3 dimensions."* (J Endod 2010;36:1187-1190)



2D Periapical radiograph indicative of inflammatory root resorption on the maxillary right and left central incisors.



3D Sagittal and axial views of the maxillary left central incisor showing the full extent of the area of low density in the mid-root portion of the canal that extends palatally. A periradicular periodontitis associated with the lesion at the mid-root is visible on both orthogonal views. (Case courtesy of John D. West, DDS, MSD.)



## Rich clinical data means more informed diagnostic and treatment decisions.

Endodontic care requires negotiation of the most intricate regions of dental anatomy and careful examination of the full nature of any pathology. Traditional periapical radiographs can't always reveal crucial details such as the depth and direction of accessory canals or the size and dimensions of resorptive lesions. The Kodak 9000 3D extraoral imaging system adds depth and accuracy to your diagnosis, letting you see the third dimension while delivering the highest-resolution, lowest dose CBCT volumes available in the marketplace. Starting at considerably less than \$100,000, add depth to your diagnosis today.

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\*Qualified buyers for financing up to 60 months. US pricing only.

# Join the Endodontic Community for a **TEXAS-SIZED** Experience

## Learn From the Best

Earn up to **31 HOURS** of onsite CE credit from more than **130 SESSIONS** at this year's meeting. The **MASTER CLINICIAN SERIES** continues with live surgical demonstrations performed by experts in the field.

## Share Your Story

What we can **LEARN FROM EACH OTHER** is incalculable and can't be limited to one session or event. Take advantage of new roundtable discussions, a Lunch-Learn program and other networking opportunities designed to connect you with colleagues from around the world.

## Get in the Spirit

Make the most of your time away from the office and experience the true spirit of **SAN ANTONIO** during the annual spring celebration known as **FIESTA!** This city-wide festival offers something for everyone—music and dance, food and entertainment, culture, arts and crafts, family fun and so much more!

You can also give back to the local community through this year's **ACCESS TO CARE PROJECT**.

## Enjoy Top-of-the-Line Events

Wednesday's General Session features **CHRISTOPHER GARDNER**, best-selling author of *The Pursuit of Happyness*. Plans for **CELEBRATE SAN ANTONIO!** include an authentic Texas ranch experience complete with a barbeque dinner, a rodeo, live music and dancing. The President's Event Dinner will feature **TWO COMEDIANS**, John Pinette and Kathleen Madigan, and a family-style Italian dinner.

**Everything is bigger and better in Texas—  
register today at [www.aae.org/annualsession!](http://www.aae.org/annualsession)**

## STAY CONNECTED



**FIND US ON FACEBOOK**—visit [www.facebook.com/endodontists](http://www.facebook.com/endodontists) for regular updates; share these with your colleagues through your own profile.



**BRIDGING THE GAP BLOG**—Annual Session Planning Committee members will post sneak previews, share stories and details about the Annual Session on the AAE website.

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## Dear Colleagues,

Developing your network...nurturing partnerships...making a connection... these are all different ways of describing the same concept that is at the center of the 2011 AAE Annual Session program. With a theme of *Bridging the Gap—Partners in Interdisciplinary Care*, this year's meeting will focus on strengthening relationships with other specialists, general practitioners, office staff, educators, students, vendors—EVERYONE in the endodontic community!

As the Annual Session Planning Committee has worked together to develop these four days of education and fellowship, we have had one ultimate goal—providing each attendee with a value-packed program that meets your needs. There are more than 130 educational sessions to choose from including the Master Clinician Series, workshops and other educational sessions. Additionally, several more casual offerings will be introduced in San Antonio. Scheduled roundtables and a new Lunch-n-Learn program are opportunities to join your colleagues and friends in sharing experiences and learning from each other in open discussions on topics that most interest you.

In order to emphasize interdisciplinary care to those about to embark on a career in dentistry, the AAE has invited all predoctoral students to educational sessions and exhibits free of charge. This outreach will give our future referrers additional exposure to the specialty and help them understand how quality endodontic treatment and proper restoration can help the natural tooth last a lifetime.

Opportunities for fun and fellowship are also important aspects of the Annual Session. In addition to all of the events we love—*Celebrate San Antonio!*, General Session, the President's Event, various luncheons and more—we are proud to continue the goodwill started with the Access to Care Project last year in San Diego. San Antonio is blessed to have a one-stop facility for the homeless and underserved in the community where we plan to provide endodontic care to 65 patients.

San Antonio is an exciting, vibrant city and we will be gathering during the community's biggest celebration of the year—Fiesta San Antonio! This city-wide street festival started 120 years ago to honor the heroes from the battles of the Alamo and San Jacinto. Today, the 100+ different events are sponsored by local nonprofit and military organizations that put their profits back into the community programs they organize. Be sure to take part in these events and parades during this "Party with a Purpose."

This is an important time to focus on our chosen profession. Join us in San Antonio to build on our specialty and Association's tradition of learning, sharing and growing together.

Warm Regards,



*Clara M. Spatafore*

Clara M. Spatafore, D.D.S., M.S.  
President



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# TABLE OF CONTENTS

Daily Planner .....	8
Schedule At-A-Glance .....	9
Educational Tracks .....	10
Master Clinician Series .....	14
Workshops .....	15
Sponsors .....	16
<b>new</b> Handouts, Evaluations and CE .....	17
Educational Sessions .....	18
Educator Forum .....	35
Awareness Campaign Forums .....	36, 41
ABE Boardwalk.....	50
Resident and New Practitioner Career Fair .....	54
Exhibits .....	72
Live Learning Center .....	74
General Session, <i>Celebrate San Antonio!</i> and President's Event .....	75
Special Events .....	76
<b>new</b> Lunch-n-Learn .....	76
Fitness Program .....	77
Line Dancing.....	78
San Antonio Access to Care Project .....	78
<b>new</b> Salsa 101 .....	79
Foundation Auctions.....	80
Alliance Activities.....	82
Alumni and Affiliate Functions.....	84
Other Functions.....	85
General Information .....	86
Hotel and Travel.....	88
Registration Packages/Information .....	90
San Antonio Fiesta .....	92
In Recognition .....	93
Speaker Index.....	94
Speaker and Moderator Disclosure Statements .....	95
Registration Form .....	97
Future Annual Session Dates .....	99

# DAILY PLANNER

## Wednesday, April 13

6 a.m.	
7 a.m.	
8 a.m.	General Session
9 a.m.	
10 a.m.	Educational Sessions
11 a.m.	
Noon	Lunch-n-Learn
1 p.m.	
1:30 p.m.	Educational Sessions and Master Clinician Series
2 p.m.	
3 p.m.	
4 p.m.	
5 p.m.	
6:30 p.m.	Welcome Reception

## Thursday, April 14

6 a.m.	
7 a.m.	
8 a.m.	President's Breakfast
9 a.m.	
10 a.m.	Exhibits Open District Caucuses Alliance Program With Speaker Dale Smith Thomas
11 a.m.	
11:30 a.m.	Lunch Break—Concessions in Exhibit Hall Open
11:45 a.m.	Louis I. Grossman Luncheon
Noon	
1 p.m.	
1:30 p.m.	Educational Sessions and Master Clinician Series
2 p.m.	
3 p.m.	
4 p.m.	
5 p.m.	Exhibit Hall Happy Hour and Foundation Live Auction
Evening	Alumni and Affiliate Events

## Friday, April 15

6 a.m.	
7 a.m.	
8 a.m.	General Assembly Breakfast
9 a.m.	Exhibits Open
10 a.m.	Educational Sessions and Master Clinician Series
11 a.m.	
11:30 a.m.	Lunch Break—Concessions in Exhibit Hall Open
Noon	
1 p.m.	
1:15 p.m.	Educational Sessions and Master Clinician Series
2 p.m.	
3 p.m.	
4 p.m.	
5 p.m.	
6 p.m.	<i>Celebrate San Antonio!</i>

## Saturday, April 16

6 a.m.	
7 a.m.	
8 a.m.	
8:15 a.m.	Educational Sessions Exhibits Open
9 a.m.	
10 a.m.	
11 a.m.	
Noon	Edgar D. Coolidge Luncheon
1 p.m.	
1:45 p.m.	Educational Sessions
2 p.m.	
3 p.m.	
4 p.m.	
5 p.m.	
7 p.m.	President's Event Reception
8 p.m.	President's Event Dinner

# SCHEDULE AT-A-GLANCE

## Tuesday, April 12

2 – 8 p.m. **Registration and Information**  
Street Level/SCC

## Wednesday, April 13

6 – 7 a.m. **Fitness Activity—Cardio Kickboxing**  
Conference Room 16/MRC

7 a.m. – 5 p.m. **Registration and Information**  
Street Level/SCC

8 – 9:30 a.m. **General Session Featuring Keynote Speaker  
Christopher Gardner**  
Grand Ballroom C/SCC

9:30 a.m. – 5 p.m. **AAE Oasis Open**  
Concourse Level/SCC

10 – 11:30 a.m. **Educational Sessions and Oral Research Presentations**  
Concourse and River Levels/SCC

11:30 a.m. – 1:30 p.m. **Lunch Break**

11:45 a.m. – 1:15 p.m. **Lunch-n-Learn**  
Grand Ballroom C/SCC

1:30 – 3 p.m. **Educational Sessions and Oral Research Presentations**  
Concourse and River Levels/SCC

3 – 3:30 p.m. **Break**

3:30 – 5 p.m. **Educational Sessions and Oral Research Presentations**  
Concourse and River Levels/SCC

5:30 – 6:30 p.m. **International Reception**  
Conference Room 17/MRC

6:30 – 8 p.m. **Welcome Reception**  
Grotto, River Level/SCC

## Thursday, April 14

6 – 7 a.m. **Fitness Activity—Fun Run and Walk**  
Departs from Lobby/MRC

7 a.m. – 5 p.m. **Registration and Information**  
Street Level/SCC

**AAE Oasis Open**  
Concourse Level/SCC

8 – 10 a.m. **President's Breakfast**  
Grand Ballroom C/SCC

10 – 10:45 a.m. **District Caucuses/SCC**

District I – Room 217A	District V – Room 214C
District II – Room 217B	District VI – Room 214D
District III – Room 217C	District VII – Room 212
District IV – Room 217D	

10 – 11:30 a.m. **Oral Research Presentations**  
Concourse Level/SCC

10 a.m. – 5 p.m. **Exhibits Open**  
Exhibit Hall C/SCC

10:45 – 11:30 a.m. **Affiliate Leadership Meeting**  
Room 214D/SCC

11:30 a.m. – 1:30 p.m. **Lunch Break—Concessions in Exhibit Hall Open**

11:45 a.m. – 1:15 p.m. **Louis I. Grossman Luncheon**  
Salon E/MRC

1:30 – 3 p.m. **Educational Sessions and Oral Research Presentations**  
Concourse and River Levels/SCC

2 – 5 p.m. **Poster Research Presentations and Table Clinics**  
Exhibit Hall C/SCC

3 – 3:30 p.m. **Break**

3:30 – 5 p.m. **Educational Sessions and Oral Research Presentations**  
Concourse and River Levels/SCC

5 – 6 p.m. **Exhibit Hall Happy Hour and Foundation Live Auction**  
Exhibit Hall C/SCC

5 – 6:30 p.m. **Professional Staff Reception**  
East Patio, River Level/SCC

**Resident Reception**  
South Terrace, Concourse Level/SCC

## Friday, April 15

6 – 7 a.m. **Fitness Activity—Zumba**  
Conference Room 16/MRC

7 a.m. – 4:30 p.m. **Registration and Information**  
Street Level/SCC

**AAE Oasis Open**  
Concourse Level/SCC

8 – 9:30 a.m. **General Assembly Breakfast**  
Grand Ballroom C/SCC

9 a.m. – 5 p.m. **Exhibits Open**  
Exhibit Hall C/SCC

10 – 11:30 a.m. **Educational Sessions and Oral Research Presentations**  
Concourse and River Levels/SCC

11:30 a.m. – 1:15 p.m. **Lunch Break—Concessions in Exhibit Hall Open**

1:15 – 2:45 p.m. **Educational Sessions**  
Concourse and River Levels/SCC

2 – 3:30 p.m. **Line Dancing**  
Conference Room 16/MRC

2:45 – 3 p.m. **Break**

3 – 4:30 p.m. **Educational Sessions**  
Concourse and River Levels/SCC

**Professional Staff Networking Event**  
Room 9/SCC

6 p.m. – midnight **Celebrate San Antonio! at Rio Cibolo Ranch**  
Departs Bowie St. Entrance/MRC – Name badge required

## Saturday, April 16

6:30 – 7:30 a.m. **Fitness Activity—Yoga**  
Conference Room 16/MRC

6:45 a.m. departure **Golf Outing at the Hyatt Regency Hill Country**  
Departs Bowie St. Entrance/MRC

7:30 a.m. – 5 p.m. **Registration and Information**  
Street Level/SCC

**AAE Oasis Open**  
Concourse Level/SCC

8:15 – 9:45 a.m. **Educational Sessions**  
Concourse and River Levels/SCC

8:15 – 11:15 a.m. **Poster Research Presentations and Table Clinics**  
Exhibit Hall C/SCC

8:15 a.m. – 2 p.m. **Exhibits Open**  
Exhibit Hall C/SCC

8:30 a.m. – 4:30 p.m. **San Antonio Access to Care Project**  
San Antonio Christian Dental Clinic

9:45 – 10:15 a.m. **Break**

10:15 – 11:45 a.m. **Educational Sessions**  
Concourse and River Levels/SCC

Noon – 1:30 p.m. **Edgar D. Coolidge Luncheon**  
Grand Ballroom C/SCC

1:45 – 3:15 p.m. **Educational Sessions**  
Concourse and River Levels/SCC

2 – 4 p.m. **Salsa 101**  
Conference Room 17/MRC

3:15 – 3:30 p.m. **Break**

3:30 – 5 p.m. **Educational Sessions**  
Concourse and River Levels/SCC

6 – 7 p.m. **AAE Foundation Leadership Donor Reception**  
Sazo/MRC

7 – 8 p.m. **President's Event Reception**  
Grand Ballroom C Foyer/SCC

8 – 11:30 p.m. **President's Event Dinner Featuring Comedians  
John Pinette and Kathleen Madigan**  
Grand Ballroom C/SCC

Oral and Poster Research and Table Clinics schedule will be distributed on site.

**Location Key:**  
MRC = Marriott Rivercenter, SCC = San Antonio Convention Center

Shaded items indicate a ticket or invitation is required.

## Art and Science of Endodontics (AS)



**Track Organizer:**  
**Fabricio B. Teixeira, D.D.S., M.Sc., Ph.D.**  
*San Antonio, Texas*

*Sponsored by Carestream Dental/Kodak Dental Systems*

### Wednesday

- AS-100:** Endodontic Microsurgery
- AS-101:** Soft Healing Following Apical Surgery
- AS-102:** Dental Implant Complications—A Surgical Perspective
- AS-103:** Focused Field Cone-Beam-Computed Tomography in Endodontic Practice
- AS-104:** Managing the Challenges of Endodontic Microsurgery
- AS-105:** Cone-Beam-Computed Tomography: Principles and Hands-on Software Training
- AS-106:** New Ultrasonic Tips for Surgical Endodontics

### Thursday

- AS-200:** Biofilms in Root Canals—Can We Get Rid of Them?
- AS-201:** Grain Boundaries and the R-Phase: Demystifying Nickel-Titanium Metallurgy
- AS-202:** Meeting the Challenge of Treating Compromised Teeth
- AS-203:** The Effect of Cone-Beam-Computed Tomography on Endodontic Outcome Results and Its Impact on Endodontic Treatment Planning
- AS-204:** Antimicrobial Root Canal Medicaments
- AS-205:** Introduction to Microscopic Photography
- AS-206:** The Nuts and Bolts of Cone-Beam Tomography for Endodontists
- AS-207:** Clinical Implications and Microbiology of Bacterial Persistence After Treatment

### Friday

- AS-300:** Endodontic Infections: Their Localization, Morphology and Impact on the Treatment Outcome
- AS-301:** Controlling Endodontic Infection by Mechanical Instrumentation
- AS-302:** Endodontic and Implant Outcomes: A Restorative Reality Check From a Prosthodontic Perspective
- AS-303:** Dilemmas in Case Selection—Helpful Hints to Decide Which Teeth to Treat

### Saturday

- AS-400:** Use of Cone-Beam Tomography in Endodontic Diagnostic Dilemmas
- AS-401:** Endodontics in the Implant Era
- AS-402:** Retreatment
- AS-403:** Regenerative Endodontic Procedures
- AS-404:** Improving Your Instrumentation and Obturation Techniques
- AS-405:** Preserving Bone by Quick and Accurate Diagnosis of Vertical Root Fractures in Endodontically Treated Teeth
- AS-406:** Managing Challenging Apical Anatomy
- AS-407:** Tooth Retention vs. Dental Implants: An Objective Analysis of Scientific Data
- AS-408:** Autotransplantation of Teeth

## Interdisciplinary Care (IC)



**Track Organizer:**  
**Samuel I. Kratchman, D.M.D.**  
*Exton, Pa.*

### Wednesday

- IC-100:** The Endo-Restorative Interface: Current Concepts
- IC-101:** Odd Ends: A Journey Through Pulp and Periapical Pathosis
- IC-102:** Extraction and Implants vs. Endodontics
- IC-103:** Odd Ends: A Clinicopathologic Tour of the Periapex
- IC-104:** Surgical Considerations for Treatment of External Root Resorption, Perforation and Endo-Perio Lesions

### Thursday

- IC-200:** The Restoration of Endodontically Treated Teeth: Protocols for Success
- IC-201:** Prescription Orthodontic Therapy

### Saturday

- IC-400:** Are There Really Medical Reasons to Maintain Teeth?
- IC-401:** Vital Pulp Therapy for the Primary and Young Permanent Dentition
- IC-402:** Behavioral Guidance: Becoming the Pediatric Alpha Pup

## Master Clinician Series (MC)



**Track Organizer:**  
**Cindy R. Rauschenberger, D.D.S., M.S.**  
*Elgin, Ill.*

### Wednesday

**MC-1:** Surgical Dental Implant Placement by an Endodontist

### Thursday

**MC-2:** The Anatomy of a Mandibular Molar Microsurgery

### Friday

**MC-3:** Demonstration of Regenerative Endodontic Procedures:  
 Blood Clot Scaffold and Autologous Fibrin Matrices

**MC-4:** Complicated Maxillary Molar Surgery

## Pain and Differential Diagnosis (P)



**Track Organizer:**  
**Jennifer L. Gibbs, D.D.S., Ph.D.**  
*San Francisco, Calif.*

### Wednesday

**P-100:** Pharmacology of Analgesics

**P-101:** The Art and Science of Buffering Anesthetic: Defining  
 the Future

**P-102:** Alternative Pain Management Strategies

### Thursday

**P-200:** It Still Hurts! What it Means When Pain Persists After  
 Root Canal Treatment

### Friday

**P-300:** The Nonodontogenic Toothache

**P-301:** Differential Diagnosis of Headache Pain

**P-302:** Systemic Health Effects of Endodontic and Other Dental  
 Diseases

### Saturday

**P-400:** Adjunctive Analgesic Approaches: Anxiolysis and  
 Sedation

**P-401:** Successful Mandibular Anesthesia

## Professional Development (PD)



**Track Organizer:**  
**Terry A. Propper, D.D.S., M.S.**  
*Brentwood, Tenn.*

### Wednesday

**PD-100:** Eating Disorders: Medical and Dental Considerations

**PD-101:** How to Create a Culture of Accountability in the  
 Endodontic Office

**PD-102:** Ergonomics in Endodontics: Evidence-Based Strategies  
 to Prevent Pain and Extend Your Career

**PD-103:** Optimal Aging: Living to 100

**PD-104:** Jumpstarting Your Career in Endodontics

### Thursday

**PD-200:** Beyond the Apex: Effective Marketing Strategies for  
 Today's Successful Endodontic Practice

**PD-201:** Ethics and Endodontics

**PD-202:** Building Your Endodontic Practice With Great  
 Communication Skills

**PD-203:** Leadership: The Common Thread

### Friday

**PD-300:** Successful Practices Don't Happen by Accident!  
 Leadership is Everything

**PD-301:** Avoiding the Crumbling Associateship: A  
 Conversation With Owners

**PD-302:** Endodontic Roundtable

**PD-303:** The Root of Your Success: Preparing Your Practice  
 Business Plan

**PD-304:** A Practitioner's View on Office Design

**PD-305:** Negotiating the Contract: Tips for Associates

**PD-306:** Long-Term Care and Estate Planning Insurance

**PD-307:** Endodontic Roundtable

**PD-308:** Resident and New Practitioner Career Fair

### Saturday

**PD-400:** Becoming a Partner in an Endodontic Practice

**PD-401:** Disability and Life Insurance Needs

**PD-402:** Endodontist as Expert Witness

**PD-403:** Basic Life Saving: Health Care Providers Certification

**PD-404:** Your Associateship: More Than Just a Job

**PD-405:** Business Insurance Review

**PD-406:** The Less-Than-Perfect Dentist-Patient Relationship:  
 Case Studies and Tips

## Professional Staff (PS)



**Track Organizer:**  
**Lynda L. Davenport, RDA**  
*Nashville, Tenn.*

### Wednesday

**PS-100:** When You're Related to the Boss: A Roundtable Discussion

**PS-101:** The Problem Solvers

**PS-102:** From My Side of the Chair

### Thursday

**PS-200:** Choices Create Champions

**PS-201:** Dental Assisting Through a Microscope

**PS-202:** Got OSHA? Six Easy Steps to Office Safety

**PS-203:** Treasures From My Peers

### Friday

**PS-300:** Claims Submission 101

**PS-301:** Mock OSHA Inspection

**PS-302:** Get Jazzed About Your Future: Balancing it all for Success

**PS-303:** Staff Roundtable: Marketing

### Saturday

**PS-400:** Stepping Into a Paperless Office

**PS-401:** Purpose-Driven HR for the Dental Office

**PS-402:** Business Etiquette

## Submitted Presentations (SP)



**Track Organizer:**  
**W. Craig Noblett, D.D.S., M.S.**  
*Berkeley, Calif.*

### Wednesday

**SP-100:** Integration of Dental Implants Into the Endodontic Practice: A Guide to Preparation, Benefits and Challenges

**SP-101:** Failing Before Starting: When NOT to do Endodontics

**SP-102:** Differential Diagnosis of Periradicular Radiolucencies: Benign or Malignant?

**SP-103:** Our Journeys to Academia—Three Paths to the Same Destination

**SP-104:** Microbiological Implications in Endodontic and Dental Implant Failures

### Thursday

**SP-200:** Educator Forum: Ethical Treatment Planning of Endodontics

**SP-201:** Awareness Campaign Forum: Building Partnerships and Referrals With General Practitioners

**SP-202:** The Open APEX: Many Clinical Situations for Many Treatment Options

**SP-203:** Awareness Campaign Forum: Endodontists and General Dentists: Partners in Patient Care

### Friday

**SP-300:** Using Negative Pressure Irrigation in Your Daily Practice

**SP-301:** Antibiotics in Endodontics: Are They Useful?

**SP-302:** Livening Up the Literature!

**SP-303:** Root Resorption: A 50-Year Progression Treatment

**SP-304:** Why Intravenous Moderate Sedation Should be Taught in Graduate Endodontic Programs

**SP-305:** ABE Boardwalk

**SP-306:** Diagnosing Vertical Root Fractures With New and Advanced Imaging Technologies

**SP-307:** Enhancing the Regenerative Capacity of Dental Mesenchymal Stem Cells

**SP-308:** Ridge Preservation

**SP-309:** New Modalities in the Diagnosis and Management of Traumatic Injuries

**SP-310:** Pathologic Pulp Mineralization: Diagnosis and Treatment Planning

**SP-311:** ABE Case History Portfolio Construction: The Good, the Bad and the Ugly

**SP-312:** Dental Implant or Root Canal Treatment: Patient vs. Dentist Preferences

**SP-313:** Update: Debriding and Debugging Root Canal Systems

**SP-314:** The Endodontist's Daily Challenge With Anatomy: Clinical Considerations

## Saturday

- SP-400:** The Outcome of Surgical Retreatment or Microsurgery: Does it Fail Eventually?
- SP-401:** SAF: A New Concept for Cleaning and Shaping Root Canals
- SP-402:** Cone-Beam-Computed Tomography in Practice
- SP-403:** Root Canal Irrigation and Disinfection: How Efficient and Predictable Could it Be?
- SP-404:** Teaching the Essence of Endodontic Microbiology: How is it Being Taught to Predoctoral Students and Residents?
- SP-405:** Negative Pressure Irrigation and Devices
- SP-406:** Defensive Dentistry in a Dangerous World
- SP-407:** Tooth Resorption: Diagnosis and “Treat or Leave”
- SP-408:** Preparation of Curved and Narrow Canals With Only One Reciprocating Instrument Without Prior Use of Hand Files
- SP-409:** Rotary Glide Path vs. Manual Glide Path
- SP-410:** Dentinal Defects on the Root Canal Wall—New Evidence, Clinical Significance and Prevention
- SP-411:** Endodontic Transitions Made Perfect: Valuation and Logistics
- SP-412:** All You Wanted to Know About Treating Medically Compromised Patients but Never Dared to Ask
- SP-413:** Endodontic Biofilm: Therapeutic Considerations



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## Trauma and Emergency Management (T)



**Track Organizer:**

**William G. Schindler, D.D.S., M.S.**

*San Antonio, Texas*

## Wednesday

- T-100:** Regenerative Endodontics
- T-101:** Treatment of the Immature Tooth With a Nonvital Pulp
- T-102:** Survival of Horizontal-Root-Fractured Teeth
- T-103:** Anatomical Substrates Responsible for Regenerative and Reparative Responses Within Traumatized Teeth
- T-104:** Management of the Open Apex Tooth With MTA Apical Obturation
- T-105:** Use of Cone-Beam-CT in Trauma/Resorptive Cases
- T-106:** Decoronation as an Option to Treat Ankylosis in Growing Children

## Thursday

- T-200:** The Important Role of First Responders to Traumatic Injuries

## Friday

- T-300:** Frequent Mistakes in Management of Dental Injuries
- T-301:** Save a Tooth: Save a Smile
- T-302:** Splinting of Traumatized Teeth: Overview of an Evidence-Based Appraisal and Possible Future Directions
- T-303:** Regenerative Endodontics in Clinical Practice: Where Do We Go From Here?

## Saturday

- T-400:** Resorptive Sequelae to Dental Trauma
- T-401:** Pharmacological Management of the Endodontic Emergency Patient
- T-402:** Predictors of Healing Complications After Dental Trauma



# MASTER CLINICIAN SERIES

Endodontic surgery techniques will be presented by leading experts in the field in a theater-in-the-round setting. Look for the **MC** throughout the program or refer to the session listing below to find the right one for you!

## Wednesday

**1:30 – 5 p.m.**

**MC-1: Surgical Dental Implant Placement by an Endodontist**  
*Dan B. Ang, James C. Kulild and Stephanie L. Mullins (p. 27)*

## Thursday

**1:30 – 5 p.m.**

**MC-2: The Anatomy of a Mandibular Molar Microsurgery**  
*Richard A. Rubinstein (p. 37)*

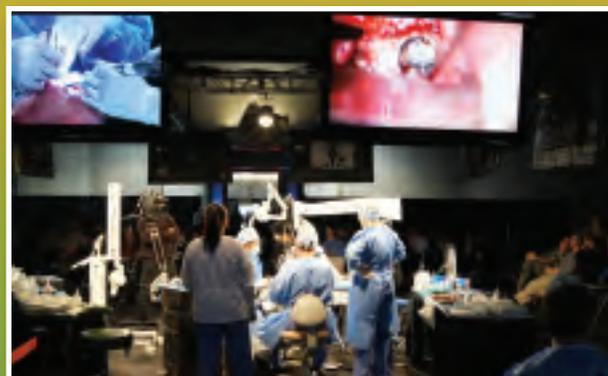
## Friday

**10 – 11:30 a.m.**

**MC-3: Demonstration of Regenerative Endodontic Procedures:  
Blood Clot Scaffold and Autologous Fibrin Matrices**  
*Todd M. Geisler and Fabricio B. Teixeira (p. 42)*

**1:15 – 4:30 p.m.**

**MC-4: Complicated Maxillary Molar Surgery**  
*James L. Gutmann (p. 52)*



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## Wednesday

**8 a.m. – 5 p.m.**

### AS-100: Endodontic Microsurgery

Richard A. Rubinstein, D.D.S., M.S.

*Fee: \$800 early/\$850 standard (includes continental breakfast and lunch)*

See page 18

**1:30 – 5 p.m.**

### AS-105: Cone-Beam-Computed Tomography: Principles and Hands-on Software Training

Madhu Nair, D.M.D., M.S., Ph.D.

*Fee: \$400 early/\$450 standard*

See page 27

### T-104: Management of the Open Apex Tooth With MTA Apical Obturation

David E. Witherspoon, B.D.S., M.S.

*Fee: \$400 early/\$450 standard*

See page 27

## Thursday

**10 – 11:30 a.m.**

### PS-201: Dental Assisting Through a Microscope

Scott K. Bentkover, D.D.S.

*Fee: \$25 early/\$35 standard*

See page 31

**1:30 – 5 p.m.**

### AS-205: Introduction to Microscopic Photography

Scott K. Bentkover, D.D.S.

*Fee: \$400 early/\$450 standard*

See page 37

### IC-200: The Restoration of Endodontically Treated Teeth: Protocols for Success

Alan M. Atlas, D.M.D.

*Fee: \$400 early/\$450 standard*

See page 37



**Space is limited. Register early.**

## Friday

**1:15 – 4:30 p.m.**

### SP-308: Ridge Preservation

Deborah K. Johnson, D.D.S.

Scott B. McClanahan, D.D.S., M.S.

*Fee: \$450 early/\$500 standard*

See page 52

## Saturday

**8:15 – 11:45 a.m.**

### PD-403: Basic Life Saving: Health Care Providers Certification

Monzell Baker, Zeitgeist Wellness Group

*Fee: \$50 early/\$60 standard*

See page 60

**8:15 a.m. – 5 p.m.**

### AS-402: Retreatment

Frederic Barnett, D.M.D.

Joseph S. Dovgan, D.D.S., M.S.

Terrell F. Pannkuk, D.D.S., M.S.D.

*Fee: \$800 early/\$850 standard (includes continental breakfast and lunch)*

See page 61

**10:15 a.m. – 5 p.m.**

### AS-403: Regenerative Endodontic Procedures

Todd M. Geisler, D.D.S.

Alan S. Law, D.D.S., Ph.D.

*Fee: \$800 early/\$850 standard (includes lunch)*

See page 64



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# SAN ANTONIO IS A PAPERLESS MEETING!

Electronic **CE verification forms, evaluations** and **handouts** will replace paper copies at the 2011 AAE Annual Session.

This initiative is not only a responsible step for our environment, but will increase the quality and timeliness of these resources, which will be accessible online before, during and after the meeting.

**Everything you need to know will be posted on the AAE website:**

- **CE Verification Process and Evaluations**  
[www.aae.org/CEcredit](http://www.aae.org/CEcredit)
- **Session Handouts**  
[www.aae.org/handouts](http://www.aae.org/handouts)



**Stay Tuned...More Information Will be Shared in Early 2011.**

8 a.m. – 5 p.m.

AS-100

Room 006

## Endodontic Microsurgery Workshop



**Richard A. Rubinstein, D.D.S.**  
*Farmington Hills, Mich.*

*Moderator: Eric J. Herbranson, D.D.S., M.S.  
San Leandro, Calif.*

*Workshop Fee: \$800 early/\$850 standard (includes continental breakfast and lunch)*

This all-day course is designed to provide participants with the opportunity to learn about contemporary microsurgical armamentaria and techniques. After a review of microsurgical armamentaria and a clinical demonstration of a simulated maxillary molar apical microsurgery, participants will assist each other using state-of-the-art typodont models. They will incise and reflect simulated gingiva, make an osteotomy, remove simulated granulomatous tissue, and perform an apicoectomy, retroprep, retrofill and suture on simulated maxillary anterior, bicuspid and molar teeth.

**At conclusion, participants should be able to:**

- Identify and utilize microsurgical armamentaria.
- Use a surgical operating microscope.
- Advance skills in performing apical microsurgery.

10 – 11:30 a.m.

AS-101

Room 217C

## Soft Healing Following Apical Surgery



**Thomas von Arx, D.M.D., Ph.D.**  
*Bern, Switzerland*

*Moderator: Keith V. Krell, D.D.S., M.S., M.A.  
West Des Moines, Iowa*

The assessment of the surgical outcome following apical surgery is based mainly on clinical and radiographic criteria of healing of periradicular tissues. In contrast, soft tissue healing (gingiva, alveolar mucosa) has received comparatively little attention, and much of the knowledge has been drawn from the periodontal literature. However, apical surgery and periodontal surgery differ with regard to the nature of the treated lesions and the surgical approach. A variety of factors must be considered when choosing a specific incision technique, particularly in the esthetic zone. Recent clinical studies aimed to define possible factors responsible for gingival recession and soft tissue scarring in conjunction with apical surgery. The data have shown that the type of incision is the most influential of all assessed patient-, tooth- and treatment-related parameters.

**At conclusion, participants should be able to:**

- Describe important aspects of current incision and flap designs used in apical surgery.
- List the advantages and disadvantages of the presented incision techniques.
- Choose the most appropriate incision technique for a specific case when performing apical surgery.

WEDNESDAY



## AS-102

## Room 214D

### Dental Implant Complications—A Surgical Perspective



**Brian L. Mealey, D.D.S., M.S.**  
San Antonio, Texas

*Moderator: W. Craig Noblett, D.D.S., M.S.*  
Berkeley, Calif.

As dental implant therapy becomes widespread, the incidence of surgical implant complications also rises. Prevention of such complications through appropriate case evaluation and treatment planning is of paramount importance. Treatment of complications may result in implant success; however, such treatment involves time, cost and often significant patient morbidity. In some cases, complications lead to implant failure. This presentation will focus on surgical complications associated with dental implant therapy.

**At conclusion, participants should be able to:**

- Describe various commonly encountered surgical implant complications.
- Discuss prevention of surgical implant complications.
- Discuss treatment approaches for resolving implant complications.

## IC-100

## Room 217D

### The Endo-Restorative Interface: Current Concepts



**Marga H. Ree, D.D.S., M.Sc.**  
Purmerend, Netherlands

*Moderator: Frank C. Setzer, D.M.D., M.S.*  
Philadelphia, Pa.

Long-term success of endodontic treatment is highly dependent on the restorative treatment that follows. Once root canal treatment is completed, immediate restoration of the tooth is recommended, because coronal leakage is a potential cause of endodontic failure. In particular, post spaces should be restored immediately because of the difficulties associated with maintaining the temporary seal. For that reason, it would be beneficial if the clinician who performs the endodontic treatment was also able to place the post and core. This presentation will focus primarily on current clinical concepts based on the literature from the past 10 years, and will provide

treatment guidelines based on that research. Topics to be discussed will include interaction between irrigation solutions and dentin bonding, the rationale for and against the use of posts, and the selection and use of composite core materials. Several cases will illustrate the various current clinical techniques.

**At conclusion, participants should be able to:**

- Discuss the limitations of dentin bonding in a root canal system.
- Cite the indications for and advantages of post placement.
- Describe the clinical procedure for restoring an endodontically treated tooth with an adhesive core buildup.

## IC-101

## Room 217A

### Odd Ends: A Journey Through Pulp and Periapical Pathosis



**Jerry E. Bouquot, D.D.S.**  
Houston, Texas

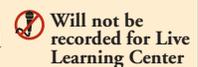
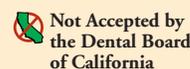
*Moderator: Meetu R. Kohli, B.D.S., D.M.D.*  
Audubon, Pa.

The endodontist is obviously the ultimate source of pulp and periapical disease information and therapies. This seminar will review the variety of disorders affecting these sites, touching on the common and emphasizing the less common diseases that so easily mimic dental infection. Atypical roots will also be reviewed. A new pulpal disease classification system will be suggested based on a biopsy service review of more than 11,000 decalcified teeth. Periapical alterations, both routine and rare, will also be reviewed from a clinicopathologic and differential diagnosis perspective, and a recently announced classification of marrow stromal disorders, many of which are capable of simulating dental or endodontic pain, will be reviewed. Scientific expertise and personal experience with more than 25,000 periapical and alveolar bone biopsy samples will be shared.

**At conclusion, participants should be able to:**

- Describe the microscopic features of a variety of pulpal disorders.
- Describe the pathologist's classification of pulpal diseases.
- Describe at least five abnormalities of root structure.

#### SESSIONS DESIGNED FOR:



10 – 11:30 a.m. continued

WEDNESDAY

**P-100**

**Room 207**

## Pharmacology of Analgesics



**B. Ellen Byrne, D.D.S., Ph.D.**  
*Richmond, Va.*

*Moderator: Natasha M. Flake, D.D.S., Ph.D.*  
*Seattle, Wash.*

Prescribing the best medication requires the clinician to have knowledge of the pharmacology of the drug, desired effects and undesirable side effects. This clinically relevant, fast-moving review will include major drug interactions involving pain medications, side effects and mechanisms of action involving nonsteroidal anti-inflammatory drugs, narcotics and acetaminophen. There are more than 50 different NSAIDs on the market and none are ideal for controlling pain and inflammation. This presentation will review the COX-1 vs. COX-2 inhibitors as well as associated cardiovascular, gastrointestinal and renal risks associated with these drugs. Excessive acetaminophen accounts for more acute liver failures than any other cause. Acetaminophen is combined with numerous other agents such as narcotics, sleep aids and cold medication. Pitfalls of using combination products will be reviewed along with proper dosing of this drug for maximum benefits.

**At conclusion, participants should be able to:**

- Classify NSAIDs as low-, medium- or high-risk toxicity as related to gastrointestinal and cardiac toxicity.
- Describe acetaminophen toxicity and identify high dose combination drugs that should be avoided.
- Identify patient populations where pain medication dosing should be altered for maximum efficacy and safety.

**PD-100**

**Room 217B**

## Eating Disorders: Medical and Dental Considerations



**Barbara J. Steinberg, D.D.S.**  
*Margate City, N.J.*

*Moderator: Nozomu Yamauchi, D.D.S.*  
*Honolulu, Hawaii*

Eating disorders have become a problem that is epidemic on our college campuses with possible life-threatening implications. This presentation will address the psychological, medical and dental issues associated with these disorders. The dental team will learn how to more effectively communicate with these patients, as well as learn to become an integral member of the health care team to restore these patients to a more optimal state of health.

**At conclusion, participants should be able to:**

- Describe the psychological, medical and dental issues associated with anorexia nervosa and bulimia nervosa.
- Identify oral conditions associated with eating disorders.
- Describe how to effectively communicate with eating disorder patients, as well as manage oral health issues associated with eating disorders.

**PD-101**

**Room 205**

## How to Create a Culture of Accountability in the Endodontic Office

T



**David Schwab, Ph.D.**  
*Sanford, Fla.*

*Moderator: Fred L. Sykes, D.D.S.*  
*Columbia, S.C.*

The message may be “excellence in endodontics” or “caring” or “compassion.” But if the endodontic team does not appreciate the message or have the skills to convey fundamental information to patients, then the practice’s core message is no more effective than a note stuffed in a bottle and thrown into the sea. The chances that the message will be received and acted upon in a timely manner are slim. Even when team members are competent and pleasant, it is always a challenge to keep everyone motivated, focused and invested in the practice. This lecture gives practices the skills they need to develop and formulate messages and protocols to hold everyone accountable for success. When the practice culture is about accountability, then things get done and results are achieved.

**At conclusion, participants should be able to:**

- Develop a core marketing message and communicate it effectively to patients and referring doctors.
- Specify ways for dental staff to be enthusiastically accountable for practice success.
- Assemble your “to-do” list so you can keep the practice moving forward.

## PS-100

## Room 213

### When You're Related to the Boss: A Roundtable Discussion



**Susan I. Angulo**  
*El Paso, Texas*



**John F. Lindquist**  
*Duluth, Minn.*

Many endodontic offices employ spouses and other family members. This roundtable will facilitate discussion of the positive contributions and the frustrations of family members employed in the endodontic office. Family member employees tend to have much more of a vested interest in the success of these practices, but have special challenges in blending into the workplace. Endodontists are welcome to come and contribute! Attendees are encouraged to submit topics for discussion by e-mailing [sue@elpasoendodontics.com](mailto:sue@elpasoendodontics.com).

At conclusion, participants should be able to:

- Identify special challenges of being a family member of the endodontist.
- Discuss ideas for capitalizing the support of the family member to the doctor and the staff.
- Build a network with other offices employing family members.

At conclusion, participants should be able to:

- Evaluate the potential for a higher level of patient care associated with implants in an endodontic practice.
- Discuss the process involved in incorporating implants in an endodontic practice.
- Discuss the potential challenges and solutions that can be present in the dual endodontic-implant practice.

## SP-100

## Room 214C

### Integration of Dental Implants Into the Endodontic Practice: A Guide to Preparation, Benefits and Challenges



**Michael Zuroff, D.D.S.**  
*Canton, Mich.*

*Moderator: Robert A. Cheron, D.M.D.  
Nashville, Tenn.*

Many factors must be taken into account in developing a successful endodontic and implant practice. This presentation will discuss the rationale for the endodontist to provide implant surgery and the steps associated with integrating implants in the endodontic practice. The unique benefits for both the patient and practitioner will be discussed. In addition, the difficulties and challenges that occur in this type of practice will be discussed.

## SP-101

## Room 212

### Failing Before Starting: When NOT to do Endodontics



**Louis H. Berman, D.D.S.**  
*Annapolis, Md.*

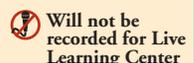
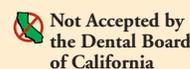
*Moderator: Mark J. Roper, D.D.S.  
Annapolis, Md.*

It's a fact: perfect endodontic treatment can sometimes be unsuccessful. Unfortunately, the lack of healing can often be attributed to an inadequate preliminary diagnosis or an improper prognosis assessment. This session will systematically review the many variables that should be taken into consideration before the bur ever hits the tooth, including endodontic case assessment, periodontal concerns, tooth restorability, and the detection and prediction of the presence of root fractures. After this presentation, you will never look at pending endodontic treatment the same way again.

At conclusion, participants should be able to:

- Describe the variables that exist prior to endodontic treatment that may contribute to nonhealing.
- Discuss the reasons for the lack of endodontic healing based on an improper prognosis assessment.
- Describe the subjective and objective findings of root fractures as they may relate to the tooth and associated periodontal structures.

#### SESSIONS DESIGNED FOR:



**10 – 11:30 a.m. continued**

**T-100**

**Room 214AB**

## Regenerative Endodontics



**Kenneth M. Hargreaves, D.D.S., Ph.D.**  
*San Antonio, Texas*

*Moderator: Carl W. Newton, D.D.S., M.S.D.  
Avon, Ind.*

Considerable excitement exists for developing dental applications that employ postnatal stem cells and concepts of tissue engineering. Although much remains to be done to advance this field, progress has been made in clinical regenerative endodontic procedures, literally saving teeth by regenerating a pulp-dentin complex. This program will describe the current status of regenerative endodontic procedures, their potential and predictors of healing success. Both clinical and basic studies will be reviewed to provide the practitioner with the latest information on this field with an emphasis on practical steps to apply these procedures in treating selected patients.

**At conclusion, participants should be able to:**

- Describe the three major steps in tissue engineering and how they apply to regenerating the pulp-dentin complex.
- Describe the clinical principles needed for regenerative endodontic procedures.
- Identify clinical outcomes of successful regenerative endodontic procedures.

**T-101**

**Room 210**

## Treatment of the Immature Tooth With a Nonvital Pulp



**Martin Trope, B.D.S., D.M.D.**  
*Philadelphia, Pa.*

*Moderator: William G. Schindler, D.D.S., M.S.  
San Antonio, Texas*

Revascularization after avulsion is a proven phenomenon. We can now reproduce these conditions in immature infected teeth with apical periodontitis. Disinfection with a tri-antibiotic paste followed by a blood clot used as a matrix and a good coronal seal has been shown to reproduce the avulsion results in many cases. Many improvements and additional applications of the technique have been suggested. The basic principles of the technique will be discussed as well as suggestions on how it can be improved.

**At conclusion, participants should be able to:**

- Describe the basic requirements for revascularization of avulsed immature teeth.
- Describe requirements to reproduce the environment in immature teeth with apical periodontitis.
- Identify possible improvements and expansion to the present technique.

**1:30 – 3 p.m.**

**AS-103**

**Room 217D**

## Focused Field Cone-Beam-Computed Tomography in Endodontic Practice



**Nestor Cohenca, D.D.S.**  
*Seattle, Wash.*



**Martin D. Levin, D.M.D.**  
*Chevy Chase, Md.*

*Moderator: Fabricio B. Teixeira, D.D.S., M.Sc., Ph.D.  
San Antonio, Texas*

Endodontic therapy depends on diagnostic radiographs and image-guided treatment. Focused field cone-beam-computed tomography is a new technology that produces a three-dimensional digital image at a reduced cost and lower radiation for the patient when compared to any other 3-D imaging system. It is designed to allow for high-resolution imaging of the hard tissues of the maxillofacial region with faster and easier image acquisition. By providing a 3-D representation of the maxillofacial tissues in a cost- and dose-efficient manner, a better preoperative assessment can be obtained for diagnosis and treatment, thus increasing the outcome of the therapy and avoiding further complications. This lecture will thoroughly illustrate and review clinical application of focused field CBCT technology for the endodontic practice.

**At conclusion, participants should be able to:**

- Discuss the clinical applications of CBCT in the endodontic practice.
- Review the potential benefit of CBCT technology for diagnosis and treatment planning.
- Discuss the impact on treatment outcome and improved predictability.

**AS-104**

**Room 207**

## Managing the Challenges of Endodontic Microsurgery



**Garrett M. Guess, D.D.S.**  
San Diego, Calif.

*Moderator: Robert A. Augsburger, D.D.S., M.S.D.*  
Tulsa, Okla.

Endodontic surgery provides an effective means to save our patients' teeth with minimal discomfort and maximum efficiency. Performing surgery effectively is challenging in many respects. This case-based presentation will cover the challenges encountered when performing surgery in various locations throughout the mouth with the goal of assisting the practitioner in overcoming treatment difficulties to achieve a successful result. The challenges discussed will range from surgical access and instrumentation to managing periodontal augmentation of soft tissues, including hard tissue grafting. Providing a successful procedure to our patients is the goal, and addressing specific challenges during the surgical process is essential to a successful outcome.

### At conclusion, participants should be able to:

- Assemble a knowledgebase of the current and past research supporting endodontic surgery as a viable treatment alternative.
- Recognize specific challenges in providing surgery before they are encountered to permit effectively addressing issues during treatment.
- Discuss the evidence-based factors affecting surgical outcome to provide the best surgical outcome possible.

**IC-102**

**Room 214AB**

## Extraction and Implants vs. Endodontics



**David A. Felton, D.D.S.**  
Chapel Hill, N.C.



**Ilan Rotstein, D.D.S.**  
Beverly Hills, Calif.



**Marius Steigmann, D.D.S.**  
Neckargemnd, Germany

*Moderator: Louis E. Rossman, D.M.D.*  
Philadelphia, Pa.

Dental restorations have generally survived in the oral cavity for long periods of time. Occasionally, pulpal necrosis following tooth restoration, and in particular, crown and fixed partial denture cementation, can occur. Additionally, recurrent caries can lead to the dilemma of whether a tooth can be salvaged or if it requires extraction. If extracted, multiple treatment options can be provided to the patient, including fixed or removable prostheses, dental implants or no treatment. This presentation focuses on the prosthodontist's perspective on treatment planning dilemmas associated with defining a compromised tooth, and when to consider salvaging it versus removing it and replacing it with conventional prosthetics or a dental implant. Clinical scenarios will be discussed to highlight the decision-making process, and the literature will be explored to support multiple claims for therapeutic superiority of one treatment type over another.

### At conclusion, participants should be able to:

- Describe the clinical conditions that make a tooth "at risk" for being retained.
- Describe the published clinical longevity of various restorative and surgical treatment options offered to patients.
- Describe the clinical conditions that necessitate tooth extraction and replacement with alternatives.

**SESSIONS DESIGNED FOR:**

**E** Educators **RNP** Resident and New Practitioners **T** Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

Not Accepted by the Dental Board of California

Will not be recorded for Live Learning Center

1:30 – 3 p.m. continued

WEDNESDAY

**P-101**

**Room 214C**

## The Art and Science of Buffering Anesthetic: Defining the Future



**Michael I. Falkel, D.D.S.**  
Monterey, Calif.

*Moderator: Jeffrey H. Janian, D.D.S.*  
San Francisco, Calif.

This presentation will focus on the science of local anesthesia and the factors that contribute to its inconsistency, variability, profundity and onset time. Due to the acidity of local anesthetic, the body must raise the pH of the injected anesthetic to physiologic suitability in order for it to become effective. A novel *ex vivo* alkalization (buffering) system will be described along with the role that buffered anesthetic plays in “defining the future” of local anesthesia in endodontics and dentistry.

**At conclusion, participants should be able to:**

- List the variables that must be controlled in order to successfully buffer anesthetic.
- Discuss the role of pH and dissolved CO<sub>2</sub> in anesthetic performance.
- Describe how to manage anesthetic pH in order to achieve profound anesthesia in patients with infected tissue.

**PD-102**

**Room 212**

## Ergonomics in Endodontics: Evidence-Based Strategies to Prevent Pain and Extend Your Career



**Bethany Valachi, M.S., PT, CEAS**  
Portland, Ore.

*Moderator: Kimberly A.D. Lindquist, D.D.S.*  
Duluth, Minn.

You have a microscope, you sit up straight—then why do so many endodontists experience pain and discomfort? This ground-breaking seminar explores the unique musculoskeletal and ergonomic challenges that endodontists encounter daily. Through lecture, demonstration and participation, attendees will learn how posture, movement, equipment selection, microscope adjustment and operatory layout impact their health and apply research-based interventions. Attendees will walk away with techniques they can apply immediately in the operatory.

**At conclusion, participants should be able to:**

- Properly select and adjust delivery systems, stools and chairs depending on operator size and room layout.
- Identify selection criteria and make ergonomic modifications to microscopes.
- Apply proper body mechanics and chair-side stretching in the operatory to prevent back, neck, shoulder and hand pain.

**PD-103**

**Room 217C**

## Optimal Aging: Living to 100



**Barbara J. Steinberg, D.D.S.**  
Margate City, N.J.

*Moderator: Robert B. Amato, D.M.D.*  
Medford, Mass.

At least 75% of health care costs in the United States are spent on treating diseases such as heart disease, diabetes, breast cancer, prostate cancer and obesity. Many of these diseases are largely preventable and even reversible by simple choices that we make in our lifestyle: what we eat, how we respond to stress, whether or not we smoke cigarettes, how much exercise we get, the quality of our relationships and social support. At times these lifestyle choices can be seen as powerful as drugs and surgery! When it comes to aging gracefully, we want it all! We want to feel good, look good, and most of all, live a long healthy life. This informative and entertaining course will look at some of today's major health concerns and social issues, and offer suggestions and recommendations to help achieve a long healthy life.

**At conclusion, participants should be able to:**

- Describe major health concerns, including: heart disease, cancer and obesity, as well as the impact of stress, sex and sleep on health.
- Identify the role of relationships and social support as we age.
- Identify lifestyle choices to promote good health and longevity.

## PD-104

## Room 205

### Jumpstarting Your Career in Endodontics



**David Schwab, Ph.D.**  
*Sanford, Fla.*

*Moderator: J. Wade Nichols, D.M.D.  
Myrtle Beach, S.C.*

Endodontists are facing a more competitive environment in light of economic turmoil, the rise of dental implants and the desire on the part of many general dentists to keep more procedures in house, including root canal therapy. The unique nature of an endodontic practice requires specialized marketing and practice management techniques. This course, developed exclusively for endodontists who are starting their private practices, provides attendees with numerous tips and techniques for developing and increasing referrals. The course covers referral relationship building, how to use staff effectively as practice ambassadors, how to deal with patient expectations and objections, and how to stay positive and effectively communicate the benefits of referring to an endodontist.

#### At conclusion, participants should be able to:

- Identify how to communicate more effectively with referring dentists.
- Describe how to motivate dentists to refer more patients.
- Identify how to develop new referral sources.

## PS-101

## Room 213

### The Problem Solvers



**Deb L. Welters, RDA**  
*Eagan, Minn.*



**Michele M. Whitley**  
*Peabody, Mass.*

Work with your peers to discuss solutions to various problems that are common to endodontic practices. Attendees will have an opportunity to share their thought process for managing problems as well as hearing experiences from other office staff. Attendees are encouraged to ask questions and share ideas. The session will begin with prepared problems to solve. Feel free to submit a problem that you would like to have discussed in this session to [ldavenport@nashvilleendo.com](mailto:ldavenport@nashvilleendo.com) any time prior to the session.

#### At conclusion, participants should be able to:

- Share ideas for solutions to attendees' office problems and prepared questions.
- Observe and learn how other offices approach common practice issues.
- Gather guidelines or processes to implement in your office.

## SP-102

## Room 217B

### Differential Diagnosis of Periradicular Radiolucencies: Benign or Malignant?



**David J. Landwehr, D.D.S., M.S.**  
*Madison, Wis.*

*Moderator: Donna J. Mattscheck, D.M.D.  
Tigard, Ore.*

Periapical cysts and periapical granulomas comprise the vast majority of radiolucent lesions that concern the endodontist. However, numerous disease entities of variable clinical significance can be identified in the periradicular regions. This session will provide a case-based overview of periapical radiolucencies to raise clinicians' awareness about these pathologies to allow for proper diagnosis and management.

#### At conclusion, participants should be able to:

- Develop a comprehensive differential diagnosis based on clinical and radiographic findings.
- Identify the most significant microscopic features of the presented cases and describe how these features relate to the growth pattern and radiographic presentation of the lesion.
- Describe how the growth pattern of the various pathologies affects clinical management and recurrence rates.

#### SESSIONS DESIGNED FOR:

 Educators  Resident and New Practitioners  Endodontic Team

 Continues in Next Time Block

 Workshop

 Master Clinician Series

 Not Accepted by the Dental Board of California

 Will not be recorded for Live Learning Center

1:30 – 3 p.m. continued

WEDNESDAY

SP-103

Room 210

## Our Journeys to Academia—Three Paths to the Same Destination

E



**Anthony T. Borgia, D.D.S.**  
*Morgantown, W.Va.*



**Kenneth J. Spolnik, D.D.S., M.S.D.**  
*Indianapolis, Ind.*



**Merlyn W. Vogt, D.D.S.**  
*Lincoln, Neb.*

*Moderator: Frederick R. Liewehr, D.D.S., M.S.*  
*Mechanicsville, Va.*

A growing number of future academicians will have had a previous dental career before entering teaching. It is interesting to hear of the transitional steps and challenges that individuals encounter as they enter into dental academics. These individuals will describe the thoughtful process they went through as they contemplated their career change. This session will provide background, direction and information for those considering an academic career.

At conclusion, participants should be able to:

- Identify factors that should be considered when contemplating a career change into dental academics.
- Identify the main issues and obstacles that make for a successful transition into academics.
- Identify, recognize and prepare for life changes that a career change into academics may bring.

T-102

Room 217A

## Survival of Horizontal-Root-Fractured Teeth

E



**Jens O. Andreasen, D.D.S.**  
*Birkerød, Denmark*

*Moderator: William G. Schindler, D.D.S., M.S.*  
*San Antonio, Texas*

Survival of horizontal root fractures has been examined in a recent long-term study of 400 cases. The study was carried out at the Eastman Institute in Stockholm, Sweden, in combination with the trauma center in Copenhagen, Denmark. This study showed that four healing scenes could develop: healing with interposition of hard tissue, healing with interposition of PDL, healing with interposition of PDL and bone, and no healing with pulp necrosis in the coronal fragment. The likelihood of optimal healing appears to be related to the stage of root development, the extent of displacement of the coronal fragment and repositioning of the displaced fragment, and the location of the root fracture.

At conclusion, participants should be able to:

- Describe the nature of healing after a root fracture.
- Identify predictors for optimal healing.
- Evaluate long-term prognosis of root-fractured teeth (10 years or more).

T-103

Room 214D

## Anatomical Substrates Responsible for Regenerative and Reparative Responses Within Traumatized Teeth



**Michael A. Henry, D.D.S., Ph.D.**  
*San Antonio, Texas*

*Moderator: William A. Walker III, D.D.S., M.S.*  
*San Antonio, Texas*

The course will present lessons learned from anatomical examinations of the pulp in human teeth with carious lesions and from studies that have examined stem cell populations in immature and mature human teeth. These findings will then be discussed in relation to possible contributions to the regenerative and reparative responses seen in teeth following trauma.

At conclusion, participants should be able to:

- List differences in the location of stem cells in fully developed mature teeth when compared to the location seen in teeth with incomplete root formation and an apical papilla.
- Describe how specific alterations seen in the pulp of teeth with disease or trauma may contribute to regenerative and reparative responses.
- Assess the potential contribution of stem cells to the reparative and regenerative responses in teeth following trauma.

1:30 – 5 p.m.

**AS-105**

**Room 008**

**Cone-Beam-Computed Tomography: Principles and Hands-on Software Training Workshop**



**Madhu K. Nair, D.M.D., M.S., Ph.D.**  
Gainesville, Fla.

*Moderator: Keith Appelbaum, D.M.D., M.S.  
Mount Arlington, N.J.*

*Fee: \$400 early/\$450 standard*

This workshop introduces you to cone-beam-computed tomography: terminology, applications, advantages, indications for CT, interpretation and commonly seen pathology. In addition, you will have the opportunity to review selected cone-beam 3-D scans using client software in an interactive session.

**At conclusion, participants should be able to:**

- Describe the basic principles of image acquisition and formation using CBCT.
- Discuss applications of CBCT in endodontics.
- Discuss principles of image processing including reformation in client software.

**MC-1**

**Bridge Hall**

**Surgical Dental Implant Placement by an Endodontist**



**Dan B. Ang, D.D.S., M.S.**  
Kansas City, Mo.



**James C. Kulild, D.D.S., M.S.**  
Kansas City, Mo.



**Stephanie L. Mullins, D.D.S.**  
Lees Summit, Mo.

*Moderator: Paul D. Eleazer, D.D.S., M.S.  
Birmingham, Ala*

Like endodontic therapy, dental implants have enjoyed a high success rate. Moreover, the lines between scopes of practice of

dental specialties have clouded over the past few years. Endodontists are skilled in radiographic interpretation, the measurement of precise distances both within the tooth and in the periradicular spaces, surgical procedures and spatial relations. They therefore have the skills necessary to become proficient in surgical implant placement. The goal of this presentation is to demonstrate that principle in the live surgical placement of a dental implant.

**At conclusion, participants should be able to:**

- Understand the planning and execution principles supporting placement of a single-tooth implant.
- Recognize the need for proper site development prior to implant placement, e.g., bone quantity and quality, primary stability, etc.
- Incorporate the use of preclinical CBCT imaging and software to aid in surgical diagnosis and treatment.

**T-104**

**Room 007**

**Management of the Open Apex Tooth With MTA Apical Obturation Workshop**



**David E. Witherspoon, B.D.S., M.S.**  
Plano, Texas

*Moderator: Bettina Basrani, D.D.S., M.S.D., Ph.D.  
Toronto, Ontario, Canada*

*Fee: \$400 early/\$450 standard*

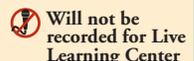
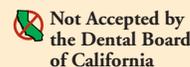
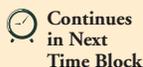
Endodontic treatment of immature nonvital teeth has typically involved apexification with calcium hydroxide to induce apical closure prior to placing a root filling. Despite a long history of apexification, there are several problems relating to this treatment modality. These include the time required for root apices to close, the number of dressings to complete closure, the role of infection and the fracture resistance of teeth following apexification. The use of MTA in the treatment of immature nonvital teeth can help to avoid many of the pitfalls of traditional apexification. This program will provide each participant with the necessary didactic information on apical MTA placement, and will give them a realistic clinical experience in the placement of MTA in open apex teeth.

**At conclusion, participants should be able to:**

- Describe the hazards of traditional apexification techniques.
- Implement MTA apical obturation in clinical practice.
- Describe the clinical outcomes of treating open apex teeth with MTA apical obturation.

**SESSIONS DESIGNED FOR:**

- Educators
- Resident and New Practitioners
- Endodontic Team



**3:30 – 5 p.m.**

**WEDNESDAY**

**AS-106**

**Room 217A**

## New Ultrasonic Tips for Surgical Endodontics



**Bertrand G. Khayat, D.D.S., M.S.D.**  
*Paris, France*

*Moderator: Fabricio B. Teixeira, D.D.S., M.Sc., Ph.D.*  
*San Antonio, Texas*

Considerable advancements have been made in recent years in endodontic surgery. In the constant search for ways to prepare and obturate the remaining portion of the canal more effectively, new ultrasonic tips have been developed. These long tips have radically changed our approach. The goal of this presentation is to demonstrate the tremendous potential of modern endodontic surgery. Many teeth that would have been extracted in the past can now be preserved with this technique. The presentation will evaluate the current literature on the outcome of endodontic surgery compared to conventional retreatment and will focus on the use of the new ultrasonic instruments.

**At conclusion, participants should be able to:**

- Evaluate the potential and the outcome of endodontic surgery.
- Describe the use of the new ultrasonic instrument.
- Describe the concept of total surgical retreatment.

**IC-102 continued**

**Room 214AB**

## Extraction and Implants vs. Endodontics

See page 23

**IC-103**

**Room 210**

## Odd Ends: A Clinicopathologic Tour of the Periapex



**Jerry E. Bouquot, D.D.S.**  
*Houston, Texas*

*Moderator: Spyros Floratos, D.M.D.*  
*Athens, Greece*

This seminar will review disorders and abnormalities of the apical and alveolar bone, emphasizing the unusually wide variety of periapical lesions that can simulate periapical pathosis or otherwise produce interesting and diagnostically frustrating

apical changes in the alveolar bone. Topics will include inflammatory and ischemic marrow diseases that can mimic toothache and explain at least some of those very difficult cases in which pain persists after repeat endodontic therapy, even after extraction. The seminar will have a clinical focus. Both scientific expertise and experience in oral medicine/clinical oral pathology will be shared.

**At conclusion, participants should be able to:**

- Describe at least 10 diseases that can mimic periapical dental infection.
- Describe a variety of periapical lesions with a mixed radiolucent/radiopaque appearance.
- Explain endodontic-like pain originating from marrow disorders with minimal radiographic change.

**IC-104**

**Room 207**

## Surgical Considerations for Treatment of External Root Resorption, Perforation and Endo-Perio Lesions



**Raed Kasem, D.D.S., M.S.**  
*Clearwater, Fla.*

*Moderator: Bekir Karabucak, D.D.S., M.S.*  
*Philadelphia, Pa.*

External root resorption, perforation and the simultaneous existence of pulpal problems combined with secondary inflammatory periodontal disease often present a serious diagnostic and treatment challenge. Although nonsurgical endodontic treatment can be successful at times in dealing with such endodontic problems, the microsurgical approach could be an excellent adjunct and should be considered in certain cases to provide a long-term successful outcome. This clinically based presentation discusses the surgical approach as a valuable option in dealing with the complexity of this endodontic challenge.

**At conclusion, participants should be able to:**

- Describe how external root resorption, perforation and endo-perio lesions affect the prognosis of endodontic treatment.
- Apply this knowledge to provide proper diagnosis and develop a successful treatment plan.
- Explain how a microsurgical approach could be an important factor to enhance long-term prognosis in dealing with such challenging cases.

## P-102

## Room 214C

### Alternative Pain Management Strategies



**Michele Jehenson, D.D.S.**  
*Monte Sereno, Calif.*

*Moderator: Jennifer L. Gibbs, D.D.S., Ph.D.*  
*San Francisco, Calif.*

Alternatives to the conventional medical approach to pain management are becoming mainstream and patients increasingly demand a more integrative treatment. Integration of the following procedures into your practice will be discussed: acupuncture/auriculo-acupuncture, self-hypnosis, meditation, homeopathy, lifestyle modification, alterations of patient-doctor relationship and procedure management.

At conclusion, participants should be able to:

- Describe alternative therapies used for pain management, as well as evidence or lack of evidence supporting their use.
- Integrate those modalities in a dental practice.
- Explain the benefit to the patient and dentists of using alternative therapies.

## PD-102 continued

## Room 212

### Ergonomics in Endodontics: Evidence-Based Strategies to Prevent Pain and Extend Your Career

See page 24

## PD-103 continued

## Room 217C

### Optimal Aging: Living to 100

See page 24

## PD-104 continued

## Room 205

### Jumpstarting Your Career in Endodontics

See page 25

## PS-102

## Room 213

### From My Side of the Chair



**Michael S. Gideon, D.D.S., M.S.D.**  
*Dyer, Ind.*



**Nicole Krueger**  
*Dyer, Ind.*



**Jess A. Kelly, D.D.S., M.S.**  
*Mankato, Minn.*



**Shawn C. Guida, CRDA**  
*Mankato, Minn.*



**Peter A. Morgan, D.M.D.**  
*Marblehead, Mass.*



**Cheryl Bennett**  
*Marblehead, Mass.*



**Jennifer Kurps**  
*Marblehead, Mass.*

*Moderator: Bruce C. Justman, D.D.S.*  
*Iowa City, Iowa*

A unique session presented by three endodontists and their assistants. The endodontist will present their guidelines on and expectations for patient care, time management and preparation for emergency patients. The assistants will describe how they and other assistants from the practice meet and prepare for those expectations. There will be time for questions and answers after each dental team presents.

At conclusion, participants should be able to:

- Identify how to set and meet practice objectives for the highest quality of patient care.
- Determine guidelines for time management of each assistant and how it impacts the doctor.
- Describe a doctor-and-staff-unified approach to handling emergency patients.

#### SESSIONS DESIGNED FOR:

 Educators  Resident and New Practitioners  Endodontic Team

 Continues in Next Time Block

 Workshop

 Master Clinician Series

 Not Accepted by the Dental Board of California

 Will not be recorded for Live Learning Center

**3:30 – 5 p.m. continued**

WEDNESDAY

**SP-104**

**Room 217B**

## Microbiological Implications in Endodontic and Dental Implant Failures



**David E. Jaramillo, D.D.S.**  
*Loma Linda, Calif.*

*Moderator: Cyrus A. Salehi, D.D.S.*  
*San Francisco, Calif.*

One of the major etiological factors for post-endodontic disease and dental implant failure is the presence of bacteria. Obtaining a positive outcome in both endodontic therapy and dental implant placement is highly dependent on the prevention and/or elimination of bacterial contamination. This presentation will demonstrate the presence of bacterial biofilm by means of scanning electron and light microscopy, and its possible role in endodontic and implant failure.

**At conclusion, participants should be able to:**

- Discuss the role of bacteria in post-endodontic disease and dental implant failure.
- Identify strategies to prevent post-endodontic disease and dental implant failure.
- Discuss the indicators of success and failure of endodontic and dental implant therapy.

**T-105**

**Room 217D**

## Use of Cone-Beam-CT in Trauma/Resorptive Cases



**Nestor Cohenca, D.D.S.**  
*Seattle, Wash.*



**Martin D. Levin, D.M.D.**  
*Chevy Chase, Md.*

*Moderator: William G. Schindler, D.D.S., M.S.*  
*San Antonio, Texas*

Endodontic therapy depends on diagnostic radiographs and image-guided treatment. Periapical and panoramic radiography have been augmented by the recent introduction of high-resolution focused field cone-beam-computed tomography, allowing three-dimensional assessment of odontogenic and nonodontogenic lesions. Among the most common

complications of dento-alveolar trauma are pulp necrosis, pulp canal obliteration, periapical pathosis and root resorption. Focused field computed tomography has enabled clinicians to assess all types of root resorptions in order to determine the treatment complexity and expected outcome based on the location and extension of the root defect. This discussion will highlight the benefits of focused field 3-D technology in visualizing these conditions.

**At conclusion, participants should be able to:**

- Describe current 3-D technology and the clinical applications.
- Describe the indications for CBCT in the diagnosis, treatment plan and follow-up of traumatic injuries.
- Determine the complexity and expected treatment outcome of root resorption using 3-D imaging.

**T-106**

**Room 214D**

## Decoronation as an Option to Treat Ankylosis in Growing Children



**Asgeir Sigurdsson, D.D.S., M.S.**  
*Reykjavik, Iceland*

*Moderator: Timothy C. Kirkpatrick, D.D.S.*  
*Helotes, Texas*

It is a serious clinical problem when an immature permanent tooth in a young and growing child is injured such that it becomes ankylosed. The clinician has no good direct treatment options because there is no known treatment to reverse the ankylosis; however, if nothing is done the ankylosed tooth poses both developmental and aesthetic problems. The retained tooth will neither allow the alveolar bone to grow and develop, nor follow the eruption of adjacent teeth. This lecture will present most commonly recommended treatment options for an ankylosed tooth in a growing child. Of those options, the decoronation procedure will be discussed in more detail and treatment approaches reviewed.

**At conclusion, participants should be able to:**

- Describe problems associated with ankylosis of an anterior tooth in a growing child.
- Assess and decide when intervention is needed in an ankylosis case of an anterior tooth in a growing child.
- Recommend appropriate treatment options in an ankylosis case of an anterior tooth in a growing child.



10 – 11:30 a.m.

PS-200

Room 214AB

## Choices Create Champions



**Dale Smith Thomas**  
Brentwood, Tenn.

*Moderator: Kerstin E. Conn, D.M.D.  
Vancouver, British Columbia, Canada*

What is a champion? How can we create championship results in every area of our lives? Champions are described as remarkable people, warriors, heroes and winners. Champions are not magically blessed or dramatically different; they simply apply a different set of skills to their lives. We become champions in life when we decide to make different choices daily that the average person is not willing to make. This empowering, educational and entertaining presentation will teach you the basics of creating championship results both personally and professionally.

**At conclusion, participants should be able to:**

- Identify how attitude is the key factor in creating success on a daily basis in all walks of life.
- Identify problems that are holding you back and empower the solutions that will create new results.
- Transform everyday language into a powerful tool that can immediately change your attitude and your results.

PS-201

Room 007

## Dental Assisting Through a Microscope Workshop



**Scott K. Bentkover, D.D.S.**  
Evanston, Ill.

*Moderator: Lynda L. Davenport, RDA  
Nashville, Tenn.*

*Fee: \$25 early/\$35 standard*

Currently, the vast majority of endodontists utilize a dental operating microscope during their endodontic procedures. Unfortunately, most of these practitioners are not equipped for, nor recognize the advantage of, their dental assistants working through the same optical system. This presentation will educate the dental assistant to understand the fundamentals involved in the utilization of the dental operating microscope.

**At conclusion, participants should be able to:**

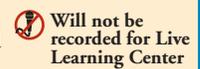
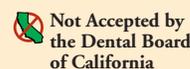
- Identify and operate the various components of the microscope.
- Describe the ergonomics involved in manipulating the microscope in the dental environment.
- Describe the advantages that the doctor and assistant have when operating through the microscope.

THURSDAY



SESSIONS DESIGNED FOR:

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



1:30 – 3 p.m.

**AS-200**

**Room 217A**

## Biofilms in Root Canals—Can We Get Rid of Them?



**Christine M. Sedgley, B.D.S., M.D.S., M.D.Sc., Ph.D.**  
*Portland, Ore.*

*Moderator: Jordan L. Schweitzer, D.D.S., M.S.*  
*Dallas, Texas*

Biofilms are complex aggregations of microorganisms held together by an extracellular matrix attached to a surface. The clinical management of biofilms in infected root canals has attracted a great deal of interest. This evidence-based presentation will describe the fundamentals of biofilm communities in the infected root canal and discuss clinical procedures and devices available to disrupt biofilms in root canals.

**At conclusion, participants should be able to:**

- Describe the fundamental characteristics of biofilms.
- Interpret literature describing biofilm communities in infected root canals.
- Discuss evidence for the efficacy of clinical procedures and devices available to disrupt biofilms in root canals.

**AS-201**

**Room 217C**

## Grain Boundaries and the R-Phase: Demystifying Nickel-Titanium Metallurgy



**Ove A. Peters, D.M.D., M.S., Ph.D.**  
*San Francisco, Calif.*

*Moderator: James F. Wolcott, D.D.S.*  
*Colorado Springs, Colo.*

Modified nickel-titanium alloys are increasingly promoted for endodontic instruments. Manufacturers claim that structural changes such as the R-phase go along with properties like improved fatigue resistance and better flexibility. These and other claims are not easily verified and should be substantiated with evidence. A review of the literature related mainly to *in vitro* data will help clinicians to unravel some of the well-known vexing questions about NiTi rotaries. *In vitro* testing of conventional and modified NiTi alloys has suggested that surface modifications like electropolishing may not significantly extend the fatigue lifespan of rotary instruments, while thermal processes during wire production or manufacturing of files result in phase changes and may have the

potential to improve instrument performance. There are more exotic processes such as cryogenic treatment, ion implantation or the removal of file fragments dissolution. Such metallurgical concepts will be discussed and their clinical relevance highlighted.

**At conclusion, participants should be able to:**

- List NiTi manufacturing processes and their impact on file performance.
- Describe important metallurgical concepts relevant for NiTi alloy.
- Differentiate clinically relevant parameters and unsubstantiated claims.

**AS-202**

**Room 217D**

## Meeting the Challenge of Treating Compromised Teeth



**Marga H. Ree, D.D.S., M.Sc.**  
*Purmerend, Netherlands*

*Moderator: Fabricio B. Teixeira, D.D.S., M.Sc., Ph.D.*  
*San Antonio, Texas*

With the use of modern technology and biocompatible materials, it has become possible to successfully treat endodontically compromised teeth. The recent introduction of cone-beam-computed tomography allows three-dimensional assessment of endodontic lesions, intracanal obstructions and canal morphology, and is an extremely valuable asset in endodontic treatment planning. However, the subsequent restorative treatment plan plays an important role in endodontic decision making. Patients are not well-served if the endodontic treatment is successful, but the tooth fails. This presentation will address various aspects of retreatment, in particular the management of iatrogenic mishaps and the subsequent procedure for an adhesive core buildup. Topics include removal of metal- and fiber-reinforced composite posts, removal of silver cones and fractured instruments, perforation repair, and post and core placement. Various clinical cases with follow-up will be discussed to illustrate decision making and current treatment procedures.

**At conclusion, participants should be able to:**

- Describe the clinical procedure for removal of a fiber-reinforced composite post and subsequent placement of an adhesive core buildup with or without a post.
- Determine the feasibility of instrument removal and describe current methods for removing fractured instruments.
- Describe the clinical procedure to repair a perforation and understand the factors determining its prognosis.

**AS-203**

**Room 214AB**

## The Effect of Cone-Beam-Computed Tomography on Endodontic Outcome Results and Its Impact on Endodontic Treatment Planning



**Paul R. Wesselink, D.D.S.**  
*Amsterdam, Netherlands*

*Moderator: Walter R. Bowles, D.D.S., M.S.*  
*Minneapolis, Minn.*

Recently, cone-beam-computed tomography has been introduced to the field of endodontics to supplement conventional two-dimensional radiographic techniques. The three-dimensional CBCT has been found to be more sensitive than periapical radiography in detecting extra canals, external cervical root resorption, vertical root fractures and post-treatment periapical lesions. These extra opportunities may have implications in decision making, planning and evaluating root canal therapy. In all decisions regarding whether or not to use CBCT in endodontic therapy, it is important to weigh the benefits of the extra information against the extra radiation and costs. Also, the relevance of detecting pathologic lesions by CBCT that are not seen by periapical radiography may have an important impact on the decision whether or not to treat the accidental asymptomatic lesions with these sensitive techniques. These observations will be discussed in a clinical case presentation.

**At conclusion, participants should be able to:**

- Describe the relative importance of the application of CBCT on the outcome of endodontic treatment.
- Weigh the benefits of the extra information a CBCT can give against the extra costs and radiation implied with this technique.
- Inform the patient about treatment opportunities in case asymptomatic apical periodontitis is discerned as an accidental finding.

**AS-204**

**Room 214D**

## Antimicrobial Root Canal Medicaments



**Matthias Zehnder, D.M.D.**  
*Zurich, Switzerland*

*Moderator: Anibal R. Diogenes, D.D.S., M.S., Ph.D.*  
*Helotes, Texas*

Recent research has shown that antimicrobial root canal medicaments are not necessary; however, not necessary does not mean not useful. This presentation will focus on paradigm shifts in root canal medication aimed at reducing the microbial load in the canal system. These shifts are: 1) from intervisit to intravisit disinfection; 2) from inert to smart root filling materials; and 3) from sealer to biological interface.

**At conclusion, participants should be able to:**

- Describe the difference between inter- and intravisit medication.
- Describe alkaline bioactive materials and their effect on microorganisms.
- Organize the dawn of bioactive root filling materials.

**P-200**

**Room 207**

## It Still Hurts! What it Means When Pain Persists After Root Canal Treatment



**Estephan J. Moana-Filho, D.D.S., M.S.**  
*Chapel Hill, N.C.*



**Donald Nixdorf, D.D.S., M.S.**  
*Minneapolis, Minn.*

*Moderator: Jennifer L. Gibbs, D.D.S., Ph.D.*  
*San Francisco, Calif.*

The goals of this course are to: 1) improve awareness of the diagnosis of persistent pain following root canal therapy; and 2) provide information regarding possible mechanisms underlying this problem. The session will be separated along these lines with the first part focusing on the epidemiology and classification of persistent pain, including differential diagnosis. The second part will focus on pain mechanisms related to persistent pain following root canal therapy. Together, the two parts of this session aim to advance the working knowledge of the practicing clinician in an effort to allow for better pain control to occur.

**At conclusion, participants should be able to:**

- Describe the clinical features of how nonodontogenic pain presents differently than odontogenic pain.
- Classify the range for the incidence of persistent pain following root canal therapy, as well as some of the possible risk factors involved with its development.
- Describe the neurobiology underlying persistent tooth pain, based on currently available research evidence.

**SESSIONS DESIGNED FOR:**

**E** Educators **RNP** Resident and New Practitioners **T** Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

Not Accepted by the Dental Board of California

Will not be recorded for Live Learning Center

1:30 – 3 p.m. continued

**PD-200**

**Room 217B**

## Beyond the Apex: Effective Marketing Strategies for Today's Successful Endodontic Practice



**Kirk A. Coury, D.D.S., M.S.**  
*Amarillo, Texas*



**Jason H. Deblinger, D.M.D.**  
*New York, N.Y.*

*Moderator: Ronald I. Deblinger, D.M.D.*  
*Clifton, N.J.*

Endodontists sometimes find it difficult to operate out of our comfort zone. We are most comfortable treating patients. However, if we are to remain profitable, we must set ourselves apart from our competition. This involves creative marketing and branding, understanding the needs and wants of our referring doctors, and realizing the importance of relationship building as the foundation for long-term practice success and viability. Additionally, it is important to educate the public on who we are and what we do, and this can be a delicate tightrope walk. This course caters to all practices, large and small, and is designed for the new practitioner as well as the seasoned veteran, team members and anyone in between who has a passion for being the best he/she can be.

At conclusion, participants should be able to:

- Describe the importance of establishing, building and maintaining relationships.
- Identify and describe how to best capitalize on your strengths.
- Describe the concept of marketing vs. advertising.

**PD-201**

**Room 214C**

## Dental Ethics in the 21st Century: Emerging Issues



**Bruce Peltier, Ph.D., M.B.A.**  
*Brisbane, Calif.*

*Moderator: Michael B. Lindemann, D.D.S., M.S.*  
*Flint, Mich.*

This is an interactive presentation consisting of three parts; the first being a discussion of the challenges related to the treatment or management of patients who appear for dental appointments after

drinking or taking unprescribed drugs. The second part will consist of examples of dental ads, along with a review of the history of advertising in dentistry and the existing rules. The third part is a summary of trends discovered in the process of remediating 100 dentists, physicians, psychologists, dental hygienists and assistants who were disciplined by their respective boards.

At conclusion, participants should be able to:

- Recognize issues and complications related to the standard of care in treatment of patients who have consumed alcohol or marijuana prior to a dental appointment.
- Discriminate between legal, illegal and unethical advertisements in dentistry.
- Identify the most common legal and psychological pitfalls facing practitioners.

**PD-202**

**Room 213**

## Building Your Endodontic Practice With Great Communication Skills



**Rhonda R. Savage**  
*Gig Harbor, Wash.*

*Moderator: Kevin T. King, D.D.S.*  
*Niles, Ill.*

Nearly every frustration or challenge you experience at work can be traced back to a failure to communicate. Endodontic team members need to connect with the patient and be able to talk about all phases of dentistry. Understanding the communication styles of your patients and referring doctors will be your key to success. Every office can and should continue to work on teamwork and communication. This session outlines what has been found as a common thread among those who have the finest care along with a happy, productive work environment. During this lively session, you will learn keys to use during your entire career in the endodontic dental practice!

At conclusion, participants should be able to:

- Apply DiSC as a communication tool to connect as a team and to know your personal strengths and weaknesses.
- Create a systematic approach to communication through powerful team meetings, effective morning huddles and a review/coaching system.
- Increase the power of the team by dialing up the level of praise and appreciation, always remembering that the team includes the patients and the referring office.

PS-202

Room 210

## Got OSHA? Six Easy Steps to Office Safety



**Leslie Canham, CDA, RDA**  
*Copperopolis, Calif.*

*Moderator: Jane Peck, M.B.A.*  
*Colorado Springs, Colo.*

This fast-paced, entertaining program is designed to familiarize the participant with the basic elements of an OSHA safety program for dentistry while meeting the annual bloodborne pathogen training requirements. Learn how to create a culture of safety while motivating the entire dental team to keep the work environment safe. Take-home tools include: checklists for OSHA compliance, new employee training requirements, how to design a personalized OSHA safety plan, tips for organizing an OSHA safety meeting for your office, a sample exposure incident plan and other helpful resources. OSHA training is required every year, but who says it has to be boring?

**At conclusion, participants should be able to:**

- Describe how to meet OSHA requirements for dentistry.
- Recognize hazards in the dental office.
- Explain how to manage an exposure incident.



SP-200

Room 212

## Educator Forum: Ethical Treatment Planning of Endodontics



**Kenneth N. Namerow, D.D.S.**  
*Davie, Fla.*

*Moderator: Thomas J. Beeson, D.D.S.*  
*Omaha, Neb.*

At what point is a tooth nonrestorable and how should we go about safeguarding our patients from expensive treatment that will ultimately fail? Can we deal with the expectations of referring dentists and our patients when we realize that endodontic therapy is unnecessary, or should every patient who walks through the door get a root canal? What do we do about patients who tell us that they are about to receive crowns and/or posts that they don't need? How can we teach students to study the professional literature rather than the ads the salesmen leave for them? When are implants a better choice than endodontic therapy and vice versa? What does one do when the referring general dentist damages the tooth treated by the endodontist, *e.g.*, perforates in preparing post space? The American Dental Education Association business meeting will occur during the first 15 minutes of the presentation.

**At conclusion, participants should be able to:**

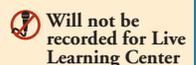
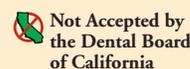
- Describe sound evidence-based treatment plans clearly to patients and referring dentists.
- Describe how to handle the compromised patient in an ethical manner.
- Describe how to handle the referring dentist when the treatment rendered has resulted in a compromised situation.

**This session is planned by the Educational Affairs Committee:**

- Frederick R. Liewehr, D.D.S., M.S., Chair
- Frances Ballagas, D.M.D.
- Thomas J. Beeson, D.D.S.
- James D. Johnson, D.D.S., M.S.
- Bruce C. Justman, D.D.S.
- Bekir Karabucak, D.D.S., M.S.
- André K. Mickel, D.D.S., M.S.D.
- Bruce D. Schulman, D.D.S.
- Jeffrey T. Stewart, D.M.D.
- Steven Roberts, D.D.S., Board Liaison

**SESSIONS DESIGNED FOR:**

- Educators
- Resident and New Practitioners
- Endodontic Team



1:30 – 3 p.m. continued

SP-201

Room 008

## Awareness Campaign Forum: Building Partnerships and Referrals With General Practitioners



**Tina-Marie Adams**  
Chicago, Ill.

*Moderator: James A. Abbott, D.D.S., M.S.  
Santa Rosa, Calif.*

The 2009 AAE GP Referrals Study found 94 percent of general practitioners have a strong overall perception of endodontists, but only refer 46 percent of their patients who need root canals to endodontists. Increased direct communication and relationship building with general practitioners is a critical way to bridge that gap. This session will delve into research-based key messages endodontists can deliver to better engage general practitioners and how best to respond to common and tough practice and referral questions. Drawing from a recently developed online marketing to GPs toolkit accessible to all AAE members, participants also will learn about some of the most effective methods and channels to reach general practitioners in ways that lead to deeper relationships and greater referrals.

**At conclusion, participants should be able to:**

- Describe the key points endodontists can convey to general practitioners to encourage greater partnership and referral.
- Respond to key questions general practitioners may pose about the dentist/endodontist partnership and benefits.
- Describe key AAE resources, tools and methods to use in conducting outreach to and relationship building with general practitioners.

**This session is planned by the Public and Professional Affairs Committee:**

James A. Abbott, D.D.S., M.S., Chair  
Peter J. Babick, D.D.S.  
David C. Bird, D.D.S.  
Reid S. El-Attrache, D.M.D.  
Matthew V. Lindemann, D.D.S., M.S.  
James F. Wolcott, D.D.S.  
Susan L. Wolcott, D.D.S.  
James C. Kulild, D.D.S., M.S., Board Liaison

T-200

Room 205

## The Important Role of First Responders to Traumatic Injuries



**Asgeir Sigurdsson, D.D.S., M.S.**  
Reykjavik, Iceland

*Moderator: William G. Schindler, D.D.S., M.S.  
San Antonio, Texas*

It is paramount for all endodontists to have some understanding on how to diagnose and treat the most common dental injuries, especially during the emergency phase of the treatment. This is because, for many injuries, the time from injury to treatment can differentiate between saving a tooth or losing it to later complications. During the first part of the lecture, a detailed description of diagnostic procedures needed in case of oral and dental trauma will be presented. Necessary radiographic, facio-skeletal and oral evaluations will be explored and discussed with support of actual cases. The second part of the lecture will focus on new treatment modalities of luxation and avulsion, with emphasis on the best initial or emergency response.

**At conclusion, participants should be able to:**

- Describe the most common dental injuries.
- Conduct emergency treatment of the most common dental injuries.
- Describe late complications and know the most common treatment options to prevent and/or treat them.



**Find us at**  
[www.facebook.com/endodontists](http://www.facebook.com/endodontists)  
**for regular Annual Session Updates.**

1:30 – 5 p.m.

**AS-205**

**Room 007**

## Introduction to Microscopic Photography Workshop



**Scott K. Bentkover, D.D.S.**  
*Evanston, Ill.*

*Moderator: Christopher J. Douville, D.D.S.*  
*Tucson, Ariz.*

*Fee: \$400 early/\$450 standard*

This hands-on workshop is designed to teach attendees the art and science of capturing digital photography through a dental operating microscope. The focus will be on basic photographic concepts and how they apply to our micro-environment. A thorough working understanding of endodontic photography will be discussed, so that the participants will leave knowing how to get started in achieving successful photographic results.

At conclusion, participants should be able to:

- Describe the armamentarium required for microscopic photography in a dental setting.
- Synthesize how to photograph endodontic specimens in several different light-intensive clinical environments.
- Identify how to overcome obstacles such as low light, camera movement and poor depth of field.

**IC-200**

**Room 006**

## The Restoration of Endodontically Treated Teeth: Protocols for Success Workshop



**Alan M. Atlas, D.M.D.**  
*Philadelphia, Pa.*

*Moderator: Sweta B. Shah, D.M.D.*  
*Malvern, Pa.*

*Workshop Fee: \$400 early/\$450 standard*

This hands-on workshop will cover the spectrum of treatment options for the restoration of the endodontically treated tooth. The participant will learn to assess the remaining tooth structure and then apply sound biomechanical principles to select the most appropriate treatment option. This workshop will use manikin teeth to give the participant hands-on experience with a variety

of currently available post and cementation systems, as well as adhesive and core materials required for long-term successful outcomes.

At conclusion, participants should be able to:

- Describe scientific-based indications and treatment planning strategies for selection and placement of post systems, luting cements and core materials.
- Describe significant physical properties of luting cements and core materials to obtain optimal foundations for crowns and bridges.
- Utilize research-based step-by-step techniques for improving the durability of coronal and radicular dentin bonding for luting posts and placement of composite core build-up materials.

**MC-2**

**Bridge Hall**

## The Anatomy of a Mandibular Molar Microsurgery



**Richard A. Rubinstein, D.D.S.**  
*Farmington Hills, Mich.*

*Moderator: Eric J. Herbranson, D.D.S., M.S.*  
*San Leandro, Calif*

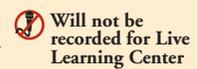
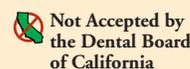
Endodontic surgery has always been part of an endodontist's postgraduate training. However, there is reluctance for some clinicians to perform these procedures and oftentimes teeth have been needlessly extracted or referred to an oral surgeon for endodontic surgical procedures. With the introduction of the surgical operating microscope, periapical ultrasonics, contemporary microsurgical armamentarium and focused cone-beam-computed tomography, endodontists have never been in a better position to perform these procedures and achieve predictable treatment outcomes. This interactive live surgical demonstration will explore the anatomy of a mandibular molar microsurgery from diagnosis and case presentation to flap closure and wound dressing.

At conclusion, participants should be able to:

- Identify the regional and significant bony anatomy in proximity to the mandibular molars.
- Be familiar with the twenty stages of endodontic microsurgery.
- Develop a basic understanding of microsurgical armamentarium and how to incorporate them into clinical practice.

**SESSIONS DESIGNED FOR:**

- Educators
- Resident and New Practitioners
- Endodontic Team



**3:30 – 5 p.m.**

**AS-202** continued

**Room 217D**

## Meeting the Challenge of Treating Compromised Teeth

See page 32

**AS-206**

**Room 217A**

## The Nuts and Bolts of Cone-Beam Tomography for Endodontists



**Christine I. Peters, D.D.S.**  
*San Francisco, Calif.*



**Ove A. Peters, D.M.D., M.S., Ph.D.**  
*San Francisco, Calif.*

*Moderator: Claudio H. Varella, D.D.S.*  
*Gainesville, Fla.*

Cone-beam-volumetric tomography is a very attractive technology, enhancing diagnostics both in nonsurgical and surgical endodontics. This presentation attempts to give clinicians an updated summary of the underlying technology. Recent developments and comparisons of commercially available units will be highlighted and differences to conventional CT will be pointed out. Data quality and 2-D/3-D reconstruction will be demonstrated with case examples. A clinical section will illustrate developments of CBVT in imaging technology in endodontics for nonsurgical treatment as well as surgical planning. The advantages of additional views, cross-sections, and reconstructions for preoperative and postoperative cases have changed the delivery of care. Clinical examples of CBVT image interpretation and assessment of artifacts will be presented. The integration of CBVT into nonsurgical endodontics and implantology will be explored, and findings facilitating assessment of periradicular lesions will be explained using patient cases. Finally, ramifications of an ethical and legal nature will be explained.

**At conclusion, participants should be able to:**

- Discuss the principles of cone-beam-volumetric tomography.
- List the prerequisites necessary to integrate CBVT into endodontic care.
- Describe the benefits of CBVT scans for treatment planning and case assessment.

**AS-207**

**Room 214AB**

## Clinical Implications and Microbiology of Bacterial Persistence After Treatment



**Jose F. Siqueira, D.D.S., M.Sc., Ph.D.**  
*Rio de Janeiro, Brazil*

*Moderator: Mo K. Kang, D.D.S., Ph.D.*  
*Los Angeles, Calif.*

Apical periodontitis is caused by microorganisms colonizing the root canal system. For optimal endodontic treatment outcome, bacterial populations within the root canal should be ideally eliminated or at least significantly reduced to levels that are compatible with periradicular tissue healing. If bacteria persist after chemomechanical preparation supplemented or not with an intracanal medication, there is an increased risk of adverse outcome. Bacterial presence in the root canal at the time of filling has been demonstrated to be a risk factor for post-treatment apical periodontitis. Molecular microbiology methods have revealed a broad diversity of species/phylotypes in samples taken immediately after instrumentation and medication, as well as in cases of root canal-treated teeth with post-treatment disease. This presentation will focus on diverse aspects of bacterial persistence after treatment, including the microbiology, strategies, requisites to influence the outcome and future directions of research in this field.

**At conclusion, participants should be able to:**

- Describe the microbiological goals of endodontic treatment.
- Describe the strategies for treating persistent bacteria and, based on this knowledge, be able to think of therapeutic measures to enhance disinfection.
- Identify the diversity of the endodontic microbiota in persistent and secondary endodontic infections, and its role in the etiology of post-treatment apical periodontitis.

## LEARN HOW THE AAE WORKS

AAE leaders will discuss the governance, operations and finances of the AAE, including state affiliate organizations, districts, committees and Boards, and how members can get involved. Join us to learn more about your Association!

**Room 212**  
**3:30 – 4:30 p.m.**

**IC-201**

**Room 214D**

## Prescription Orthodontic Therapy



**Maurice A. Salama, D.D.S.**  
*Atlanta, Ga.*

*Moderator: Susan L. Wolcott, D.D.S.*  
*Colorado Springs, Colo.*

Orthodontic tooth movement can often be combined with periodontal plastic surgical techniques and guided bone regeneration to establish the optimal foundation for functional and esthetic restorations. This presentation will highlight the benefits in an interdisciplinary approach with an emphasis on the role of directional orthodontic tooth movement in the nonsurgical vertical enhancement of soft- and hard-tissue dimensions as part of site development.

**At conclusion, participants should be able to:**

- Discuss the importance of site evaluation and bone sounding in case diagnosis.
- Describe the potential alterations to ridge form initiated by orthodontic extrusion and intrusion.
- Discuss the importance of proper sequence of treatment on case success.

**P-200 continued**

**Room 207**

## It Still Hurts! What it Means When Pain Persists After Root Canal Treatment

See page 33

**PD-200 continued**

**Room 217B**

## Beyond the Apex: Effective Marketing Strategies for Today's Successful Endodontic Practice

See page 34

**PD-201 continued**

**Room 214C**

## Dental Ethics in the 21<sup>st</sup> Century: Emerging Issues

See page 34

**PD-202 continued**

**Room 213**

## Building Your Endodontic Practice With Great Communication Skills

See page 34

**PD-203**

**Room 217C**

## Leadership: The Common Thread



**Joel C. Small, D.D.S.**  
*Plano, Texas*

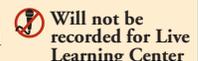
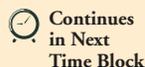
*Moderator: Robert W. Hawkinson Jr., D.D.S., M.S.*  
*Wheaton, Ill.*

Leadership development is a \$12 billion a year industry. It has become the single largest training expenditure of corporate America. What is it that business leaders understand about leadership that dentistry is just now beginning to recognize? Why is leadership our practice's only real source of sustainable competitive advantage? More importantly, why is value-based leadership the driving force that creates the financial and personal rewards that distinguish a great endodontic practice from a good practice? These questions and more will be answered as we delve into the contemporary world of value-based leadership as it applies to our practices. This presentation will challenge new endodontists as well as seasoned practitioners.

**At conclusion, participants should be able to:**

- Distinguish between management and leadership and describe how each impacts our personal and professional lives.
- Identify the ways in which we as specialty clinicians unknowingly restrict our practice's growth and development.
- Create a game plan to increase staff retention, improve doctor and staff fulfillment, and experience true personal growth while increasing our practice's bottom line.

**SESSIONS DESIGNED FOR:**



3:30 – 5 p.m. continued

**PS-203**

**Room 210**

## Treasures From My Peers



**Michael S. Austin, M.B.A.**  
*Tucson, Ariz*

Representatives from various practice models will share a piece of information that they feel has been important for their practice and could be helpful to other endodontic offices. These tips could come in any form; topics might include time management, hiring, training, collections, marketing and more. The audience will be able to ask questions and to contribute a tip to their peers.

**At conclusion, participants should be able to:**

- Introduce peers to one another for networking.
- Share ideas on efficiency and professionalism in the endodontic office.
- Utilize new information in the management of administrative and clinical areas.

**Additional Presenters:**

Melissa S. Barnes  
 Kristen Grow  
 Holly Leblanc  
 Melinda S. Otto  
 Jane Peck, M.B.A.  
 Michael Perry  
 Abigail Powell  
 Jeanette T. Ramsey  
 Michelle Sanchez  
 Grace P. Heelan Schlemm  
 Cindi L. Thomas  
 Debra L. Welters, RDA

**SP-202**

**Room 205**

## The Open APEX: Many Clinical Situations for Many Treatment Options



**Elisabetta Cotti, D.D.S., M.S.**  
*Cagliari, Italy*

*Moderator: Lynne A. Baldassari-Cruz, D.D.S.  
 Palo Alto, Calif.*

The session will concentrate on the open apex, seen as a treatment challenge in endodontics that may appear in a variety of clinical situations. It may be the consequence of: 1) trauma that has caused the interruption of the development of the pulpal-dentinal complex in immature teeth; 2) trauma that leaves the teeth in an immature stage, but is discovered in the adult age; 3) long-lasting periapical pathosis that creates resorbed apexes; 4) surgical cases that are failing and need an orthograde retreatment; 5) complex anatomies such as *dens in dente*. Current treatment options and techniques include traditional apexification, MTA apexification, the use of preformed, resorbable barriers and pulp regeneration techniques. The different options will be discussed in the background of clinical experience and literature.

**At conclusion, participants should be able to:**

- Consider classic apexification as a good and predictable treatment and know the best up-to-date protocols to perform it.
- Recognize the use of a MTA preformed apical barrier as an alternative treatment (which is becoming more predictable after 15 years of clinical experience) and the best protocols on how to use it.
- Consider the possibility of attempting regenerative procedures in immature teeth.

**SP-203**

**Room 008**

## Awareness Campaign Forum: Endodontists and General Dentists: Partners in Patient Care



**Mark E. Hyman, D.D.S.**  
Greensboro, N.C.



**John S. Olmsted, D.D.S., M.S.**  
Greensboro, N.C.

*Moderator: James F. Wolcott, D.D.S.*  
Colorado Springs, Colo.

The symbiotic relationship between general practitioners and endodontists is critical to both the well-being of patients and healthy business practices. This duo will address key clinical and practice partnership aspects, such as the complexity of various root canal cases, clinical analysis, when to refer and why, how to best serve patients, how to build the best total-care dental team, and other tips and hints to better mutual patient care. This duo also will relate how dentist/endodontist partners can use AAE case decision-making tools such as the *Endodontic Case Difficulty Assessment Form* and the *Treatment Options for the Compromised Tooth Decision Guide* to best determine when to make referrals.

**At conclusion, participants should be able to:**

- Identify ways to develop better partnerships between general practitioners and endodontists.
- Determine what kinds of cases should stay with a general practitioner and which should be referred to an endodontist.
- Articulate the patient and practice benefits associated with greater partnership between general practitioners and endodontists.

**This session is planned by the Public and Professional Affairs Committee:**

James A. Abbott, D.D.S., M.S., Chair

Peter J. Babick, D.D.S.

David C. Bird, D.D.S.

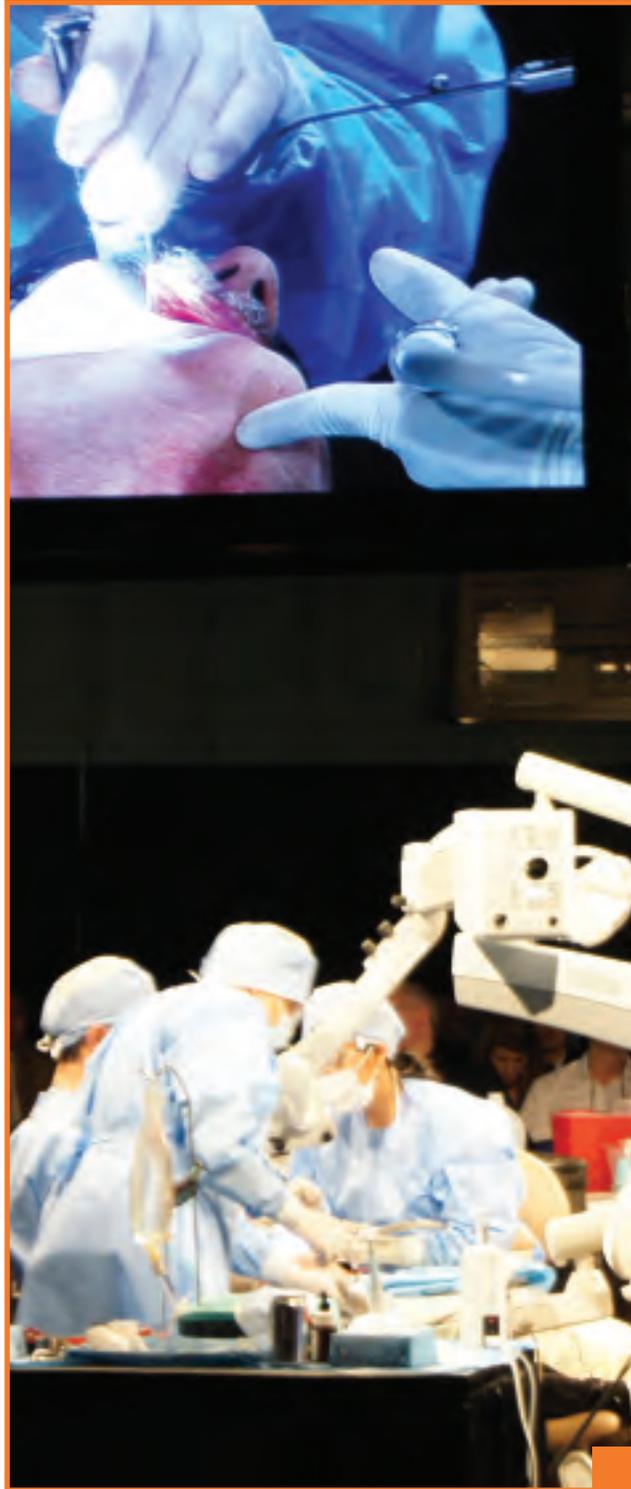
Reid S. El-Attrache, D.M.D.

Matthew V. Lindemann, D.D.S., M.S.

James F. Wolcott, D.D.S.

Susan L. Wolcott, D.D.S.

James C. Kulild, D.D.S., M.S., Board Liaison



THURSDAY

**SESSIONS DESIGNED FOR:**

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

Not Accepted by the Dental Board of California

Will not be recorded for Live Learning Center

10 – 11 a.m.

**SP-300**

**Room 206A**

## Using Negative Pressure Irrigation in Your Daily Practice



**Rodney D. Ida, D.D.S., M.S.**  
*Santa Ana, Calif.*

*Moderator: Ray C. Gillespie, D.D.S.*  
*Fort Worth, Texas*

Negative pressure irrigation appears to have great promise in enhancing debridement of the root canal system. However, this irrigation technique can be difficult to perform in practice, for reasons including canal anatomy, patient/tooth positioning, rubber dam isolation, loss of coronal tooth structure and coordination with the dental assistant. The purpose of this presentation is to problem-solve issues related to negative pressure irrigation to allow this technique to be used more easily and efficiently.

**At conclusion, participants should be able to:**

- Describe the benefits of using negative pressure irrigation.
- List the clinical steps to perform negative pressure irrigation.
- Discuss the issues that can complicate negative pressure irrigation and understand the remedies to alleviate these difficulties.

10 – 11:30 a.m.

**AS-300**

**Room 214AB**

## Endodontic Infections: Their Localization, Morphology and Impact on the Treatment Outcome



**Domenico Ricucci, D.D.S.**  
*Cetraro, Italy*

*Moderator: Samuel O. Dorn, D.D.S.*  
*Houston, Texas*

After a brief overview of tissue response to shallow, medium and deep caries, the histological events that can be observed when pulp is penetrated by bacteria will be described. Necrosis and bacteria are initially confined to the pulp chamber, but soon pulp degeneration extends beyond root canal orifices and moves slowly in the apical direction, with or without clinical symptoms. In histologic sections, bacteria are often observed to form

complex structures adhering to the root canal walls. These structures are known as biofilms. Bacterial biofilms can be observed in lateral canals and apical ramifications, and only their complete elimination will lead to endodontic success. Tissue biopsies from failed cases demonstrate how infection from the apical root canal walls or from complex anatomic intricacies can hardly be controlled through conventional treatment procedures. The presence of extraradicular bacteria and their possible role in determining root canal treatment failures will be discussed.

**At conclusion, participants should be able to:**

- Describe important aspects of bacterial colonization of the root canal system and the periapical area.
- Discuss the impact of lateral canals/apical ramifications in the outcome of endodontic treatment.
- List current limitations of contemporary root canal instrumentation and obturation procedures in obtaining a bacteria-free endodontic environment.

**MC-3**

**Bridge Hall**

## Demonstration of Regenerative Endodontic Procedures: Blood Clot Scaffold and Autologous Fibrin Matrices

MC



**Todd M. Geisler, D.D.S.**  
*Edina, Minn.*



**Fabricio B. Teixeira, D.D.S., M.Sc., Ph.D.**  
*San Antonio, Texas*

*Moderator: Anibal R. Diogenes, D.D.S., M.S., Ph.D.*  
*Helotes, Texas*

Regenerative medicine is a reality. Just about every area in medicine is attempting to regenerate functional tissue that has been lost due to disease or trauma. Recent case reports from multiple investigators support the feasibility of developing biologically based regenerative endodontic procedures with the ultimate goal of restoring a functional pulp dentin complex. This live patient demonstration will illustrate the techniques of clinical regenerative endodontic procedures. Specifically, the demonstration will focus on basic “how to” steps.

At conclusion participants should be able to:

- Define the basic objectives of and indications for REPs.
- Describe basic venipuncture techniques and potential benefits of Autologous Fibrin Matrices in REPs.
- Develop their own strategy for routinely performing REPs in their offices.

**P-300**

**Room 217D**

## The Nonodontogenic Toothache



**Jeffrey P. Okeson, D.M.D.**  
*Lexington, Ky.*

*Moderator: Donna J. Mattscheck, D.M.D.*  
*Tigard, Ore.*

Differential diagnosis of orofacial pain is an extremely challenging aspect of the endodontic practice. The complexity of the neural network involving the craniocervical region establishes an environment for much diagnostic confusion. Many conditions exist that may mimic odontogenic pain. Appropriate treatment and/or referral is predicated upon accurate identification of these diseases, syndromes and clinical conditions. This presentation will provide a review of current basic concepts of pain mechanisms, pathways and referral patterns in the head and neck. The clinical characteristics of seven different nonodontogenic toothaches will be presented.

At conclusion, participants should be able to:

- Describe the diagnostic characteristics of a nonodontogenic toothache.
- List five different types of toothaches of nondental origin.
- Differentiate primary pain from heterotopic pain.

**PD-300**

**Room 214C**

## Successful Practices Don't Happen by Accident! Leadership is Everything



**Rhonda R. Savage**  
*Gig Harbor, Wash.*

*Moderator: Mary T. Pettiette, D.D.S.*  
*Chapel Hill, N.C.*

As an endodontic team member, you have a short window of time to influence a patient's health care decisions. Recent years have taken a heavy toll on endodontic practices and their employees. You don't want to risk losing your employees! The

good news: money isn't as important as you might think. Even if you can't reward them with hefty raises or bonuses, you can hold your team together and lead them to even greater achievements. Doctors and office managers: you have the ability to energize and inspire employees to do great work, no matter what your budget looks like. With your actions, you can show them that you value them and that they are important to your organization. You also can make it easier for them to do their best work. Team members: your concerns and thoughts are critical to the health of your practice, team members and

At conclusion, participants should be able to:

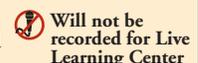
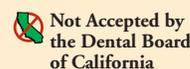
- Set employee goals that will motivate them and improve the practice.
- Describe how to earn respect from employees with your decisions and actions through clearly defined job descriptions and accountability.
- Describe how to market your practice during tough times through delegation and empowerment.



FRIDAY

**SESSIONS DESIGNED FOR:**

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



10 – 11:30 a.m. continued

**PD-301**

**Room 214D**

## Avoiding the Crumbling Associateship: A Conversation With Owners



**Randall K. Berning, J.D., LLM**  
*Naples, Fla.*

*Moderator: Martha E. Proctor, D.D.S., M.S.*  
*Chicago, Ill.*

The premise of this presentation is that laying an appropriate foundation for an associateship and the associate helps to avoid unsuccessful associateships. Associateships often start with great expectations but can crumble or fall apart when the focus of the arrangement is other than what is best for the practice. What is best for the practice will vary by practice and practice owner, but it must be emphasized since it provides the cornerstone for the foundation. Planning for the associateship and the associate is a process that starts early with the opportunity listing and builds to a shared understanding of the future of the relationship. The material presented is directed at practice owners and will assist owners to gain an understanding of various strategy options and implications, identify key planning items, avoid pitfalls and settle on appropriate timing.

**At conclusion, participants should be able to:**

- Detail the importance of laying a foundation for the associateship and key aspects for doing so.
- Illustrate practice futures for owners, associateship only or moving to an equity interest, and elements of each future.
- Discuss elements of a package for the prospective associate/partner, including terms, practice valuation, compensation and cash flow justification.

**PD-302**

**Room 213**

## Endodontic Roundtable



**Terryl A. Propper, D.D.S., M.S.**  
*Brentwood, Tenn.*

Come participate in an interactive Endodontic Roundtable. Join your colleagues and friends to discuss topics of interest with endodontists from around the globe. Roundtable topics will include clinical and practice management issues confronted in everyday practice. Each table will have a topic of discussion and

YOU select the topic that you want to discuss. No preparation necessary, just come in, sit down and begin your discussion. This is the first year that the AAE has offered an informal opportunity to explore the thoughts and experiences of other endodontists. Compare practice experiences, come to consensus on how to handle practice issues, and discover new ideas to incorporate into day-to-day practice.

*CE will not be awarded for this session.*

**PD-303**

**Room 206B**

## The Root of Your Success: Preparing Your Practice Business Plan



**Kathleen E. Hamilton, D.D.S.**  
*Dallas, Texas*

*Moderator: Chandra D. Sykes Smith, D.D.S.*  
*Columbia, S.C.*

What do successful CEOs of large and small businesses alike know that we don't? They understand the importance of a well-written business plan to guide their decision making and communication within the organization. Today, on the first floor of Rock Center at Harvard Business School there is a copy of the original business plan that Arthur Rock wrote for Intel some 40 years ago. If you are thinking about buying a practice, reinventing an underperforming practice or starting one from scratch, this course is for you. It will take you through the process of preparing your business plan. It will help you organize your thoughts and force you to contemplate all aspects of your practice, and provide a benchmark against which your actual performance can be measured. It is the key to your long-term success.

**At conclusion, participants should be able to:**

- List the essential ingredients of the business plan.
- Describe why the business plan is a critical step to their success.
- Write a business plan.

**PD-304**

**Room 205**

## A Practitioner's View on Office Design

RNP



**Joseph A. Silvaggio, D.M.D.**  
*Allentown, Pa.*

*Moderator: Tamara Gravely Griffin, D.M.D., M.S.  
Dickson, Tenn.*

This lecture will describe the thought process and steps involved during a recent construction project of an office building. The entire process, from initial concept and location through final construction, will be described. The resources that were used, important design features and the people involved in the project will also be shared. Some of the current governmental incentives aimed to promote construction will be highlighted, along with some areas where substantial cost saving can be had to aid a new practitioner with a limited budget.

At conclusion, participants should be able to:

- Describe what is involved in undertaking a commercial construction project.
- Describe design features that may be advantageous to an endodontist.
- Identify areas of a construction project where there is cost savings.

**PS-300**

**Room 217C**

## Claims Submission 101

T



**Kenneth B. Wiltbank, D.M.D.**  
*Tigard, Ore.*

*Moderator: William D. Powell, D.D.S., M.S.  
Knoxville, Tenn.*

Save time and eliminate hassles with dental insurance carriers: make your insurance reporting quick and painless! Learn what to do to eliminate challenges with your insurances. The AAE's *Save Time and Eliminate Hassles With Dental Insurance Carriers* document will help you make the process go smoothly. Questions and answers will comprise the remainder of the session.

At conclusion, participants should be able to:

- Describe what it takes to submit claims accurately.
- Describe the answers to your dental benefit questions.
- Discuss the codes and how to apply them to insurance claims.

**PS-301**

**Room 212**

## Mock OSHA Inspection

T



**Leslie Canham, CDA, RDA**  
*Copperopolis, Calif.*

*Moderator: John F. Lindquist  
Duluth, Minn.*

What will you do in the event of an OSHA inspection? Will you pass with flying colors or fail? Find out what the most frequently cited OSHA violations are for dental offices. Learn how to avoid citations and fines by knowing what OSHA inspectors look for. Did you know that OSHA inspectors have the right to interview employees? Understand the kinds of questions that may be asked and how to respond. A visual tour of the dental office will help in identifying hazards and errors that can lead to unsafe work conditions. Learn how to recognize and correct safety hazards by conducting your own mock OSHA inspection. Each participant will receive an OSHA inspection checklist and helpful resources for OSHA compliance. You will return to your office prepared to handle accidents, emergencies and OSHA inspections!

At conclusion, participants should be able to:

- Describe the types of OSHA violations that jeopardize employee safety in a dental office.
- Recognize and correct hazards that compromise employee safety.
- Explain how to conduct a mock OSHA inspection.

SESSIONS DESIGNED FOR:

Educators Resident and New Practitioners Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

Not Accepted by the Dental Board of California

Will not be recorded for Live Learning Center

10 – 11:30 a.m. continued

**SP-301**

**Room 207**

## Antibiotics in Endodontics: Are They Useful?



**Richard E. Walton, D.M.D., M.S.**  
*Iowa City, Iowa*

*Moderator: Parisa Zakizadeh, D.D.S.*  
*San Diego, Calif.*

Antibiotics are commonly utilized for various endodontic conditions and procedures, according to surveys. These are potentially dangerous drugs; are the benefits worth the risks? At one time, prescribing antibiotics was empirical. There are now data from clinical trials that greatly clarify whether they are effective. To be reviewed is a brief history of antibiotics and how they came to be perceived as miracle drugs. Also discussed will be indications and nonindications for antibiotic therapy based on the current literature.

**At conclusion, participants should be able to:**

- Recognize the history of antibiotics and why they are a major part of the drug culture in the United States.
- Relate the clinical research to the indications and contraindications of antibiotic usage in endodontics.
- Discuss why antibiotics are potentially dangerous drugs and why they should be prescribed with caution.

**SP-302**

**Room 217B**

## Living Up the Literature!



**Josef S. Bringas, D.D.S.**  
*Northville, Mich.*



**Michael M. Hoen, D.D.S.**  
*Detroit, Mich.*

*Moderator: André K. Mickel, D.D.S., M.S.D.*  
*Beachwood, Ohio*

Learning the endodontic literature is one of the most important aspects of endodontic education. The sheer volume of current endodontic literature can be overwhelming, and integrating new literature with classic literature is equally challenging. This session will offer suggestions on how to: sift through the new literature,

add articles to reading lists that meet higher levels of evidence and incorporate systematic reviews into the literature database.

**At conclusion, participants should be able to:**

- List the criteria for assigning levels of clinical evidence to articles that appear in the literature.
- Describe methods of establishing a database for the endodontic literature and how to engage students to play an active role in selection and understanding of literature.
- Assess the importance of new literature with regard to level of evidence and which should become part of the student's reading list.

**SP-303**

**Room 210**

## Root Resorption: A 50-Year Progression of Treatment



**Noah Chivian, D.D.S.**  
*West Orange, N.J.*

*Moderator: Mark D. Stevenson, D.D.S.*  
*Concord, Calif.*

The multifaceted problems of treating internal and external root resorption will be examined from a historical perspective. Although there are many treatment choices, the course of action is determined by the origin of the resorptive process. Diagnosis will be discussed, including 3-D CBCT scans, to set the stage for the reparative phase. The progression of repair materials will be reviewed as they pertain to the evolution of techniques that have been used over the last five decades.

**At conclusion, participants should be able to:**

- Distinguish between internal and external resorption using both standard radiographs and 3-D CBCT scans, and select those teeth that have a reasonable prognosis.
- Determine a treatment approach best suited for the existing problem, *i.e.*, none, nonsurgical or surgical treatment, or orthodontic extrusion.
- Describe the indications for using calcium hydroxide, gutta-percha and other fillers in repairing resorptive defects.

**T-300**

**Room 217A**

## Frequent Mistakes in Management of Dental Injuries



**Leif K. Bakland, D.D.S.**  
*Loma Linda, Calif.*

*Moderator: Scott A. Schwartz, D.D.S.*  
*San Antonio, Texas*

Endodontists are often asked to consult and provide advice about injuries to teeth. Frequently, some initial treatment has already been performed and planning for both short- and long-term outcomes can be a problem. This lecture will address three areas of concern with respect to traumatized teeth: crown fractures, root fractures and tooth avulsion, with particular emphasis on such accidents in young patients with developing teeth.

At conclusion, participants should be able to:

- Recognize problems associated with treatment planning for crown fractures, root fractures and avulsions in children.
- Describe and evaluate treatment procedures recommended for these types of injuries.
- Describe expected outcomes for various treatment procedures used for such trauma entities.

**1:15 – 2:15 p.m.**

**SP-304**

**Room 217B**

## Why Intravenous Moderate Sedation Should be Taught in Graduate Endodontic Programs



**Thomas A. Montagnese, D.D.S., M.S.**  
*Lorain, Ohio*

*Moderator: Hedley Rakusin, B.D.S., M.Sc.*  
*Dallas, Texas*

Endodontic patients present with a variety of conditions. Some of these conditions make it difficult or impossible to provide endodontic therapy. Dental phobia, claustrophobia, gag reflexes, chronic pain disorders, temporomandibular disorders and conditions requiring stress reduction are a few of the conditions that can be managed more easily and more safely with the use of intravenous moderate sedation. This presentation will discuss the reasons why intravenous moderate sedation should be a part of endodontic specialty training.

At conclusion, participants should be able to:

- Describe the advantages of providing intravenous moderate sedation in endodontic practice.
- List conditions that are more easily managed with the use of intravenous moderate sedation.
- List conditions that can be treated more safely with the use of intravenous moderate sedation.

**1:15 – 2:45 p.m.**

**AS-301**

**Room 214AB**

## Controlling Endodontic Infection by Mechanical Instrumentation



**Gilberto Debelian, D.M.D., Ph.D.**  
*Bekkestua, Norway*

*Moderator: Fabricio B. Teixeira, D.D.S., M.Sc., Ph.D.*  
*San Antonio, Texas*

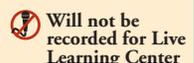
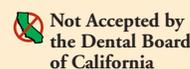
Mechanical instrumentation is a critical step in the microbial control phase of root canal treatment. If performed correctly, it will not only physically remove microbes from the canal wall but will also facilitate and magnify the effect of irrigants and medications. The objective of this lecture is to present a clinical protocol based on available evidence to control intracanal infection during the instrumentation phase. The instruments, devices and techniques necessary to achieve this goal will be presented and discussed.

At conclusion, participants should be able to:

- Discuss the biological requirements for successful endodontics.
- Discuss the role of mechanical instrumentation in achieving this goal.
- Discuss the role that mechanical instrumentation plays in facilitating the effects of irrigation and intracanal medication in disinfecting the root canal.

**SESSIONS DESIGNED FOR:**

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



1:15 – 2:45 p.m. continued

**AS-302**

**Room 207**

## Endodontic and Implant Outcomes: A Restorative Reality Check From a Prosthodontic Perspective



**Richard A. Williamson, D.D.S., M.S.**  
Iowa City, Iowa

*Moderator: Sahng Gyoon Kim, D.D.S.*  
Fort Lee, N.J.

Implant manufacturers have done an outstanding job of educating both the patient and dental professional on the merits of implant care. Unfortunately for the patient, restorable teeth are sometimes unnecessarily extracted in favor of the implant. Prior to extraction, the clinical parameters and risk factors germane to treatment planning for endodontics, the restoration of the endodontically treated teeth and implant prostheses should be reviewed in detail.

**At conclusion, participants should be able to:**

- Discuss the differences between success, survival and failure for both the implant and restored endodontically treated tooth.
- Discuss clinical factors affecting the decision process and methodically evaluate individual patient data to aid in selection of the most appropriate care.
- Increase predictability of outcome by careful case selection.

**P-301**

**Room 217D**

## Differential Diagnosis of Headache Pain



**Michael J. Apicella, D.D.S.**  
Fort Gordon, Ga.

*Moderator: Steven Roberts, D.D.S.*  
Augusta, Ga.

Headache pain in the orofacial region may mimic pain of odontogenic origin and thus these patients may present to the dental office in pain. Both pain of odontogenic origin and neurovascular orofacial pain may present as a “throbbing” pain in the oral cavity. Therefore, it is essential for the dentist to differentiate pain of odontogenic origin from headache pain. The purpose of this lecture is to introduce the most common types of headache pain conditions that may present in the dental setting and describe their management.

**At conclusion, participants should be able to:**

- Describe the International Headache Society Classification of headache disorders.
- Describe the characteristics of migraine headaches, with and without aura.
- Differentiate between the different types of autonomic cephalgias.

**PD-305**

**Room 214D**

## Negotiating the Contract: Tips for Associates



**Randall K. Berning, J.D., LLM**  
Naples, Fla.

*Moderator: Gary R. Sugg, D.D.S., M.S.*  
Charlotte, N.C.

The premise of this presentation is that an associate must enter any negotiation with a clear interest in either a short- or long-term associateship. If it is a short term, either because the associate will be moving on or the practice owner has indicated that the real goal of the relationship is to have a practice partner as soon as possible, then many of the contract terms are of relatively less importance. Negotiation implies that parties understand their bargaining position, but prospective associates generally misread their bargaining position. A negotiation of any type benefits when the parties are clear about their end goals. Practice owners and prospective associates can often be ambivalent about whether and how they want the relationship to move forward. This presentation will discuss how to start the negotiation, discuss selected contract provisions, and provide tips for the negotiation and practice relationship.

**At conclusion, participants should be able to:**

- Evaluate that where a prospective associate is in the process of considering or entering an associateship ties to the steps to be undertaken.
- Explore the associateship as the end or starting place for the associate’s future; if it’s the start, describe what should be provided by the practice owner to move forward with the practice relationship.
- Identify negotiation of various associateship employment agreement provisions, provisions that can be beneficial to promote a positive relationship and timeline planning.

## PD-306

## Room 205

### Long-Term Care and Estate Planning Insurance



**Kenneth C. Thomalla, CPA, CLU, CEP**  
*Orland Park, Ill.*

*Moderator: George Brown Jr., D.M.D.*  
*Peachtree City, Ga.*

As the economy continues to take a toll on retirement accounts throughout this country, the need for long-term care insurance continues to increase. Unfortunately, many see this type of insurance coverage as a luxury item or a type of insurance that is not mandatory. The reverse is often true, and it is imperative that we take the time to review the potential impact if we or our spouses need extended care. Additionally, estate planning often goes hand-in-hand with a long-term care program. After estate planning basics are discussed, the insurance programs available to fund an estate plan will be presented.

At conclusion, participants should be able to:

- Determine if the need for long-term care insurance exists based on one's overall financial profile.
- Evaluate the types of estate planning insurance and determine the most suitable for one's estate plan.
- Explain the proper owner and beneficiary designations for estate planning life insurance.

## PS-302

## Room 214C

### Get Jazzed About Your Future: Balancing it all for Success



**Rhonda R. Savage**  
*Gig Harbor, Wash.*

*Moderator: Lynda L. Davenport, RDA*  
*Nashville, Tenn.*

Life, family, social functions, hobbies and work: how do we do it all and be successful? How can we come to work happy when we're exhausted and perhaps somewhat discouraged? Do financial worries ever hold you back and drain your energy? What barriers hold us back from achieving our business goals? In leadership surveys across the United States, the two top vote-getters are our practice culture and past habits. Past habits might include: being slow or indecisive at decision-making, short-term-focused, or unable to take action on new ideas. The third top

vote-getter was our employees lack of ownership or involvement. There are effortless ways to attract success. Learn the power of optimism—you can change your path!

At conclusion, participants should be able to:

- Describe how to tap into the talents of your team members and let them make the connections with the patients.
- Classify seven steps to influencing your patient's decisions with the words you use.
- Identify the secrets and strategy to relationship-building with your referring doctors.

## PS-303

## Room 213

### Staff Roundtable: Marketing



**Julie A. Handy**  
*Sacramento, Calif.*



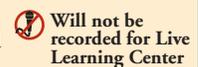
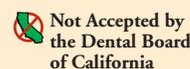
**Mary K. Robbins**  
*Sacramento, Calif.*

Comprehensive and consistent marketing efforts are essential to the success of the endodontic practice as the specialty faces multiple challenges. This roundtable session is designed to assist participants in assessment of their current referral marketing efforts, as well as to provide new information and ideas for future promotional plans. The session will include information from both a practice management vantage point, as well as direct referral marketing. Participants will recognize the value of taking a proactive position and will gain insight into unique opportunities in an interactive peer discussion format.

At conclusion, participants should be able to:

- Evaluate current internal and external marketing/promotional programs.
- Delineate strategies to improve upon ongoing direct referral marketing.
- Develop a marketing plan relevant to the individual practice and specific competitive climate.

#### SESSIONS DESIGNED FOR:



1:15 – 2:45 p.m. continued

**SP-305**

**Room 206A**

## ABE Boardwalk

**E**



**Ashraf F. Fouad, B.D.S., D.D.S., M.S.**  
*Baltimore, Md.*

*Moderator: Stephen J. Clark, D.M.D.*  
*Louisville Ky.*

The Boardwalk presentation is given by the directors of the American Board of Endodontics. It is intended to provide valuable information regarding the Certification Process. The directors will be introduced to the attendees and a detailed explanation of the examination sequence will be provided. Helpful hints for preparation for the Written, Case History Portfolio and Oral Examinations will be outlined. The current timeline for progression through the Certification Process will be detailed along with current recertification guidelines. At the conclusion of the presentation, the ABE directors will field questions from the attendees regarding topics pertaining to endodontic Board Certification.

### At conclusion, participants should be able to:

- Describe the different levels of candidate status for Board Certification.
- Describe the sequence and timelines for examinations required for endodontic Board Certification.
- Describe the requirements for recertification.

### ABE Board of Directors:

Ashraf F. Fouad, B.D.S., D.D.S., M.S., President  
 Stephen J. Clark, D.M.D., Secretary  
 Patrick E. Taylor, D.D.S., Treasurer  
 John F. Hatton, D.M.D.  
 Michael M. Hoen, D.D.S.  
 James D. Johnson, D.D.S., M.S.  
 Karl Keiser, D.D.S., M.S.  
 Alan S. Law, D.D.S., Ph.D.  
 Donna J. Mattscheck, D.M.D.

**SP-306**

**Room 206B**

## Diagnosing Vertical Root Fractures With New and Advanced Imaging Technologies



**Priya Sharma-Chand, B.D.S., M.D.S.**  
*Baltimore, Md.*

*Moderator: Ravi S. Koka, D.D.S.*  
*San Francisco, Calif.*

Vertical root fractures pose a diagnostic challenge for the endodontist. Definitive diagnosis of VRFs is essential for the selection of a treatment plan and in assessing the prognosis of the clinical case. Modern innovative imaging methods currently available to the clinician that improve the sensitivity and specificity of VRF detection will be reviewed. This presentation will enable the clinician to critically evaluate the reliability of these imaging technologies in definitively disclosing the presence of a VRF. Finally, a new imaging technology that does not involve the use of ionizing radiation will be introduced as a potentially valuable tool in diagnosis of VRFs.

### At conclusion, participants should be able to:

- Identify the factors contributing to the development of vertical root fractures.
- Identify advanced diagnostic imaging technologies that improve the diagnostic accuracy for vertical root fractures.
- Select the best diagnostic approach for confirming the presence of a vertical root fracture.

**SP-307**

**Room 210**

## Enhancing the Regenerative Capacity of Dental Mesenchymal Stem Cells



**Mo K. Kang, D.D.S., Ph.D.**  
*Los Angeles, Calif.*

*Moderator: Robert A. Handysiders, D.D.S.*  
*Loma Linda, Calif.*

Discovery of mesenchymal stem cells in dental tissues has widely opened the opportunity for regenerative dental medicine in endodontics. Stem cell therapies for endodontics rely on the regenerative capacity of the MSCs, which may be influenced by age, replication, inflammation and genetic factors. The lecture will review the current knowledge in this area of stem cell research and discuss how one could genetically and chemically manipulate the MSCs to enhance their regenerative capacity. The lecture will consist of presenting up-to-date knowledge on the

biological and molecular properties of dental MSCs, including critical review of current literature and presentation of research findings on the relevant topic from the lecturer's laboratory. Although the material is fundamental, clinical correlations and implications will be presented for the audience.

**At conclusion, participants should be able to:**

- Describe the role of stem cells in pulp-dentin complex regeneration.
- List the factors influencing the regenerative capacities of the dental stem cells.
- Name the cell-signaling pathways governing the odontogenic differentiation of pulp stem cells.

## T-301

## Room 217A

### Save a Tooth: Save a Smile



**Anthony J. DiAngelis, D.M.D., M.P.H.**  
Minneapolis, Minn.

*Moderator: William G. Schindler, D.D.S., M.S.*  
San Antonio, Texas

Past and present epidemiological studies provide strong evidence that traumatic dental injuries pose a frequent challenge to dental clinicians. Prevalence and type of TDIs vary by age, sex and populations. Luxations represent the predominant injury in primary teeth, whereas crown fractures constitute as much as 50 percent of injuries to the permanent dentition, with maxillary central incisors sustaining the highest frequency of TDIs. Given that both uncomplicated and complicated crown fractures occur with great frequency in the adolescent and young adult population, treatment is directed at restoring esthetics and function. When the fractured tooth fragment is available, the clinician can provide a rapid, conservative and economical solution by attaching the tooth fragment. While considered transitional, the population at risk is young and may not be ready for more invasive or permanent restorative choices. This presentation will review the evolution, current evidence and clinical approaches to tooth fragment reattachment.

**At conclusion, participants should be able to:**

- Describe clinical indications for reattachment of fractured crown fragments.
- Recognize which bonding agents and preparation techniques offer increased resistance to future fracture resistance of reattached tooth fragments.
- Describe pulpal considerations in reattachment of tooth fragments in both uncomplicated and complicated crown fractures.

## T-302

## Room 217C

### Splinting of Traumatized Teeth: Overview of an Evidence-Based Appraisal and Possible Future Directions



**Geoffrey S. Heithersay, B.D.S., M.D.S., D.D.Sc.**  
Adelaide, South Australia, Australia

*Moderator: John M. Yaccino, D.D.S.*  
Helotes, Texas

Splinting of luxated, replanted and root-fractured teeth has generally been considered an essential component of management, but what is the evidence as to the type of splint, duration of splinting or indeed the necessity? An evidence-based appraisal has shown that generally the prognosis is determined by the type of injury rather than factors associated with splinting. Nevertheless, splinting plays an important role in patient management and comfort. Research into potentially simplified alternative splinting techniques will be outlined.

**At conclusion, participants should be able to:**

- List the indications for splinting traumatized teeth.
- Assess the evidence for splinting.
- Judge the clinical application of alternative splinting systems.



#### SESSIONS DESIGNED FOR:

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

Not Accepted by the Dental Board of California

Will not be recorded for Live Learning Center

1:15 – 4:30 p.m.

MC-4

Bridge Hall

## Complicated Maxillary Molar Surgery



**James L. Gutmann, D.D.S.**  
Dallas, Texas

*Moderator: John D. Regan, B.D.Sc., M.S.*  
Plano, Texas

Surgical endodontic management of a maxillary molar can be as straightforward as simple tissue reflection, bone removal, root-end curettage, root-end resection and root-end filling on one root. On the other hand, surgical management may include reflection of both buccal and palatal tissues, sinus penetration, complete root resection due to fracture, bone grafting, membrane placement or tissue repositioning due to periodontal defects. This live surgical presentation will address some of the complicated needs that may be encountered by the endodontist in an attempt to retain natural tooth structure and create a healthy tissue environment for the patient.

### At conclusion, participants should be able to:

- Identify the wide range of factors that are encountered in choosing and treatment planning complex surgical endodontic procedures in the maxillary arch.
- Describe and delineate the specific challenges in choosing maxillary molar surgical procedures relative to access, visibility, surgical manipulations and wound closure.
- Describe and discuss the application of contemporary surgical procedures and materials that are used during surgical endodontics with a focus on evidence-based or best evidence directives.

SP-308

Room 006

## Ridge Preservation Workshop



**Deborah K. Johnson, D.D.S.**  
Plymouth, Minn.



**Scott B. McClanahan, D.D.S., M.S.**  
Plymouth, Minn.

*Moderator: Kenneth J. Zucker, D.D.S., M.S.*  
Saint Paul, Minn.

*Workshop Fee: \$450 early/\$500 standard*

The workshop will present a didactic background consisting of a brief history of guided bone regeneration, a review of the bone-grafting and membrane materials specifically focused for the endodontist, and a series of clinical cases demonstrating application of the various techniques and materials. Participants will place bone-graft materials such as decalcified freeze-dried bone allograft and freeze-dried bone allograft. Participants will place membranes such as collagen and dense polytetrafluoroethylene.

### At conclusion, participants should be able to:

- Describe the indications and rationale for ridge preservation.
- Describe the objectives of ridge preservation.
- Describe the rationale for choosing a bone-graft material and a membrane for ridge preservation.

**3 – 4:30 p.m.**

**AS-301 continued Room 214AB**

**Controlling Endodontic Infection by Mechanical Instrumentation**

See page 47

**AS-303 Room 207**

**Dilemmas in Case Selection—Helpful Hints to Decide Which Teeth to Treat**



**Paul V. Abbott, M.D.S.**  
*Nedlands, Western Australia, Australia*

*Moderator: John M. Nusstein, D.D.S., M.S.  
Dublin, Ohio*

Many factors affect the outcome of endodontic treatment and the longevity of the tooth following treatment. Most endodontists, dentists and research studies have focused on the technical aspects of treatment or the presence of periapical radiolucencies and their effects on treatment outcome. Little attention has been paid to case selection. This presentation will explore this issue and will provide guidelines on how to assess and select teeth with a good prognosis and what criteria to use to reject teeth with a poor prognosis. While case selection affects treatment outcome to some extent, it has a much greater effect on the longevity of the tooth following treatment, with the most important factor of all being whether the tooth is suitable for further restoration. This issue has not been adequately addressed in the literature, yet it is very important and will be explored in detail in this presentation.

**At conclusion, participants should be able to:**

- Describe the factors that affect treatment outcome and the longevity of the tooth following treatment.
- Assess teeth for further restoration following endodontic treatment.
- Select appropriate cases for endodontic treatment.

**P-302 Room 217D**

**Systemic Health Effects of Endodontic and Other Dental Diseases**



**Ashraf F. Fouad, B.D.S., D.D.S., M.S.**  
*Baltimore, Md.*

*Moderator: Tri N. Huynh, D.D.S., Ph.D.  
San Francisco, Calif.*

The relationship between oral and systemic health has received a lot of attention in the periodontal literature, but not as much in the endodontic literature. This presentation will provide recent evidence on whether there is an association between endodontic disease and systemic health, and highlight some differences in systemic findings among patients with different forms of endodontic disease.

**At conclusion, participants should be able to:**

- Indicate systemic diseases that may contribute to the pathogenesis of endodontic disease or modulate the healing following treatment.
- Distinguish the differences in systemic response to various forms of endodontic pathosis.
- Apply the available evidence on whether endodontic pathosis may contribute to systemic diseases.

**PD-305 continued Room 214D**

**Negotiating the Contract: Tips for Associates**

See page 48

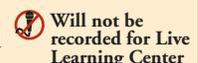
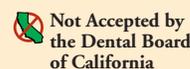
**PD-307 Room 213**

**Endodontic Roundtable**

This is a repeated session; see page 44.

SESSIONS DESIGNED FOR:

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



3 – 4:30 p.m. continued

**PD-308**

**Room 212**

## Resident and New Practitioner Career Fair



If you are an endodontist seeking an associate, or a resident or new practitioner looking for a job, this is the place to be. The AAE Resident and New Practitioner Committee invites current residents, new endodontists practicing five years or less and employers to mingle and meet. This is a chance to visit one-on-one and learn about the variety of employment opportunities that the specialty offers. Representatives from different practice environments, as well as academia, research and service branches, will be on hand to discuss their needs for employees. Participants are encouraged to bring copies of their CVs and contact information.

**At conclusion, participants should be able to:**

- Describe employment goals more clearly.
- Create contacts that may help to secure future employment.
- List the larger spectrum of practice/employment opportunities.

This session is planned by the Resident and New Practitioner Committee:

Kimberly A.D. Lindquist, D.D.S., Chair  
 Cameron M. Howard, D.M.D.  
 Kerri L. Lawlor, D.D.S.  
 Steven L. Richardson, D.M.D.  
 Farid B. Shaikh, D.M.D.  
 Craig B. Thiessen, D.D.S.  
 Kenneth P. Sunshine, D.D.S., M.S., Board Liaison

**PS-302 continued**

**Room 214C**

## Get Jazzed About Your Future: Balancing it all for Success

See page 49

**SP-309**

**Room 217C**

## New Modalities in the Diagnosis and Management of Traumatic Injuries



**Umadevi P. Nair, D.M.D., M.D.S.**  
*Gainesville, Fla.*



**Roberta Pileggi, D.D.S., M.S.**  
*Gainesville, Fla.*

*Moderator: David J. Holtzmann, D.M.D., M.S.*  
*Aurora, Calif.*

The incidence of traumatic injuries has increased, and newer diagnostic techniques, such as the use of cone-beam-computed tomography, have become a common practice in our field. Case-based scenarios using CBCT in the management of traumatic injuries will be reviewed.

**At conclusion, participants should be able to:**

- Identify the reasons for difficulty in diagnosis.
- Identify the applicability of CBCT scans for these injuries.
- Discuss newer management modalities.

**SP-310**

**Room 210**

## Pathologic Pulp Mineralization: Diagnosis and Treatment Planning



**Pedro Ardines-Limonochi, D.D.S.**  
*Leon, Mexico*

*Moderator: Dennis M. Tucker, D.D.S.*  
*Plymouth, Minn.*

In the maturation and aging of the pulpal complex, the normal functioning pulp continues to produce dentin and mineralized cellular elements over a lifetime. Under varying clinical conditions, the pulp will respond to trauma, caries, restorative procedures and the effects of inflammation. This mineralization hastens physiologic narrowing and is highly reactive. These are irreversible changes that are both unpredictable and inevitable. The precipitated salts in these mineralizations can be studied in two distinct ways: using microscopy or radiography. Microscopy offers a developmental understanding of these mineralizations within root canals, and electron microscopy can elucidate the

elemental building structures such as solid mineral elements, collagen fibers, salt deposits, vascular nets and a geometric understanding that offers a new approach to the clinical management of these obstructions. Radiographic assays permit us to determine the migration of the pulp chamber morphology according with the position of the irritant.

**At conclusion, participants should be able to:**

- Describe the microscopic, radiographic and clinical evidence for pulpal mineralization.
- Diagnose asymptomatic pathologic mineralization that necessitates endodontic intervention.
- Develop strategies for treating pathologic mineralizations.

## SP-311

## Room 206A

### ABE Case History Portfolio Construction: The Good, the Bad and the Ugly

E



**Christopher S. Wenckus, D.D.S.**  
*Chicago, Ill.*

*Moderator: Heather R. Sulte, D.D.S.*  
*Anchorage, Alaska*

There is a large disparity between the number of endodontic residents that take the written portion of the American Board of Endodontics examination process and those that go on to submit their case history portfolios. Some portfolio requirements have changed, material is constantly being added to the ABE website and mentors are available through the College of Diplomates. Yet the numbers of Board-eligible candidates that challenge the portfolio section each year does not significantly increase. This presentation will guide the participant through the steps necessary to successfully construct a case history portfolio for this portion of the ABE examination process. Emphasis will be placed on how to search for information available to candidates on various websites. Examples will be presented of what should be acceptable, what may not be acceptable and what is definitely not acceptable.

**At conclusion, participants should be able to:**

- Recognize weak areas in their portfolios.
- Select the proper cases for their portfolios.
- Find the resources to aid them in their portfolio constructions.

## SP-312

## Room 206B

### Dental Implant or Root Canal Treatment: Patient vs. Dentist Preferences



**Amir Azarpazhooh, D.D.S.**  
*Toronto, Ontario, Canada*

*Moderator: Robert B. Amato, D.M.D.*  
*Medford, Mass.*

Apical periodontitis can be treated by way of retention of the affected tooth via root canal treatment, its extraction followed by no replacement, replacement with an implant-supported crown or replacement with a partial fixed or removable denture. Currently, there is a strong trend towards use of ISCs to restore single edentulous spaces. Thus, the main treatment options for a tooth with apical periodontitis are retention of the tooth via root canal treatment, or its extraction and replacement with an ISC. In this regard, both root canal treatment and ISC share a common goal, namely to rehabilitate the patients dentition, and should be considered part of the same treatment continuum. This presentation will discuss the preference for treatment of a tooth with apical periodontitis from two different perspective—those of dentists and patients.

**At conclusion, participants should be able to:**

- Recognize that the selection between RCT and ISC should be approached from the perspective of treating the underlying disease.
- Recognize that it is crucial to establish a context in which patients' views about treatment options are valued and their preferences are elicited.
- Recognize decision-making includes helping the patient conceptualize the risks and benefits.

#### SESSIONS DESIGNED FOR:

**E** Educators **RNP** Resident and New Practitioners **T** Endodontic Team

**C** Continues in Next Time Block

**W** Workshop

**MC** Master Clinician Series

**Not Accepted by the Dental Board of California**

**Will not be recorded for Live Learning Center**

3 – 4:30 p.m. continued

**SP-313**

**Room 205**

## Update: Debriding and Debugging Root Canal Systems



**J. Craig Baumgartner, D.D.S., M.S., Ph.D.**  
*Kailua, Hawaii*

*Moderator: Edward Y. Chan, D.D.S., B.D.S., M.S.  
Milpitas, Calif.*

Although instruments have greatly improved shaping of the root canal system, we still rely primarily on irrigation to clean (debride and disinfect) the root canal system. Methods have been introduced to better debride and disinfect root canal systems prior to obturation. Innovative needles, apical-controlled delivery systems, and the use of sonics or ultrasonics have all been recommended. Sodium hypochlorite (NaOCl) remains the most commonly used irrigant; however, there is concern for the safety of the patient. Various concentrations of NaOCl have been evaluated for safety, efficacy of debridement and the ability to disinfect the root canal system. Other irrigants evaluated include ethylene-diamine-tetra-acetic acid, chlorhexidine and MTAD. In addition, the use of lasers and other forms of photodynamic energy have been tested. This presentation will compare and contrast the efficacy of various irrigants, combinations of irrigants, irrigation delivery methods, lasers and other forms of photodynamic energy.

**At conclusion, participants should be able to:**

- Describe the microbial ecosystem (bugs) in endodontics to include bacteria, fung, viruses and prions.
- Describe the advantages and disadvantages of irrigants and various delivery systems currently used (*e.g.*, sonics, ultrasonics and negative pressure).
- Describe the use of photodynamics for root canal disinfection.

**SP-314**

**Room 217B**

## The Endodontist's Daily Challenge With Anatomy: Clinical Considerations



**Filippo Santarcangelo, D.D.S.**  
*Bari, Italy*

*Moderator: Kimberly A. McLachlan, D.M.D., M.S.Ed., M.B.A.  
Escondido, Calif.*

Anatomical complexity presents a challenge to the endodontist in shaping, cleaning and filling the root canal system. A skilled

clinician must choose the right strategy, not only in the most anatomically simple cases, but also in the more complex ones. In both cases, the objective is the same: reduce bacteria and toxins as much as possible. Mechanical instrumentation is the primary means to achieve this, aided by effective irrigation and 3-D obturation of the root canal system.

**At conclusion, participants should be able to:**

- Distinguish simple cases from more complex ones.
- Describe the rationale behind each cleaning, shaping and filling strategy.
- Describe the different instruments and procedures used to perform the root canal treatment in any kind of anatomy.

**T-303**

**Room 217A**

## Regenerative Endodontics in Clinical Practice: Where Do We Go From Here?



**Alan S. Law, D.D.S., Ph.D.**  
*Lake Elmo, Minn.*

*Moderator: William G. Schindler, D.D.S., M.S.  
San Antonio, Texas*

In recent years there have been significant advances in regenerative procedures in medicine, dentistry and, in particular, regenerative endodontics. This presentation will define and discuss regenerative endodontics and show cases where necrotic pulp tissue in incompletely developed teeth has been revitalized. Case selection will also be discussed, along with technique and likely outcomes for regenerative endodontic procedures. The presentation will include potential future directions for regenerative endodontics in clinical practice.

**At conclusion, participants should be able to:**

- Discuss indications for regenerative endodontic procedures.
- Discuss possible clinical outcomes for regenerative endodontic procedures.
- Discuss potential future directions for regenerative endodontics.

**8:15 – 9:45 a.m.**

**AS-400**

**Room 217C**

## Use of Cone-Beam Tomography in Endodontic Diagnostic Dilemmas



**Bill W. Akin, D.D.S.**  
Nashville, Tenn.

*Moderator: Sheldon R. Mann, D.D.S.*  
Sarasota, Fla.

CBT has radically changed our ability to diagnose in 3-D and, in a very short time, will make digital radiography obsolete. As a periodontist, I encourage my endodontic colleagues to incorporate CBT into their practices, because of the ability to better “see” the cause of many endodontic diagnostic dilemmas. This seminar will use clinical cases to demonstrate the superiority of CBT in making better clinical judgments, both before recommending endodontic treatment and in cases of endodontic failures.

**At conclusion, participants should be able to:**

- Understand the role of CBT in an endodontist’s office.
- Compare digital radiography with CBT in making a diagnosis.
- Understand a periodontist’s viewpoint in endodontic diagnosis.

**AS-401**

**Room 212**

## Endodontics in the Implant Era



**Richard S. Schwartz, D.D.S.**  
San Antonio, Texas

*Moderator: Phuong N. Quang, D.D.S.*  
San Antonio, Texas

The practice of endodontics has changed in the past 5-10 years as dental implants have become a mainstream treatment. In the restorative community, restorative prognosis has taken precedence over endodontic prognosis and there is less tolerance for failure. Successful treatment is defined in longer terms than in the past, and heroic efforts to save teeth have become less common. A model for endodontic practice to produce long-term success in the implant era that is comparable to that expected from dental implants will be discussed.

**At conclusion, participants should be able to:**

- Define the implant era and how it has changed the practice of endodontics.
- Describe the key factors that produce long-term success.
- Describe a model for endodontic practice in the implant era.

**P-400**

**Room 207**

## Adjunctive Analgesic Approaches: Anxiolysis and Sedation



**Joseph A. Giovannitti Jr., D.M.D.**  
Venetia, Pa.

*Moderator: Jose D. Vela, D.D.S., Ph.D.*  
Iowa City, Iowa

This program provides a comprehensive review of recent developments in enteral sedation. Attendees will learn how to select appropriate drugs for various patients in different settings, how to monitor patients and how to select patients for optimum success. Discussion will also include thoughts on newer sedative agents, reversal techniques, redosing and “sleep dentistry.”

**At conclusion, participants should be able to:**

- Describe and identify differing levels of sedation and the risks associated with each.
- Select appropriate sedative drugs for individual patient needs and select patients for optimal success.
- Discuss details of drug pharmacology of traditional as well as newer sedative drugs, and discuss the ADA’s position on redosing.

## SOFTWARE USER GROUP MEETINGS

All current users of the following endodontic software programs are invited to attend user group meetings:

**8:15 – 9:45 a.m.**

**10:15 – 11:45 a.m.**

**EndoTrak: Room 206A**

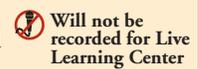
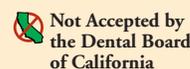
**TDO: Room 206A**

**EndoVision: Room 206B**

**PBS Endo: Room 206B**

**SESSIONS DESIGNED FOR:**

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



8:15 – 9:45 a.m. continued

**PD-400**

**Room 217B**

## Becoming a Partner in an Endodontic Practice



**Benjamin C. Larkin, J.D.**  
*Dover, N.H.*

*Moderator: Jessica L. Barr, D.D.S., M.S.  
Asheville, N.C.*

Be confident when you sign a buy-in agreement by understanding what the typical expenses of an endodontic practice are, how endodontic practices are valued, what options exist for paying for your ownership share and what tax issues will arise.

**At conclusion, participants should be able to:**

- List the typical expenses of an endodontic practice.
- Identify factors considered in assigning value to an endodontic practice.
- Discuss options for paying for your ownership share in a practice and understand the basic tax consequences associated with the different options.

**PD-401**

**Room 213**

## Disability and Life Insurance Needs



**Kenneth C. Thomalla, CPA, CLU, CEP**  
*Orland Park, Ill.*

*Moderator: Bruce C. Justman, D.D.S.  
Iowa City, Iowa*

Disability and life insurance are two things people know they need, but they are also topics people wish to avoid. Endodontists need to take the time each year to review their disability and life insurance programs to ensure that plans are updated for the changes in their lives. Changes in income, standard of living and other life events occur that requires an insurance review. This presentation will start with a review of key definitions and terms. Following this, recent changes occurring in the disability and life insurance arenas will be discussed.

**At conclusion, participants should be able to:**

- Identify if one's disability and life insurance programs are adequate.
- Determine if life insurance owners and beneficiaries are correct based on one's estate plan document.
- Explain the suitability of each type of life insurance based on the risk exposure to underlying cash values.

**PD-402**

**Room 210**

## Endodontist as Expert Witness



**Anthony T. Borgia, D.D.S.**  
*Morgantown, W.Va.*

*Moderator: Kevin M. Keating, D.D.S., M.S.  
Sacramento, Calif.*

Endodontists are often called upon to give expert witness testimony in malpractice cases and Board of Registration actions. As specialists are frequently required to perform endodontic retreatments, all endodontists should be prepared to write a report of professional opinion, give a deposition and even appear in court to testify should the occasion arise. This lecture covers basic legal concepts, in particular those that deal with the fields of malpractice most commonly encountered in dentistry. It presents examples of medical case law that have been cited in the past and are germane to how we practice as endodontists. Examples of actual dental malpractice suits and Board of Registration actions, along with radiographs, will be presented and referenced to the cited medical case law.

**At conclusion, participants should be able to:**

- Describe the legal concepts of civil law as opposed to criminal law.
- Describe the "locality rule" and how it impacts expert testimony.
- Describe the differences between contract law, tort law and informed consent.

**PS-400**

**Room 205**

## Stepping Into a Paperless Office



**Lawrence F. Emmott, D.D.S.**  
*Phoenix, Ariz.*

*Moderator: Jane Peck, M.B.A.  
Colorado Springs, Colo.*

Is it really possible to go paperless? Yes it is possible to create a completely paperless dental record and going paperless can save you tens of thousands of dollars. This program features step-by-step help in setting up a paperless office, including the seven essentials that need to be in place before you get started, four ways to digitize, using the Internet and front deskless workflow. There will be something for both the beginner and the high-tech power user in this course, all delivered in a fun and easy-to-understand style.

At conclusion, participants should be able to:

- Apply digital communications in the office with patients and colleagues.
- Use digital technology to improve communications and enhance treatment planning and acceptance.
- Use digital technology to improve record-keeping and reduce liability.

**SP-400**

**Room 214C**

## The Outcome of Surgical Retreatment or Microsurgery: Does it Fail Eventually?



**Sahng Gyoon Kim, D.D.S.**  
*Fort Lee, N.J.*

*Moderator: Howard J. Sorensen, D.D.S.  
Yuma, Ariz.*

The goal of endodontic treatment is to treat and prevent apical periodontitis. The persistent apical pathology after conventional root canal therapy can be treated with surgical retreatment, if it is indicated. Studies investigating the outcome of surgical retreatment imply that the lesions may heal in the short term, but often were noted to be failures in long-term follow-up. This presentation will critically analyze the factors affecting the failures of surgical retreatment based on the previous outcome studies, including systematic review and meta-analysis.

At conclusion, participants should be able to:

- Describe the difference in outcome between traditional surgical retreatment and current microsurgery.
- Explain why the long-term outcome of surgical retreatment showed more failures in the literature.
- Recognize the factors affecting the long-term success of surgical retreatment.

**SP-401**

**Room 214D**

## SAF: A New Concept for Cleaning and Shaping Root Canals



**Stephen Cohen, D.D.S.**  
*San Francisco, Calif.*



**Zvi Metzger, D.M.D.**  
*Tel Aviv, Israel*

*Moderator: Bradford R. Johnson, D.D.S.  
Chicago, Ill.*

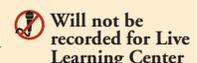
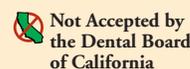
This is a presentation about a single instrument that can clean and shape a root canal with all statements based entirely on published papers in major endodontic journals. Rigorous published studies will show how this one instrument can safely introduce NaOCl into the apical third of the canal and effectively destroy *E. faecalis*. This instrument eliminates the smear layer. Sound too good to be true? Prepare yourself for cognitive dissonance based on hard science!

At conclusion, participants should be able to:

- Describe how the SAF can clean and shape a root canal simultaneously.
- Describe how the SAF is designed.
- Describe how only one instrument can clean and shape a root canal.

**SESSIONS DESIGNED FOR:**

- Educators
- Resident and New Practitioners
- Endodontic Team



**8:15 – 9:45 a.m.** continued

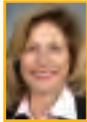
**T-400**

**Room 214AB**

## Resorptive Sequelae to Dental Trauma



**Geoffrey S. Heithersay, B.D.S., M.D.S., D.D.Sc.**  
*Adelaide, South Australia, Australia*



**Linda G. Levin, D.D.S., Ph.D.**  
*Durham, N.C.*



**Martin Trope, B.D.S., D.M.D.**  
*Philadelphia, Pa.*

*Moderator: William G. Schindler, D.D.S., M.S.  
San Antonio, Texas*

An understanding of the factors that influence the development of various types of resorption and their pathogenesis is essential for rational management. The correct diagnosis of external and internal resorptions of noninflammatory and inflammatory origin is basic to any clinical management decision. In this wide-ranging presentation, each speaker will discuss one of the following topics: external resorption, internal resorption and invasive cervical resorption following dental trauma.

**At conclusion, participants should be able to:**

- Describe the pathogenesis of the different types of resorption following dental trauma.
- Identify the clinical manifestations of trauma-related resorptions.
- Classify appropriate clinical management.

**8:15 – 11:45 a.m.**

**PD-403**

**Room 008**

## Basic Life Saving: Health Care Providers Certification Workshop

**Monzell Baker, Zeitgeist Wellness Group**  
*San Antonio, Texas*

*Moderator: Lynda L. Davenport, RDA  
Nashville, Tenn.*

*Workshop Fee: \$50 early/\$60 standard*

The class will cover core material such as adult and pediatric CPR, foreign-body airway obstruction, and automated external defibrillation for adults and children. It will present demonstrations of emergency cardiovascular care procedures for adults and children, such as one- and two-rescuer CPR and rescue breathing. A copy of the *Basic Life Saving for Healthcare Providers* student text will be provided in the class. The text can be purchased as well.

**At conclusion, participants should be able to:**

- Recognize and respond to several life-threatening emergencies.
- Provide cardiopulmonary resuscitation.
- Use an automated external defibrillator.



8:15 a.m. – 5 p.m.

**AS-402**

**Room 006**

## Retreatment Workshop



**Frederic Barnett, D.M.D.**  
*Narberth, Pa.*



**Joseph S. Dovgan, D.D.S., M.S.**  
*Paradise Valley, Ariz.*



**Terrell F. Pannkuk, D.D.S., M.S.D.**  
*Santa Barbara, Calif.*

*Moderator: Kerri L. Lawlor, D.D.S.  
Highlands Ranch, Colo.*

*Workshop Fee: \$800 early/\$850 standard (includes continental breakfast and lunch)*

This retreatment workshop is designed to familiarize the participant with the etiology of endodontic failure and contemporary methods of endodontic retreatment. Case selection will be discussed in detail as well as step-by-step methods to remove gutta-percha, carrier-based materials and separated instruments from the root canal system.

At conclusion, participants should be able to:

- Describe case selection and treatment planning for endodontic retreatment.
- Describe current armamentarium and techniques for retreating gutta-percha, silver cones, carrier systems and separated instruments.
- Describe the indications and contraindications for endodontic retreatment.

10:15 – 11:45 a.m.

**AS-404**

**Room 212**

## Improving Your Instrumentation and Obturation Techniques



**John E. Levin, D.D.S.**  
*Lafayette, La.*

*Moderator: Nadia Chugal, D.D.S., M.S.  
Los Angeles, Calif.*

Clinical techniques utilized in negotiating complicated anatomy will be described. Radiographic interpretation, file reading and shaping will be reviewed.

At conclusion, participants should be able to:

- Describe how pretreatment radiographs can help determine and direct management of potentially complex apical anatomy.
- Describe various methods of apical management, both mechanically and chemomechanically.
- Describe how prebent instruments can facilitate deep shape and obturation in complex systems.

**P-400 continued**

**Room 207**

## Adjunctive Analgesic Approaches: Anxiolysis and Sedation

See page 57

**PD-402 continued**

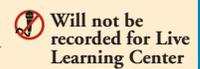
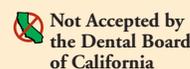
**Room 210**

## Endodontist as Expert Witness

See page 58

SESSIONS DESIGNED FOR:

- Educators
- Resident and New Practitioners
- Endodontic Team



10:15 – 11:45 a.m. continued

**PD-404**

**Room 217B**

## Your Associateship: More Than Just a Job



**Benjamin C. Larkin, J.D.**  
*Dover, N.H.*

*Moderator: Stephen T. Galla, D.M.D.  
Palm Beach Gardens, Fla.*

Learn about the business of practicing endodontics. Discover important factors to consider and important questions to ask when considering an associateship.

**At conclusion, participants should be able to:**

- Discuss the marketing challenges inherent in a referral-based business.
- Explain the differences between an independent contractor and employee situation.
- List factors of “reasonableness” of a noncompetition agreement.

**PD-405**

**Room 213**

## Business Insurance Review



**Kenneth C. Thomalla, CPA, CLU, CEP**  
*Orland Park, Ill.*

*Moderator: Bruce C. Justman, D.D.S.  
Iowa City, Iowa*

Business owners face many challenges when developing an insurance plan for their business. These complex challenges are in addition to the insurance issues associated with an endodontist’s individual coverage needs. Partners, employees and even patients are affected by the decisions made during the business insurance planning process. Practitioners need to understand the risk associated with their individual practice and implement insurance plans accordingly. The presentation will focus on areas of business insurance planning, including business overhead insurance, professional liability, business owner’s/worker’s compensation, employment practices liability and buy/sell funding.

**At conclusion, participants should be able to:**

- Determine if an appropriate risk is present in the practice and if it can be protected through an insurance program.
- Evaluate appropriate levels of insurance coverage that are best suited for their individual practice needs.
- Determine if the present buy/sell agreement is adequately funded with the most appropriate insurance coverage.

**PS-401**

**Room 205**

## Purpose-Driven HR for the Dental Office



**Robyn Adkins**  
*Nipomo, Calif.*

*Moderator: Melinda S. Otto  
Mankato, Minn.*

With so many laws to worry about, how do you know you’re making the right decisions? Where should you focus your limited time and energy? What is your human resources role? Discover your HR purpose and reduce your stress, focus your energy and simplify your decisions. In this course, you will learn how to identify and manage your prime risk areas, where to focus your efforts for the most return and how to plug into the ample online resources available to you. Learn the best approaches to prevention, performance planning, documentation, pay issues, overtime and vacations... to name just a few. Turn your ad-hoc, task based, reactive HR routine into a deliberate, strategic and proactive part of your practice.

**At conclusion, participants should be able to:**

- Identify the areas of labor law that pose the most risk.
- Implement specific, practical actions to mitigate these risk areas.
- Use the Internet to research and stay updated on labor law issues that affect their office.

**SP-402**

**Room 217C**

## Cone-Beam-Computed Tomography in Practice



**John D. Regan, B.D.Sc., M.Sc., M.S.**  
*Plano, Texas*

*Moderator: Donald J. Kleier, D.M.D.  
Aurora, Colo*

The aim of this presentation is to describe the application of cone-beam-computed tomography to endodontic practice. The lecture will report on the experiences of clinicians and staff from a three-doctor office that has been using a CBCT machine as a routine diagnostic tool for two years. The presentation will be delivered by a clinical endodontist to colleagues currently using or contemplating the use of CBCT in their offices.

At conclusion, participants should be able to:

- Discuss the technology associated with CBCT image acquisition.
- Discuss the application of CBCT to endodontic practice and interpret the acquired images.
- Communicate the value of the CBCT to the referring doctor both verbally and electronically.

## SP-403

## Room 217D

### Root Canal Irrigation and Disinfection: How Efficient and Predictable Could it Be?



**Nestor Cohenca, D.D.S.**  
*Seattle, Wash.*

*Moderator: Richard E. Walton, D.M.D., M.S.  
Iowa City, Iowa*

During the last decade, great emphasis has been placed on the increased ability to clean and shape canals with newly developed nickel-titanium rotary files. However, even with these advancements, the outcome of root canal therapy remained unchanged mainly because the new files cannot predictably eliminate the microbial contamination within the complex anatomy of root canal systems. For immature teeth with apical periodontitis, the challenge is even greater, affecting the long-term treatment outcome. The efficacy, safety and predictability of root canal disinfection will be thoroughly discussed with evidence-based research.

At conclusion, participants should be able to:

- Review scientific evidence related to the efficacy and limitations of current root canal irrigation techniques.
- Identify new concepts of canal irrigation and disinfection.
- Apply specific therapeutic strategies for infection control and improved outcome.

## SP-404

## Room 214C

### Teaching the Essence of Endodontic Microbiology: How is it Being Taught to Predoctoral Students and Residents?

**E**



**J. Craig Baumgartner, D.D.S., M.S., Ph.D.**  
*Kailua, Hawaii*



**Ashraf F. Fouad, B.D.S., D.D.S., M.S.**  
*Baltimore, Md.*



**Christine M. Sedgley, B.D.S., M.D.S., M.D.Sc., Ph.D.**  
*Portland, Ore.*

*Moderator: Jeffery T. Stewart, D.M.D.  
Newark, N.J.*

Although microorganisms are the primary cause of endodontic-related diseases, students and residents can find the subject challenging. In this session, members of the panel will each give a short presentation during which they will share their experiences teaching endodontic microbiology at different educational levels. A panel discussion will follow, with audience involvement encouraged.

At conclusion, participants should be able to:

- Discuss the importance of teaching microbiology to predoctoral students and endodontic residents.
- Describe strategies to help foster an interest in endodontic microbiology.
- Discuss methods to review and assess the quality of endodontic microbiology literature.

## T-400 continued

## Room 214AB

### Resorptive Sequelae to Dental Trauma

See page 60

#### SESSIONS DESIGNED FOR:

**E** Educators **RNP** Resident and New Practitioners **T** Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

Not Accepted by the Dental Board of California

Will not be recorded for Live Learning Center

10:15 a.m. – 5 p.m.

**AS-403**

**Room 007**

## Regenerative Endodontic Procedures: Review and Hands-on Workshop



**Todd M. Geisler, D.D.S.**  
*Edina, Minn.*



**Alan S. Law, D.D.S., Ph.D.**  
*Lake Elmo, Minn.*

*Moderator: Nicholas D. Schulte, D.D.S.*  
*San Antonio, Texas*

*Workshop Fee: \$800 early/\$850 standard (includes lunch)*

Regenerative medicine is a reality. Just about every area in medicine is attempting to regenerate functional tissue that has been lost due to disease or trauma. Recent case reports from multiple investigators support the feasibility of developing biologically based regenerative endodontic procedures with the ultimate goal of restoring a functional pulp dentin complex. This lecture and workshop will familiarize participants with the objectives and application of clinical regenerative endodontic procedures. Specifically, this lecture will focus on basic “how to” steps. We will also discuss human autologous fibrin matrices, previously suggested for use as a regenerative scaffold material. Participants will learn basic venipuncture techniques, prepare AFM and place AFM in a simulated root canal system.

**At conclusion participants should be able to:**

- Define the basic objectives of and indications for REPs.
- Describe basic venipuncture techniques and potential benefits of Autologous Fibrin Matrices in REPs.
- Develop their own strategy for routinely performing REPs in their office.

1:45 – 2:45 p.m.

**SP-405**

**Room 206A**

## Negative Pressure Irrigation and Devices



**Chihiro Kobayashi, D.D.S., Ph.D.**  
*Ichikawa-Shi, Chiba, Japan*

*Moderator: Marc A. Pacheco, D.D.S.*  
*San Antonio, Texas*

Total root canal systems cannot be mechanically prepared. Improved irrigations are essential for success. Sodium hypochlorite is well known as a good irrigant for its high organic substance dissolving and its ability to kill microorganisms. With sodium hypochlorite, positive pressure irrigation near the apical foramen can be dangerous. Recently, journals have published many serious injury cases caused by sodium hypochlorite injection to the surrounding tissue. For better and safer irrigation, passive-pressure irrigations should be considered. We also incorporate a new negative-pressure irrigation system, the ultrasonic aspiration technique.

**At conclusion, participants should be able to:**

- Describe the difference between positive- and negative-pressure irrigation.
- Describe different negative-pressure irrigation systems.
- Describe the effectiveness and safety of negative-pressure irrigation systems.

1:45 – 3:15 p.m.

**AS-405**

**Room 217D**

## Preserving Bone by Quick and Accurate Diagnosis of Vertical Root Fractures in Endodontically Treated Teeth



**Aviad Tamse, D.M.D.**  
Tel Aviv, Israel

*Moderator: Julian R.D. Moiseiwitsch, B.D.S., Ph.D.  
Washington, D.C.*

This presentation reviews updated information based on the recent studies about the clinical and radiographic diagnosis of vertical root fractures in endodontically treated teeth. When diagnosed, many times years after completion of all of the procedures in the tooth, it's necessary to extract the involved root or tooth. Clinical and radiographic diagnosis should be done accurately and in a timely manner; however, the resemblances to endodontic failures or periodontal disease sometimes complicate the diagnosis. The large amount of bone loss, especially on the buccal aspect of the susceptible teeth and roots (maxillary and mandibular premolars and the mesial root of mandibular molars) complicates future restorative treatment in such areas as implant placement.

**At conclusion, participants should be able to:**

- Identify the teeth and roots that are susceptible to fracture.
- Describe the current knowledge to achieve accurate diagnosis in a timely manner to prevent additional bone loss.
- Recognize the major causes of root fractures and possible ways to minimize the risk of fractures.

**AS-406**

**Room 213**

## Managing Challenging Apical Anatomy



**Steven P. Delgado, D.D.S.**  
Eldersburg, Md.

*Moderator: John P. Braud Jr., D.D.S.  
Northville, Mich.*

Inadequate treatment of root canal anatomy is an often-discussed cause of recurrent endodontic disease. In particular, the apical third of the canal system is often challenging to debride and obturate properly. This session will give ideas and techniques to help the clinician more thoroughly treat the apical complexities that are often present in teeth.

**At conclusion, participants should be able to:**

- Describe techniques for more completely instrumenting and debriding complex root canal anatomy.
- Describe the concepts involved and the specific steps used to locate canal system terminuses accurately.
- Discuss ways to improve the obturation of complicated root canal systems.

**AS-407**

**Room 207**

## Tooth Retention vs. Dental Implants: An Objective Analysis of Scientific Data



**Hessam Nowzari, D.D.S., Ph.D.**  
Los Angeles, Calif.

*Moderator: Gary R. Hartwell, D.D.S., M.S.  
Newark, N.J.*

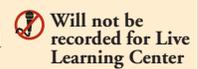
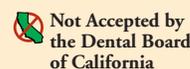
The purpose of this presentation is to provide scholarly insight into implant dentistry whereby different aspects of dental implantology can be objectively evaluated and criticized. The presentation is based on objective interpretation of available data and does not cater to any commercial interest in order to provide a forum for academic discussion that is open and unfettered by conflict of interest.

**At conclusion, participants should be able to:**

- Describe dental implants in health and disease.
- Construct an evidence-based and decision-analysis approach.
- Discuss implant-associated complications.

**SESSIONS DESIGNED FOR:**

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



1:45 – 3:15 p.m. continued

**IC-400**

**Room 217C**

## Are There Really Medical Reasons to Maintain Teeth?



**Mark C. Hutten, D.D.S., M.S.**  
*Hinsdale, Ill.*

*Moderator: W. Craig Noblett, D.D.S., M.S.*  
*Berkeley, Calif.*

Historically, prior to treatment of many medical conditions, aggressive dental treatment planning, including multiple tooth extractions, was often required. As the understanding of various disease processes and the medical management of each has improved, less aggressive dental therapy is required. Medications such as bisphosphonates have added an additional complexity to long-term dental treatment with the identification of osteonecrosis of the jaw. This lecture will discuss the medical situations where teeth require extraction versus those where teeth should be maintained.

**At conclusion, participants should be able to:**

- Describe the medical conditions that require tooth removal as well as those where tooth maintenance must be considered.
- Describe the underlying basic science of certain disease states and treatments that makes maintenance of teeth a better therapeutic option for the patient.
- Describe the possible restorative solutions for teeth that are maintained for medical reasons.

**IC-401**

**Room 217B**

## Vital Pulp Therapy for the Primary and Young Permanent Dentition



**Jane A. Soxman, D.D.S.**  
*Allison Park, Pa.*

*Moderator: Susan L. Wolcott, D.D.S.*  
*Colorado Springs, Colo.*

The goal of vital pulp therapy is to treat reversible pulpal injury due to caries, restorative procedures or trauma. The primary and young permanent dentitions have a greater potential for repair than the more mature permanent dentition. A high degree of cellularity and vascular supply provide greater opportunity for successful intervention with preservation of pulp vitality. This

course will present therapeutic approaches of indirect pulp therapy, direct pulp capping and pulpotomy. Indications, alternatives, medicaments and restorative recommendations for the primary and young permanent dentition will be included, along with updates from the dental literature. Attendees will derive enhanced diagnostic and treatment skills with improved expertise for treating the primary and young permanent dentition.

**At conclusion, participants should be able to:**

- Describe the indications and treatment for indirect pulp therapy and pulp capping.
- Provide detailed instruction in pulpotomy/stainless steel crowns for primary molars.
- Provide treatment with appropriate medicaments and recommendations for vital pulp therapy.

**P-401**

**Room 214AB**

## Successful Mandibular Anesthesia



**Al Reader, D.D.S., M.S.**  
*Columbus, Ohio*

*Moderator: Edwin J. Martin Jr., D.D.S.*  
*San Antonio, Texas*

All dentists start treatment with the intention of having profound anesthesia. However, many patients experience pain during treatment. This program focuses on the successful management of pulpal pain using local anesthesia. Three important areas that will be examined are why anesthesia fails in mandibular teeth, the latest information on articaine and its use as a supplemental injection for mandibular molars, and how to integrate routine anesthesia with leading-edge intraosseous technologies. The objective is to consistently achieve profound anesthesia for your patients.

**At conclusion, participants should be able to:**

- Define why anesthesia fails so often in the mandible.
- Identify the latest information on articaine.
- Develop specific procedures using intraosseous technologies for insuring profound anesthesia.

**PD-406**

**Room 214D**

## The Less-Than-Perfect Dentist-Patient Relationship: Case Studies and Tips



**MaryAnn Digman, RN, MSHA**  
*Las Cruces, N.M.*

*Moderator: Mark A. Odom, D.D.S.*  
*Cary, N.C.*

By reviewing the difference between difficult and noncompliant patients (some can be both), we can determine how both provider and patient can benefit from open communication. Different strategies will be presented and discussed to assist the practice in dealing with these challenging patients. Case studies will be presented and opinions solicited. This is an interactive presentation and is appropriate for endodontists as well as their office staff.

**At conclusion, participants should be able to:**

- Differentiate between the noncompliant and difficult patient.
- Describe methods you can use to improve working relationships with difficult and noncompliant patients.
- Summarize the process for discharging a patient from your practice.

**PS-402**

**Room 210**

## Business Etiquette



**Lynda White**  
*The Colony, Texas*

*Moderator: Deb L. Welters, RDA*  
*Eagan, Minn.*

Business etiquette is applicable to everyone regardless of their individual job function. This session will empower you with skills and suggestions to show you the benefits of good manners in the workplace. When it comes to manners, Don't Do what others Do. Do what is right! Well-mannered and confident employees are the best form of public relations.

**At conclusion, participants should be able to:**

- Describe how to be confident in meeting new clients.
- Identify how to dress and act at a professional gathering, regardless of circumstances
- Describe how to be confident in your table etiquette.

**SP-406**

**Room 214C**

## Defensive Dentistry in a Dangerous World



**Robert M. Fleisher, D.M.D.**  
*Atlantic City, N.J.*

*Moderator: Eric M. Rivera, D.D.S., M.S.*  
*Chaple Hill, N.C.*

Dental practice has become fraught with obstacles. Practitioners must protect their patients, staff and themselves from many risks, not the least of which includes lawsuits that can ruin one's life. From the malpractice claim to claims of age discrimination, sexual harassment or wrongful termination, doctors are in jeopardy. Outrageous lawsuits and more outrageous court awards put us at risk as much as the diseases to which we are exposed. We must protect ourselves! This lecture shall explore methods to help keep you safe from the predatory nature of many of today's legal actions brought about by a patient population that hears a barrage of advertisements telling them how doctors are forever hurting them and that they need to "get what they deserve." Don't be a victim!

**At conclusion, participants should be able to:**

- List the most common legal threats to their way of life.
- Practice defensive endodontics and develop a defensive office protocol.
- Tell patients, at the appropriate time, that an instrument broke, a perforation occurred or other negative consequences in a defensive, noninflammatory manner.



**SESSIONS DESIGNED FOR:**

- Educators
- Resident and New Practitioners
- Endodontic Team

Continues in Next Time Block

Workshop

Master Clinician Series

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1:45 – 3:15 p.m. continued

**SP-407**

**Room 212**

## Tooth Resorption: Diagnosis and “Treat or Leave”



**Carel J. Warnsinck, D.D.S.**  
*Haarlem, Netherlands*

*Moderator: Graham R. Holland, B.D.S., Ph.D.  
Ann Arbor, Mich.*

Tooth resorption is a complex and not yet fully understood phenomenon. While internal and external resorptions often have similar clinical and radiographic signs, treatment could be different. This lecture will present the main types of tooth resorption and ways to differentiate between them. Theories explaining the mechanisms of tooth resorption will be presented, as well as optional therapies and treatment strategies.

**At conclusion, participants should be able to:**

- Describe the process of resorption.
- Diagnose the different types of resorption.
- Describe the ideal treatment for the main categories of resorption.

**SP-408**

**Room 206B**

## Preparation of Curved and Narrow Canals With Only One Reciprocating Instrument Without Prior Use of Hand Files



**Ghassan Yared, D.D.S., M.Sc.**  
*Guelph, Ontario, Canada*

*Moderator: Carolyn M. Chong, D.D.S., M.S.  
Berkeley, Calif.*

Nickel-titanium, engine-driven systems are widely used for canal preparation. New concepts, instrument designs and preparation techniques are regularly introduced. However, the traditional (rotary) and newest NiTi concepts involve the use of numerous engine-driven and/or hand instruments in different steps to shape curved and narrow canals. This lecture will introduce a novel technique to shape curved and narrow canals with only one instrument used in reciprocation without the prior use of hand files.

**At conclusion, participants should be able to:**

- Describe the different types of instrument fracture.
- Discuss the limitations of traditional rotary and newest NiTi concepts.
- Describe the rationale, advantages and limitations of reciprocation and single-file preparation of curved and narrow canals without prior use of hand files.

**SP-409**

**Room 205**

## Rotary Glide Path vs. Manual Glide Path



**Arnaldo Castellucci, D.D.S., M.D.**  
*Florence, Italy*

*Moderator: Leslie A. Werksman, D.D.S.  
Rolling Hills, Calif.*

Many studies show that nickel-titanium alloy is greatly superior to stainless steel, since with NiTi instruments, even canals with accentuated curvatures can safely be shaped without the risk of creating ledges or straightening the original curves. On the other hand, most NiTi breakages occur in the last few millimeters, where the instrument's taper is less and the diameter smaller. Reduction of breakage can be achieved when NiTi use is preceded by preliminary enlargement and the creation of a glide path, which is usually done by hand with stainless steel instruments. These instruments involve numerous disadvantages, due to their rigidity and aggressive tip. A new rotary file was designed to create the glide path quickly and safely, thus eliminating the last manual phase in which the general practitioner can commit errors, and providing the expert endodontist with a tool that can transform difficult cases into simple ones.

**At conclusion, participants should be able to:**

- Describe the importance of creating the glide path to prevent breakage of NiTi instruments.
- Identify a new method for creating the glide path, comparing the traditional manual glide path versus the new rotary glide path.
- Describe the advantages of using the new NiTi instruments to create the rotary glide path.

**3:30 – 5 p.m.**

**AS-408**

**Room 207**

## Autotransplantation of Teeth



**Mitsuhiro Tsukiboshi, D.D.S., Ph.D.**  
*Amagun, Aichi, Japan*

*Moderator: Anthony P. Joyce, D.D.S.  
Heidelberg, Germany*

Complex treatment plans often include situations where the choices of intentional replantation or autotransplantation have been overlooked. If an endodontically involved tooth that seems hopeless with conventional orthograde endodontic treatments or surgeries has optimal root form, intentional replantation may save it. If there is a good candidate for a donor tooth found in the same mouth, transplantation can be the more appropriate option than intentional replantation. Additionally, congenitally missing teeth and badly traumatized teeth can be preferable indications for autotransplantation over implantation. The indications, advantages and techniques for success will be discussed in this presentation. The lecture will be extensively illustrated with many clinical cases, mainly of autotransplantation of teeth.

At conclusion, participants should be able to:

- Recognize clinical situations suitable for autotransplantation.
- Discuss the techniques of transplantation for success.
- Evaluate expected outcomes of transplantation.

**IC-400 continued**

**Room 217C**

## Are There Really Medical Reasons to Maintain Teeth?

See page 66

**IC-402**

**Room 217B**

## Behavioral Guidance: Becoming the Pediatric Alpha Pup



**Jane A. Soxman, D.D.S.**  
*Allison Park, Pa.*

*Moderator: Keith R. Boyer, D.D.S.  
Philadelphia, Pa.*

Treating the challenging child today requires a new approach for behavioral guidance. Children are being raised with little discipline and few limitations. Aversive techniques are no longer acceptable and parents often intervene attempting to direct treatment. The multiple factors that influence a child's behavior and recommendations for intervention are discussed. Methods to engage and involve parents and ultimately bring them to our side are presented. Potential problems are identified with specific recommendations that can result in more successful and less stressful visits for all.

At conclusion, participants should be able to:

- Describe potential behavioral problems and techniques for managing various forms of behavior.
- Provide information for parents regarding limitations and treatment objectives.
- Describe the pros and cons of parental presence for treatment and offer methods for intervention or separation of the parent.

**SP-410**

**Room 212**

## Dentinal Defects on the Root Canal Wall—New Evidence, Clinical Significance and Prevention



**Hagay Shemesh, D.M.D.**  
*Amsterdam, Netherlands*

*Moderator: James E. Stich, D.D.S., M.S.  
Fairfield, Conn.*

Endodontic procedures might contribute to the development of localized defects such as craze lines or incomplete cracks. These may propagate into vertical root fractures. Several factors may be responsible for the formation of dentinal defects and will be presented. The significance of these defects, as well as ways to prevent them, will be discussed based on results from recent experiments. The potential influence of this phenomenon on the treatment outcome will be assessed.

At conclusion, participants should be able to:

- Describe new methods to inspect the root canal walls.
- Assess the harmful potential of dentinal defects and their influence on the treatment outcome.
- List known causes for the formation of dentinal defects and possible ways to prevent them.

**SESSIONS DESIGNED FOR:**

**E** Educators **RNP** Resident and New Practitioners **T** Endodontic Team

**C** Continues in Next Time Block

**W** Workshop

**MC** Master Clinician Series

**Not Accepted by the Dental Board of California**

**Will not be recorded for Live Learning Center**

**3:30 – 5 p.m. continued**

**SP-411**

**Room 214C**

## Endodontic Transitions Made Perfect: Valuation and Logistics



**W. Paul Radman, D.D.S.**  
Dallas, Texas

*Moderator: Joel B. Slingbaum, D.M.D.  
Pembroke Pines, Fla.*

To satisfactorily transition an endodontic practice, one must follow a protocol, just as one does during an endodontic case. Shortcuts can be costly and worse, aggravating. The goal is to assist the doctor in planning and executing a successful transition with minimal headache and maximal post-tax economic benefit.

**At conclusion, participants should be able to:**

- Determine when it is the right time to start planning for practice transition.
- Determine what steps to take to maximize their benefits.
- Determine what they can do and when they need professional assistance.

**SP-412**

**Room 213**

## All You Wanted to Know About Treating Medically Compromised Patients but Never Dared to Ask



**Anita Aminoshariae, D.D.S.**  
Pepper Pike, Ohio

*Moderator: Daniel J. Pierre, D.D.S.  
Monterey, Calif.*

The practice of dentistry is far different from the way it was practiced 10 or 20 years ago. People are living longer as a result of receiving effective medical treatment for disorders that previously resulted in mortality. Dentists must be well-versed in medically compromised patients to ensure dental care does not pose undue risks for the patient. This presentation will focus on diseases, drugs and conditions that require consideration before any dental care is rendered.

**At conclusion, participants should be able to:**

- Assess medically compromised patients and interpret laboratory test data.
- Provide dental care to medically compromised patients safely and effectively.
- Discuss current guidelines regarding the dental treatment of medically compromised patients with other dental and medical health care providers.

**SP-413**

**Room 205**

## Endodontic Biofilm: Therapeutic Considerations



**Anil Kishen, B.D.S., M.D.S., Ph.D.**  
Toronto, Ontario, Canada

*Moderator: Kenneth W. Tittle, D.D.S., M.S.  
Pleasant Hill, Calif.*

Microbial biofilms are surface-adherent consortium formed by microbes in response to environmental factors. From an endodontic perspective, microbial biofilms are important, as there have been several reports of biofilm-mode bacterial growth in infected root canal systems. Biofilm bacteria are particularly resistant to antimicrobials and are difficult targets to eliminate completely using conventional irrigants/medicaments, especially from the root canal system. This lecture will discuss factors governing the disinfection of endodontic biofilms and newer antibiofilm strategies in endodontics.

**At conclusion, participants should be able to:**

- Discuss the factors governing the disinfection of biofilm bacteria in root canal systems.
- List the strategies to improve disinfection of endodontic biofilm.
- Describe the recent advances in endodontic disinfection.

**T-401**

**Room 217D**

## Pharmacological Management of the Endodontic Emergency Patient



**Anibal R. Diogenes, D.D.S., M.S., Ph.D.**  
San Antonio, Texas

*Moderator: Tyler W. Lovelace, D.M.D.*  
San Antonio, Texas

Pain management can be very challenging in endodontic emergencies. An astute clinician must understand peripheral and central pain processing mechanisms in order to most appropriately provide pain control, and therefore adequate treatment. Likewise, a comprehensive knowledge of local anesthetics and analgesics, including their mechanism of actions, side effects, contraindications and pharmacological interactions, is needed to safely provide pain relief during and after endodontic treatment. In this course, basic and clinical sciences will be reviewed and discussed related to local anesthetics and analgesics. In addition, pharmacological strategies to manage endodontic emergencies will be presented.

At conclusion, participants should be able to:

- Describe the mechanisms of pain detection and processing.
- Assess the reasons for anesthesia and analgesia failures.
- Formulate a flexible treatment plan to adequately provide pain relief in an endodontic emergency situation.

**T-402**

**Room 214AB**

## Predictors of Healing Complications After Dental Trauma



**Jens O. Andreasen, D.D.S.**  
Birkerød, Denmark

*Moderator: William G. Schindler, D.D.S., M.S.*  
San Antonio, Texas

During a 40-year period, data has been collected at the trauma centre in Copenhagen, Denmark, about healing complications subsequent to all types of traumatic injuries involving both primary and permanent teeth. This information is now entered into a database containing long-term observation of 2,400 traumatized teeth. A statistical analysis has shown that 18 predictors appear to determine the scenario of healing vs. complications. This information is now used in a net-based interactive database where a practitioner can seek detailed information about a patient's healing chances for a given trauma circumstance. This session will detail the steps of utilizing this database.

At conclusion, participants should be able to:

- Perform evidence-based dental trauma treatment, which optimizes periodontal and pulpal healing.
- Identify high-risk patients in regard to healing complications.
- Familiarize yourself with the new interactive dental trauma database.

*Bridging the Gap*

PARTNERS IN INTERDISCIPLINARY CARE



**2011 AAE ANNUAL SESSION**

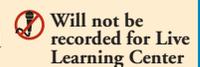
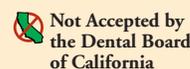
**Bridging the Gap Blog**

[www.aae.org/blog2011](http://www.aae.org/blog2011)

**Annual Session Planning Committee members will post sneak previews, share stories and details about the Annual Session online. Be sure to check it out!**

**SESSIONS DESIGNED FOR:**

- E** Educators
- RNP** Resident and New Practitioners
- T** Endodontic Team



Your Annual Session experience is not complete without a trip to the largest endodontic exhibit hall in the world! Talk to representatives from major dental and medical suppliers; explore new products and services being offered; and take advantage of show deals only available in San Antonio.

**Need a bite to eat?** Concessions in the hall will be open for lunch on Thursday and Friday.

**Have a drink on us!** Don't miss the always popular Happy Hour and Foundation Live Auction taking place on Thursday.



## Exhibit Hall Schedule

### Thursday

10 a.m.	Exhibits Open
11:30 a.m. – 1:30 p.m.	Lunch Break—Concessions Open
5 p.m.	Happy Hour and Foundation Live Auction
6 p.m.	Exhibits Close

### Friday

9 a.m.	Exhibits Open
11:30 a.m. – 1:15 p.m.	Lunch Break—Concessions Open
5 p.m.	Exhibits Close

### Saturday

8:15 a.m.	Exhibits Open
2 p.m.	Exhibits Close



Exhibitors are listed as of press time. The most up-to-date listing can be found at [www.aae.org/annualsession](http://www.aae.org/annualsession).

**Acadental**  
913/384-7390  
[www.acadental.com](http://www.acadental.com)

**Acteon North America**  
800/289-6367  
[www.acteongroup.com](http://www.acteongroup.com)

**American Express OPEN**  
212/640-4585  
[www.OPEN.com](http://www.OPEN.com)

**Art 4 Your Practice**  
925/465-6198  
[www.art4yourpractice.com](http://www.art4yourpractice.com)

**Aseptico**  
425/487-3157  
[www.aseptico.com](http://www.aseptico.com)

**ASI Medical, Inc.**  
800/566-9953  
[www.asimedical.net](http://www.asimedical.net)

**B&L Biotech USA, Inc.**  
877/452-2651  
[www.bnlbio.com](http://www.bnlbio.com)

**Benco Dental**  
800/GO-BENCO  
[www.benco.com](http://www.benco.com)

**BioMatRx**  
952/657-5054  
[www.biomatrx.com](http://www.biomatrx.com)

**Bisco Dental Products**  
800/247-3368  
[www.bisco.com](http://www.bisco.com)

**Brasseler USA**  
912/925-8525  
[www.brasselerusa.com](http://www.brasselerusa.com)

**Carestream Dental/Kodak Dental Systems**  
800/944-6365  
[www.kodakdental.com](http://www.kodakdental.com)

**Carl Zeiss Meditec**  
925/557-4100  
[www.meditec.zeiss.com/us/dentistry](http://www.meditec.zeiss.com/us/dentistry)

**ChaseHealthAdvance**  
888/388-7633  
[www.chasehealthadvance.com](http://www.chasehealthadvance.com)

**Coltene Whaledent, Inc.**  
800/221-3046  
[www.coltenewhaledent.com](http://www.coltenewhaledent.com)

**DENTSPLY International**  
800/877-0020  
[www.dentsply.com](http://www.dentsply.com)

**DENTSPLY Maillefer**  
800/662-1202  
[www.maillefer.com](http://www.maillefer.com)

**DENTSPLY Rinn**  
800/323-0970  
[www.rinncorp.com](http://www.rinncorp.com)

**DENTSPLY Tulsa Dental Specialties**  
800/662-1202  
[www.tulsadental.com](http://www.tulsadental.com)

**Designs for Vision, Inc.**  
800/345-4009  
[www.designsforvision.com](http://www.designsforvision.com)

**DEXIS Digital X-Ray**  
888/883-3947  
[www.dexis.com](http://www.dexis.com)

**Discus Smart Endodontics**  
800/422-9448  
[www.discusdental.com](http://www.discusdental.com)

**Elsevier**  
215/239-3491  
[www.elsevierhealth.com](http://www.elsevierhealth.com)

**Endo Technic**  
619/286-8899  
[www.endotechnic.com](http://www.endotechnic.com)

**EndoVision**  
800/680-6902  
[www.endovision.info](http://www.endovision.info)

**Franklin Dental Supply, Inc.**  
800/972-7917  
[www.franklindentalsupply.com](http://www.franklindentalsupply.com)

**Gendex Dental Systems**  
800/323-8029  
[www.gendex.com](http://www.gendex.com)

**Global Surgical Corporation**  
800/767-8726  
[www.globalsurgical.com](http://www.globalsurgical.com)

**Hartzell & Son, G.**  
925/798-2206  
[www.ghartzellandson.com](http://www.ghartzellandson.com)

**HealthFirst**  
425/771-5733  
[www.healthfirst.com](http://www.healthfirst.com)

**Henry Schein/Endovations**  
800/372-4346  
[www.henryschein.com](http://www.henryschein.com)

**Hu-Friedy Mfg. Co., LLC**  
800/483-7433  
[www.hu-friedy.com](http://www.hu-friedy.com)

**Innovadontics**  
800/939-1189  
[www.innovadontics.com](http://www.innovadontics.com)

**Integra Miltex**  
866/854-8300  
[www.miltex.com](http://www.miltex.com)

**J. Morita USA, Inc.**  
800/831-3222  
[www.jmoritausa.com](http://www.jmoritausa.com)

**Jedmed Instrument Company**  
314/845-3770  
[www.jedmed.com](http://www.jedmed.com)

**Jordco, Inc.**  
800/752-2812  
[www.jordco.com](http://www.jordco.com)

**JS Dental Manufacturing, Inc.**  
203/438-8832  
[www.jsdental.com](http://www.jsdental.com)

**Laschal Surgical Instruments, Inc.**  
914/949-8577  
[www.laschal dental.com](http://www.laschal dental.com)

**Leica Microsystems**  
800/526-0355  
[www.leica-microsystems.com](http://www.leica-microsystems.com)

**Mani, Inc.**  
81/28-667-8592  
[www.mani.co.jp](http://www.mani.co.jp)

**Medelita**  
877/987-7979  
[www.medelita.com](http://www.medelita.com)

**Medical Protective**  
800/463-3776  
[www.medpro.com](http://www.medpro.com)

**Medidenta.com**  
718/672-4670  
[www.medidenta.com](http://www.medidenta.com)

**Meta-Biomed, Inc.**  
267/282-5893  
[www.meta-biomed.com](http://www.meta-biomed.com)

**Metalift Crown & Bridge Removal**  
800/928-9289  
[www.metalift.com](http://www.metalift.com)

**Micro-Mega/USA**  
855/363-6872  
[www.micro-mega.com](http://www.micro-mega.com)

**Microsurgery Instruments, Inc.**  
713/664-4707  
[www.microsurgeryusa.com](http://www.microsurgeryusa.com)

**Milestone Scientific**  
800/862-1125  
[www.milestonescientific.com](http://www.milestonescientific.com)

**Obtura Spartan Endodontics**  
800/344-1321  
[www.obtura.com](http://www.obtura.com)

**Orasoptic**  
800/369-3698  
[www.orasoptic.com](http://www.orasoptic.com)

**Osada, Inc.**  
310/841-2220  
[www.osadausa.com](http://www.osadausa.com)

**Palisades Dental**  
201/569-0050  
[www.palisadesdental-llc.com](http://www.palisadesdental-llc.com)

**Patterson Dental Supply, Inc.**  
800/328-5536  
[www.pattersondental.com](http://www.pattersondental.com)

**PBHS, Inc.**  
800/840-5383  
[www.pbhs.com](http://www.pbhs.com)

**PBS Endo**  
800/535-0198  
[www.pbsendo.com](http://www.pbsendo.com)

**Phase II Associates, Inc.**  
214/540-8085  
[www.phasetwoassociates.com](http://www.phasetwoassociates.com)

**Planmeca USA, Inc.**  
630/529-2300  
[www.planmecausa.com](http://www.planmecausa.com)

**Q-Optics & Quality Aspirators**  
800/858-2121  
[www.q-optics.com](http://www.q-optics.com)

**Quintessence Publishing Co., Inc.**  
630/736-3600  
[www.quintpub.com](http://www.quintpub.com)

**Radman, White & Associates, Inc.**  
972/386-7222  
[www.endotransitions.com](http://www.endotransitions.com)

**RGP Dental, Inc.**  
401/254-9695  
[www.rgpergo.com](http://www.rgpergo.com)

**Romidan USA**  
305/914-5698  
[www.romidan.com](http://www.romidan.com)

**Roydent Dental Products**  
800/992-7767  
[www.roydent.com](http://www.roydent.com)

**Schick Technologies**  
718/937-5765  
[www.schicktech.com](http://www.schicktech.com)

**Schwed Co., Inc.**  
718/441-0526  
[www.schwed.com](http://www.schwed.com)

**Seiler Precision Microscopes**  
800/489-2282  
[www.seilerinst.com](http://www.seilerinst.com)

**SS White Burs, Inc.**  
732/905-1100  
[www.sswwhiteburs.com](http://www.sswwhiteburs.com)

**Suni Medical Imaging, Inc.**  
800/438-7864  
[www.suni.com](http://www.suni.com)

**Surgitel/General Scientific Corp.**  
800/959-0153  
[www.surgitel.com](http://www.surgitel.com)

**SybronEndo**  
800/346-3636  
[www.sybronendo.com](http://www.sybronendo.com)

**TDO and eie2**  
858/558-3636  
[www.tdo4endo.com](http://www.tdo4endo.com)  
[www.eie2.com](http://www.eie2.com)

**Treloar & Heisel, Inc.**  
800/345-6040  
[www.tb-online.net](http://www.tb-online.net)

**Ultimate Dental—A Division of Endoco**  
901/683-6677  
[www.ultimatedental.com](http://www.ultimatedental.com)

**Ultradent Products, Inc.**  
800/552-5512  
[www.ultradent.com](http://www.ultradent.com)

**Vatech America**  
201/210-5028  
[www.vatechamerica.com](http://www.vatechamerica.com)

**Vista Dental Products**  
262/631-5301  
[www.vista-dental.com](http://www.vista-dental.com)

**Wiley-Blackwell**  
877/762-2974  
[www.wiley.com](http://www.wiley.com)

New Pricing Structure in 2011

# *Endodontic Research and CE From Those Who Know You Best*

## LIVE LEARNING CENTER



Experience the Annual Session courses as they were recorded—online—via the AAE Live Learning Center, and earn even more CE credit after the meeting is over! View the sessions, captured in real-time and posted as multimedia files with synchronized slides, audio, video, handouts and much more. Download MP3 files for portable listening as well!

The 2011 recordings will be the first content addition to the new Annual Subscription pricing structure that members will be able to obtain as part of the 2011-2012 dues renewal process beginning in May.

The Annual Subscription will provide access to the entire Live Learning Center library, more than 500 online CE hours and hundreds of educational sessions from AAE meetings, clinical newsletters and *Journal of Endodontics* articles, for one low rate!

Please note, sessions that will not be recorded are denoted by a  icon throughout the program.

### **This Live Learning Center offering has sessions from the following tracks:**

- Master Clinician Series
- Art and Science of Endodontics
- Interdisciplinary Care
- Pain and Differential Diagnosis
- Professional Development
- Trauma and Emergency Management
- Professional Staff
- Submitted Presentations

If you have questions about the new Annual Subscription or the AAE Live Learning Center:

Visit [www.aae.org/livelearningcenter](http://www.aae.org/livelearningcenter)

Contact the AAE Education Department at [education@aae.org](mailto:education@aae.org), or call 800/872-3636 (North America) or 312/266-7255 (International)

# Not-to-be-Missed Events

## ACCLAIMED MOTIVATIONAL SPEAKER AND BESTSELLING AUTHOR

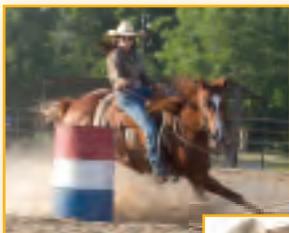


**General Session With Keynote Speaker  
Christopher Gardner, *The Pursuit of Happiness***

WEDNESDAY  
8 – 9:30 a.m.

*Sponsored by Carestream Dental/Kodak Dental Systems*

## A RODEO, DINNER AND DANCING



***Celebrate San Antonio!***

FRIDAY  
6 p.m. – midnight

*Sponsored by DENTSPLY Tulsa Dental Specialties*



*Be sure to wear your finest Western attire  
for the best-dressed contest!*

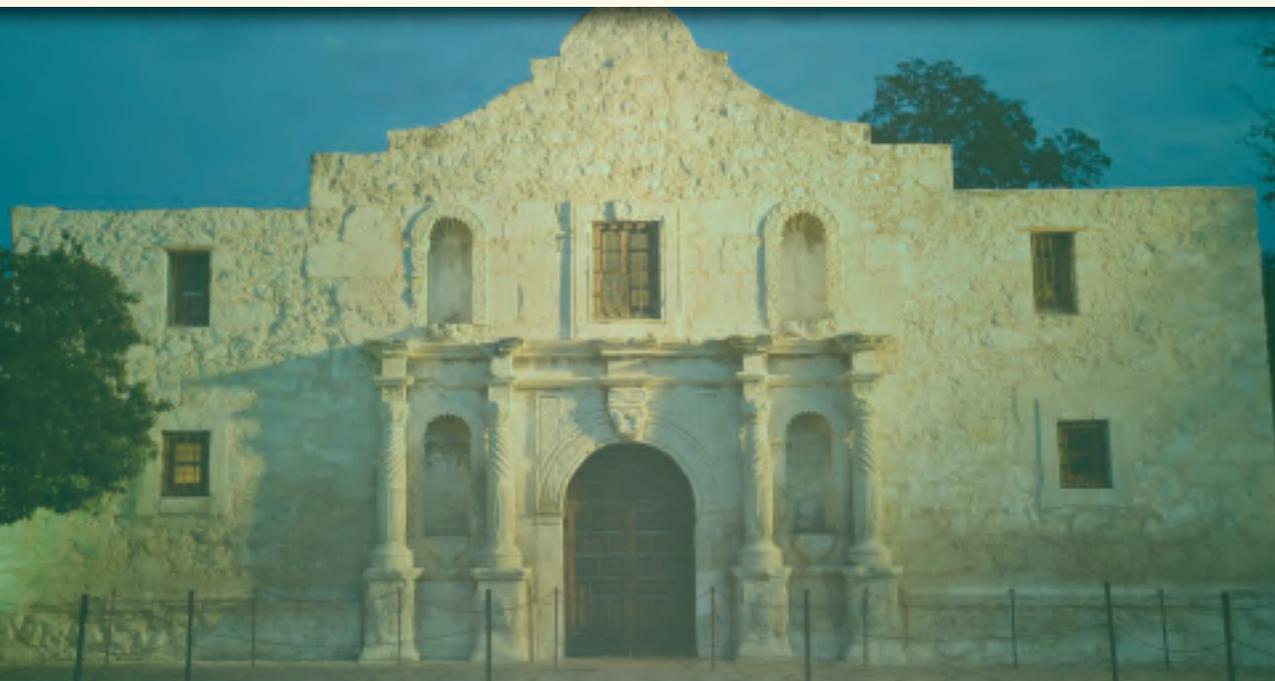
## TWO COMEDIANS



**President's Event Dinner Featuring  
John Pinette and Kathleen Madigan**

SATURDAY  
Reception: 7 – 8 p.m.  
Dinner and Entertainment: 8 – 11:30 p.m.

**Turn the page for more information.**



# SPECIAL EVENTS

## Wednesday

### General Session With Keynote Speaker Christopher Gardner

8 – 9:30 a.m. Grand Ballroom C/SCC



Christopher Gardner is an acclaimed motivational speaker and author of the bestselling autobiography *The Pursuit of Happyness*, which later became a popular Hollywood movie. He will share his amazing life story and inspire the audience with principles to overcome obstacles and reach new

levels of success. Gardner will share his philosophy and the crucial steps behind creating a fulfilling, successful life.

A continental breakfast will be served at each table. Stop by the book signing after the session; books will be available for purchase.

*Sponsored by Carestream Dental/Kodak Dental Systems*

### **new** Lunch-n-Learn

11:45 a.m. – 1:15 p.m. Grand Ballroom C/SCC

*\$35 includes box lunch*

Join your colleagues and friends to discuss topics germane to Practice Development issues while earning CE credit. Choose from a variety of topics and assigned facilitators and join in the discussion. This interactive session is designed to allow you to compare notes with your fellow endodontists from around the globe. No preparation necessary, just be yourself and have a conversation on the topic that most interests you.

#### Topics and Facilitators:

*Advantages of CBT in Your Practice*—Kirk A. Coury, D.D.S., M.S.

*Busyness Issues in a Bum Economy*—Michael B. Lindemann, D.D.S., M.S.

*Burn Out/Life Issues*—David C. Funderburk, D.D.S., M.S.

*Considering an Associate*—Kenneth J. Spolnik, D.D.S., M.S.D.

*Contemplating Retirement?*—Joseph D. Maggio, D.D.S.

*Family Practice*—Jimmy B. Sheats II, D.M.D.

*Issues for New Practitioners*—Kimberly A.D. Lindquist, D.D.S.

*Managing Family and Finances*—Louis E. Rossman, D.M.D.

*Niche Marketing*—David Schwab, Ph.D.

*Recreating Yourself in Retirement*—Glenn L. Paulk, D.D.S. and Beverly Paulk

*Transitioning From Private Practice to Academic Educator*—Samuel O. Dorn, D.D.S.

### International Reception (by invitation)

5:30 – 6:30 p.m. Conference Room 17/MRC

Every year, the leaders of the AAE host a gathering for international attendees. Mingle with colleagues and friends from a myriad of countries prior to the Welcome Reception. International attendees will receive an invitation in their registration materials.

*Sponsored by Elsevier*

### Welcome Reception

6:30 – 8 p.m. Grotto, River Level/SCC

One of the most eagerly anticipated events of the Annual Session, the Welcome Reception stands out for its collegial atmosphere. Reconnect with old friends and meet new colleagues.

**new** *Calling All Musicians!* Can you play an instrument? Can you carry a tune? If so, join fellow AAE musicians for a jam session during the Welcome Reception. If interested, please contact Keith “Guitar” Krell at [keithvk@aol.com](mailto:keithvk@aol.com).

*Sponsored by Carestream Dental/Kodak Dental Systems*

## Thursday

### President's Breakfast

8 – 10 a.m. Grand Ballroom C/SCC



**Clara M. Spatafore, D.D.S., M.S.**

Plan to be a part of this breakfast event featuring AAE President Clara M. Spatafore.

In addition, the recipients of the *Lifetime and New Practitioner Dental Community Volunteer Spirit of Service Awards* will be recognized.

### Lifetime Spirit of Service Award



**James R. Lance, D.D.S.**

### New Practitioner Spirit of Service Award



**Kimberly A.D. Lindquist, D.D.S.**

Location Key: MRC = Marriott Rivercenter, SCC = San Antonio Convention Center

## Thursday *continued*

### Louis I. Grossman Luncheon

**11:45 a.m. – 1:15 p.m.**

**Salon E/MRC**

*\$45 per person includes luncheon service and program*

Sponsored by the College of Diplomates, this luncheon program acknowledges endodontists who achieved Board certification during 2010. Family members, ABE directors, the AAE Executive Committee and other Diplomates will gather to share this moment of recognition.



#### **So You're a Diplomate: Now What?**

**Featured Presenter: Denis E. Simon III, D.D.S., M.S.**

The presentation will highlight exactly what this accomplishment means to the newly pinned Diplomates, including discussion concerning the ethical responsibilities and the necessity of lifelong learning.

### Professional Staff Reception

**5 – 6:30 p.m.**

**East Patio, River Level/SCC**

Celebrate the broad range of contributions that professional staff members bring to the endodontic office at this reception designed especially for Professional Staff attendees. All Professional Staff are encouraged to attend.

*Sponsored by Brasseler and PBS Endo*

### Resident Reception

**5 – 6:30 p.m.**

**South Terrace,  
Concourse Level/SCC**

This annual event is designed exclusively for the endodontic resident. Don't miss this valuable opportunity to network. All residents are encouraged to attend.

*Sponsored by Treloar and Heisel, Inc. and MedPro*

## FITNESS PROGRAM *All Levels Welcome!*

### Wednesday



#### **Cardio Kickboxing**

**6 – 7 a.m.**

Conference Room  
16/MRC

### Thursday



#### **Fun Run/Walk**

**6 – 7 a.m.**

Depart from Marriott  
Rivercenter Lobby

### Friday



#### **Zumba**

**6 – 7 a.m.**

Conference Room  
16/MRC

### Saturday



#### **Yoga**

**6:30 – 7:30 a.m.**

Conference Room  
16/MRC

# SPECIAL EVENTS

## Friday

### General Assembly Breakfast

**8 – 9:30 a.m.** **Grand Ballroom C/SCC**

The General Assembly is the annual business meeting for the Association. Important issues affecting you and the Association are discussed with courses of action decided. Members will consider revisions to the AAE Constitution and Bylaws. Your colleagues will also be installed as next year's officers and directors of the AAE, AAE Foundation and ABE.

### Line Dancing

**2 – 3:30 p.m.** **Conference Room 16/MRC**



Get warmed up for the *Celebrate San Antonio!* event by learning some country line dances. Bring your friends and learn the steps to several dances. Put on your boots and join in the fun!

### Professional Staff Networking Event

**3 – 4:30 p.m.** **Room 9/SCC**

An event designed just for endodontic office staff. Share ideas and swap resources with others who face the same opportunities and challenges on the job, and learn how the AAE can make your work easier. Refreshments will be served!

*Sponsored by Ultimate Dental*

### Celebrate San Antonio!

**6 p.m. – midnight** **Rio Cibolo Ranch  
1101 Ullrich Road**

This popular celebration will be held at the Rio Cibolo Ranch, an authentic working longhorn and pecan orchard ranch in San Antonio. Experience a true Texas-sized evening complete with a barbecue dinner, interactive games, a rodeo, live music and dancing! Buses will depart from the Marriott Rivercenter (Bowie Entrance) beginning at 6 p.m. Transportation back to the hotel will be available throughout the evening, with the last buses departing Rio Cibolo at midnight.

Be sure to wear your finest Western attire for the best-dressed contest!

Please Note: This event is open to all registered attendees. Your name badge is required for entrance.

*Sponsored by DENTSPLY Tulsa Dental Specialties*

## Saturday

### Golf Outing

**6:45 a.m. – Departure** **Bowie Entrance/MRC**

**8 a.m. – Tee Time** **Hyatt Regency Hill  
Country Golf Course**



*\$195 early/\$205 standard, includes green fees and cart, transportation, tournament coordination, continental breakfast and post-play luncheon with prizes.*

Format will be a scramble. Transportation will return to the hotel at approximately 2 p.m.

### San Antonio Access to Care Project

**8:30 a.m. – 4:30 p.m.** **San Antonio Christian  
Dental Clinic**

End your time at the 2011 AAE Annual Session by providing much-needed endodontic care to underserved San Antonio residents at the Access to Care Project.



For 2011, the AAE aims to provide treatment to 65 patients through a partnership with the San Antonio Christian Dental Clinic. Treatment will be provided at SACDC's new facilities, which includes 16 state-of-the-art operatories. The AAE will provide transportation for all volunteers from the Marriott Rivercenter to the SACDC.

If you are a licensed endodontist or an endodontic resident in Texas, you may treat patients; residents must treat under faculty supervision. Non-Texas endodontists may assist at the clinic.

Visit [www.aae.org/accesstocare](http://www.aae.org/accesstocare) to download a Volunteer Enrollment Form. Contact Brenda Stewart, professional affairs coordinator, at [bstewart@aae.org](mailto:bstewart@aae.org), with any questions.

*Sponsored by Henry Schein Dental/Henry Schein Cares*

Location Key: MRC = Marriott Rivercenter, SCC = San Antonio Convention Center

## Saturday continued

### Edgar D. Coolidge Luncheon

Noon – 1:30 p.m. Grand Ballroom C/SCC

Be part of the ceremonies to acknowledge the following award winners:



**Edgar D. Coolidge Award**  
Denis E. Simon III, D.D.S., M.S.



**I.B. Bender Lifetime Educator Award**  
James L. Gutmann, D.D.S.



**Edward M. Osetek Educator Award**  
Marc E. Levitan, D.D.S.



**Ralph F. Sommer Award**  
John T. McSpadden, D.D.S.



**Honorary Membership**  
Rebecca Funderburk

In addition, the AAE/DENTSPLY Resident Awards, which recognize the top 10 presenters for oral and poster research presentations and table clinics, will be presented.

*Sponsored by DENTSPLY International*

### **new** Salsa 101

2 – 4 p.m. Conference Room 17/MRC

\$35 per person



Take part in an interactive hands-on session focused on the art of salsa making. Attendees will learn to make four different types of salsas, including fruit, tomato, green and charred.

Enjoy sampling all of the salsas along with homemade chips and guacamole. Margaritas and soft drinks will be served throughout the event. Don't miss this fun event that offers a true taste of San Antonio. Space is limited; registration is required in advance.

### AAE Foundation Leadership Donor Reception (by invitation)

6 – 7 p.m. Sazo/MRC

This annual event honors the AAE Foundation's donors who have pledged at the Diamond level or higher.

*Sponsored by SybronEndo*

### President's Event Featuring Comedians John Pinette and Kathleen Madigan

7 p.m. Reception Grand Ballroom C

Foyer/SCC

8 p.m. Dinner and Entertainment Grand Ballroom C/SCC

*\$65 per person includes dinner, wine service and entertainment*



AAE President Clara M. Spatafore invites you to spend a lively evening with your friends and colleagues. A family-style Italian dinner will be served, followed by comedians John Pinette and Kathleen Madigan taking the stage to bring the laughs for a truly entertaining evening.



While the AAE aims to provide family-friendly entertainment, the subject matter in this event may not be appropriate for all ages.

*Please Note: The President's Event is a private ticketed event exclusively for AAE Annual Session attendees, exhibitors and guests. If you are planning to attend, you must purchase a ticket(s). Space is limited and the event is expected to sell out prior to the deadline. Tickets will be sold through April 1 or until the event is full, whichever occurs first. On-site ticket sales will be subject to availability.*

*Ticket holders should obtain a table assignment during onsite registration hours. Tables are reserved on a first-come, first-served basis. Group seating requires that a ticket be presented at the same time for each person in your group. The maximum seating per table is 10. Ticket holders without an assigned table on the evening of the event will be granted an assigned seat; however, multiple seats at the same table cannot be guaranteed. The President's Event desk will be located in the AAE Registration and Information Area.*

# Get Your **Bid On** at the **Foundation** **Auctions!**



Don't miss your chance to get a bargain for a great cause!

The AAE Foundation Silent Product and Live Auctions are an opportunity to give back while also receiving a great deal on new equipment or instruments for your office!

## **Silent Product Auction**

**Wednesday, April 13 through Friday, April 15**

Foundation Booth in the AAE Oasis

- Bid on equipment, instruments and other products valued up to \$5,000
- Bidding closes at 4:30 p.m. on Friday
- Winners will be posted at the AAE Foundation Booth

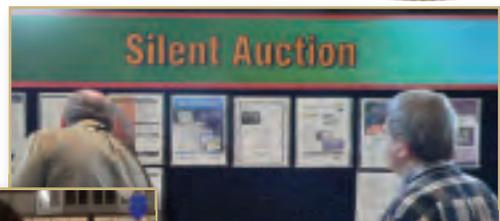
## **Foundation Live Auction**

**Thursday, April 14, 5 – 6 p.m.**

**Exhibit Hall C**

**San Antonio Convention Center**

- Enjoy the Exhibit Hall Happy Hour with complimentary cocktails sponsored by Carestream Dental/Kodak Dental Systems
- Bid on products valued at \$5,000 or more
- Check out the auction's special prize—a Whistler retreat—provided by the AAE Alliance; see page 83 for details



## **Past Contributors Have Included:**

- Brasseler USA
- Carestream Dental/Kodak Dental Systems
- DENTSPLY Tulsa Dental Specialties
- Franklin Dental Supply
- Laschal Surgical Instruments, Inc.
- Lexi-Comp Publishing
- Metalift
- Obtura Spartan Endodontics
- PBHS
- Radman, White and Associates, Inc.
- Schick Technologies
- Smart Endodontics by Discus Dental
- SybronEndo
- Treloar & Heisel, Inc.
- Wiley-Blackwell

***All proceeds benefit the  
AAE Foundation***

**FOR MORE INFORMATION VISIT THE FOUNDATION REPRESENTATIVES AT THE AAE OASIS**



# SAN ANTONIO ACCESS TO CARE PROJECT

**Saturday, April 16, 2011 • 8:30 a.m. – 4:30 p.m.**



For the second year in a row, the AAE, with support from Henry Schein Dental/Henry Schein Cares, is providing endodontic treatment to underserved patients. Treatment will be given by volunteer endodontists licensed in Texas and endodontic residents at the San Antonio Christian Dental Clinic.

**Plan now to support this important effort.  
See page 78 for information on how to participate or visit  
[www.aae.org/accesstocare](http://www.aae.org/accesstocare).**



## Dear Friends,

If you are a spouse or significant other of an AAE member I encourage you join the Alliance. We are a fun, friendly, active group ready to make your Annual Session stay memorable. There should never be a moment where you need to sit alone in a hotel lobby wondering how to meet someone to share an experience with.

And to think we are in San Antonio during Fiesta time with parades, costumed performers, theatrical attractions, and local shops and restaurants lining the famous Riverwalk, not to mention the infamous Alamo. It is time to shake off the winter blues and escape to sun and warmth, meet new and old friends and explore a fabulous destination.

Alliance activities will begin in our Hospitality Suite at the Marriott Rivercenter hotel. Please join us for light refreshments at the times noted on our activity schedule.

On Thursday morning the AAE and the Alliance are cosponsoring renowned motivational speaker Dale Smith Thomas. Following this session will be the Alliance Luncheon where we will share some tasty food, good fellowship, and meet the Alliance Board members to find out what is new in our organization and where we are headed. This will be followed by a river cruise (45-minute length), afternoon stroll and refreshments. Please note it will be necessary to purchase tickets for the lunch and cruise with your registration package; your children are welcome to come along along on the cruise—we'd love to meet them!

This year, the Alliance will be supporting the AAE Foundation's Live Auction by providing a Whistler Retreat Package. This newly renovated Whistler condominium is available for two weeks, summer or winter. Whether you ski, golf or hike this is an opportunity you don't want to miss! Place your bid during the Foundation Live Auction on Thursday beginning at 5 p.m. If you are the lucky winner you will enjoy a little bit of heaven on earth at Whistler.

If you are still full of energy at the end of the week, then why not join a group of us on a Bicycle Tour on Friday?

In closing, I extend a warm welcome to all of you to become an Alliance member and look forward to meeting you in San Antonio for the time of your life.

Sincerely,



**Kerstin Conn, D.M.D. (Douglas)**  
*AAE Alliance President and AAE Foundation  
Board Representative*



## Immediate Past President

Jenny Freeland (Mark)



## Secretary

Rebecca Funderburk (David)



## Treasurer

Becky Richards (Robert)



## Historian

Linda Powell (William)



## Membership Chair

Aria Conn (Jason)



## Charter Administrator

Shelley Zucker (Kenneth)



## Member-at-Large

Carol Cooke (H. Groves)



## AAE Board Liaison to the AAEF

James C. Kulild, D.D.S., M.S. (Jan)

# ALLIANCE SCHEDULE OF EVENTS

## Wednesday

10 a.m. – noon Hospitality Suite  
Suite \*/MRC

## Thursday

10 – 11:30 a.m. Choices Create Champions  
Alliance Program With Speaker  
Dale Smith Thomas  
Room 214AB /SCC  
*See page 31 for additional information.*

Noon – 2 p.m. Luncheon  
*Conference 13-14/MRC*

2 – 4 p.m. River Cruise and Stroll  
Depart from lobby/MRC  
*\$50 per person early/\$65 per person  
standard —includes luncheon and cruise  
\$8 for children accompanied by parent  
(cruise only)*

5 – 6 p.m. Exhibit Hall Happy Hour and Foundation  
Live Auction  
Hall C/SCC

## Friday

10 a.m. – noon Bicycle Tour  
Depart from Lobby/MRC  
*\$5 per person plus bicycle rental fee*

2 – 3:30 p.m. Hospitality Suite  
Suite \*/MRC

3:30 – 4:30 p.m. Board of Directors and New Board  
Orientation Meeting  
Suite \*/MRC

\*The location of the suite will be posted at the Alliance desk located in the AAE Registration and Information Area.

# LIVE AUCTION

Join the Alliance in Supporting the AAE Foundation  
Thursday, 5 – 6 p.m. • Hall C/SCC



The Alliance is thrilled to donate a prize for the Foundation Live Auction. Be sure to stop by and place a bid on this wonderful getaway!

### Description:

**Whistler Retreat – British Columbia, Canada** – Home of the 2010 Winter Olympics and the famous Peak to Peak Gondola. This package includes accommodations for up to 14 days and nights at Powderhorn Lodge on Blackcomb Mountain; ski in and out—only 365 yards to ski lift.

The newly renovated condo features two bedrooms and a den that sleeps up to four comfortably, a roof-top hot tub and two indoor parking spaces. Also included is transportation to and from the airport or the equivalent of \$500 towards a rental car, a welcome gift with local B.C. wines and \$1,000 towards airfare. Complimentary shuttle service is available in Whistler Village.

This package is valid summer or winter (blackout dates: Dec. 15 – Jan. 3).

**All proceeds support the AAE Foundation**

# ALUMNI AND AFFILIATE FUNCTIONS

All Events are at the Marriott Rivercenter unless otherwise noted.

## Wednesday

### Baylor College of Dentistry

Reception: 8:30 – 11:30 p.m.  
Salon I

### U.S. Air Force Association of Endodontists

Meeting: 5 – 6 p.m.  
Room 206B/SCC

### University of Minnesota

Reception: 5 – 6:30 p.m.  
Conference Room 15

### West Virginia University

Reception: 8:30 p.m. – midnight  
River Terrace Room/MRW

## Thursday

### Albert Einstein Medical Center

Reception: 6 – 8 p.m.  
Conference Room 13

### Boston University

Business Meeting: 7 – 8 p.m.  
Reception: 8 – 10 p.m.  
Salon I

### Case Western Reserve University

Reception: 6 – 8 p.m.  
Conference Room 2

### Harvard University

Dinner: 6:30 – 10 p.m.  
Offsite

### Louisiana State University

Reception: 5 – 7 p.m.  
Conference Room 4

### Marquette University

Reception: 6 – 7 p.m.  
Conference Room 14

## Thursday continued

### Michigan Association of Endodontists

Reception: 6 – 8 p.m.  
Salon F

### New York State Association of Endodontists

Business Meeting: 5 – 6 p.m.  
Room 206B/SCC

### New York University

Reception: 6 – 8 p.m.  
Conference Room 17

### Nova Southeastern University

Reception: 8 – 10 p.m.  
Salon D

### The Ohio State University

Reception: 7 – 10 p.m.  
Conference Room 11

### Oregon Health & Science University

Reception: 6:30 – 8 p.m.  
Salon B

### St. Louis University

Reception: 6 – 8 p.m.  
Offsite

### Stony Brook University

Reception: 6:30 – 10 p.m.  
Offsite

### Temple University

Reception: 6 – 8 p.m.  
Conference Room 15

### Tufts University

Reception: 6 – 8 p.m.  
Salon J

### U.S. Army Association of Endodontists

Reception: 5:30 – 7 p.m.  
Salon A

### U.S. Navy Association of Endodontists

Reception: 5:30 – 8:30 p.m.  
Offsite

## Thursday continued

### University at Buffalo

Reception: 5:30 – 7:30 p.m.  
Conference Room 9

### University of California at Los Angeles

Reception: 6 – 8 p.m.  
Salon L

### University of California at San Francisco

Reception: 6 – 8 p.m.  
Conference Room 19

### University of Detroit Mercy

Dinner: 7 – 10 p.m.  
Offsite

### University of Florida

Reception: 7 – 9 p.m.  
Salon C

### University of Illinois

Dinner: 6 – 9 p.m.  
Offsite

### University of Iowa

Reception: 6 – 8 p.m.  
Conference Room 8

### University of Louisville

Reception: 6 – 8 p.m.  
Conference Room 16

### University of Maryland

Reception: 6 – 8 p.m.  
Conference Room 18

### University of Michigan

Reception: 8:30 p.m.  
Offsite

### University of Missouri-Kansas City

Reception: 5:30 – 7:30 p.m.  
Conference Room 10

### University of Nebraska

Reception: 6 – 8 p.m.  
Conference Room 6

## Thursday continued

### University of North Carolina and Tar Heel Endodontic Association

Meeting: 5 – 6 p.m.  
Reception: 6 – 8 p.m.  
River Terrace Room/MRW

### University of Pennsylvania

Reception: 6 – 8 p.m.  
Salon G

### University of Pittsburgh

Reception: 6 – 8 p.m.  
Conference Room 12

### University of Southern California

Reception: 7 – 9 p.m.  
Salon K

### University of Texas at Houston

Reception: 6 – 8 p.m.  
Salon M

### University of Texas Health Science Center at San Antonio

Reception: 6 – 9 p.m.  
Riverview Room/MRW

### University of Toronto

Dinner: 7:30 p.m.  
Offsite

### University of Washington

Reception: 6 – 8 p.m.  
Conference Room 1

### Veterans Affairs Healthcare System Long Beach

Reception: 6:30 – 8 p.m.  
Conference Room 5

## Saturday

### U.S. Navy Association of Endodontists

Meeting: 7 – 10 a.m.  
Salon C

Location Key: MRW = Marriott Riverwalk, SCC = San Antonio Convention Center

## Wednesday

### College of Diplomates Board of Directors

Meeting: 4 – 6:30 p.m.  
Conference Room 10

### Endo Standards Group

Meeting: 8 – 10:30 a.m.  
Conference Room 10

## Thursday

### District Caucuses

10 – 10:45 a.m.

All caucuses are held at the San Antonio Convention Center.

District I – Room 217A

District II – Room 217B

District III – Room 217C

District IV – Room 217D

District V – Room 214C

District VI – Room 214D

District VII – Room 212

Each district (see map below) convenes a caucus at the AAE Annual Session to discuss district business and to nominate a District Caucus Nominating Committee in years when the district will hold an election.

## Thursday continued

### Affiliate Leadership Meeting

10:45 – 11:30 a.m.  
Room 214D/SCC

This Annual Session event is a special opportunity for affiliate leaders to interact with each other and the AAE Executive Committee in a discussion of current issues and Association activities.

### Learn How the AAE Works

3:30 – 4:30 p.m.  
Room 212/SCC

AAE leaders will discuss the governance, operations and finances of the AAE, including state affiliate organizations, districts, committees and Boards, and how members can get involved. Join us to learn more about your Association!

## Thursday continued

### Ellison-Jones Endodontic Group

Reception: 7 – 9 p.m.  
Conference Room 7

### French Society of Endodontics

Reception: 6:30 – 10 p.m.  
Salon H

### Harry J. Healey Endodontic Study Club

Reception: 6:30 – 9 p.m.  
Conference Room 3

## Saturday

### JOE Editorial Board

Meeting: 7 – 10 a.m.  
Conference Room 17

## Saturday continued

### Software User Group Meetings

All current users of the following endodontic software programs are invited to attend user group meetings:

8:15 – 9:45 a.m.

EndoTrak—Room 206A/SCC

EndoVision—Room 206B/SCC

10:15 – 11:45 a.m.

TDO—Room 206A/SCC

PBS Endo—Room 206B/SCC

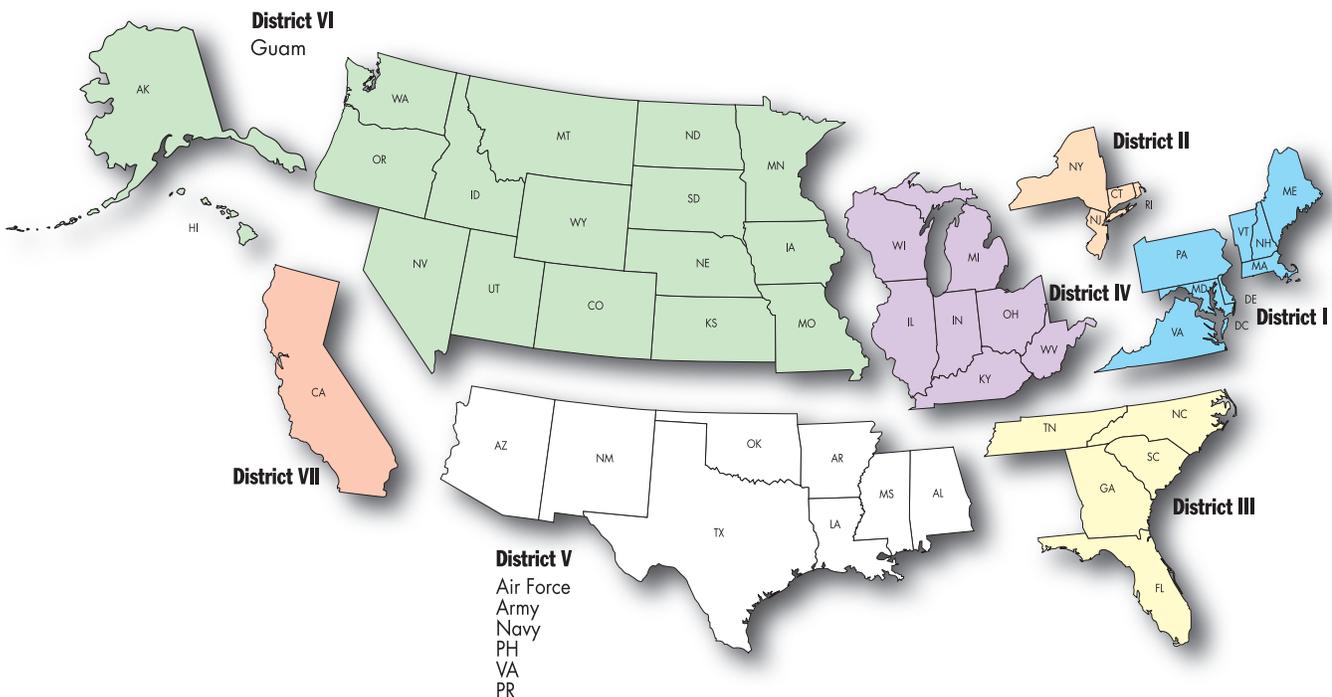
### CODA Open Hearing

1:45 – 3:15 p.m.

Room 217A/SCC

An open hearing of the Commission on Dental Accreditation will provide opportunity for comments on the proposed changes to the CODA Accreditation Standards for Advanced Programs in Endodontics Education.

## AAE DISTRICTS MAP



## AAE Oasis

The AAE Oasis provides you with a wealth of valuable information and resources. Learn about what is happening in the areas of endodontic research, service and education through representatives from the AAE, Foundation, American Board of Endodontics and others. Stop by for a snack, share experiences with your colleagues and Headquarters staff, drop off your raffle card and just peruse what is there. This can't-miss "retreat" will be located on the Concourse Level of the convention center throughout the meeting.

## Attire

In keeping with San Antonio's casual atmosphere, attendees are encouraged to leave their business attire at home. Casual attire is suggested for all activities. Don't forget to pack your Western wear for *Celebrate San Antonio!*

## Badges

Your name badge will be included in your on-site registration materials. This badge will admit you to all events included in your registration package (see page 90); therefore, please wear your name badge to all functions. Tickets are only required for events not included in your package. Also, please take a moment to complete the emergency information found on the reverse side of your name badge.

## Career Opportunities Exchange Board

Find the very latest job prospects or post an opening on the Career Opportunities Exchange Board. Hosted and monitored by the Membership Services Committee, the job board will be located in the AAE Oasis.

## Childcare

The AAE has teamed up with Northside Sitters Club to provide families with an option for childcare while in San Antonio. The childcare providers hired by Northside Sitters Club have been meticulously screened, in addition to being first aid and CPR certified. The fee is \$7.50 per hour (a four-hour minimum applies) for up to 2 children, plus a \$25 travel fee. The fee for each additional child is \$1 per hour.

Please contact Northside Sitters Club directly at 210/710-7940, or send an e-mail to [Rosie@northsidesittersclub.com](mailto:Rosie@northsidesittersclub.com), and identify yourself as an AAE Annual Session attendee. Arrangements must be made at least three days in advance. Alternative arrangements can be made by contacting the hotel concierge.

*Partially subsidized by the AAE*

## **new** Continuing Education Credits/Units

This year's Annual Session features an online CE verification process. Attendees will be directed to input corresponding verification codes announced at the end of each session via the AAE website. Kiosks will be available onsite or the process may be completed via a personal computer at any time at [www.aae.org/cccredits](http://www.aae.org/cccredits). The site will remain open for 30 days following the meeting.

Up to 31 hours of continuing education units can be attained through a combination of educational sessions, workshops, and oral and poster research presentations and table clinics. CE credit is awarded on an hour-for-hour basis, including for the first time, oral presentations. However, a maximum of two CE credit hours will be awarded for the poster presentations and table clinics, regardless of the number of hours the participant attended such activity. Attendees should claim only those hours of credit that they actually spent in the educational activity.

A CE Verification Letter documenting educational sessions attended will be provided to participants after the meeting. CE credits/units issued for participants may not be applicable for license renewal in all states. Since CE requirements vary among state boards of dentistry, each participant must verify the requirements of his/her state licensing board, and whether the CE Verification Letter should be retained by the participant or sent to the state board. For the Academy of General Dentistry Fellowship/ Mastership credit, mail a copy to AGD.

The AAE is an ADA CERP Recognized Provider, a recognized provider in California (#2030), Florida (#PP0049), and with the Academy of General Dentistry (#4401).

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.



## **new** Session Handouts

Handouts will be made available on the Live Learning Center approximately 7-10 days prior to the meeting. Handouts will no longer be distributed at each session. Attendees interested in referring to handout material during the session have the option to print selected handouts from the LLC prior to the meeting or download handouts to a personal computer for viewing during the session.

## **Session Recordings and Online CE**

Session recordings from this meeting will be available on the AAE Live Learning Center in July 2011. Instead of purchasing the session content on its own, an Annual Subscription will provide subscribers with access to the full library of more than 500 online CE hours and hundreds of educational sessions from numerous AAE meetings, newsletters and *Journal of Endodontics* articles for one low rate!

While preorders are not available, members will be able to obtain the Annual Subscription, including 2011 Annual Session recordings, as part of the AAE dues process in May.

Stop by the AAE Oasis for additional information.



## **Endo-Mail Kiosks**

Need to search the Internet, check your e-mail or look up flight information? Annual Session attendees can do all of this and more, free of charge, at the Endo-Mail kiosks located in the AAE Registration and Information Area.

*Sponsored by Carestream Dental/Kodak Dental Systems*

## **Lost and Found**

**San Antonio Convention Center:** Pick up any house phone and you will be connected to the security department.

**Marriott Rivercenter:** Call ext. 6070 from any house phone.

**Westin Riverwalk:** Pick up any house phone and you will be connected to an operator.

## **Medical Assistance**

An emergency technician will be stationed at all major events and will be available during published meeting hours.

**San Antonio Convention Center:** The First Aid Station is located in Room 1066. For medical assistance, pick up any house phone and you will be connected to the security department.

**Marriott Rivercenter:** Call ext. 6070 from any house phone.

**Westin Riverwalk:** Pick up any house phone and you will be connected to an operator.

The medical facility that is within closest proximity to the Marriott Rivercenter/Westin Riverwalk:

### **Nix Medical Center**

414 Navarro

San Antonio, TX 78205

Phone: 210/271-2188

## **No Smoking Policy**

 For the comfort of all attendees, smoking is not permitted at any AAE function

## **Speaker-Ready Room**

Presenters may preview their presentations and obtain assistance in Room 208 at the San Antonio Convention Center during the following hours:

<b>Tuesday</b>	<b>2 – 8 p.m.</b>
<b>Wednesday</b>	<b>7 a.m. – 5 p.m.</b>
<b>Thursday</b>	<b>7 a.m. – 5 p.m.</b>
<b>Friday</b>	<b>7 a.m. – 4:30 p.m.</b>
<b>Saturday</b>	<b>7:30 a.m. – 5 p.m.</b>

Registration materials for presenters will be available at this location instead of the AAE Registration and Information area.

## **Restaurant Reservations**

Make your reservations in advance as restaurants will be busy with Fiesta revelers. Reservations and recommendations are available through Creative Dining and Entertainment, online at [www.creativedining.net](http://www.creativedining.net) or by calling 210/402-3046.

## **San Antonio Activities**

The River Walk, Spanish colonial architecture, and fountain-laden parks and plazas make San Antonio one of America's most picturesque cities. For information on what to do, eat and see while in San Antonio, go to [www.visitsanantonio.com](http://www.visitsanantonio.com).

## **Special Assistance**

If you have a physical, communication or dietary restriction that may affect your participation in Annual Session activities, please contact Karen Allison at 800/872-3636 (North America) or 312/266-7255 (International), ext. 3026, or by sending an e-mail to [kallison@aae.org](mailto:kallison@aae.org), at least 30 days prior to your arrival. We can only ensure the availability of appropriate accommodations with prior notification of need.

## **Ticket Sales**

On-site ticket sales for AAE-sponsored events are final and must be purchased at least 24 hours prior to the event on a first-come, first-served basis.

## **Tickets for all attendees are required for the following:**

- Workshops (page 15)
- Lunch-n-Learn (page 76)
- Louis I. Grossman Luncheon (page 77)
- Golf Outing (page 78)
- Salsa 101 (page 79)
- President's Event Featuring Comedians John Pinette and Kathleen Madigan (page 79)
- AAE Alliance Luncheon and Cruise (page 83)
- Alliance Bicycle Tour (page 83)

## Hotel Reservations

The AAE has reserved a block of guestrooms at the following hotels:



### Marriott Rivercenter (Official Headquarters Hotel)

101 Bowie St.  
San Antonio, TX 78205  
Phone: 210/223-1000  
Fax: 210/223-6239  
Website:  
[www.marriott.com/hotels/travel/satrc-san-antonio-marriott-rivercenter/](http://www.marriott.com/hotels/travel/satrc-san-antonio-marriott-rivercenter/)



### Westin Riverwalk

420 W. Market St.  
San Antonio, TX 78205  
Phone: 210/224-6500  
Fax: 210/444-6000  
Website:  
[www.westinriverwalksanantonio.com](http://www.westinriverwalksanantonio.com)

## Rates

The following group rates will be offered to AAE Annual Session attendees until March 22, 2011, or until the room block is filled, whichever occurs first. After that time, rates and reservations will be subject to availability. Rates apply to single/double occupancy and are subject to a 16.75 percent occupancy tax. Listed suite rates include one bedroom; additional bedrooms, if available, are subject to the standard group room rate.

### Marriott Rivercenter Standard Rooms: \$229

#### Suites (reservation by phone only)

Junior Executive Suites.....	\$310
Deluxe Suites .....	\$340
2-Bay Hospitality Suites.....	\$380
Executive Suites .....	\$430
4-Bay Luxury Suites.....	\$660

### Westin Riverwalk Standard Rooms: \$219

## Reservation Procedures

To make your reservation for a standard room, go to the AAE website at [www.aae.org/annualsession](http://www.aae.org/annualsession) and select "Make Hotel Reservations" from the "Access Now" menu on that page. Or, you may reserve your room by calling the Marriott Rivercenter directly at 800/266-9432 or the Westin Riverwalk at 210/224-6500. Be sure to identify yourself as an AAE Annual Session attendee.

Suite reservations at the Marriott Rivercenter may be made by contacting Jamie Zamora, event housing coordinator, at 210/228-4344.

## Deposit/Cancellation Policy

A deposit (equal to room and tax for two nights) will be applicable at the time of reservation. This deposit will be fully refunded if the hotel receives notice of cancellation at least seven days prior to the date of arrival. This deposit is forfeited in its entirety for cancellations received within seven days prior to arrival and for all no-shows.

## Travel and Transportation

### Air Travel

United Airlines is the preferred airline of the AAE, offering special meeting fares to attendees who use the meeting identification number to book their reservations. Book early and take advantage of the promotional fares that give you the greatest savings.

Online at [www.united.com](http://www.united.com)

Enter Meeting ID# 584ZS in the electronic certificate or promotion code box.

Call (or have your travel agent call) United's Meeting Desk at 800/521-4041 and refer to Meeting ID# 584ZS.

### Airport Transportation

Taxi fare from the San Antonio International Airport to the Marriott Rivercenter and Westin Riverwalk is approximately \$20-25 one way. Shuttle service between the airport and the hotels is provided by Airport Express for \$18 per person. To make a reservation, call 210/281-9900 or visit [www.saairportsuttle.com](http://www.saairportsuttle.com).

### Car Rental

Hertz is the preferred car rental company of the AAE. In addition to the standard AAE member discount, you will save \$5 a day (up to \$25) when you rent a car in conjunction with this meeting.

Call now for the special rates that are valid one week before through one week after the official meeting dates. To reserve a car, contact Hertz online or by phone, and refer to the CDP and PC numbers below.

Online: [www.hertz.com](http://www.hertz.com)

Calling from the United States: 800/654-2200

Calling from Canada: 800/263-0600

PC# 144771

CDP# 48141

### Parking

Valet parking is available at the Marriott Rivercenter for \$33 per day. Self-parking is \$25 per day. Valet parking is available at the Westin Riverwalk for \$30 per day.

# INNOVATION.

**Craig Bergquist, D.D.S.**

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# REGISTRATION PACKAGES

## Registration Packages and Fees

To participate in any AAE Annual Session activity, you must register for one of the following packages. Registration fees are for the full conference. One-day and exhibit-hall-only registrations are not available.

### Tickets for the following activities are not included in any package:

- All workshops
- Lunch-n-Learn
- Louis I. Grossman Luncheon
- AAE Alliance Luncheon and Cruise and/or Bicycle Tours
- Golf Outing
- Salsa 101
- President's Event Featuring Comedians John Pinette and Kathleen Madigan



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The following packages include: Sessions and Exhibits, General Session With Keynote Speaker, Coolidge Luncheon, Welcome Reception, President's Breakfast, General Assembly Breakfast, *Celebrate San Antonio!*

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Please choose one of the following methods to register for the 2011 Annual Session; full payment must be received with your registration:



### Online: The Fastest, Most Efficient Way to Register!

Members are highly encouraged to register using the AAE online registration system at [www.aae.org/annualsession](http://www.aae.org/annualsession). Benefits include instant confirmation for workshops and other limited attendance activities, and an extended registration date. Visa, Mastercard, American Express and Discover cards accepted.



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<b>Tuesday</b>	<b>2 – 8 p.m.</b>
<b>Wednesday</b>	<b>7 a.m. – 5 p.m.</b>
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## Workshops

To participate in any of the workshops (see page 15 for details), you must be registered for the Annual Session and pay the additional workshop fee. Registrations will be accepted via the AAE website or by facsimile (please refer to the Registration Form on page 97), on a first-come, first-served basis, in the order in which they are date/time stamped. Therefore, registrations received via mail for any workshop will not be processed. Your Annual Session confirmation will reflect whether or not your workshop registration was accepted.

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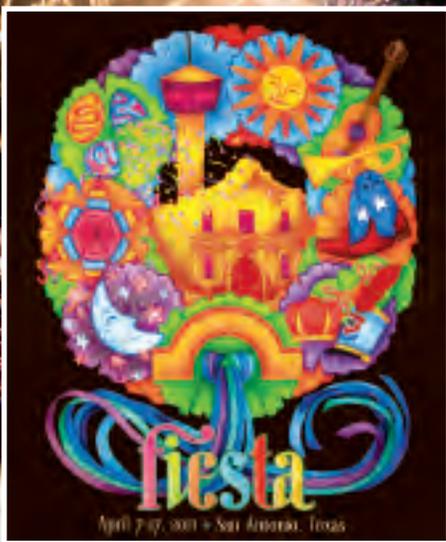
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 Michel Maillefer '94  
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# SPEAKER INDEX

## A

Abbott, Paul V. . . . .53  
Adams, Tina-Marie . . . . .36  
Adkins, Robyn . . . . .62  
Akin, Bill W. . . . .57  
Aminoshariae, Anita . . . . .70  
Andreasen, Jens O. . . . .26, 71  
Ang, Dan B. . . . .27  
Angulo, Susan I. . . . .21  
Apicella, Michael J. . . . .48  
Ardines-Limonochi, Pedro . . .54  
Atlas, Alan M. . . . .37  
Austin, Michael S. . . . .40  
Azarpazhooh, Amir . . . . .55

## B

Baker, Monzell . . . . .60  
Bakland, Leif K. . . . .47  
Barnett, Frederic . . . . .61  
Baumgartner, J. Craig . . . .56, 63  
Bennett, Cheryl . . . . .29  
Bentkover, Scott K. . . . .31, 37  
Berman, Louis H. . . . .21  
Berning, Randall K. . . . .44, 48  
Borgia, Anthony T. . . . .26, 58  
Bouquot, Jerry E. . . . .19, 28  
Bringas, Josef S. . . . .46  
Byrne, B. Ellen . . . . .20

## C

Canham, Leslie . . . . .35, 45  
Castellucci, Arnaldo . . . . .68  
Chivian, Noah . . . . .46  
Cohen, Stephen . . . . .59  
Cohenca, Nestor . . . . .22, 30, 63  
Cotti, Elisabetta . . . . .40  
Coury, Kirk A. . . . .34

## D

Debelian, Gilberto . . . . .47  
Deblinger, Jason H. . . . .34  
Delgado, Steven P. . . . .65  
DiAngelis, Anthony J. . . . .51  
Digman, MaryAnn . . . . .67  
Diogenes, Anibal R. . . . .71  
Dovgan, Joseph S. . . . .61

## E

Emmott, Lawrence F. . . . .59

## F

Falkel, Michael I. . . . .24  
Felton, David A. . . . .23  
Fleisher, Robert M. . . . .67  
Fouad, Ashraf F. . . . .50, 53, 63

## G

Geisler, Todd M. . . . .42, 64  
Gideon, Michael S. . . . .29  
Giovannitti Jr., Joseph A. . . .57  
Guess, Garrett M. . . . .23  
Guida, Shaun C. . . . .29  
Gutmann, James L. . . . .52

## H

Hamilton, Kathleen E. . . . .44  
Handy, Julie A. . . . .49  
Hargreaves, Kenneth M. . . . .22  
Heithersay, Geoffrey S. . . .51, 60  
Henry, Michael A. . . . .26  
Hoen, Michael M. . . . .46  
Hutten, Mark C. . . . .66  
Hyman, Mark E. . . . .41

## I

Ida, Rodney D. . . . .42

## J

Jaramillo, David E. . . . .30  
Jehenson, Michele . . . . .29  
Johnson, Deborah K. . . . .52

## K

Kang, Mo K. . . . .50  
Kasem, Raed . . . . .28  
Kelly, Jess A. . . . .29  
Khayat, Bertrand G. . . . .28  
Kim, Sahng Gyoony . . . . .59  
Kishen, Anil . . . . .70  
Kobayashi, Chihiro . . . . .64  
Krueger, Nicole . . . . .29  
Kulild, James C. . . . .27  
Kurps, Jennifer . . . . .29

## L

Landwehr, David J. . . . .25  
Larkin, Benjamin C. . . . .58, 62  
Law, Alan S. . . . .56, 64  
Levin, John E. . . . .61  
Levin, Linda G. . . . .60  
Levin, Martin D. . . . .22, 30  
Lindquist, John F. . . . .21

## M

McClanahan, Scott B. . . . .52  
Mealey, Brian L. . . . .19  
Metzger, Zvi . . . . .59  
Moana-Filho, Estephan J. . . .33  
Montagnese, Thomas A. . . . .47  
Morgan, Peter A. . . . .29  
Mullins, Stephanie L. . . . .27

## N

Nair, Madhu K. . . . .27  
Nair, Umadevi P. . . . .54  
Namerow, Kenneth N. . . . .35  
Nixdorf, Donald . . . . .33  
Nowzari, Hessam . . . . .65

## O

Okeson, Jeffrey P. . . . .43  
Olmsted, John S. . . . .41

## P

Pannkuk, Terrell F. . . . .61  
Peltier, Bruce . . . . .34  
Peters, Christine I. . . . .38  
Peters, Ove A. . . . .32, 38  
Pileggi, Roberta . . . . .54  
Propper, Terryl A. . . . .44

## R

Radman, W. Paul . . . . .70  
Reader, Al . . . . .66  
Ree, Marga H. . . . .19, 32  
Regan, John D. . . . .62  
Ricucci, Domenico . . . . .42  
Robbins, Mary K. . . . .49  
Rotstein, Ilan . . . . .23  
Rubinstein, Richard A. . . .18, 37

## S

Salama, Maurice A. . . . .39  
Santarcangelo, Filippo . . . . .56  
Savage, Rhonda R. . . .34, 43, 49  
Schwab, David . . . . .20, 25  
Schwartz, Richard S. . . . .57  
Sedgley, Christine M. . . . .32, 63  
Sharma-Chand, Priya . . . . .50  
Shemesh, Hagay . . . . .69  
Sigurdsson, Asgeir . . . . .30, 36  
Silvaggio, Joseph A. . . . .45  
Siqueira, Jose F. . . . .38  
Small, Joel C. . . . .39  
Soxman, Jane A. . . . .66, 69  
Spolnik, Kenneth J. . . . .26  
Steigmann, Marius . . . . .23  
Steinberg, Barbara J. . . . .20, 24

## T

Tamse, Aviad . . . . .65  
Teixeira, Fabricio B. . . . .42  
Thomalla, Kenneth C. . . .49, 58, 62  
Thomas, Dale Smith . . . . .31  
Trope, Martin . . . . .22, 60  
Tsukiboshi, Mitsuhiro . . . . .69

## V

Valachi, Bethany . . . . .24  
Vogt, Merlyn W. . . . .26  
von Arx, Thomas . . . . .18

## W

Walton, Richard E. . . . .46  
Warnsinck, Carel J. . . . .68  
Welters, Deb L. . . . .25  
Wenckus, Christopher S. . . .55  
Wesselink, Paul R. . . . .33  
White, Lynda . . . . .67  
Whitley, Michele M. . . . .25  
Williamson, Richard A. . . . .48  
Wiltbank, Kenneth B. . . . .45  
Witherspoon, David E. . . . .27

## Y

Yared, Ghassan . . . . .68

## Z

Zehnder, Matthias . . . . .33  
Zuroff, Michael . . . . .21

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Ang, Dan B.	Floratos, Spyros	Krueger, Nicole	Pettiette, Mary T.	Sugg, Gary R.
Angulo, Susan I.	Fouad, Ashraf F.	Kulild, James C.	Pierre, Daniel J.	Sulte, Heather R.
Apicella, Michael J.	Galla, Stephen T.	Kurps, Jennifer	Pileggi, Roberta	Sykes, Fred L.
Ardines-Limonochi, Pedro	Gibbs, Jennifer L.	Landwehr, David J.	Powell, William D.	Sykes Smith, Chandra D.
Augsburger, Robert A.	Gideon, Michael S.	Larkin, Benjamin C.	Proctor, Martha E.	Tamse, Aviad
Austin, Michael S.	Gillespie, Ray C.	Law, Alan S.	Propper, Terryl A.	Teixeira, Fabricio B.
Azarapzhoo, Amir	Giovannitti, Joseph A.	Levin, John E.	Quang, Phuong N.	Thomas, Dale Smith
Bakland, Leif K.	Gravely Griffin, Tamara	Levin, Linda G.	Rakusin, Hedley	Trope, Martin
Baldassari-Cruz, Lynne A.	Guess, Garrett M.	Liewehr, Frederick R.	Reader, Al	Tsukiboshi, Mitsuhiro
Barnett, Frederic	Guida, Shaun C.	Lindemann, Michael B.	Ree, Marga H.	Tucker, Dennis M.
Barr, Jessica A.	Handy, Julie A.	Lindquist, John F.	Regan, John D.	Valachi, Bethany
Basrani, Bettina	Handysides, Robert A.	Lindquist, Kimberly A.D.	Ricucci, Domenico	Varella, Claudio H.
Baumgartner, J. Craig	Hargreaves, Kenneth M.	Lovelace, Tyler W.	Rivera, Eric M.	Vela, Jose D.
Beeson, Thomas J.	Hartwell, Gary R.	Mann, Sheldon R.	Robbins, Mary K.	Vogt, Merlyn W.
Bennett, Cheryl	Hawkinson Jr., Robert W.	Martin Jr., Edwin J.	Roberts, Steven	von Arx, Thomas
Bentkover, Scott K.	Heithersay, Geoffrey S.	Mattscheck, Donna J.	Roper, Mark J.	Walker III, William A.
Berman, Louis H.	Henry, Michael A.	McClanahan, Scott B.	Rossmann, Louis E.	Walton, Richard E.
Borgia, Anthony T.	Hoen, Michael M.	McLachlan, Kimberly A.	Rotstein, Ilan	Warnsinck, Carel J.
Bowles, Walter R.	Holland, Graham R.	Mealey, Brian L.	Salama, Maurice A.	Welters, Deb L.
Boyer, Keith R.	Holtzmann, David J.	Mickel, Andre K.	Salehi, Cyrus A.	Wenckus, Christopher S.
Braud Jr., John P.	Hutten, Mark C.	Moana-Filho, Estephan J.	Santarcangelo, Filippo	Werksman, Leslie A.
Bringas, Josef S.	Huynh, Tri N.	Moiseiwitsch, Julian R.D.	Savage, Rhonda R.	Wesselink, Paul R.
Brown Jr., George	Ida, Rodney D.	Montagnese, Thomas A.	Schindler, William G.	White, Lynda
Byrne, B. Ellen	Janian, Jeffrey H.	Morgan, Peter A.	Schulte, Nicholas D.	Whitley, Michele M.
Chan, Edward Y.	Jaramillo, David E.	Mullins, Stephanie L.	Schwab, David	Williamson, Richard A.
Cheron, Robert A.	Jehenson, Michele	Nair, Madhu K.	Schwartz, Richard S.	Wiltbank, Kenneth B.
Chivian, Noah	Johnson, Bradford R.	Nair, Umadevi P.	Schwartz, Scott A.	Witherspoon, David E.
Chong, Carolyn M.	Johnson, Deborah K.	Namerow, Kenneth N.	Schweitzer, Jordan L.	Wolcott, James F.
Chugal, Nadia	Joyce, Anthony P.	Newton, Carl W.	Sedgley, Christine M.	Wolcott, Susan L.
Clark, Stephen J.	Justman, Bruce C.	Nichols, J. Wade	Setzer, Frank C.	Yaccino, John M.
Cohenca, Nestor	Kang, Mo K.	Nixdorf, Donald	Shah, Sweta B.	Yamauchi, Nozomu
Conn, Kerstin	Karabucak, Bekir	Noblett, W. Craig	Sharma-Chand, Priya	Zakizadeh, Parisa
Cotti, Elisabetta	Kasem, Raed	Nowzari, Hesham	Shemesh, Hagay	Zehnder, Matthias
Coury, Kirk A.	Keating, Kevin M.	Nusstein, John M.	Sigurdsson, Asgeir	Zucker, Kenneth J.
Davenport, Lynda L.	Kelly, Jess A.	Odom, Mark A.	Silvaggio, Joseph A.	
Deblinger, Ronald I.	Kim, Sahng Gyoong	Okeson, Jeffrey P.	Siqueira, Jose F.	
Delgado, Steven P.	King, Kevin T.	Olmsted, John S.	Slingbaum, Joel B.	



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**2011 AAE ANNUAL SESSION**  
 April 13 - 16 • San Antonio, Texas

# Registration Form

Form designed for one registrant and guest(s). Additional registrants, including Professional Staff, must duplicate the form.

AAE ID#				

## Registrant's Information

Family Name	First Name	Nickname for Badge
Address		
City	State/Country	Zip/Postal Code
Phone	Fax	E-mail

## Alliance and Guest Information *Please complete only if you are registering and including payment for an AAE Alliance or guest/child package.*

Last Name (Alliance)	First Name	Nickname for Badge
Last Name(s) (Guest/Child)	First Name(s)	Nickname(s) for Badge
Last Name(s) (Guest/Child)	First Name(s)	Nickname(s) for Badge

### Registration Packages/Fees

(One applicant per form. See reverse for details)

Check Appropriate Package	Early (by March 9)	Standard	Amount
<b>Members</b>			
<input type="checkbox"/> AAE Professional	\$945	\$1,095	_____
<input type="checkbox"/> AAE Retired	\$473	\$623	_____
<input type="checkbox"/> AAE Active 1 <sup>st</sup> Year	\$473	\$623	_____
<input type="checkbox"/> AAE Student	\$200	\$350	_____
<input type="checkbox"/> AAE Professional Staff	\$200	\$350	_____
<b>Nonmembers</b>			
<input type="checkbox"/> Professional Guest (U.S.)	\$1,678	\$1,828	_____
<input type="checkbox"/> Professional Guest (Int'l)	\$1,125	\$1,275	_____
<input type="checkbox"/> Student Guest	\$1,125	\$1,275	_____
<input type="checkbox"/> Professional Staff Guest	\$1,125	\$1,275	_____
<b>Alliance and Guests</b>			
<input type="checkbox"/> AAE Alliance	\$175	\$250	_____
<input type="checkbox"/> Guest	\$125	\$200	_____
<input type="checkbox"/> Child (Ages 5-18)	\$75	\$100	_____

### Workshops (See page 15 for details; online or fax only)

<b>Wednesday</b>			
<input type="checkbox"/> Endodontic Microsurgery	\$800	\$850	_____
<input type="checkbox"/> Cone-Beam-Computed Tomography	\$400	\$450	_____
<input type="checkbox"/> Management of the Open Apex	\$400	\$450	_____
<b>Thursday</b>			
<input type="checkbox"/> Dental Assisting Through a Microscope	\$25	\$35	_____
<input type="checkbox"/> Introduction to Microscopic Photography	\$400	\$450	_____
<input type="checkbox"/> Restoration of Endodontically Treated Teeth	\$400	\$450	_____
<b>Friday</b>			
<input type="checkbox"/> Ridge Preservation	\$450	\$500	_____
<b>Saturday</b>			
<input type="checkbox"/> Basic Life Saving	\$50	\$60	_____
<input type="checkbox"/> Retreatment	\$800	\$850	_____
<input type="checkbox"/> Regenerative Endodontic Procedures	\$800	\$850	_____

**Subtotal 1 \$ \_\_\_\_\_**

### Additional Tickets

(For tickets not included in your registration package—see reverse)

	Qty.	Early (by March 9)	Standard	Amount
<b>Wednesday</b>				
General Session	_____	\$35	\$45	_____
Lunch-n-Learn	_____	\$35	\$45	_____
<b>Thursday</b>				
President's Breakfast	_____	\$35	\$45	_____
Louis I. Grossman Luncheon	_____	\$45	\$55	_____
Alliance Luncheon and Cruise	_____	\$50	\$65	_____
Alliance Cruise—Child	_____	\$8	\$18	_____
<b>Friday</b>				
General Assembly Breakfast	_____	\$35	\$45	_____
Alliance Bicycle Tour	_____	\$5	\$5	_____
<b>Saturday</b>				
Golf Outing	_____	\$195	\$205	_____
Edgar D. Coolidge Luncheon	_____	\$45	\$55	_____
Salsa 101	_____	\$35	\$45	_____
President's Event	_____	\$65	\$75	_____
<b>Subtotal 2</b>				<b>\$ _____</b>

## TOTAL ENCLOSED

(Please total amounts in Subtotals 1 and 2)

**U.S. \$ \_\_\_\_\_**

## Method of Payment (Please check one)

Check

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Fax your completed form with credit card information to 866/451-9020 (North America) or 312/266-9867 (International), or mail with check to the address shown on reverse side by March 9, 2011.



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 April 13 - 16 • San Antonio, Texas

## Did You Remember To:

- ✓ Fill in your AAE ID number?
- ✓ Register children (ages 5-18) if they will be attending the Welcome Reception or *Celebrate San Antonio!*
- ✓ Include any guest names?
- ✓ Purchase workshops or additional tickets?
- ✓ Complete your credit card number and expiration date?

### Registration Packages and Fees

To participate in any AAE Annual Session activity, you must register for one of the following packages. Registration fees are for the full conference. One-day and exhibit-hall-only registrations are not available.

#### Tickets for the following activities are not included in any package:

- All workshops
- Lunch-n-Learn
- Louis I. Grossman Luncheon
- AAE Alliance Luncheon and Cruise and/or Bicycle Tours
- Golf Outing
- Salsa 101
- President's Event Featuring Comedians John Pinette and Kathleen Madigan



**SAVE \$150!**  
 Register by March 9 for early rates

### Methods of Registration

Please choose one of the following methods to register for the 2011 Annual Session; full payment must be received with your registration:



#### Online: The Fastest, Most Efficient Way to Register!

Members are highly encouraged to register using the AAE online registration system at [www.aae.org/annualsession](http://www.aae.org/annualsession). Benefits include instant confirmation for workshops and other limited attendance activities, and an extended registration date. Visa, Mastercard, American Express and Discover cards accepted.



#### Fax:

Complete the enclosed Registration Form, include your Visa, MasterCard, American Express or Discover information, and fax it toll-free to 866/451-9020 (North America) or 312/266-9867 (International).



#### Mail:

You may send your completed Registration Form with payment to:

American Association of Endodontists  
 Attn: Annual Session Registration  
 211 E. Chicago Ave., Suite 1100  
 Chicago, IL 60611-2691

# FUTURE ANNUAL SESSION DATES

2012

**Boston, Massachusetts**

HYNES CONVENTION CENTER

**APRIL 18 - 21**

2013

**Honolulu, Hawaii**

HAWAI'I CONVENTION CENTER

**APRIL 17 - 20**

2014

**Washington, D.C.**

GAYLORD NATIONAL RESORT AND  
CONVENTION CENTER

**APRIL 30 - MAY 3**

2015

**Seattle, Washington**

WASHINGTON STATE CONVENTION  
AND TRADE CENTER

**MAY 6 - 9**

2016

**San Francisco, California**

MOSCONE CENTER WEST

**APRIL 6 - 9**

2017

**New Orleans, Louisiana**

MORIAL CONVENTION CENTER

**APRIL 26 - 29**

For ongoing Annual Session information,  
visit [www.aae.org/annualsession](http://www.aae.org/annualsession).



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John Pinette and Kathleen Madigan,  
General Session with Christopher Gardner  
and San Antonio's Fiesta

**This is just a snapshot of the value-laden 4-day program!**  
**See it all and register today at [www.aae.org/annualsession](http://www.aae.org/annualsession).**

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