

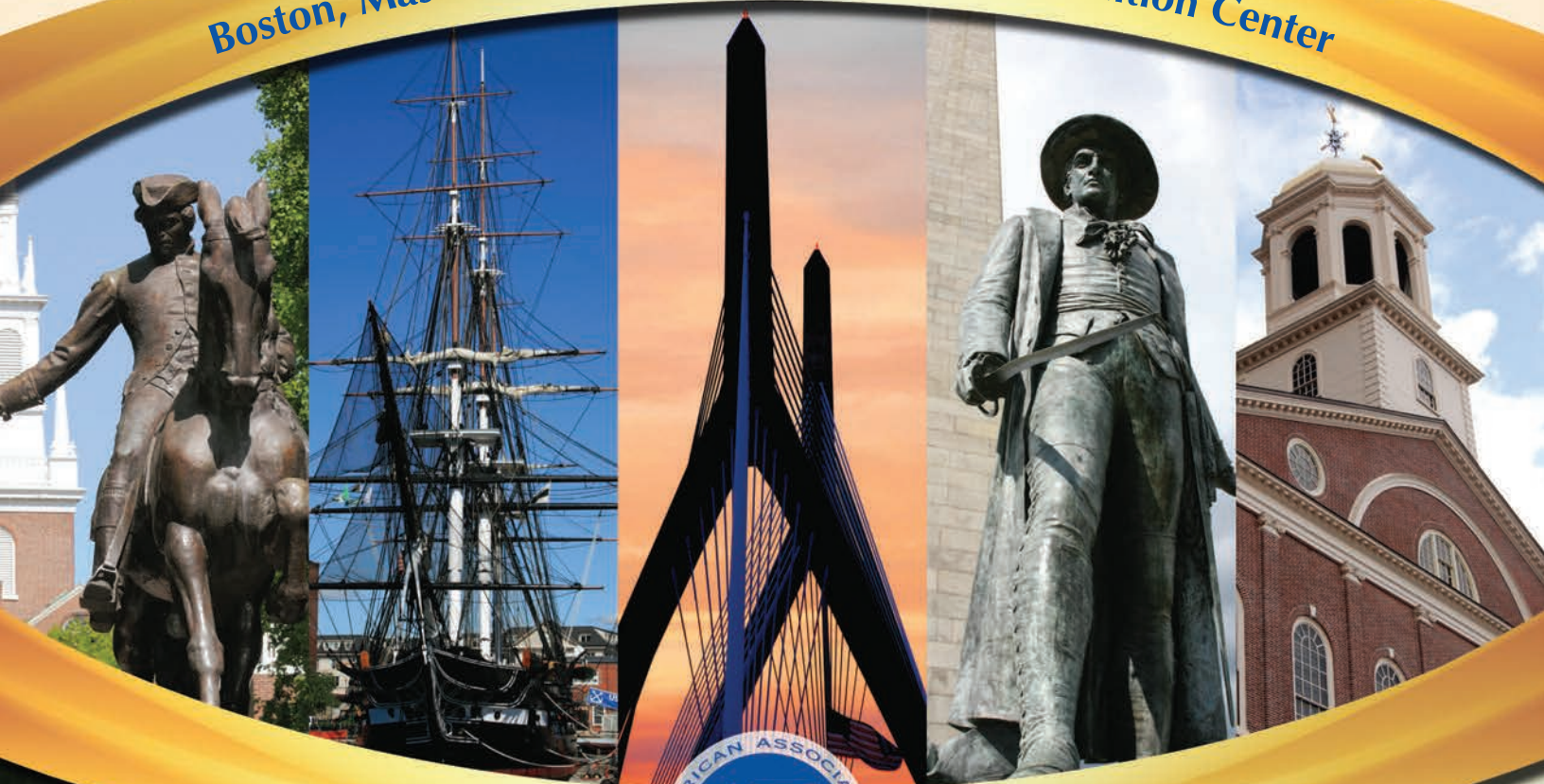
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History & Heritage – Forging the Future

Boston, Mass. ★ April 18 – 21 ★ Hynes Convention Center



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INVITATION

Dear Colleagues,

Have you ever read through an issue of the *Journal of Endodontia* from 1946-1948? These volumes outline the beginnings of our specialty and serve as part of our historical record (view them at www.aae.org/history). There is a classic saying by author Anthony Burgess: "It's always good to remember where you come from and celebrate it. To remember where you come from is part of where you're going." This holds very true in endodontics, as the issues facing the specialty in 1947 are remarkably similar to those we encounter today.

The June 1947 issue of the *JOE* promotes a program dedicated to endodontic education to be held in August at the Sheraton Hotel in Boston, Mass. The September issue describes the actual meeting, where Dr. Louis I. Grossman presented a manuscript titled *What Should a Lecture Course in Endodontia Include?* The article was then critiqued by Dr. George Hare, who commends Dr. Grossman for including visual aids and motion pictures in his lecture format. He noted, "If duplicates of these films could be purchased or made available to other teachers, they would be welcomed adjuncts in the teaching of endodontia in all dental schools."

Sixty-five years later, we will convene once again in Boston for a program dedicated to endodontic education—the 2012 Annual Session centered on the theme *History & Heritage—Forging the Future*. As in 1947, the format will include educational sessions enhanced by visual aids and video, as well as live demonstrations and hands-on workshops. But we won't be limited to learning from and referencing these materials just at the meeting as our forbearers were; they will be made available online via a new mobile app (see page 6 for details) and through our Live Learning Center shortly following the meeting!

The Annual Session Planning Committee has developed a varied educational program, including three new educational tracks that are a significant part of the 2012 program. Sessions in the Evidence-Based Endodontics, Exploring the Future, and Orofacial Pain, Oral Pathology and Trauma tracks cover timely topics. Five other educational tracks help to round out an educational program full of sessions of interest to endodontists, educators, residents and professional staff members.

The Annual Session is not only a priceless learning experience, but provides an opportunity to explore one of America's first cities. Boston is rich in historical sites and iconic pastimes, so attendees can expect an experience seeped in Americana. Some of the special events will leverage the significance of this location in a special way; with presidential historian Doris Kearns Goodwin as the General Session keynote speaker; Pitch Slapped, a nationally prominent a capella group from the renowned Berklee College of Music singing at the President's Breakfast; member-led tours of the Boston Public Library and the Ether Dome at Massachusetts General Hospital; and another British invasion with Beatles cover band The Fab Four featured at the *Celebrate Boston!* event at the original House of Blues, our meeting will be ever-present. We are also pleased to announce activities tied to the AAE's Support the Troops initiative. Visit www.aae.org/supportthetroops to learn more about how you can participate in our collection drive while in Boston, and in other worthwhile causes year-round.

The AAE's return to Boston will truly be historic as we continue to forge our future together. Make sure you are a part of it—register now for the 2012 Annual Session at www.aae.org/annualsession—we hope to see you there!

Sincerely,



William T. Johnson

William T. Johnson, D.D.S., M.S.
President



Anne E. Williamson

Anne E. Williamson, D.D.S., M.S.
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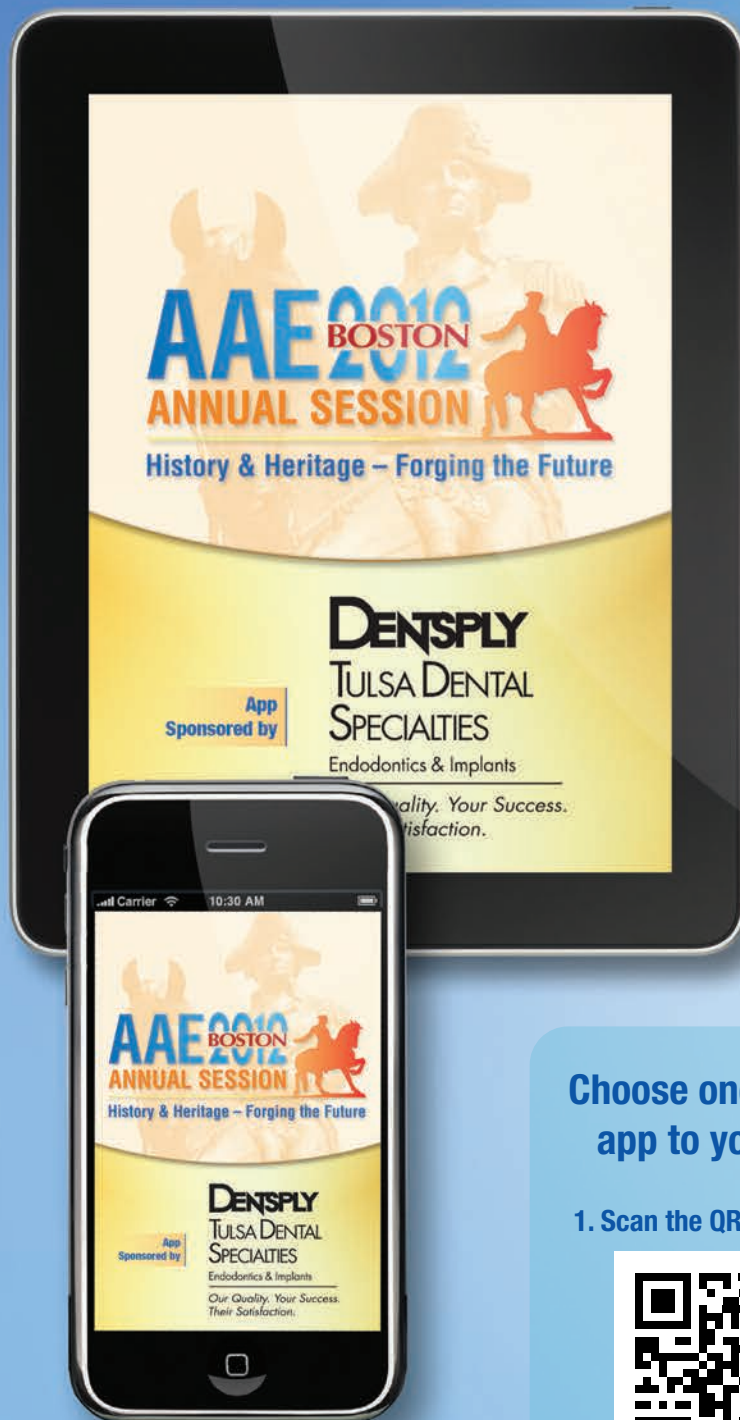
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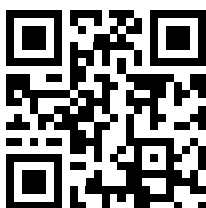
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1. Scan the QR code below:



2. Visit your mobile device app store or market, and search for the term "2012 AAE Annual Session"

3. Access <http://crwd.cc/AAEAnnual12> with your smartphone or tablet's browser

*Handouts will be available if provided by the speaker.

**Please Note: App features will vary slightly between each device/platform.

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SCHEDULE-AT-A-GLANCE

Tuesday, April 17

2 – 8 p.m. Registration and Information
2nd Level/HCC

Wednesday, April 18

6 – 7 a.m. Fitness Activity—Tai Chi
Wellesley/MCP

7 a.m. – 5 p.m. Registration and Information
2nd Level/HCC

8 – 9:30 a.m. General Session Featuring
Keynote Speaker Doris Kearns
Goodwin
Ballroom ABC/HCC

9:30 a.m. – 5 p.m. AAE Oasis Open
3rd Level/HCC

10 – 11:30 a.m. Educational Sessions and Oral
Research Presentations
2nd and 3rd Levels/HCC

11:30 a.m. – 1:30 p.m. Lunch Break

11:45 a.m. – 1:15 p.m. Lunch-n-Learn
Room 313/HCC

1:30 – 3 p.m. Educational Sessions and Oral
Research Presentations
2nd and 3rd Levels/HCC

2 – 4:30 p.m. Alliance/Spouse Activity:
Freedom Trail Walking Tour
Departs from Lobby/MCP

3 – 3:30 p.m. Break

3:30 – 5 p.m. Educational Sessions and Oral
Research Presentations
2nd and 3rd Levels/HCC

5 – 6:15 p.m. Professional Staff Networking
Event
Room 300/HCC

5:30 – 6:30 p.m. International Reception
Salon H/MCP

6:30 – 8 p.m. Welcome Reception
Grand Ballroom/MCP

Thursday, April 19

6 – 7 a.m. Fitness Activity—Zumba
Wellesley/MCP

7 a.m. – 5 p.m. Registration and Information
2nd Level/HCC

AAE Oasis Open
3rd Level/HCC

8 – 10 a.m. President's Breakfast
Ballroom ABC/HCC

Thursday, April 19 continued

10 – 10:45 a.m. District Caucuses/HCC
District I – Room 302 District V – Room 306
District II – Room 312 District VI – Room 207
District III – Room 304 District VII – Room 210
District IV – Room 200

10 – 11:30 a.m. Oral Research Presentations
3rd Level/HCC

10 a.m. – 5 p.m. Exhibits Open
Exhibit Halls CD/HCC

10:45 – 11:30 a.m. Affiliate Leadership Meeting
Room 208/HCC

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/MCP

1:15 – 3:15 p.m. Boston Public Library Tour
Depart from Lobby/MCP

1:30 – 3 p.m. Educational Sessions and Oral
Research Presentations
2nd and 3rd Levels/HCC

2 – 5 p.m. Poster Research Presentations
and Table Clinics
Exhibit Halls CD/HCC

3 – 3:30 p.m. Break

3:30 – 5 p.m. Educational Sessions and Oral
Research Presentations
2nd and 3rd Levels/HCC

5 – 6:30 p.m. Resident Reception
Room 300/HCC

5:15 – 6:45 p.m. Professional Staff Reception
Room 200/HCC

Friday, April 20

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

7 a.m. – 4:30 p.m. Registration and Information
2nd Level/HCC

AAE Oasis Open
3rd Level/HCC

8 – 9:30 a.m. General Assembly Breakfast
Ballroom ABC/HCC

9:30 a.m. – 5:30 p.m. Exhibits Open
Exhibit Halls CD/HCC

9:30 – 11:30 a.m. Alliance/Spouse Activity:
Boston Duck Tour
Departs from Lobby/MCP

10 – 11:30 a.m. Educational Sessions and Oral
Research Presentations
2nd and 3rd Levels/HCC

Friday, April 20 continued

11:30 a.m. – 1:15 p.m. Exhibit Hall Lunch
Exhibit Halls CD/HCC

12:30 – 2:30 p.m. Ether Dome Tour
Departs from Lobby/MCP
Alliance/Spouse Luncheon
Simmons/MCP

1:15 – 2:45 p.m. Educational Sessions
2nd and 3rd Levels/HCC

2:45 – 3 p.m. Break

3 – 4:30 p.m. Educational Sessions
2nd and 3rd Levels/HCC

4:30 – 5:30 p.m. Exhibit Hall Happy Hour
Exhibit Halls CD/HCC

5:30 – 6:30 p.m. Live Auction—VIVA VACATION!
Salon E/MCP

9 p.m. – midnight Celebrate Boston! at
House of Blues
Departs Main Entrance/MCP
Name badge required

Saturday, April 21

6:30 – 7:30 a.m. Fitness Activity – Tai Chi
Wellesley/MCP

7:30 a.m. – 5 p.m. Registration and Information
2nd Level/HCC

AAE Oasis Open
3rd Level/HCC

8:15 – 9:45 a.m. Educational Sessions
2nd and 3rd Levels/HCC

8:15 – 11:15 a.m. Poster Research Presentations
and Table Clinics
Exhibit Halls CD/HCC

8:15 a.m. – 2 p.m. Exhibits Open
Exhibit Halls CD/HCC

9:45 – 10:15 a.m. Break

10:15 – 11:45 a.m. Educational Sessions
2nd and 3rd Levels/HCC

Noon – 1:30 p.m. Edgar D. Coolidge Luncheon
Ballroom ABC/HCC

1:45 – 3:15 p.m. Educational Sessions
2nd and 3rd Levels/HCC

2 – 4 p.m. Wine Tasting
Simmons/MCP

3:15 – 3:30 p.m. Break

3:30 – 5 p.m. Educational Sessions
2nd and 3rd Levels/HCC

6 – 7 p.m. AAE Foundation Leadership
Donor Reception
Atrium, 3rd Floor/MCP

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

Location Key: MCP = Marriott Copley Place, HCC = Hynes Convention Center

Shaded items indicate a ticket or invitation is required.

Art and Science of Endodontics (AS)



Track Organizer:
Gary R. Hartwell, D.D.S., M.S.
Newark, N.J.

Wednesday

- AS-100:** Endodontic Nonsurgical Treatment: Challenges, Advancements and Considerations
- AS-101:** Controlling Intracanal Infection by Mechanical Instrumentation
- AS-102:** Drug Interactions I Need to Know!!!
- AS-103:** Handling Hot Teeth
- AS-104:** Addressing Diagnostic and Anatomical Challenges in Molar Endodontics
- AS-105:** Current Status of Irrigation Methods and Solutions
- AS-106:** Crown Lengthening
- AS-107:** Microbial Diversity in Apical Periodontitis
- AS-108:** Foundation Restorations
- AS-109:** 3-D Cone-Beam-Computed Tomography Use in Nonsurgical Root Canal Treatment

Thursday

- AS-200:** Retreatment
- AS-201:** Role of Intracanal and Periradicular Biofilms in Persistent Apical Periodontitis
- AS-202:** Palatal Surgery and Management of Endodontic Surgical Complications
- AS-203:** Mandibular Nerve Damage

Friday

- AS-300:** New Innovations in NiTi Canal Preparation and Metallurgy
- AS-301:** Current Status of Bioaggregate Products
- AS-302:** Single-Tooth Implant vs. Nonsurgical Root Canal Treatment: Appropriate Treatment Plan
- AS-303:** Proinflammatory and Anti-Inflammatory Substances and Their Role in Periradicular Disease and Healing
- AS-304:** 60 Years of Endodontics Plus Walt Disney's First Film
- AS-305:** Endodontic Bugs and Drugs
- AS-306:** Have New Root Canal Obturation Techniques and Materials Improved the Seal of the Root Canal System?
- AS-307:** NiTi Shaping, System Cleaning and the Future of Endodontics
- AS-308:** How Do Masters Do It?
- AS-309:** The Use of MTA in Nonsurgical Endodontic Procedures

Saturday

- AS-400:** Risk Assessment and Management of the Medically Complex Endodontic Patient
- AS-401:** Endodontics and Neurologic Injury
- AS-402:** Ridge Preservation
- AS-403:** Geriatric Endodontics and the Effect of Systemic Diseases on Endodontic Procedures and Outcomes
- AS-404:** What to Do When All Antibiotics Fail

Evidence-Based Endodontics (EB)



Track Organizer:
Josef S. Bringas, D.D.S.
Northville, Mich.

Sponsored by Carestream Dental/Kodak Dental Systems

Wednesday

- EB-100:** The Current Best Evidence for the Prognosis of Nonsurgical and Surgical Endodontics
- EB-101:** Prognosis of Surgical Endodontic Treatment

Thursday

- EB-200:** Root Canal Treatment or Dental Implant: Treatment Planning Based on Evidence and Experience

Friday

- EB-300:** Cone-Beam-Computed Tomography Use in Endodontics: The 3-D Evidence
- EB-301:** Evidence-Based Endodontics in the i³ Age: Impact on Education and Clinical Practice
- EB-302:** Diagnosis, Prognosis and Treatment of Perforations and Fractures: What is the Evidence?
- EB-303:** Outcome of Root Canal Treatment: A Systematic Review
- EB-304:** Outcome of Surgical Endodontic Treatment: A Meta-Analysis

Saturday

- EB-400:** The ADA Center for Evidence-Based Dentistry
- EB-401:** Cochrane Collaboration: Meta-Analysis and Systematic Reviews
- EB-402:** An Evidence-Based Approach to Nonsurgical Endodontic Decision-Making
- EB-403:** Clinical Trials 101 for the New Researcher

Exploring the Future (EF)



Track Organizer:
Robert B. Amato, D.M.D.
Medford, Mass.

Sponsored by Carestream Dental/Kodak Dental Systems

Wednesday

- EF-100:** Cone-Beam-Computed Tomography Update
- EF-101:** Cone-Beam-Computed Tomography
- EF-102:** Regeneration
- EF-103:** Tissue Engineering and Endodontics: Where We Are and Where We Are Going

Thursday

- EF-200:** New and Future Techniques of Digital Imaging Assimilation
- EF-201:** Medicolegal Considerations of Cone-Beam-Computed Tomography

Friday

- EF-300:** Instrument Design of the Future
EF-301: Endodontic Irrigants and Irrigant Delivery Systems
EF-302: Regenerative Endodontics: Have the Right Image!

Saturday

- EF-400:** Stem Cells in Regenerative Endodontics
EF-401: Instrument Designs
EF-402: Photodynamic Endodontic Disinfection

Master Clinician Series (MC)



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

Wednesday

- MC-100:** A Paradigm Shift in the Delivery of Warm Gutta-Percha
MC-101: Immediate Implant Placement

Thursday

- MC-200:** Atypical Molar Microsurgery

Friday

- MC-300:** Regenerative Endodontic Therapy
MC-301: Molar Endodontic Microsurgery

Saturday

- MC-400:** How *Do* Masters Do It?

Orofacial Pain, Oral Pathology and Trauma (OP)



Track Organizer:
Paul A. Rosenberg, D.D.S.
New York, N.Y.

Wednesday

- OP-100:** The Biological Basis for Treatment of Dental Trauma
OP-101: An Evidence-Based Approach to Treating Endodontic Pain
OP-102: Can Acute Pain Become a Chronic Problem? An Evaluation of the Relationship of Acute and Chronic Pain

Thursday

- OP-200:** Advances in Pain Medication
OP-201: Persistent Pain After Endodontic Treatment: Clinical Presentation, Mechanisms and Evidence-Based Management

Friday

- OP-300:** Diagnosis of Headaches
OP-301: Luxation Injuries
OP-302: Management of Dental Alveolar Trauma
OP-303: Sex and Gender Differences in Pain: Biopsychosocial Influences
OP-304: Diagnosis of Vertical Root Fractures in Endodontically Treated Teeth
OP-305: Endodontic and Nonendodontic Periradicular Pathosis
OP-306: Identifying and Managing Psychological Components of Pain

Saturday

- OP-400:** Current Concepts in Treating Avulsed Teeth
OP-401: Oral Sedation Dentistry
OP-402: IV Sedation and Venipuncture
OP-403: Persistent Pain Following Root Canal Therapy: What Endodontists Need to Know
OP-404: Root Resorption Basic Concepts and Treatment Strategies
OP-405: Apical Pathosis: Histologic and Microbiologic Aspects That Influence the Response to Treatment Measures
OP-406: Are Some Patients Predisposed to Endodontic Pain? Genetics, Gender, Anxiety and Clinical Factors Modulating Pain Perception
OP-407: Traumatic Injuries: From Biology to Clinical Practice
OP-408: Repair/Regeneration: Is There a Difference in Endodontics?

Professional Development (PD)



Track Organizer:
George T. Goodis, D.D.S.
Grosse Pointe, Mich.

Wednesday

- PD-100:** It's All About Income—Financial Planning Specifically for Endodontists
PD-101: Developing Fruitful Referral Relationships
PD-102: Social Media
PD-103: From Flat to Growth
PD-104: Therapy for the Dental Team: Managing Conflict for the Good of the Team

Thursday

- PD-200:** How to Look Like a Million
PD-201: Set Your Endodontic Practice on Fire
PD-202: Take a Byte Out of Marketing: Social Media and Networking
PD-203: Cardio-Pulmonary Resuscitation (CPR)

Friday

- PD-300:** Upper Extremity Pain...What Could It Be?
PD-301: Smart Strategies for Promoting the Endodontic Practice
PD-302: Tough Questions, Great Answers: Respond to Patient Concerns About Endodontic Care
PD-303: The Secrets of Loving Endodontics Each Day for a Lifetime
PD-304: Transitions Affecting Life Choices: Financial Independence
PD-305: Designing the Endodontic Office
PD-306: Powerful Communication: Help Patients to Accept Endodontic Care
PD-307: Treating Back and Neck Pain in Modern Dentistry: A Survival Guide for the Rest of Your Career!
PD-308: Resident and New Practitioner Career Fair

Saturday

- PD-400:** How to Start, Grow and Develop the Endodontic Practice of Your Dreams
- PD-401:** Transitions Affecting Life Choices
- PD-402:** Have Them at Hello!
- PD-403:** The Future of Dental Practice
- PD-404:** Coming Up for Air: Coping With Change

Professional Staff (PS)



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

Wednesday

- PS-100:** Am I Safe With X-Rays?
- PS-101:** What Happens in the Op. . . Doesn't Stay in the Op

Thursday

- PS-200:** The Art of Assisting—Delivery and Organization
- PS-201:** The Art of Admin—Keep Your Practice Moving
- PS-202:** The Art of Assisting—Body Language is Communication Too

Friday

- PS-300:** Stop Workplace Drama
- PS-301:** Dental Claims Case Studies: The Good, the Bad and the Ugly
- PS-302:** Preventive Maintenance
- PS-303:** Minutes to Save a Life

Saturday

- PS-400:** Infection Control
- PS-401:** Preventive Maintenance
- PS-402:** Preventive Maintenance

Submitted Presentations (SP)



Track Organizer:
Mark A. Schachman, D.M.D.
Florham Park, N.J.

Wednesday

- SP-100:** Bone Regeneration and Bone Preservation in Endodontics and Endodontic Surgery—A New Approach
- SP-101:** Irrigation of the Root Canal System: Efficacy of a New Laser Technique Compared to Conventional Irrigation and Passive Ultrasonic Irrigation
- SP-102:** Pulp Regeneration: Revolution and Evolution of Dental Tissue Engineering
- SP-103:** Endodontic Innovations: Passing Fads or Game Changers?
- SP-104:** The Natural Implant and Phoenix Restorations
- SP-105:** Modern Endodontic Access: Anatomic Realities and Dentine Conservation

Wednesday continued

- SP-106:** Autotransplantation: Current Concepts and Biological Principles
- SP-107:** Educator Forum: Holistic Methodology for Selection of Applicants to Advanced Programs
- SP-108:** Please Stop Sending Me Your Junk Cases

Thursday

- SP-200:** Use and Abuse of the Implant Modality in Restorative Treatment
- SP-201:** Presence of Intra- and Extraradicular Bacteria as a Cause of Endodontic Disease Identified by Various Microscopic Techniques
- SP-202:** Bridging Basic Sciences to Clinical Teaching and Practice
- SP-203:** Endodontics Versus Implants: Incorporating Implant Awareness in the Predoctoral Endodontic Curriculum
- SP-204:** Mastering the Apical Third: Is Irrigation the Solution?
- SP-205:** How to Incorporate Intravenous Moderate Sedation Into Your Endodontic Practice
- SP-206:** A New Design Approach to NiTi in Endodontics for Better Cleaning and Shaping: The Asymmetrical Cross Section
- SP-207:** Survival Guide for Junior Faculty—How to Interact and Communicate With Administration
- SP-208:** Future Concepts of Clinical Pulp Regeneration Therapy

Friday

- SP-300:** Into the New Millennium: The Evolution of the Endodontic Practice
- SP-301:** Single-File Reciprocation: Chemomechanical Ability and Three-Year Outcome of Initial Root Canal Treatments and Retirements
- SP-302:** Nonsurgical and Surgical Endodontic Retirements: Decision-Making and Clinical Strategies
- SP-303:** Pulp and Dentin Tissue Engineering and Regeneration
- SP-304:** Referral Building: Solid Relationships and Marketing Strategies

Saturday

- SP-400:** Failing Before Starting: When NOT to Do Endodontics
- SP-401:** Application of Cone-Beam CT in Endodontics
- SP-402:** ABE Boardwalk
- SP-403:** A Guide to *JOE* Manuscripts: Reviewing, Submitting and Accessing Online
- SP-404:** Compliance With HIPAA in Social Networks
- SP-405:** Get Up Your Nerve to Deal With the Mandibular Nerve
- SP-406:** ABE Case History Portfolio Construction: Seeking Perfection
- SP-407:** The Endodontic Microbial Biofilm: A Multicellular Organism
- SP-408:** What You Need to Know About ADEA's MedEdPORTAL and Curriculum Resource Center and Other FUN Web Resources

AAE Oasis



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This can't-miss "retreat" provides you with a wealth of valuable information and resources. Experience and learn more about:

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Wednesday, April 18	9:30 a.m. – 5 p.m.
Thursday, April 19	7 a.m. – 5 p.m.
Friday, April 20	7 a.m. – 4:30 p.m.
Saturday, April 21	7:30 a.m. – 5 p.m.



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!

Sponsored by



Wednesday

10 – 11:30 a.m.

MC-100: A Paradigm Shift in the Delivery of Warm Gutta-Percha

Speaker: Wyatt D. Simons (p. 17)

Moderator: Alan H. Gluskin

1:30 – 5 p.m.

MC-101: Immediate Implant Placement

Speaker: Paul D. Eleazer (p. 22)

Moderator: Cindy R. Rauschenberger

Thursday

1:30 – 5 p.m.

MC-200: Atypical Molar Microsurgery

Speaker: Richard A. Rubinstein (p. 31)

Moderator: Eric J. Herbranson

Friday

10 – 11:30 a.m.

MC-300: Regenerative Endodontic Therapy

Speaker: Shepard S. Goldstein (p. 39)

Moderators: Peter E. Murray and Kenneth N. Namerow

1:15 – 4:30 p.m.

MC-301: Molar Endodontic Microsurgery

Speaker: Mani Moulazadeh (p. 45)

Moderator: Reza Fardshisheh

Saturday

8:15 – 11:45 a.m.

MC-400: How Do Masters Do It?

Speaker: John D. West (p. 52)

Moderator: Eric J. Herbranson



WORKSHOPS

Space is limited; register early!

Wednesday

10 – 11:30 a.m.

PD-102: Social Media

Jason T. Lipscomb, D.D.S.

Fee: \$175 early/\$225 standard

See page 18

1:30 – 5 p.m.

AS-106: Crown Lengthening

Deborah K. Johnson, D.D.S.

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

Fee: \$550 early/\$600 standard

See page 22

EF-101: Cone-Beam-Computed Tomography

Christine I. Peters, D.D.S.

Gurminder Sidhu Uppal, B.D.S.,

D.D.S., M.S.

Fee: \$600 early/\$650 standard

See page 22

EF-102: Regeneration

Todd M. Geisler, D.D.S.

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

Fee: \$550 early/\$600 standard

See page 22

Thursday

10 a.m. – 5 p.m.

AS-200: 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

See page 27

1:30 – 5 p.m.

PD-203: Cardio-Pulmonary Resuscitation (CPR)

Dennis Mahoney, CPR Boston

Fee: \$75 early/\$85 standard

See page 31



Friday

8 a.m. – 4:30 p.m.

AS-300: New Innovations in NiTi Canal Preparation and Metallurgy

Arnaldo Castellucci, D.D.S., M.D.

Gianluca Gambarini, D.D.S.

Wm. Ben Johnson, D.D.S.

Sergio Kuttler, D.D.S.

Zvi Metzger, D.M.D.

Allen Ali Nasseh, D.D.S., M.M.Sc.

Fee: \$650 early/\$700 standard

See page 36

1:15 – 4:30 p.m.

AS-309: The Use of MTA in Nonsurgical Endodontic Procedures

John D. Regan, B.D.Sc., M.Sc., M.S.

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

Fee: \$550 early/\$600 standard

See page 44

PS-302: Preventive Maintenance

Fee: \$100 early/\$150 standard

See page 46

Saturday

8:15 – 11:45 a.m.

AS-402: Ridge Preservation

Deborah K. Johnson, D.D.S.

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

Fee: \$550 early/\$600 standard

See page 52

OP-402: IV Sedation and Venipuncture

Joseph A. Giovannitti Jr., D.M.D.

Cody J. Nelson, D.M.D.

Fee: \$550 early/\$600 standard

See page 52

PS-400: Infection Control

Nancy Andrews

Fee: \$50 early/\$60 standard

See page 53

PS-401: Preventive Maintenance

Fee: \$100 early/\$150 standard

See page 46

1:45 – 5 p.m.

PS-402: Preventive Maintenance

Fee: \$100 early/\$150 standard

See page 46

Master Clinician Series and workshops are made possible through product support from several companies. A complete list will be available on site.

10 – 11:30 a.m.

WEDNESDAY

AS-100

Room 302

Endodontic Nonsurgical Treatment: Challenges, Advancements and Considerations



Clifford J. Ruddie, D.D.S.
Santa Barbara, Calif.

Moderator: Craig S. Hirschberg, D.D.S., Newark, N.J.

Clinicians frequently encounter endodontically treated teeth that are failing. Many of these failures may be attributable to procedural problems that arise during canal preparation. This presentation will feature state-of-the-art methods for removing broken instrument segments and managing iatrogenically induced root defects. Prevention of preparation mishaps will be emphasized by describing a new single-file technique that may be utilized to prepare most canals.

At conclusion, participants should be able to:

- Explain the principles that converged to create a single-file technique.
- Identify the best methods for removing broken instrument segments.
- Manage internal and external canal transportations.

AS-101

Room 312

Controlling Intracanal Infection by Mechanical Instrumentation



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

Moderator: Pushpak Narayana, B.D.S., West Orange, N.J.

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 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 the techniques necessary to achieve this goal will be presented and discussed.

At conclusion, participants should be able to:

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

AS-102

Room 311

Drug Interactions I Need to Know!!!



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

Moderator: Richard D. Archer, D.D.S., M.S., Richmond, Va.

A drug interaction occurs when a drug interferes in a negative (or positive) way with another drug, and is one of the most important topics in pharmacology. Patients taking five or more medications have a greater than 50 percent probability of experiencing a drug interaction. This clinically relevant presentation will review the clinical implications of drug interactions and guide decision-making in appropriate prescribing.

At conclusion, participants should be able to:

- Define mechanisms of major drug interactions.
- Identify clinically relevant drug interactions.
- Apply knowledge of drug interactions to clinical practice.

AS-103

Room 208

Handling Hot Teeth



Marc Levitan, D.D.S.
Mount Pleasant, S.C.

Moderator: Joseph A. Bernier-Rodriguez, D.D.S., Virginia Beach, Va.

The emergency patient with a “hot tooth” presents a challenge for treatment. Clinicians cite problems dealing effectively with these cases. Some potential issues cited that cause difficulty are an inability to obtain profound local anesthesia, the rapid loss of local anesthesia and postoperative distress. Patient management is hampered by resorting to often painful alternatives such as intraligamentary, intraosseous or intrapulpal injections. This presentation will review clinically reliable concepts for attaining painless treatment without postoperative pain.

At conclusion, participants should be able to:

- Describe effective pretreatment modulators for pain.
- Describe effective local anesthetic combinations and injection sites for enhanced effect.
- Identify how less treatment is best.

EB-100

Room 306

The Current Best Evidence for the Prognosis of Nonsurgical and Surgical Endodontics



Shimon Friedman, D.M.D.
Toronto, Ontario, Canada

Moderator: Michael I. Gossack, D.D.S., Windsor, Ontario, Canada

Inconsistent reports on prognosis have undermined the support for endodontic treatment, especially for treatment of persistent endodontic disease. Consequently, clinicians increasingly forego endodontic treatment in favor of implants. Recent systematic reviews have summarized the evidence based on universally accepted criteria, but without scrutiny of included studies for methodological rigor required for unbiased interpretation of results. To eliminate bias, there is the need to step-up to the current best evidence. The referenced methodologically rigorous studies provide consistent and unbiased data that can effectively promote communication of endodontic prognosis. This lecture will define the prognosis for healing and functional retention after nonsurgical and surgical treatment based on the current best evidence. Moreover, significant outcome predictors will be identified that may assist the endodontist in projecting the particular prognosis for specific cases. The information will be useful for endodontists in their daily communication with patients and colleagues when debating endodontic treatment vs. alternatives.

At conclusion, participants should be able to:

- List the studies comprising the current best evidence for nonsurgical and surgical endodontic treatment.
- Define the prognosis for periapical healing and functional retention after nonsurgical and surgical endodontic treatment.
- Describe the clinical factors that influence the prognosis after nonsurgical and surgical endodontic treatment.

EF-100

Room 200

Cone-Beam-Computed Tomography Update



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



Gurminder Sidhu Uppal, B.D.S., D.D.S., M.S.
Dublin, Calif.

Moderator: Virginia Karapanou, D.D.S., Boston, Mass.

Cone-beam volumetric tomography is indispensable for nonsurgical and surgical endodontics diagnostics. Clinicians will be presented with an up-to-date overview of CBVT technology. Differences to conventional CT, recent developments and future trends in CBVT will be discussed. Data quality and 2-D/3-D reconstruction will be demonstrated with case examples utilizing both simple and complex

cases of actual patients. The benefits of CBVT in diagnosis and treatment of cases will be explained in detail and practical tips in viewing images will be provided. CBVT image interpretation and assessment of artifacts will be presented and strategies facilitating assessment of periradicular lesions will be explained. Incorporation of CBVT imaging technology in endodontic practice will be part of the scenarios. The advantages of additional views, cross sections and reconstructions for preoperative and postoperative cases have changed the delivery of care. Finally, ethical and legal ramifications will be explained.

At conclusion, participants should be able to:

- Explain the differences of cone-beam volumetric tomography and conventional CT.
- List the practice requirements that are necessary to integrate CBVT into endodontic care.
- Describe the risks and benefits of CBVT scans for treatment planning and case assessment.

MC-100

Auditorium

A Paradigm Shift in the Delivery of Warm Gutta-Percha

MC



Wyatt D. Simons, D.D.S.
San Clemente, Calif.

Moderator: Alan H. Gluskin, D.D.S., San Francisco, Calif.

This presentation will illustrate a new user-friendly technique and device for the delivery of a consistent and precise 3-D obturation of root canal systems. The thermomechanical properties of gutta-percha will be reviewed along with our need to understand and attempt to maximize its potential. The presentation will highlight the evidence that guided the evolution of this new technique during the live demonstration.

At conclusion, participants should be able to:

- List the thermomechanical properties of gutta-percha.
- Describe the ideal conditions for a consistent, 3-D seal of gutta-percha into all of the deep complexities of pulpal systems.
- Describe the demonstrated technique of obturation.

SESSIONS DESIGNED FOR:

10 – 11:30 a.m. continued

WEDNESDAY

OP-100

Room 210

The Biological Basis for Treatment of Dental Trauma



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

Moderator: Louis M. Lin, B.D.S., D.M.D., Ph.D., New York, N.Y.

The acute effect of trauma to teeth is damage to hard dental tissues, pulp and supporting structures. Every effort should be made to apply sound biological principles to both the urgent initial care and to the subsequent treatment to ensure the best immediate and long-term outcome. Principal efforts are directed toward preserving the pulp in young developing teeth, preventing damaging infection-related root resorption, and maintaining alveolar bone contour in still growing children and teenagers. The purpose of this lecture is to emphasize the importance of using current information in planning the management of dental injuries such as complicated crown fractures, root fractures and severe luxation injuries.

At conclusion, participants should be able to:

- Identify important aspects of trauma-related injuries to teeth.
- Describe biologically desirable treatment options pertinent to specific trauma situations.
- Estimate expected outcomes of both treatment and lack of treatment.

PD-100

Room 309

It's All About Income—Financial Planning Specifically for Endodontists



Jeffrey E. Wherry, CFP, CLU
New Castle, Pa.

Moderator: Samuel J. Angulo, D.D.S., M.S., El Paso, Texas

Endodontists face a financial conundrum—high earnings potential but little true business value to sell at retirement. Consequently you must store away some of today's income for tomorrow's needs. This presentation will help you create a strategy to efficiently manage your cash flow to pay off debt, provide a sufficient cash cushion, and create a cash surplus for retirement and education savings. Also discussed will be strategies to protect your income and the assets it creates, as well as investment tactics tailored to trying to minimize risk as well as providing return.

At conclusion, participants should be able to:

- Describe the critical elements of a financial plan including cash management, debt reduction strategies and required savings for retirement and other goals.
- Recognize perils that can interrupt a financial plan and how to implement effective insurance, asset protection and estate planning strategies.
- Implement a 3-D investment strategy to help moderate risk in a challenging market environment.

PD-101

Room 310

Developing Fruitful Referral Relationships



James F. Wolcott, D.D.S.
Colorado Springs, Colo.

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

What are the predictive factors that lead a dentist to refer patients to an endodontist? What do dentists want out of their relationship with an endodontist? Based on an AAE study of general dentists' referral patterns, this session will discuss the current research on referral relationships. Learn which dentists are most likely to refer and what you can do to demonstrate your value on the treatment planning team.

At conclusion, participants should be able to:

- Identify drivers that lead general dentists to refer patients to endodontists.
- Describe specific actions endodontists can take to increase referrals.
- Describe how to target different groups of general dentists with specific actions and messages.

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

James F. Wolcott, D.D.S., Chair
Peter J. Babick, D.D.S.
Reid S. El-Attrache, D.M.D.
Mark A. Odom, D.D.S.
Martin J. Rogers, D.D.S.
Susan L. Wolcott, D.D.S.
Vladana Babcic, D.M.D., Resident
Gary R. Hartwell, D.D.S., M.S., Board Liaison

PD-102

Room 201

Social Media



Jason T. Lipscomb, D.D.S.
Fredericksburg, Va.

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

Workshop Fee: \$175 early/\$225 standard

This workshop will be an opportunity for doctors and staff to learn the finer details of Facebook, Twitter, YouTube and smaller social media websites. We will cover starting and managing a Facebook page. Starting a Twitter account and finding the right people with which to communicate. We also dive into tactics for using video in your office and show some techniques for shooting great content.

At conclusion, participants should be able to:

- Describe techniques to make the most of Facebook.
- Identify how Twitter works.
- Describe how to get started with blogging.

SP-100

Room 304

Bone Regeneration and Bone Preservation in Endodontics and Endodontic Surgery—A New Approach



Jean-Yves G. Cochet, D.D.S.
Paris, France

Moderator: Randolph Todd, D.M.D., New York, N.Y.

Endodontic lesions may result in significant bone destruction, depending on the etiological factors, *e.g.*, microbiological, trauma, foreign bodies, etc. Orthograde endodontic treatment, when done properly, will enable regeneration and fill large bone defects. However, when an endodontic surgery is necessary, regenerating the initial bone volume become a real challenge. For a long-term unrestorable tooth, why not imagine the endodontic treatment as a way to optimize bone preservation or regeneration in preparation for the future implant? This treatment modality is documented by 20 years of CT scans and more recently, the cone-beam CT scan. It has to be seen as a new approach for bone regeneration and preservation.

At conclusion, participants should be able to:

- Describe how CT and CBCT scans analyze bone defects for a good diagnosis.
- Determine the best way of treatment for recreating the bone using the information presented and the physiological healing process.
- Describe how to regenerate the initial bone volume and treat the sinus pathology for optimizing the implant placement.

SP-101

Room 207

Irrigation of the Root Canal System: Efficacy of a New Laser Technique Compared to Conventional Irrigation and Passive Ultrasonic Irrigation



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

Moderator: Niyati Patel, D.D.S., Chicago, Ill.

This lecture will discuss and compare the efficacy of a new laser irrigation technique using photoacoustics via PIPS (Photon-Induced Photoacoustic Streaming), as well as other commonly used irrigation techniques. It is widely accepted that the root canal morphology is highly complex. It is composed of oval-shaped canals, isthmuses, fins and apical ramification. These canal irregularities are challenging areas to thoroughly clean and disinfect. The use of light microscopy, confocal, SEM and bacteriological technology was used to compare the efficacy of the various irrigation techniques presented here.

At conclusion, participants should be able to:

- Describe the benefits of PIPS.
- Discuss the relationship between ultrasonic tip depth penetration and irrigant extrusion into periapical tissues using different techniques.
- List the advantages and disadvantages of current irrigation techniques.

1:30 – 3 p.m.

AS-104

Room 304

Addressing Diagnostic and Anatomical Challenges in Molar Endodontics



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

Moderator: Richard L. Rubin, D.D.S., M.S., Fairport, N.Y.

Both maxillary and mandibular molars offer specific anatomical and diagnostic challenges for daily practice. While clinicians know about basic variations such as the number of canals, it is often difficult clinically to determine if anatomical aberrations are present. New imaging techniques such as cone-beam tomography are presented along with methods to assess the aberrations with conventional radiography. The second portion of this session is dedicated to specific instruments and handling techniques that are supposed to help with canals that are, for example, acutely curved or wide buccolingually. Traditional techniques such as circumferential filing will be assessed for their efficacy. Similarly, effects of newer systems such as reciprocating and adjusting file types on overall canal shape will be described. Finally, the level of cleaning efficacy will be explored with emphasis on molar endodontics.

At conclusion, participants should be able to:

- Assess the value of cone-beam tomography to detect anatomical variations for maxillary and mandibular molars.
- Describe the ability of recently introduced, nontraditional preparation instruments on canal shapes.
- Detail the location and quantity of hard and soft tissue debris after canal preparation.

AS-105

Room 311

Current Status of Irrigation Methods and Solutions



Bettina R. Basrani, D.D.S., M.S.D., Ph.D.
Toronto, Ontario, Canada

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

Technological advances during the last decade have brought new agitation devices for disinfection of the root canal system. Effective irrigant delivery and agitation are prerequisites for successful endodontic treatment. This lecture will present an overview of the irrigant agitation methods currently available, their debridement efficacy and possible complications of their use.

At conclusion, participants should be able to:

- Describe new methods of irrigation.
- Describe the pros and cons of each method.
- Describe possible complications with the use of these systems.

SESSIONS DESIGNED FOR:

1:30 – 3 p.m. continued

WEDNESDAY

EB-101

Room 210

Prognosis of Surgical Endodontic Treatment



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

Moderator: Tatiana M. Botero, D.D.S., M.S., Ann Arbor, Mich.

The choice of endodontic surgery as a viable treatment modality must be based on a multitude of facts surrounding each case along with evidence-based information. Ultimately, the endodontist must provide the patient with a reasonable prognosis for choosing this approach to the alleviation of signs, symptoms and tooth retention. This presentation will explore the key contemporary factors that will impact greatly the successful outcome of endodontic surgery from clinical and literature perspectives.

At conclusion, participants should be able to:

- Identify, analyze and integrate key factors that will impact the prognosis of endodontic surgery into a viable treatment plan for the patient.
- Recognize and analyze the value of data purported by the literature that drives evidence-based choices in endodontic surgery.
- Interpret the importance of key findings with each potential surgical case and formulate a prognosis for the patient.

OP-101

Room 312

An Evidence-Based Approach to Treating Endodontic Pain



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

Moderator: Paul A. Rosenberg, D.D.S., New York, N.Y.

This evidence-based course is designed to provide effective and practical strategies for managing acute dental pain emergencies. The latest information on NSAIDS, acetaminophen-containing analgesics and local anesthetics will be provided with the objective of having immediate application to your next patient emergency. Want to know how to anesthetize that hot tooth? How to predictably manage severe acute pain after surgical or endodontic treatments? How to combine common medications to improve analgesia? This course will answer these practical tips and more using a lecture style that emphasizes interactions with the audience in answering common pain problems with useful solutions.

At conclusion, participants should be able to:

- Describe a fast and efficient routine for managing dental pain emergency patients.
- Select the best combination of analgesics to manage dental pain.
- Describe the impact of the growing recognition of acetaminophen-associated liver toxicity on analgesic usage in endodontic patients.

PS-100

Room 310

Am I Safe With X-Rays?



Harold Galbraith
Clarksville, Tenn.

Moderator: Cheryl Bennett, Peabody, Mass.

This session is designed to help you achieve a level of understanding about radiation in dentistry. A discussion of radiation units will be made with comparisons to everyday events. The goal is to enhance your ability to discuss the benefits and risks of x-rays to patients. Time will be allotted for specific questions.

At conclusion, participants should be able to:

- Associate radiation terms with everyday situations helping address patient questions and fears.
- Discuss benefits vs. risk with dental x-rays and how much is too much.
- Discern media hype vs. good clinical judgment and pass this information on to benefit the patient.

SP-102

Room 200

Pulp Regeneration: Revolution and Evolution of Dental Tissue Engineering



Sahng Gyoong Kim, D.D.S., M.S.
Fort Lee, N.J.

Moderator: Jon W. Jensen, D.D.S., Orem, Utah

During the past decade, significant advancements have been made in dental tissue engineering. Pulp regeneration has become an important area in the field of regenerative dental medicine. The goal of pulp regeneration is the restoration of a diseased pulp to its original form and function by use of biological substitutes. This lecture will provide the current basic science and clinical knowledge pertaining to pulp regeneration as obtained from the literature and research findings from the lecturer's laboratory. Additionally, the rationale for each step in pulp revascularization, as well as the recommended clinical procedures will be discussed for practitioners.

At conclusion, participants should be able to:

- Differentiate between cell transplantation and cell homing approaches for pulp regeneration.
- Describe the scientific rationale for each step in clinical regenerative endodontic procedures.
- Discuss the limitations of current pulp revascularization procedures.

SP-103

Room 207

Endodontic Innovations: Passing Fads or Game Changers?



Robert Salehrabi, D.D.S.
Denver, Colo.

Moderator: Amy E. Stone, D.D.S., Tulsa, Okla.

With the introduction of numerous endodontic-related instruments, materials and equipment in the past few years, clinicians need to know if these innovations merit incorporation in their daily practices. This presentation will discuss some of latest additions to the field of endodontics (such as dentin substitutes, canal irrigation equipment, cone-beam CTs, filling materials, intracanal irrigants, new rotary instruments, etc.), and enable clinicians to make informed decisions in selecting these instruments, materials and equipment.

At conclusion, participants should be able to:

- Increase confidence regarding selection of new endodontic material and equipment.
- Describe if a product is clinically significant to the endodontic treatment delivered.
- Describe how a product should be incorporated in treatment based on the best available evidence.

SP-104

Room 306

The Natural Implant and Phoenix Restorations



James B. Roane, D.D.S., M.S.
Norman, Okla.

Moderator: Alexander T. Kim, D.M.D., Tenafly, N.J.

Endodontically treating and restoring teeth that have a defect involving the gingival sulcus and osseous crest, or that have only the root remaining preserves the natural retainer and periodontal ligament. Cases of this type, which have been treated and documented for up to 13 years, are presented. Altered methods of isolation and techniques of reconstruction are included. Providing these treatments is a practice builder and can stimulate the referral of many single-rooted cases. Included are cases identified as Phoenix restorations. These are cases that include reattaching crowns and bridges to their cariously or traumatically separated roots.

At conclusion, participants should be able to:

- Describe how to easily isolate a tooth without a clinical crown and no tooth distal.
- Discuss the tissue tolerance of subgingival restorations.
- Describe a Phoenix restoration.

SP-105

Room 208

Modern Endodontic Access: Anatomic Realities and Dentine Conservation



Eric J. Herbranson, D.D.S., M.S.
San Leandro, Calif.

Moderator: Karl Keiser, D.D.S., M.S., New Braunfels, Texas

Traditional endodontic preparation design is driven mainly by the requirements of the endodontic procedure. These include considerations for the instruments used, irrigation needs and obturation techniques. Much of the focus of the design discussion is on the apical third of the preparation and restorative considerations tend to be minimized. This lecture will add to the design discussion the principal of conservation of pericervical dentine, which is critical for long-term restorative success. Using 3-D interactive tooth models, high-resolution CT scans and clinical cases, subtle anatomical nuances that can dramatically affect access designs and rotary instrument choices will be discussed in detail. This lecture will set the understanding for modifying endodontic preparation design based on balancing the endodontic and the restorative considerations of the case. It will refine the participant's mental model of tooth anatomy and the subsequent endodontic preparation.

At conclusion, participants should be able to:

- Describe the objective of quality endodontic access preparation, including conservation of pericervical dentine.
- Discuss the anatomical considerations for modern access preparations.
- Discuss how tooth anatomy and endodontic design considerations affects rotary instrument choices.



WEDNESDAY

SESSIONS DESIGNED FOR:



1:30 – 5 p.m.

WEDNESDAY

AS-106

Room 203

Crown Lengthening



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



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

Workshop Fee: \$550 early/\$600 standard

During root canal therapy, the endodontist may need to perform osseous and soft tissue resectioning to better isolate the tooth during the root canal procedure. The endodontist may find him-/herself in the position to provide crown lengthening procedures and save the patient a second surgery during a root-end surgical procedure with flap access. The goals of this surgical procedure are to allow access to the tooth and reposition the supporting tissue in such a way that facilitates restorative and endodontic procedures. Crown lengthening allows for the physiological and biological anatomic relationships between the tooth/restoration and the supporting tissues to be re-established. Methods for osseous resection to providing crown lengthening have been established as prophylactic procedures to preserve tissue health in cases of encroachment on biologic width and to re-establish health in a diseased periodontium.

At conclusion, participants should be able to:

- Describe the biologic rationale, indication and contraindications for crown lengthening.
- Describe the logical steps to obtain the desired goal of crown lengthening based on the osseous surgical principle.
- Develop a treatment plan and techniques to perform for a surgical crown lengthening.

EF-101

Room 201

Cone-Beam-Computed Tomography



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



Gurminder Sidhu Uppal, B.D.S., D.D.S., M.S.
Dublin, Calif.

Workshop Fee: \$600 early/\$650 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.

EF-102

Room 202

Regeneration



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



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

Workshop Fee: \$550 early/\$600 standard

Regenerative endodontics has received an enormous amount of attention in recent years. At a minimum, all endodontists should be well versed in the basics of this new treatment approach. This workshop will familiarize participants with the objectives and application of clinical regenerative endodontic techniques. Specifically, this hands-on course will focus attention on the “how-to” steps of the procedure. In addition, we will discuss human autologous fibrin matrices (hAFM), such as platelet-rich plasma, previously suggested for use as a regenerative scaffold material. Participants will prepare and place antibiotic paste, learn basic venipuncture techniques, prepare and place hAFM in a simulated root canal system, and place a final restoration.

At conclusion, participants should be able to:

- Describe today's suggested regenerative protocols as well as viable alternatives.
- Discuss basic venipuncture and blood collection techniques/armamentarium and describe the potential benefits of AFM in regenerative endodontic procedures.
- Prepare and deliver hAFM into a simulated root canal system.

MC-101

Auditorium

Immediate Implant Placement



Paul D. Eleazer, D.D.S., M.S.
Birmingham, Ala.

Moderator: Cindy R. Rauschenberger, D.D.S., M.S., Elgin, Ill.

A live demonstration of extraction and dental implant placement will be presented. The presentation will include indications and contraindications for such therapy, as well as optional treatments to

the particular techniques demonstrated at the presentation. Guidelines for endodontists will be given. Included will be anatomic considerations, typical times before loading, and indications for and means of temporization to enhance esthetics.

At conclusion, participants should be able to:

- Explain indications and contraindications for immediate extraction and dental implant placement by an endodontist.
- Verify dimensions needed for adequate bone between implant and adjacent teeth.
- Describe critical adjacent anatomic structures such as the maxillary sinus, contents of the mandibular canal and lingual artery.

PD-103

Room 302

From Flat to Growth



Roger P. Levin, D.D.S.
Owings Mills, Md.

Moderator: Deborah C. Knaup, D.D.S., M.S., Rochester, Minn.

Have your endodontic referrals declined in the new economy? Wondering how you will ever get back to the production levels you once enjoyed? Get ready to increase endodontic referrals with time-tested referral marketing strategies that are proven to produce results. Whatever your marketing challenges, referral marketing allows you to consistently achieve your performance targets. In this exclusive seminar, you will be shown how to ramp up your marketing to new heights—and greater profitability.

At conclusion, participants should be able to:

- Describe what a professional relations coordinator can do for your practice.
- Develop a comprehensive marketing plan that delivers production.
- Bring in new referring dentists.

PD-104

Room 309

Therapy for the Dental Team: Managing Conflict for the Good of the Team



Mary E. O'Neill
San Anselmo, Calif.

Moderator: Sara J. Rundle, Mankato, Minn.

Conflict resolution is simple, yet it isn't always easy. With practice, patience and the right intention, however, we can learn to skillfully move beyond the emotional and psychological barriers that create stress, impede productivity and spoil relationships. Enormous strides can be made when an individual or team's energy is freed up to focus on building relationships and creating positive results, rather than taking positions or sides. By applying a simple, systematic method and changing unhelpful patterns of thinking and behaving,

participants learn how to move through disagreements more easily, communicate more effectively, and restore peace and harmony—the hidden benefits each conflict offers.

At conclusion, participants should be able to:

- Implement a simple, four-step method for resolving conflict.
- Describe an effective communication skill for conflict resolution.
- Effectively handle difficult emotions and behavior.

3:30 – 5 p.m.

AS-107

Room 210

Microbial Diversity in Apical Periodontitis



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

Moderator: Marinella Natera, D.D.S., Gainesville, Fla.

Apical periodontitis is a disease caused by a microbial biofilm established primarily within the root canal system. Although fungi, archaea and viruses contribute to the microbial diversity in endodontic infections, bacteria are the most common microorganisms in these infections. Integrated datasets from culture and molecular studies demonstrated that almost 500 unique bacterial species have been identified in endodontic infections. Diversity varies significantly according to the type of infection. Many cultivable and as-yet-uncultivated bacteria have emerged as candidate endodontic pathogens. Recent studies using high-throughput pyrosequencing methods have revealed a still higher bacterial diversity. Sophisticated technology has also contributed to establish the community-as-pathogen concept in endodontics, and to provide a better understanding of the microbial role in symptomatic apical periodontitis and in post-treatment disease. This presentation will focus on diverse aspects of microbial diversity in the different types of endodontic infections and future directions of research in this field will be presented.

At conclusion, participants should be able to:

- Identify the main features of the microbiota associated with primary, persistent and secondary intraradicular infections as well as extraradicular infections.
- Discuss the community-as-pathogen concept related to the pathogenesis of apical periodontitis.
- Recognize the impact of culture-independent molecular methods in endodontic microbiology.

SESSIONS DESIGNED FOR:

3:30 – 5 p.m. continued

WEDNESDAY

AS-108

Room 306

Foundation Restorations



Louis A. DiPede, D.M.D.
Montville, N.J.

Moderator: Trisha K. Charland, D.M.D., Jersey City, N.J.

A wide variety of materials and techniques are used to provide intracoronar restorations for endodontically treated teeth. Core materials range from reinforced cements to cast metal alloys. Posts may be proprietary or custom-made from an equally wide array of materials and techniques. The physical form and properties of these materials can have an influence on the longevity of the restored tooth as well as affect the mode of failure. Proprietary posts in various shapes, sizes, surface designs and moduli of elasticity are currently on the market, each with its own supporting rationale for use. In order to decipher the existing diversity of opinion, an evidence-based review of the state of foundation restorations will be presented. This presentation is to include a discussion of considerations during tooth preparation and methods of post and core retention.

At conclusion, participants should be able to:

- Describe the various materials and techniques available for intracoronar restorations.
- Describe how the properties of an intracoronar restoration affects the restored tooth.
- Identify the pertinent aspects of tooth preparation in restoration of an endodontically treated tooth.

AS-109

Room 208

3-D Cone-Beam-Computed Tomography Use in Nonsurgical Root Canal Treatment



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

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

There has been a lot of excitement generated for the use of 3-D imaging in endodontics due to new opportunities in diagnosis of pathology, knowledge of tooth anatomy and treatment options. The participants will learn when and why CBCT images are crucial to endodontic diagnosis when compared to two-dimensional PA films. There will be a discussion of treatment options for specific clinical cases where two-dimensional periapical film images are compared to CBCT findings. This course will provide detailed information on CBCT use and its positive effects on everyday endodontic practice.

At conclusion, participants should be able to:

- Use CBCT to help interpret findings.
- Make surgical versus nonsurgical endodontic treatment plans based on CBCT findings.
- Apply the use of CBCT in managing endodontic pathology.

EF-103

Room 312

Tissue Engineering and Endodontics: Where We Are and Where We Are Going



Stephane R Simon, D.D.S., M.Phil., Ph.D., D.Sc.
Paris, France

Moderator: Brooke Blicher, D.M.D., White River Junction, Vt.

Endodontics in the past two decades has been characterized by the evolution of technologies and devices for disinfection and filling of the root canal system. Evolving much slower, but with the potential for a paradigm shift, is the concept of connective/pulp tissue regeneration within the root canal. With the current tissue engineering concepts, vital pulp regeneration *in vitro* is already feasible with stem cell-based techniques or with cell homing concepts. With these approaches expected to develop and evolve, the orientation is likely to be more pharmacological and biological, and the procedures less invasive. Thus, in the endodontics of the future, these approaches are expected to complement the current treatment techniques. A true translational approach bridging basic science and practice is essential to understanding why and how endodontics needs to evolve. The aim of this lecture is to describe perspectives in modern endodontics and clinical applications in the near future.

At conclusion, participants should be able to:

- Describe the important steps of pulp healing and dental soft tissue regeneration processes.
- Describe the role of biological molecules in the healing process.
- Select clinical cases for root canal treatment, pulp vitality maintenance or *in situ* tissue regeneration.

History, Heritage and the Future Blog
www.aae.org/blog2012

Annual Session Planning Committee members will post sneak previews, share stories and details about the meeting. Be sure to check it out!

OP-102

Room 200

Can Acute Pain Become a Chronic Problem? An Evaluation of the Relationship of Acute and Chronic Pain



Jennifer L. Gibbs, M.A.S., D.D.S., Ph.D.
New York, N.Y.

Moderator: Paul A. Rosenberg, D.D.S., New York, N.Y.

There is increasing evidence from medical and dental research, that acute painful experiences, such as those that occur during painful pulpitis, can be a risk factor for developing chronic pain. Changes in the peripheral and central nervous system occur subsequent to painful injuries, a phenomenon known as neuroplasticity. During this presentation, examples of neuroplastic changes that occur after peripheral nerve injury, including pulpitis will be reviewed. In addition, mechanisms of acute and chronic pain will be discussed as well as the possible relation between the two. Strategies for identifying patients at risk for developing chronic pain and best practices for managing acute pain states will also be addressed in this presentation.

At conclusion, participants should be able to:

- Describe the current evidence associating acute pain experiences to the development of chronic pain conditions.
- Identify risk factors in patients for developing chronic pain subsequent to routine dental procedures.
- Utilize best clinical practice for acute pain management.

PS-101

Room 310

What Happens in the Op. . .Doesn't Stay in the Op



Sue Krause
Tucson, Ariz.

Moderator: Michael S. Austin, M.B.A., Tucson, Ariz.

When they like you, they might share it with another, and when they don't, they'll tell anyone who will listen. Have you ever thought about the ripple effect in either situation? In our current economic climate, it is more important than ever to maximize the patient experience and increase loyalty. Each appointment is an opportunity to build a relationship and create an enthusiastic devotee. You can remain organized and efficient and still provide patient care that is personalized and special. This presentation will focus on the many stages the patient goes through before, during and after their appointment, and how the entire dental team plays a role in providing extreme patient care—the kind of customized attention that has the ability to transform your patients into personal marketing reps for your practice. This session will end with assistants offering tips that have been helpful to them in their practice.

At conclusion, participants should be able to:

- Identify key details about the patient that helps foster a relationship.
- Customize each patient experience in ways that foster patient advocacy and loyalty.
- Utilize the whole team approach in extreme patient care.

SP-106

Room 207

Autotransplantation: Current Concepts and Biological Principles



Farid B. Shaikh, D.M.D.
Honolulu, Hawaii

Moderator: Ann Michele Blake, D.D.S., Spangdahlem AFB, Germany

Autotransplantation is defined as the transplantation of embedded, impacted or erupted teeth into extraction or surgically prepared sites in the same individual. The purpose of this presentation is to demonstrate the treatment indications and biological principles for autotransplantation.

At conclusion, participants should be able to:

- Discuss treatment indications and biological principles.
- Discuss treatment benefits and limitations.
- List the procedural steps involved in autotransplantation.



SESSIONS DESIGNED FOR:



Resident and New Practitioners



Endodontic Team



Workshop



Master Clinician Series



Will not be recorded for Live Learning Center

WEDNESDAY

3:30 – 5 p.m. continued

WEDNESDAY

SP-107

Room 304

Educator Forum: Holistic Methodology for Selection of Applicants to Advanced Programs**Gerald N. Glickman, D.D.S., M.S., M.B.A., J.D.**
Dallas, Texas**Karan J. Replogle, D.D.S., M.S.**
*Richmond, Va.**Moderator: Thomas J. Beeson, D.D.S., Omaha, Neb.*

The selection of endodontic residents from a talented pool of applicants is becoming an increasingly complex process. As more dental schools move to pass/fail grading and no class rankings, how will program directors be able to evaluate the relative academic (cognitive) and clinical abilities of the applicants? What noncognitive measures, if any, should be used to further assess applicants? Endodontic program directors from two different institutions will each describe their respective processes for applicant selection along with their perspectives on how to improve the process. Following their presentations, there will be an open question-and-answer session. 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 the difficulties associated with resident selection for graduate endodontic programs.
- List criteria for assessing applicants prior to the interview as well as during the interview.
- Delineate noncognitive measuring tools available for resident selection.

This session is planned by the Educational Affairs Committee:

Thomas J. Beeson, D.D.S., Chair
 Melissa M. Drum, D.D.S., M.S.
 Frederick R. Liewehr, 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.
 Roberta Pileggi, D.D.S., M.S., ADEA CHAEP Representative
 Bruce C. Justman, D.D.S., ADEA Councilor
 Thomas J. Heeren, D.D.S., Resident
 Margot T. Kusinski, D.M.D., M.S.Ed., M.M.Sc., Board Liaison

SP-108

Room 311

Please Stop Sending Me Your Junk Cases**Diwakar Kinra, D.D.S., M.S.**
*Flint, Mich.**Moderator: Michael S. Gideon, D.D.S., M.S.D., Dyer, Ind.*

The era of arrogant and pompous specialists is far-gone. In a period of highly competitive markets and ever-changing referral patterns, endodontists must be able to effectively understand and communicate with their referring dentists, staff and patients. Developing loyalty and relationships heavily depend on the specialist's ability to brand, market and advertise their personal and technical skill sets to the dental community. This presentation is meant for new graduates or practitioners transitioning into any private practice settings. A timeline will be developed on how to establish one's self in the dental community. Specific examples will be given on how to effectively communicate difficult scenarios with the referring population, which is crucial to long-term practice success.

At conclusion, participants should be able to:

- Differentiate between branding, marketing and advertising, and how they relate to the practice.
- Start the development of a marketing plan as an associate/new practitioner for the first five years of practice.
- Demonstrate several different approaches on communicating with referring dentists.



10 – 11:30 a.m.

PD-200

Room 311

How to Look Like a Million

T



Janice Hurley-Trailor
Scottsdale, Ariz.

Moderator: Kerstin E. Conn, D.M.D., Vancouver, B.C., Canada

This interactive course is filled with real-world examples and solutions for today's dental professional. Learn how individual poise and self-image affects both personal and business success. Daily closet challenges, avoiding the most common image mistakes and knowing how to shop with confidence to get the perfect fit every time will be just a few of the topics covered. Look like a million without spending it!

At conclusion, participants should be able to:

- Describe how clothing fits and flatters proportions.
- Organize a closet to maximize the use of the clothes already owned.
- Explain how to choose a hairstyle that flatters oneself.

10 a.m. – 5 p.m.

AS-200

Room 203

Retreatment

W



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: Ramon Aguirre, D.D.S., M.S., Plymouth, Minn.

Workshop Fee: \$800 early/\$850 standard (includes 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.
- Explain current armamentarium and techniques for retreatment gutta-percha, silver cones, carrier systems and separated instruments.
- Describe the indications and contraindications for endodontic retreatment.

1:30 – 3 p.m.

AS-201

Room 304

Role of Intracanal and Periradicular Biofilms in Persistent Apical Periodontitis

W



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

Moderator: Joseph Rinaggio, D.D.S., M.S., Florham Park, N.J.

Recent histopathological and molecular studies of clinical samples have demonstrated the presence of intracanal and periradicular biofilms in association with persistent periapical endodontic infections. This presentation will discuss these observations and their significance to the clinical management of endodontic infections.

At conclusion, participants should be able to:

- Describe current basic concepts on biofilms.
- Evaluate current best evidence for the presence and role of intracanal and periradicular biofilms in periapical endodontic infections.
- Discuss clinical strategies that target intracanal and periradicular biofilms.



THURSDAY

SESSIONS DESIGNED FOR:

E Educators

RNP Resident and New Practitioners

T Endodontic Team

W Workshop

MC Master Clinician Series

W Will not be recorded for Live Learning Center

1:30 – 3 p.m. continued

AS-202

Room 210

Palatal Surgery and Management of Endodontic Surgical Complications



Samuel I. Kratchman, D.M.D.
Exton, Pa.

Moderator: Reena S. Patel, D.M.D., Garwood, N.J.

Endodontists who enjoy performing apical surgery may often avoid doing palatal surgery or surgery in areas close to anatomic features such as the mental nerve or the maxillary sinus. This lecture will focus on the management of such issues and give tips on ways to best avoid unwanted complications. The lecture will be technique-based and will show several clinical cases as well as CBCT imaging to achieve better information prior to approaching such complicated cases.

At conclusion, participants should be able to:

- Treatment plan surgical cases that offer great challenges.
- Describe the techniques involved in performing palatal surgery or surgery in close proximity to the mental nerve or maxillary sinus.
- Discuss the possible complications when performing difficult surgeries and how to avoid such issues.

EF-200

Room 312

New and Future Techniques of Digital Imaging Assimilation



George A. Bruder III, D.M.D.
Stony Brook, N.Y.

Moderator: Joseph A. Bernier-Rodriguez, D.D.S., Virginia Beach, Va.

This course will demonstrate to practitioners how current technologies can change our diagnostic, documentation and visualization capabilities. Participants will be introduced to new applications as well as image analysis and enhancement methods. This course will include an evaluation and introduction to new and future guided surgery techniques.

At conclusion, participants should be able to:

- Recognize the importance of CBCT integration into our “field of view.”
- List the benefits of narrow field CBCT and describe the basic principles of CBCT.
- Describe and provide key concepts required to interpret new imaging techniques.

OP-200

Room 306

Advances in Pain Medication



Karen Baker, M.S.
Iowa City, Iowa

Moderator: Jennifer L. Gibbs, M.A.S., D.D.S., Ph.D., New York, N.Y.

Endodontists must be able to incorporate new analgesic dosage forms and combinations into their daily pain management strategies. This lecture will include a detailed discussion of transdermal and intranasal options for ambulatory patients. Extensive and clinically relevant handouts will list NSAIDs and opiates with analgesic potencies and patient selection criteria. Recent clinical trials utilizing combination therapies will be reviewed to provide practical therapeutic options for clinical endodontics.

At conclusion, participants should be able to:

- Discuss the advantages and disadvantages of combination analgesics.
- Describe equi-analgesic doses for oral opioids prescribed in an endodontics practice.
- Prescribe a scheduled NSAID regimen based on patient characteristics and proven efficacy.

PS-200

Room 201

The Art of Assisting—Delivery and Organization



Michelle Bissonette, CDA, EFDA
Indianapolis, Ind.



Charles L. Steffel, D.D.S., M.S.D.
Indianapolis, Ind.

Moderator: Kelly J. Neale, Billings, Mont.

Learn what you can do differently to improve the flow of a typical day in your endodontic practice. This course will cover a variety of organizational topics including ergonomics, four-handed dentistry, employee training, staff manuals, unit set-up and efficient sterilization practices. Organizational tactics will be described using visuals and videos. Whether you are new to endodontics or have been working in this specialty for years, this course is sure to offer a fresh perspective on efficiency, organization and communication.

At conclusion, participants should be able to:

- Practice effective four-handed dentistry during endodontic treatment and incorporate proper ergonomics for body positioning and office design.
- Implement charts and pictures of proper tray set-ups and sterilization practices to improve staff consistency and ease of training.
- Communicate effectively in order to provide excellent patient care and efficiency throughout the workday.

PS-201

Room 310

The Art of Admin—Keep Your Practice Moving



Janice Hurley-Trailor
Scottsdale, Ariz.

Moderator: Susan I. Angulo, El Paso, Texas

Learn how to take a second look at your new patient phone call, paperwork and interview to move your patients toward higher treatment acceptance. Discover effective verbal skills that will have your patients filling your next available appointment slot. This course helps you feel more confident in the areas of scheduling and timely collections. Improved verbal skills and body language will assist you in reaching your goals while enjoying the process.

At conclusion, participants should be able to:

- Identify the three most common mistakes in scheduling.
- Effectively ask for payment and commitments.
- Speak in a way that moves your patient forward.

SP-200

Room 311

Use and Abuse of the Implant Modality in Restorative Treatment



Sahng Gyoon Kim, D.D.S., M.S.
Fort Lee, N.J.



Charles S. Solomon, D.D.S.
New York, N.Y.

Moderator: David S. Dane, D.D.S., New York, N.Y.

The advent of the implant allowed the dentist to restore severely diseased, cariously and/or periodontally involved teeth, as well as edentulous areas, to full and fixed dentitions. Unfortunately the ease and speed of implant placement, and the great financial rewards that accrue, compared to our endodontic procedures that take more time and require greater skill sets, have led many restorative dentists to sacrifice sound teeth in need of endodontic therapy and replace them with implants. A year-long retrospective study at our dental school, where 1,100 implants were placed, revealed the seriousness of this problem. The percentage of teeth that could have and should have been treated endodontically with an excellent prognosis, but were sacrificed to be replaced by implants, is disturbing. This lecture will explore the pervasiveness of implant therapy in dentistry today.

At conclusion, participants should be able to:

- Determine when endodontic treatment should be the treatment of choice.
- Discuss proactively with the referrer, when an endodontic procedure is too heroic and implant treatment should be the treatment of choice.
- Discuss the hidden implant failures that do not appear in the implant “survival literature.”

SP-201

Room 207

Presence of Intra- and Extraradicular Bacteria as a Cause of Endodontic Disease Identified by Various Microscopic Techniques



Alberto Arriola, D.D.S.
Guadalajara, Mexico



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

Moderator: Peter J. Babick, D.D.S., New York, N.Y.

It is widely accepted that the root canal morphology is highly complex. This morphology is composed of oval-shaped canals, isthmuses, fins and apical ramifications; these canal irregularities are challenging areas to thoroughly clean and disinfect. Post-treatment disease is also a challenging situation which some have attributed to extraradicular bacteria. Light microscopy, confocal, SEM and bacteriological technology have been used to visualize the presence of bacteria creating endodontic disease.

At conclusion, participants should be able to:

- Describe the role of bacteria in endodontic disease.
- Describe the advantages in the use of various microscopic techniques.
- List the advantages and disadvantages of current disinfection techniques.

THURSDAY

SESSIONS DESIGNED FOR:

1:30 – 3 p.m. continued

SP-202

Room 309

Bridging Basic Sciences to Clinical Teaching and Practice



George T.J. Huang, D.D.S., M.S.D., D.Sc.
Boston, Mass.

Moderator: John Panzarino, D.M.D., Old Bridge, N.J.

The advancement of basic biomedical sciences has reached an incredible speed in the past two decades. However, there has been a disconnection between accumulated knowledge in basic sciences and clinical practice. Endodontic residents and endodontists have difficulties in linking basic science knowledge to their patient treatment planning, management and outcome assessments. The traditional approach in our clinical teaching, case review and case presentation in an endodontic program or educational setting has been to go over the phenomenological aspects of the case from patient medical/dental history procurement, clinical examination and testing, diagnosis, treatment planning, treatment procedures and outcome prediction. Without the understanding of the mechanism underlying the phenomenon, learners are limited in their understanding of the endodontic sciences. Here, a new approach to teach clinical case review and presentation is introduced. This method will help clinicians link basic science knowledge into their clinical learning and enhance their patient management skills.

At conclusion, participants should be able to:

- Describe the limitation of traditional educational methods in delivering clinical knowledge.
- Identify the linkage of basic biomedical sciences to clinical learning and practice.
- Describe the new approach of teaching clinical case presentations and applying the basic knowledge into clinical practice.

SP-203

Room 313

Endodontics Versus Implants: Incorporating Implant Awareness in the Predoctoral Endodontic Curriculum

E



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



Paul A. Rosenberg, D.D.S.
New York, N.Y.



Mahmoud Torabinejad, D.M.D., M.S.D., Ph.D.
Loma Linda, Calif.

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

Advances in implant dentistry have had a significant effect on treatment planning in dentistry. The purpose of this presentation is to discuss these effects on various aspects of dentistry including endodontic education for pre- and postdoctoral students.

At conclusion, participants should be able to:

- Review the effects of new advances in dental implants on dentistry.
- Discuss the effects of dental implants in predoctoral education.
- Discuss the effects of dental implants in postdoctoral education.



1:30 – 5 p.m.

MC-200

Auditorium

Atypical Molar Microsurgery

MC



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

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

Since the advent of the surgical operating microscope in the late 1980s, more and more clinicians have introduced surgical endodontics to their practices. The addition of contemporary microsurgical armamentaria has also supported the clinician such that posterior molar surgery has become routine. From time to time, the atypical case appears requiring other diagnostic and visual aids. The introduction of the focused cone-beam scanner enables the clinician to visualize a 3-D image in a 2-D plane. Anatomical variations and fractures can be assessed and decisions can be made prior to the actual surgery. Using the CBCT, 3-D models can be assembled from a printer so that the clinician can better visualize and appreciate the actual surgical construct. This interactive live demonstration of a maxillary molar microsurgery will begin with a discussion of the regional and anatomic considerations unique to this case using the tooth atlas, CBCT scanning and 3-D model imaging. After case presentation and a review of chair-side ergonomics, the case will be operated to completion.

At conclusion, participants should be able to:

- Describe the benefits of using the tooth atlas, CBCT scanning and 3-D modeling for case presentation and in preparing for surgery.
- Identify with the 20 stages of endodontic microsurgery.
- Develop an understanding of microsurgical armamentarium and how to incorporate them into clinical practice.

PD-201

Room 302

Set Your Endodontic Practice on Fire

T



Roger P. Levin, D.D.S.
Owings Mills, Md.

Moderator: Cameron Howard, D.M.D., Tampa, Fla.

Did the economy take a bite out of your endodontic production? Get ready for practice production to soar to new heights with proven strategies for success! Move beyond the obstacles; set goals and achieve them! At this brand-new seminar, you will be shown how to immediately improve your endodontic systems and start hitting your targets for growth, production and profitability.

At conclusion, participants should be able to:

- Explain how to increase collections to 99.9 percent.
- Describe techniques to increase production and referrals.
- Implement effective management systems to grow your practice by 20 percent.

PD-202

Room 208

Take a Byte Out of Marketing: Social Media and Networking

T



Jason T. Lipscomb, D.D.S.
Fredericksburg, Va.

Moderator: Bradley H. Hajdik, D.D.S., Katy, Texas

Social media is made up of many parts. You do not have to incorporate all of them to be successful. Social media enables you to grow your practice by implementing a few simple strategies. This presentation will teach you basic search engine optimization and easy techniques to get your practice noticed on major search engines. Facebook can be a valuable marketing tool for any practice. Learn how to get started with Facebook, make the most of it and get raging fans. Understand how Twitter works and why it can take your practice to the next level.

At conclusion, participants should be able to:

- Institute techniques to get your practice noticed on major search engines.
- Describe why Facebook can be an important part of any social media marketing program.
- Describe how Twitter works.

PD-203

Room 202

Cardio-Pulmonary Resuscitation (CPR)

W

Dennis Mahoney, CPR Boston
Dorchester, Mass.

Workshop Fee: \$75 early/\$85 standard

The CPR Health Care Provider Basic Life Support workshop is designed to provide a wide variety of health care professionals the ability to recognize several life-threatening emergencies, provide CPR, use an Automated External Defibrillator, and relieve choking in a safe, timely and effective manner.

At conclusion, participants should be able to:

- Use an AED.
- Assess a victim's breathing and pulse.
- Perform one- and two-person CPR for an adult, child and infant.

THURSDAY

SESSIONS DESIGNED FOR:

3:30 – 5 p.m.

AS-203

Room 210

Mandibular Nerve Damage



Vincent Ziccardi, D.D.S., M.D.
Newark, N.J.

Moderator: Craig J. Berry, D.M.D., Englewood, N.J.

This session will review the anatomy and physiology of nerve injuries and healing for peripheral branches of the trigeminal nerve. It will describe the diagnosis and timing for surgical intervention of these injuries. Finally, the speaker will illustrate repairs of nerve injuries with case presentations and discuss realistic outcomes based on personal experiences and the scientific literature.

At conclusion, participants should be able to:

- Review peripheral nerve anatomy and physiology as it pertains to trigeminal nerve injuries.
- Describe common mechanisms of injury to the peripheral branches of the trigeminal nerve.
- Review the diagnosis and surgical management of peripheral trigeminal nerve injuries.

EB-200

Room 304

Root Canal Treatment or Dental Implant: Treatment Planning Based on Evidence and Experience



Charles J. Goodacre, D.D.S., M.S.D.
Loma Linda, Calif.

Moderator: Josef S. Bringas, D.D.S., Northville, Mich.

This presentation will discuss the clinical and scientific factors that determine whether a tooth should be retained through root canal treatment or extracted and replaced with a dental implant.

At conclusion, participants should be able to:

- Identify the factors that should be considered when determining whether to perform root canal treatment or extract a tooth and place an implant.
- Compare the clinical survival rates of root canal treatment and dental implants.
- Compare root canal treatment and dental implants based on biologic factors, associated procedures required, cost, ethics, esthetics, comfort and function.

EF-201

Room 312

Medicolegal Considerations of Cone-Beam-Computed Tomography



Gerald N. Glickman, D.D.S., M.S., M.B.A., J.D.
Dallas, Texas

Moderator: Greg A. Burk, D.D.S., Halifax, Nova Scotia, Canada

Cone-beam-computed tomography has recently become a valuable adjunct to the practice of endodontics. In fact, a recent survey of AAE members indicated that more than a third of the respondents were using CBCT as a diagnostic aid during endodontic therapy including surgery. With this new technology that potentially increases radiation exposure and necessitates an accurate 3-D imaging interpretation, there can be inherent medicolegal concerns. This presentation will focus on proper informed consent when using CBCT, informed refusal, liabilities associated with limited-volume CBCT image interpretation, protection for office personnel and justification for usage.

At conclusion, participants should be able to:

- List the primary risks that an endodontist may have when using CBCT.
- Discuss methods to reduce risk when interpreting 3-D imaging data.
- Cite the legal indications for the use of CBCT in contemporary endodontic practice.



OP-201

Room 306

Persistent Pain After Endodontic Treatment: Clinical Presentation, Mechanisms and Evidence-Based Management



Thuan T. Dao, D.M.D., M.Sc., Ph.D.
Toronto, Ontario, Canada

Moderator: Paul A. Rosenberg, D.D.S., New York, N.Y.

Intractable pain following endodontic therapy is frustrating for the patient and attempting to control such pain is a major challenge for the clinician. This pain can sometimes occur in the absence of noxious stimuli, persist beyond the usual healing time or spread to normal teeth. The poor localization of pain often leads to misdiagnosis of its source and mistreatment, such as sequential endodontic treatment or extraction of innocent teeth without significant improvement in patient comfort. During this session, the clinical manifestations of persistent neuropathic pain following endodontic treatment will be presented. The basic mechanisms associated with the pathophysiology of such neuropathic pains will be reviewed, with an attempt to bridge the gap between basic sciences and the clinics. Evidence-based management strategies proposed for these conditions will also be discussed. An understanding of these issues is instrumental in the differential diagnosis and treatment of orofacial pain of endodontic and nondental origin.

At conclusion, participants should be able to:

- Recognize the clinical signs and symptoms of orofacial neuropathic pain.
- Describe the basic mechanisms underlying neuropathic orofacial pain, and use these to explain the clinical phenomena associated with orofacial neuropathic pain.
- Describe the rationale of the evidence-based management of orofacial neuropathic pain.

PS-202

Room 310

The Art of Assisting—Body Language is Communication Too

T



Janice Hurley-Trailor
Scottsdale, Ariz.

Moderator: Michael Perry, Ocala, Fla.

This program honors the fact that your personal presence with your patient has a huge impact on the patient's overall dental experience. The science of body language can be fun and implemented immediately. Learn the correct body language for the five key interaction moments with your patient.

At conclusion, participants should be able to:

- Implement effective body language to make patients more comfortable.
- Use voice tone and pace to their advantage.
- Describe how to make patients feel great about their dental experience by using the appropriate body language for your interaction.

THURSDAY



SESSIONS DESIGNED FOR:



3:30 – 5 p.m. continued

SP-204

Room 311

Mastering the Apical Third: Is Irrigation the Solution?



Michael S. Marmo, D.M.D.
Newtown, Pa.

Moderator: Joseph Chikvashvili, D.D.S., West Orange, N.J.

In spite of the latest advances in nickel-titanium rotary instruments, nonround canal geometries present challenges for adequate cleaning and shaping. New irrigation protocols and systems are thought to be the solution to these limitations. But are these current irrigation practices an effective answer? In terms of treatment outcomes, do they make any significant difference? Using evidence-based literature we will examine the newest irrigation systems and materials to assess our control over the anatomical complexities in the apical third.

At conclusion, participants should be able to:

- Discuss anatomic challenges, including oval-shaped canals and isthmuses that limit the effect of nickel-titanium cleaning and shaping techniques.
- List current irrigation systems and protocols that attempt to address these challenges.
- Evaluate these irrigation systems and their influence on treatment outcomes.

SP-205

Room 207

How to Incorporate Intravenous Moderate Sedation Into Your Endodontic Practice



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

Moderator: Winifred S. Wong, D.D.S., M.S., Fremont, Calif.

This session will present a nuts-and-bolts approach to incorporating intravenous moderate sedation in endodontic practice. It will discuss the advantages for providing this service and review state dental board requirements, training, equipment and supplies. It will also describe how this service is managed in the presenter's private practice and in the graduate endodontic clinic at Case Western Reserve University's School of Dental Medicine. There will be ample time for discussion and questions.

At conclusion, participants should be able to:

- Locate state dental board requirements for providing intravenous moderate sedation.
- Compile a list of supplies, monitors and drugs necessary to provide intravenous moderate sedation.
- Determine how to schedule and implement moderate sedation cases in the office.

SP-206

Room 309

A New Design Approach to NiTi in Endodontics for Better Cleaning and Shaping: The Asymmetrical Cross Section



Jean Philippe Mallet, D.D.S.
Paris, France

Moderator: Manuel A. Gonzalez, D.D.S., Elizabeth, N.J.

Endodontic therapy depends upon numerous factors among which the most important is the shaping performed in order to optimize the root canal disinfection. The shaping of the root curves don't allow the instruments to work asymmetrically. Numerous parameters characterize files and require quite specific machining. However, they don't allow the dynamic upward removal of the machined dentine debris as soon as their groove is packed. In order to improve the upward removal of debris and to optimize the root canal cleaning, it's possible to add to the main characteristics of a file the asymmetrical cross section. These were done to perform a sequence in order to answer both the biological and safety imperatives for endodontic treatments in general practice.

At conclusion, participants should be able to:

- Discuss the importance of file design.
- Evaluate a new dynamic process by an asymmetrical cross-section file.
- Perform endodontics with NiTi files.



SP-207

Room 313

Survival Guide for Junior Faculty—How to Interact and Communicate With Administration

E



Paula O'Neill, M.Ed., Ed.D.
Houston, Texas

Moderator: Melissa M. Drum, D.D.S., M.S., Columbus, Ohio

Becoming a faculty member can be a daunting adventure for junior faculty, and dental schools and specialty programs want to attract the best and brightest scholars that they possibly can to become the employer of choice to facilitate recruitment and retention. Once employed, a critical component to achieving success is learning to navigate the complexities of the life of a faculty member by developing or enhancing interaction and communication skills. This session will provide attendees with the opportunity to discover communication and interaction tools and strategies that can be used interchangeably between junior faculty and administrators with the goal of creating productive ongoing relationships to facilitate career development. In this interactive session, participants will be involved in discussing case studies that include opportunities to use strategies to communicate career development needs, expectations, giving and receiving feedback, and managing differences of opinion and career aspirations.

At conclusion, participants should be able to:

- Identify best practices for interacting and communicating between junior faculty and administrators.
- Develop strategies for building productive relationships among faculty and administration.
- Identify methods to evaluate the impact of interaction and communication strategies, and adjust them as needed to facilitate career advancement.

SP-208

Room 201

Future Concepts of Clinical Pulp Regeneration Therapy



Shiwei Cai, M.S.D., M.S., Ph.D., D.D.S.
Houston, Texas

Moderator: David G. Carter, D.M.D., Tempe, Ariz.

In the search for the sources of autographic stem cells for dental tissue regeneration, it is imperative to understand the origins and characteristics of these cells and their regulators. This knowledge combined with the development of a scaffold suitable for connective tissue and vascular tissue regeneration in dental organs is crucial for predictably regenerating pulp tissues on a patient. Various clinical dental pulp regenerative approaches will also be presented as well as a discussion of special technical considerations.

At conclusion, participants should be able to:

- Discuss the origins of pluripotent human dental pulp stem cells and scaffolds suitable for clinical dental pulp regeneration.
- Identify different concepts and strategies for future clinical dental pulp regeneration.
- Discuss technical approaches in clinical dental pulp regeneration treatment.

THURSDAY



SESSIONS DESIGNED FOR:

8 a.m. – 4:30 p.m.

AS-300

Room 203

New Innovations in NiTi Canal Preparation and Metallurgy



Arnaldo Castellucci, D.D.S., M.D.
Florence, Italy



Gianluca Gambarini, D.D.S.
Rome, Italy



Wm. Ben Johnson, D.D.S.
Tulsa, Okla.



Sergio Kuttler, D.D.S.
Fort Lauderdale, Fla.



Zvi Metzger, D.M.D.
Tel Aviv, Israel



Allen Ali Nasseh, D.D.S., M.M.Sc.
Boston, Mass.

Workshop Fee: \$650 early/\$700 standard

In the past few years, the latest generation of NiTi canal preparation instruments have flooded the market. These instruments have unique shapes, motions and some made with new NiTi alloys. This lecture/workshop will introduce the participant to six new instrument designs, each presented by individuals involved in their development. The course participant will have the opportunity to view live demonstrations and prepare canals on blocks and extracted teeth.

At conclusion, participants should be able to:

- Describe the advantages and disadvantages of the various NiTi alloys used in the latest generation of canal preparation instruments.
- Get hands-on experience with not only new rotary instruments, but new reciprocating and other unique motions.
- Create rotary glide paths on difficult anatomy.

Please Note: Participants are required to bring a minimum of six extracted teeth. Specific details will be provided after your registration is confirmed.

10 – 11:30 a.m.

AS-301

Room 200

Current Status of Bioaggregate Products



James D. Johnson, D.D.S., M.S.
Seattle, Wash.

Moderator: Stephen J. Tsoucaris, D.M.D., Fort Lee, N.J.

Mineral trioxide aggregate is widely accepted in endodontics because of its excellent sealing ability, biocompatibility, antimicrobial properties and promotion of hard tissue formation. Bioaggregates are materials with applications in endodontics. Bioaggregates were developed as an alternative to MTA, to improve upon the inconsistencies associated with the handling, placement and extended setting time of MTA. This presentation will compare physical and biological properties of the new bioaggregates with MTA and the relationship to clinical procedures.

At conclusion, participants should be able to:

- Describe the physical and biological properties of MTA and bioaggregate materials.
- List the advantages and disadvantages of MTA and bioaggregate ceramic materials.
- List the improvements necessary for the clinical uses of MTA and bioaggregate materials.

AS-302

Room 306

Single-Tooth Implant vs. Nonsurgical Root Canal Treatment: Appropriate Treatment Plan



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

Moderator: Rajvinder K. Marwah, D.D.S., Teaneck, N.J.

The session will evaluate treatment planning issues such as caries control and restorability, periodontal health including furcation status, biological width and the final restorative plan to determine whether it is reasonable and feasible to preserve the natural tooth. The indications and rationale for a single-tooth implant will be discussed, and the outcomes for both nonsurgical root canal therapy and single-tooth implants will be compared.

At conclusion, participants should be able to:

- Describe treatment planning issues such as initial restorability, periodontal health, biological width and final restorative considerations relative to preserving the natural tooth.
- Identify the indications and rationale for single-tooth implants.
- Describe the outcomes for nonsurgical root canal therapy and single-tooth implants.

AS-303

Room 309

Proinflammatory and Anti-Inflammatory Substances and Their Role in Periradicular Disease and Healing



Anibal R. Diogenes, D.D.S., M.S., Ph.D.
San Antonio, Texas

Moderator: Pedro E. Parente, D.M.D., Hillsborough, N.J.

Periradicular inflammation is the underlying etiology of the signs and symptoms of apical periodontitis. A thoughtful clinician must be familiar with how apical periodontitis develops, including the roles of key inflammatory mediators and anti-inflammatory molecules in order to adequately treat this disease state. In this course, the role of inflammatory mediators on the development of apical periodontitis will be reviewed with emphasis on microbial recognition, periradicular lesion formation and endodontic pain.

At conclusion, participants should be able to:

- Describe the mechanism of how pathogens are recognized in the pulp and periradicular tissues.
- List the key inflammatory mediators associated with periradicular lesion formation and pain.
- Describe key mediators involved in switching the disease state towards periradicular healing.

AS-304

Room 313

60 Years of Endodontics Plus Walt Disney's First Film



John I. Ingle, D.D.S., M.S.D.
San Diego, Calif.

Moderator: Kevin M. Keating, D.D.S., Sacramento, Calif.

The presentation will cover 60 years of the speaker's involvement in endodontics, the history of the AAE and the ABE from inception, including the triumphs and squabbles. He will finish by showing Walt Disney's very first film, *Tommy Tucker's Tooth*, made 90 years ago.

At conclusion, participants should be able to:

- Describe the formation and growth of the AAE and the specialty of endodontics.
- Recognize the AAE leaders who finally achieved recognition of the specialty.
- Explain the role dentistry played in the formation and development of Walt Disney's empire.

EB-300

Room 312

Cone-Beam-Computed Tomography Use in Endodontics: The 3-D Evidence



Frederic Barnett, D.M.D.
Narberth, Pa.

Moderator: Kenneth P. Sunshine, D.D.S., M.S., Mystic, Conn.

Cone-beam-computed tomography has proven to be an essential tool for successful diagnosis, treatment planning and post-treatment monitoring for endodontic procedures. With its accurate and high-quality 3-D representations of maxillofacial structures, CBCT technology offers tremendous improvements in diagnostic capabilities as compared to 2-D images. When assessing dental trauma, CBCT of adequate resolution can be used to detect horizontal root fractures and cortical bone fractures, which may otherwise have required multiple periapical radiographs for detection. In treating teeth with unusual anatomy, CBCT may help reveal the number of canals present in teeth, as well as the true nature and exact locations of lesions, the presence of resorptive lesions and previously undetected radiolucencies. This session will review the best available evidence on CBCT use in endodontics.

At conclusion, participants should be able to:

- Describe the indications and contraindications for ordering a CBCT for a patient.
- Describe some of the artifacts that are associated with CBCT.
- Identify the benefits for the use of CBCT in endodontics.



FRIDAY

SESSIONS DESIGNED FOR:



10 – 11:30 a.m. continued

EB-301

Room 201

Evidence-Based Endodontics in the i³ Age: Impact on Education and Clinical Practice



Bradford R. Johnson, D.D.S., M.H.P.E.
Chicago, Ill.

Moderator: John P. Braud Jr., D.D.S., Northville, Mich.

As the half-life of knowledge steadily decreases and the quantity of new information rapidly increases, the ability to efficiently locate, evaluate and apply new information has become a cornerstone of evidence-based clinical practice. However, the quantity of new information and often conflicting claims can be overwhelming. The purpose of this presentation is to briefly summarize the historical origins of evidence-based dentistry, describe the EBD process and to consider selected current controversies in endodontic therapy in the context of current best available evidence. Cognitive dissonance, confirmation bias, educational seduction and other “old” concepts will be revisited from the perspective of current evidence-based clinical practice. This presentation should be useful for clinicians, educators and anyone desiring a better understanding of evidence-based endodontics.

At conclusion, participants should be able to:

- Describe the role of the three “i’s” in evidence-based endodontics.
- Discuss the evolution of evidence-based health care and its significance to dental education and clinical practice.
- Explain why all evidence is not created equal.

EF-300

Room 304

Instrument Design of the Future



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

Moderator: Brian D. Jafine, D.D.S., Scarborough, Ontario, Canada

Recently, radically different and new instrument designs such as the self-adjusting file and reciprocating systems have been introduced to the market. The value of these developments is not uniformly accepted. However, the mere fact that these unconventional techniques came to market readiness begs the question, what comes next? More specifically, what are the properties that we as clinicians would ask for from the root canal instrument of the future? What are the expected outcomes? In other words, are we looking for instrument performance or periapical healing, or do we consider longevity under function? This session tries to define parameters that may be universally accepted and will be important for both manufacturers and users.

At conclusion, participants should be able to:

- Describe general requirements for optimized root canal preparation instruments.
- Detail a list of priorities in regards to the impact of root canal preparation in endodontic therapy.
- Explain manufacturing techniques required to produce the instrument of the future.

EF-301

Room 207

Endodontic Irrigants and Irrigant Delivery Systems



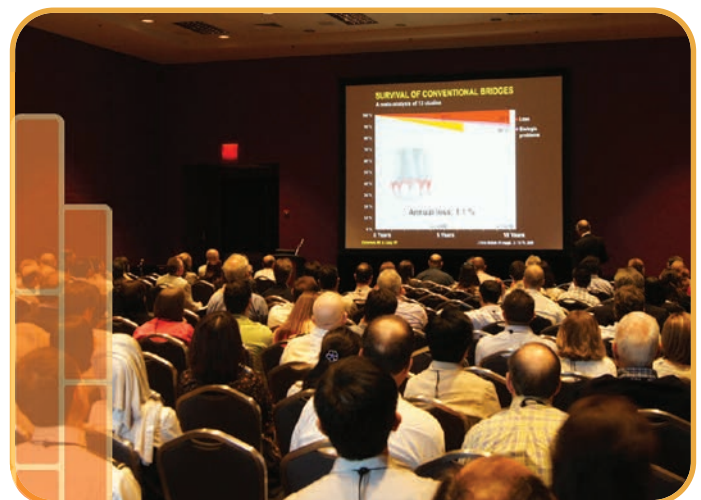
Gary Glassman, D.D.S.
Toronto, Ontario, Canada

Moderator: Jan B. Rozen, D.D.S., Boston, Mass.

Perhaps the greatest international attention in recent years has focused on methods to improve endodontic disinfection in the root canal system. The desired attributes of a root canal irrigant include the ability to dissolve necrotic and pulpal tissue, bacterial decontamination with a broad antimicrobial spectrum, the ability to enter deep into the dentinal tubules, biocompatibility and lack of toxicity, the ability to dissolve inorganic material and remove the smear layer, biofilm, ease of use and moderate cost. This presentation will focus on evidence-based research with respect to the latest and most suitable and safe irrigant and irrigant delivery systems that are essential for efficient irrigation and the success of endodontic treatment.

At conclusion, participants should be able to:

- List and describe the different types of root canal irrigants, their relative advantages and disadvantages.
- List and describe root canal irrigation systems, their relative advantages and disadvantages.
- Describe and explain a sodium hypochlorite incident and steps that can be taken to avoid such an incident.



MC-300

Auditorium

OP-301

Room 311

Regenerative Endodontic Therapy



Shepard S. Goldstein, D.M.D.
Boston, Mass.

*Moderators: Peter E. Murray, B.D.Sc., Ph.D., Davie, Fla.
Kenneth N. Namerow, D.D.S., Davie, Fla.*

The purpose of this demonstration is to use regenerative endodontic procedures to revitalize permanent immature necrotic or traumatized teeth. We will explain how to select teeth for regenerative endodontic therapy based on the type of tooth injury, fracture type, presence of necrosis or infection, periodontal status, presence of periapical lesions, stage of tooth development, vitality status, patient age and patient health status. Regenerative endodontic therapy will be performed on the teeth of a patient. During the demonstration, the presenters will explain each step of the procedure and answer questions from the audience.

At conclusion, participants should be able to:

- Describe the types of clinical problems that can be addressed by regenerative endodontic procedures.
- Discuss the protocols and expected outcomes for regenerative endodontic procedures.
- Evaluate the indications and contraindications for using regenerative endodontic procedures.

OP-300

Room 210

Diagnosis of Headaches



Michael J. Apicella, D.D.S., M.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.

Luxation Injuries



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

Moderator: Laurie R. Fleisher, D.M.D., New York, N.Y.

Orofacial trauma, and, in particular dentoalveolar trauma, represents one of the few situations that dentists are called upon to make unscheduled diagnostic and treatment decisions in an area outside their routine experience. In cases with injuries to the periodontal tissues, *i.e.*, luxation injuries, not only the involvement of the pulp, but also of the periodontium must be considered for selection of treatment modalities and long-term outcome. The present lecture will address diagnostic and therapeutic aspects of concussion, subluxation, extrusion, lateral luxation and intrusion injuries of permanent teeth. However, the presentation will not cover avulsion injuries and root fractures of permanent teeth.

At conclusion, participants should be able to:

- Describe the clinical and radiographic characteristics of luxation injuries of permanent teeth.
- Describe the diagnostic and therapeutic approaches for luxation injuries.
- Describe possible and typical long-term outcome and sequelae of luxation injuries of permanent teeth.

OP-302

Room 302

Management of Dental Alveolar Trauma



Roger J. Wise, D.D.S.
Swampscott, Mass.

Moderator: Peter A. Morgan, D.M.D., M.Sc.D., Marblehead, Mass.

The treatment of dental alveolar trauma should be a multidisciplinary discussion. Early mixed-dentition injuries ranging from simple displacements to advanced intrusions and avulsions will be described in detail with special emphasis on the role of each team member. Similar injuries in the adult dentition will be differentiated. Implant placement, combined with hard and soft tissue management and restoration, will be demonstrated. The lecture will concentrate on cases treated by a team approach. Participants will be enlightened by the stable and esthetic results achievable when the focus is always from a multidisciplinary approach in the esthetic zone.

At conclusion, participants should be able to:

- Describe the effects of trauma on orthodontic treatment.
- Identify how to provide the best possible outcomes with a team approach.
- Describe treatment outcomes for specific injuries.

SESSIONS DESIGNED FOR:

10 – 11:30 a.m. continued

PD-300

Room 208

Upper Extremity Pain. . .What Could It Be?

Timothy J. Caruso, M.B.A., M.S.
Addison, Ill.

Moderator: Kerri L. Lawlor, D.D.S., Highlands Ranch, Colo.

Very few professions regularly accept pain as part of their daily routine. Football, soccer, wrestling and boxing all have pain built into the equation. How about dentistry? The evolution of dental techniques, materials and equipment has come a long way from standing up with a pair of forceps. Daily discomfort continues to be tolerated day in and day out and appears to be worsening. Upper extremity pain and discomfort seems to be a foregone conclusion in dentistry. The patients are pain free but not the dental staff! Are you someone with nagging pain in your neck, shoulder, elbow, wrist and hand that no longer goes away? Is there numbness and tingling in your dominant hand; are you a bit clumsier with your instruments; is there a pain in the neck that your divorce did not help? Is your sleep disturbed; do you wake up with a headache and Advil no longer "takes care of it?" Do you have thoughts of carpal tunnel syndrome and rotator cuff tendinitis with some regularity? What are you going to do? Common musculoskeletal disorders of the upper extremity such as rotator cuff tears, lateral epicondylitis and carpal tunnel syndrome will be discussed with recommendations for interventions, seeking out the appropriate caregivers and the appropriate care.

At conclusion, participants should be able to:

- Describe incidence and prevalence of rotator cuff tears, epicondylitis and carpal tunnel syndrome.
- Discuss potential causative factors.
- Discuss practical ergonomic interventions and solutions in dentistry.



PD-301

Room 300

Smart Strategies for Promoting the Endodontic Practice

T



Tina-Marie A. Adams
Chicago, Ill.

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

Are you unhappy with your practice busyness? How long has it been since you've actively marketed your practice? It's time to get smart about practice promotion! Learn how to use existing AAE materials to market your practice, build relationships with general dentists and increase referrals. Hear success stories from colleagues who have implemented AAE's practice promotion strategies and learn what you can do to improve patient traffic now!

At conclusion, participants should be able to:

- Identify key marketing points to communicate to general dentists.
- Describe how to enhance current practice marketing or develop a new marketing plan using the AAE's *Professional Outreach Toolkit*.
- Describe best practices and strategies for outreach to dentists.

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

James F. Wolcott, D.D.S., Chair
Peter J. Babick, D.D.S.
Reid S. El-Attrache, D.M.D.
Mark A. Odom, D.D.S.
Martin J. Rogers, D.D.S.
Susan L. Wolcott, D.D.S.
Vladana Babcic, D.M.D., Resident
Gary R. Hartwell, D.D.S., M.S., Board Liaison

PS-300

Room 206

Stop Workplace Drama

T



Marlene Chism
Springfield, Mo.

Moderator: Deb L. Welters, RDA, Eagan, Minn.

Participants will walk away with the ability to quickly dissect any type of workplace drama and use the communication tools presented to facilitate change.

At conclusion, participants should be able to:

- Reveal five facts about the impact of negativity.
- Identify three common elements present in drama.
- Provide practical tools to decrease workplace drama and increase personal effectiveness.

SP-300

Room 310

Into the New Millennium: The Evolution of the Endodontic Practice



Yaara Y. Berdan, D.D.S.
Los Angeles, Calif.



Thomas A. Levy, D.D.S., M.S.
Long Beach, Calif.

Moderator: Hank Schiffman, D.D.S., New York, N.Y.

The Millennial generation is the first to come of age in the new millennium. This generation has been characterized as hard-working, confident and team-oriented, but also as entitled and sheltered. Their uniqueness is largely due to the technology that has shaped their lives; they have never known life without computers and the Internet. What impact will this new generation have on how we practice? This presentation will focus on the challenges and benefits of working with new Millennial dentists as referral sources and colleagues. The implications in treating the Millennial dental patient will also be addressed.

At conclusion, participants should be able to:

- Identify the differences between the new Millennial endodontist (new graduate) and premillennial endodontist.
- Describe ways to improve the working relationship with the Millennial general dentist.
- List ways in which a practice should adapt to deliver care to the Millennial patient.

1:15 – 2:45 p.m.

AS-305

Room 304

Endodontic Bugs and Drugs



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

Moderator: Paul A. Falcon, D.M.D., Newton, N.J.

Microbes associated with endodontic disease include bacteria, archaea, fungi, viruses and possibly, prions. The detection of novel microbes and changes in nomenclature has made the study of the microbial literature quite confusing. This presentation will review the organisms associated with endodontic disease and update terminology. The microbes may be planktonic or form aggregates and biofilms. The formation of aggregates and biofilms greatly increases the pathogenic

potential of these polymicrobial infections. Questions being asked are: How can we destroy biofilms? How might viruses contribute to endodontic disease? Do viruses transport virulence factors? Can prions be transmitted on endodontic instruments and produce spongiform encephalitis? These questions will be addressed along with the latest information of which irrigants and delivery systems are most effective for root canal systems. In addition, the use of photodynamic energy, the potential use of nanoparticles and which antibiotics are recommended for serious endodontic infections will be discussed.

At conclusion, participants should be able to:

- Describe the microbial ecosystem (bugs) in endodontics to include bacteria, archaea, fungi, viruses and possibly, prions.
- Describe the advantages and disadvantages of irrigants and various delivery systems currently used (e.g., sonics, ultrasonics, negative pressure) for root canal debridement and disinfection.
- Identify the indications and antibiotics recommended for serious endodontic infections.

AS-306

Room 207

Have New Root Canal Obturation Techniques and Materials Improved the Seal of the Root Canal System?



Franklin R. Tay, B.D.Sc., Ph.D.
Augusta, Ga.

Moderator: Irfan H. Asghar, B.D.S., Marlboro, N.J.

Filling of the root canal space is traditionally been performed using gutta-percha and a root canal sealer, using cold or warm compaction techniques. Despite apparently satisfactory clinical performance over many decades and a variety of guises, gutta-percha and sealer filling techniques do not represent the universal seal. Although few materials have challenged gutta-percha and sealer in the majority of filling situations, research continues to find alternatives that may seal the canal space better after cleaning and shaping. This presentation provides an overview of new obturation techniques and materials available to endodontists over the past decade, and discusses whether these bonding concept-based materials and techniques have improved the seal of the root canal system.

At conclusion, participants should be able to:

- List the different new obturation techniques and materials available for filling root canals.
- Identify techniques employed for the investigation of the seal of these techniques and materials.
- Assess objectively whether the claims that these techniques or materials improve the seal of the root canal system are supported by clinical outcome studies.

FRIDAY

SESSIONS DESIGNED FOR:

1:15 – 2:45 p.m. continued

AS-307

Room 201

NiTi Shaping, System Cleaning and the Future of Endodontics



Marco Martignoni, D.D.S.
Rome, Italy

Moderator: Karen S. Potter, D.D.S., San Clemente, Calif.

In the past 20 years, NiTi has radically changed endodontic treatment. Canal shaping has become a simple and predictable procedure that enables more efficient cleaning and disinfection of the entire canal system. On the other hand, cleaning of the system still presents problems and limitations strictly related to complex anatomy. A number of video clips showing the different anatomic situations and related technical problems that are encountered when the canal system needs to be cleaned will be presented. What really happens in the tooth will be shown through films of transparent nondemineralized thick sections of prestained fresh teeth according to a novel histological specimen preparation that will be described. Future trends for achieving simple ideal cleaning will be presented during the lecture.

At conclusion, participants should be able to:

- Describe the problems and limitations of irrigation techniques.
- Describe the difficulties of complete shaping.
- Describe novel methods and approaches to canal system disinfection.

EB-302

Room 306

Diagnosis, Prognosis and Treatment of Perforations and Fractures: What is the Evidence?



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

Moderator: John P. Braud Jr., D.D.S., Northville, Mich.

This session will relate a current evidence-based perspective of fracture and perforation diagnosis and treatment interventions. Numerous clinical examples will be utilized to demonstrate various materials, techniques and their effectiveness.

At conclusion, participants should be able to:

- Describe five methods of fracture diagnosis.
- Relate the relative expectations of nonendodontically treating reversibly inflamed teeth with full coverage restorations.
- Describe five perforation diagnostic aids.

EF-302

Room 312

Regenerative Endodontics: Have the Right Image!



Fabricio Teixeira, D.D.S., M.S., Ph.D.
San Antonio, Texas

Moderator: Charles H. Rankin III, D.M.D., Wakefield, Mass.

Teeth with incomplete root development and chronic apical periodontitis can represent a major challenge to clinical practitioners. Recently, several regenerative endodontic procedures are advocated in order to obtain the continued development of the tooth structure. However, no consensus has been achieved regarding treatment protocols and their relationship to clinical outcomes. Is this possible? This presentation intends to describe and discuss the latest treatment options, as well as clinical and scientific outcomes that may be pointing in new directions.

At conclusion, participants should be able to:

- Describe important clinical findings to be considered during case selection.
- List current challenges to be clinically overcome on this specific clinical situation.
- Assess the potential for improvement on available techniques and future approaches.

OP-303

Room 200

Sex and Gender Differences in Pain: Biopsychosocial Influences



Roger B. Fillingim, Ph.D.
Gainesville, Fla.

Moderator: Paul A. Rosenberg, D.D.S., New York, N.Y.

Research on sex and gender differences in pain and its treatment has proliferated over the past decade. Women are at increased risk for several chronic pain disorders and in the general population, women report more frequent pain than do men. Laboratory studies indicate sex differences in pain perception with females consistently demonstrating greater sensitivity to experimentally evoked pain. In addition, women and men may respond differently to analgesic interventions, particularly opioid analgesics. The mechanisms underlying these differences are complex and include contributions from multiple biological and psychosocial factors. For example, gonadal hormones influence pain perception as well as analgesic responses, and genetic factors appear to influence pain and analgesia differently in women and men. Moreover, psychological factors have been differentially associated with pain responses across the sexes. These areas of research will be reviewed, and the clinical implications of differences in pain and analgesic responses between the sexes will be discussed.

At conclusion, participants should be able to:

- Describe findings regarding gender differences in pain responses.
- Describe findings regarding gender differences in responses to pain medications.
- Describe biological and psychosocial factors that contribute to gender differences in pain.

PD-302

Room 310

Tough Questions, Great Answers: Respond to Patient Concerns About Endodontic Care



Robin Wright, Ph.D.
Evanston, Ill.

Moderator: Steven L. Richardson, D.M.D., Chapel Hill, N.C.

This course provides great answers to some of the most difficult questions in endodontic care, ranging from appointment complaints and treatment concerns to financial objections. You will learn to turn challenging conversations into a chance to sell patients on your endodontic practice and show patients that your quality endodontic care is worth their time and money. By responding well to patient concerns, you will solve patient problems in less time, convince patients to follow treatment advice, increase referrals and reap the benefits of patient satisfaction. This “true to life” session features patient issues that “bug” endodontic offices most and presents strategies that you can adapt to your personal style. An interactive seminar for the entire endodontic team!

At conclusion, participants should be able to:

- Present a positive image of a caring, quality endodontic practice.
- Present practice messages with confidence and power.
- Manage difficult patients with less time and stress.

PS-301

Room 313

Dental Claims Case Studies: The Good, the Bad and the Ugly



Richard M. Celko, D.M.D., M.B.A.
Natrona Heights, Pa.

*Moderators: William D. Powell, D.D.S., M.S., Knoxville, Tenn.
Kenneth D. Wiltbank, D.M.D., Tigard, Ore.*

This presentation, given by an expert in dental claims submission and a former national dental director of Aetna Life Insurance Company, will include examples of submitted claim forms and radiographs to see whether they are appropriate and support the submitted claims.

At conclusion, participants should be able to:

- Understand and utilize current CDT codes appropriately and effectively as they relate to endodontic procedures.
- Describe the claim review process and learn what documentation is appropriate for specific clinical conditions.
- Locate online resources and references including carrier websites and portals.

SP-301

Room 210

Single-File Reciprocation: Chemomechanical Ability and Three-Year Outcome of Initial Root Canal Treatments and Retirements



Ghassan Yared, D.D.S., M.Sc.
Toronto, Ontario, Canada

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

Engine-driven NiTi systems are widely used for canal preparation. New concepts, instrument designs and preparation techniques have been introduced over the past years. However, the traditional (rotary) and newest NiTi concepts involve the use of numerous engine-driven and/or hand instruments in different steps to shape canals. A new concept of canal preparation with only one engine-driven instrument used in reciprocation and without the prior use of hand files has recently been introduced. The simplicity of this new concept could raise concerns about its clinical efficiency, chemomechanical/antibacterial ability and, therefore, the expected outcome. This lecture will address the antibacterial effectiveness and present a three-year outcome evaluation of initial root canal treatments and retreatment of cases done using a single instrument used in reciprocation. The author will also discuss the efficiency of single-file reciprocation for the management of MB2 canals without prior use of hand files.

At conclusion, participants should be able to:

- Evaluate the *in vivo* chemomechanical and antibacterial ability.
- Evaluate the expected short-term outcome of initial canal treatment and retreatment cases done with a single instrument used in reciprocation.
- Describe the management of MB2 canals with only one instrument used in reciprocation and without prior use of hand files.

FRIDAY

SESSIONS DESIGNED FOR:

1:15 – 2:45 p.m. continued

SP-302

Room 311

Nonsurgical and Surgical Endodontic Retreatments: Decision-Making and Clinical Strategies



Francesco Maggiore, D.D.S.
Aschaffenburg, Germany

Moderator: George T. Goodis, D.D.S., Grosse Pointe, Mich.

Lesions of endodontic origin, in a number of cases, may persist or re-present after initial endodontic treatment leaving the clinician with the decision to retreat the case surgically or nonsurgically depending on individual factors. With the achievement of new scientific acquisitions and modern technologies, challenging endodontic retreatments once considered questionable have become favorable and predictable procedures. Furthermore, the periapical pathology that cannot be treated with an orthograde approach can now be successfully managed by a microsurgical approach. Endodontic surgery, once considered the last resort to save a tooth may actually represent the first and most conservative approach in a number of cases. Supported by current literature and based on clinical evidence, this presentation will illustrate a variety of clinical situations in which nonsurgical endodontic retreatments or endodontic microsurgery are indicated. Clinical strategies, specific techniques and operative sequences will be discussed and analyzed in detail.

At conclusion, participants should be able to:

- List factors affecting the decision-making process related to nonsurgical and surgical endodontic retreatments.
- Describe clinical strategies to apply when performing nonsurgical and surgical endodontic retreatment procedures.
- Assess the outcome of nonsurgical and surgical endodontic retreatments in individual cases.

1:15 – 4:30 p.m.

AS-308

Room 302

How Do Masters Do It?



John D. West, D.D.S., M.S.D.
Tacoma, Wash.

Moderator: Terrell F. Pannkuk, D.D.S., M.S.D., Santa Barbara, Calif.

The term “master” will generate different images for each one of us. However, there is one thing on which I think we would all agree: to be a master at anything is to consistently apply knowledge, skill and focus while constantly learning to improve this process based on feedback. This is no easy task for anyone who desires to master endodontics. It is particularly challenging in an environment where referrals are down, implants are often replacing endodontic treatment and complex cases are more frequent. Yet the desire is still there to develop one’s mastery

of the art and science of endodontic treatment. How do they do it, those individuals we would call masters of endodontics? Do they know something that we don’t know? Do they have better skills? Do they live in a different economic environment? What did they do and what do they keep doing to enhance their mastery of endodontics? Is what they do attainable and sustainable? Can you and I replicate this and develop our own sense of mastery? Yes, we can. This presentation will share recently researched secrets of the masters.

At conclusion, participants should be able to:

- Describe the four critical guidelines for achieving mastery of endodontics.
- Apply the four critical guidelines to produce masterful cleaning, shaping and 3-D packing.
- Implement four critical guidelines to create the endodontic practice you want.

AS-309

Room 202

The Use of MTA in Nonsurgical Endodontic Procedures



John D. Regan, B.D.Sc., M.Sc., M.S.
Plano, Texas



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

Moderator: Pamela P. Harrington, D.D.S., M.S., Hermantown, Minn.

Workshop Fee: \$550 early/\$600 standard

This workshop will focus on the use of MTA in nonsurgical endodontic procedures, principally vital pulp therapy and the treatment of immature nonvital teeth. Calcium hydroxide has traditionally been the material of choice for these procedures. Despite a long history, calcium hydroxide has several problems relating to this treatment modality. This course will provide each participant with the necessary didactic information on MTA placement in vital and nonvital teeth. It will also provide them with a realistic clinical experience in the placement of MTA and information on alternative bioceramic materials.

At conclusion, participants should be able to:

- Implement the use of MTA in nonsurgical endodontic procedures.
- Describe the clinical outcomes of MTA in nonsurgical endodontic procedures.
- Discuss and use alternative bioceramic materials.

MC-301

Auditorium

PD-303

Room 208

Molar Endodontic Microsurgery



Mani Moulazadeh, D.M.D.
Newton, Mass.

Moderator: Reza Fardshisheh, D.M.D., Bethesda, Md.

Endodontic surgery has seen significant advancements over the past 15 years. With the advent of the surgical operating microscope, ultrasonic root-end preparation, microsurgical instruments, improved root-end filling materials, and more recently, cone-beam-computed tomography, the success rate for surgical endodontic treatment has significantly improved. This fact is supported by evidence-based outcome studies on microsurgical endodontics. However, many teeth are being extracted due to the myths that surround the success of endodontic surgery, which are a result of outdated conventional techniques. This is more valid in cases involving molar teeth. Difficulty in access, visualization and proximity to the maxillary sinus or neurovascular bundles play a role in the treatment planning and reservation in performing such procedures. This live surgical presentation will demonstrate a molar surgery from initial examination and diagnosis to wound closure and postoperative instructions.

At conclusion, participants should be able to:

- Properly treatment plan the surgical case, and assess and identify the anatomical challenges prior to operating.
- Describe proper soft tissue management including flap design, reflection and suturing techniques. In addition, understand proper hard tissue management including osteotomy, root-end resection, retropreparation and retrofilling.
- Become familiar with microsurgical armamentarium, including microinstruments, retro-fill material and sutures.



Find us at www.facebook.com/endodontists
for regular Annual Session Updates.

The Secrets of Loving Endodontics Each Day for a Lifetime



Albert C. Goerig, D.D.S., M.S.
Olympia, Wash.

Moderator: Howard J. Sorensen, D.D.S., Yuma, Ariz.

Many endodontists feel they work too hard and struggle in private practice and can't wait to retire. Why not learn how to design your practice to work only 3 days a week with 6 to 10 weeks' of vacation every year and be happier and more profitable than you are now? Find out the secrets of becoming financially free within a few years so you go to work because you want to, not because you have to. Learn the game plan from someone who has been doing this successfully for the past 20 years. This system works whether you are 30 years old or in your 60s.

At conclusion, participants should be able to:

- Describe how to take more time off from practice while becoming more profitable.
- Describe how to make over 100 percent return on their investments, without risk and without tax consequences.
- Describe the steps needed to retire in practice.

PD-304

Room 309

Transitions Affecting Life Choices: Financial Independence



Roger K. Hill
Charlotte, N.C.

Moderator: S. Ryan Facer, D.D.S., Salt Lake City, Utah

This course is intended for residents and newer doctors who are considering a transition (practice purchase or partnership); however, the presentation will also be valuable for established endodontists who employ an associate or are planning for a transition. We will explore how to determine your optimal transition course, what ownership truly entails, the real cost of lost opportunities, associate compensation, how practice value is determined, and knowing when and how to design a successful transition. In addition, two sides of one coin will be covered: what associates and senior endodontists each really want in a partnership. Genuine success is achieved only through advance planning and meeting each others' expectations.

At conclusion, participants should be able to:

- Assess different transition opportunities, including practice start-up vs. practice acquisition/partnership.
- Describe how practice value is determined.
- Differentiate between normalized overhead and cash flow.

FRIDAY

SESSIONS DESIGNED FOR:

1:15 – 4:30 p.m. continued

PD-305

Room 206

Designing the Endodontic Office



David J. Ahearn, D.D.S.
Westport, Mass.

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

You can create a beautiful and highly productive practice on a reasonable budget. Save space and markedly reduce costs, while increasing spaciousness, eliminating unnecessary equipment and streamlining workflow. This course will show you how to create phenomenal results quickly. You will leave knowing how to plan your future, how to outline the steps required to achieve your goals, how much space is required to meet your objectives and how to affordably create the office of your dreams, all while improving patient care.

At conclusion, participants should be able to:

- Create a clear outline of objectives for your new or improved practice design.
- Integrate microscopy with great effectiveness and without compromise.
- Markedly reduce the cost to create a great new practice while providing better patient care.

PS-302

Room 204

Preventive Maintenance



Moderator: Shaun C. Guida, RDA, Manketo, Minn.

Workshop Fee: \$100 early/\$150 standard

Henry Schein Dental will demonstrate how to make basic dental equipment repairs in your own office. From fixing the leaky water syringe to making air pressure adjustments, participants will have a better understanding of how to maintain equipment and save money. The best part is that you are actually performing the repairs with your own hands. Whether you have owned your own practice for years or are just beginning your career, all attendees will benefit from this workshop.

At conclusion, participants should be able to:

- Demonstrate a practical, working knowledge of dental equipment.
- Describe how to make simple equipment repairs yourself.
- Demonstrate the repairs taught during the workshop.

3 – 4:30 p.m.

EB-303

Room 306

Outcome of Root Canal Treatment: A Systematic Review



Yuan-Ling Paula Ng, B.D.S., M.Sc., Ph.D.
London, England

Moderator: Josef S. Bringas, D.D.S., Northville, Mich.

This lecture will present a systematic review of the studies on clinical outcomes of root canal treatment, highlighting the methodology and the findings. The presentation will begin with a discussion of the various means and approaches available to assess root canal treatment outcome. The presentation will then proceed to discuss the strategy for analyzing the effect of clinical factors on outcome based on available data. As most of the data happens to be observational and heterogeneous, it was analyzed from three perspectives: 1) subjective synthesis of individual study findings; 2) comparisons of weighted averages of pooled data; and 3) the weighted pooled odds ratios, both estimated using meta-analyses. These three sources of evidence were used to triangulate a consensus view for the effect of each clinical factor. The findings help to identify and prioritize the key clinical and biological questions for further research, and inform the refinement of clinical guidelines.

At conclusion, participants should be able to:

- Appreciate the various means and approaches available to assess the outcome of nonsurgical root canal treatment.
- Able to develop a strategy for prediction of the prognosis following root canal treatment.
- Able to critically appraise the evidence for root canal treatment protocols.

EB-304

Room 207

Outcome of Surgical Endodontic Treatment: A Meta-Analysis



Igor Tsesis, D.M.D.
Rehovot, Israel

Moderator: Derik P. DeConinck, D.D.S., Warren, Mich.

Modern surgical endodontic treatment presents a valuable alternative to implant placement and allows preservation of natural teeth. Numerous studies dealing with the outcome of surgical endodontic treatment have been published but inconsistent and confusing results were reported. The significant differences in study designs and treatment protocols make it difficult to evaluate the various factors influencing the outcome. Proper case selection is of paramount importance for a successful outcome of the surgical procedure. Tooth anatomy, root-end filling materials and characteristics of the periapical lesion may influence the outcome of surgery. The application of evidence-based principles, such as a systematic review and meta-analysis, is needed in order to integrate the best available clinical evidence and to establish an acceptable protocol for modern surgical

endodontic treatment. This presentation will discuss a systematic approach for the analysis of research findings and their relevance to clinical decision-making in surgical endodontic treatment.

At conclusion, participants should be able to:

- Apply the principles of evidence-based dentistry for surgical endodontic treatment.
- Formulate the decision-making algorithm for surgical treatment of teeth with apical periodontitis.
- Identify factors that may influence the outcome of endodontic surgery.

OP-304

Room 312

Diagnosis of Vertical Root Fractures in Endodontically Treated Teeth



Aviad Tamse, D.M.D.
Tel Aviv, Israel

Moderator: Matthew Malek, D.D.S., New York, N.Y.

This presentation reviews the 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 is 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 mesial root of the mandibular molars) complicates the future restorative treatment in the area such as implant placement.

At conclusion, participants should be able to:

- Identify the susceptible teeth and roots to fracture.
- Describe the current knowledge to achieve accurate diagnosis in a timely manner to prevent additional bone loss.
- Recognize major causes for root fractures and possible ways to minimize the risk of fractures.

OP-305

Room 304

Endodontic and Nonendodontic Periradicular Pathosis



Darren P. Cox, D.D.S., M.B.A.
San Francisco, Calif.

Moderator: Denise Foran, D.D.S., New York, N.Y.

Although periapical pathology is most often the result of dental infection and subsequent inflammation, many other conditions can present as periapical pathology. These include, but are not limited to, benign odontogenic cysts and tumors, nonodontogenic lesions, and primary and metastatic malignancies.

At conclusion, participants should be able to:

- Systematically evaluate periapical lesions with gathering of pertinent clinical information and implement appropriate tests and image techniques.
- Develop an appropriate differential diagnosis based on all information gathered.
- Develop an appropriate treatment plan based on the histopathologic diagnosis.

OP-306

Room 200

Identifying and Managing Psychological Components of Pain



Leesa Morrow, Ph.D., J.D.
Minneapolis, Minn.

Moderator: Paul A. Rosenberg, D.D.S., New York, N.Y.

This session will focus upon psychological factors that influence both the perception of pain and the degree to which pain interferes with function. Specific attention will be paid to the relationship between chronic pain and psychopathology, including depression, anxiety, somatoform disorders and personality disorders. Participants will learn how to identify symptom-magnified pain early in their work with difficult patients. Strategies for managing symptom magnification will be included in the discussion. Behavioral strategies for managing persistent pain will be generally discussed, and application of cognitive behavioral strategies to the work of the dentist will be emphasized. Practical methods for managing difficult patients will be suggested and psychologically justified. Finally, content of the presentation will include attention to the systemic stresses present in the professional practice of dentistry. Limit setting methods will be explained and applied not only to the doctor-patient relationship, but to the larger office context.

At conclusion, participants should be able to:

- Identify difficult patients on intake and treatment plan to manage their care efficiently.
- Set therapeutic limits with patients that curtail the risk of the patient's difficult behavior becoming destructive to the professional environment.
- Identify depressed, anxious and somatizing patients, and distinguish them from the more difficult to manage personality-disordered patient.

FRIDAY

SESSIONS DESIGNED FOR:

3 – 4:30 p.m. continued

PD-306

Room 310

Powerful Communication: Help Patients to Accept Endodontic Care**Robin Wright, Ph.D.**
*Evanston, Ill.**Moderator: Carole T. Pantera, D.D.S., M.S., East Aurora, N.Y.*

This involving, fast-paced course builds the communication skills that endodontists say they most need for patient relations' success. Discover how the latest research in communication can help increase patient understanding of endodontic care. Learn how to improve your endodontic case presentations to save time and boost patient confidence in your practice. Reap the benefits of knowing how to build a more active role for your team in patient communication. You will leave this seminar ready to achieve patient satisfaction with endodontic treatment more effectively and more often.

At conclusion, participants should be able to:

- Overcome obstacles to patient understanding of endodontic care.
- Convince patients of treatment quality, comfort and value.
- Motivate patients to accept needed treatment.

PD-307

Room 313

Treating Back and Neck Pain in Modern Dentistry: A Survival Guide for the Rest of Your Career!**Timothy J. Caruso, M.B.A., M.S.**
*Addison, Ill.**Moderator: Kimberly A.D. Lindquist, D.D.S., Duluth, Minn.*

Dentistry has come a long way in the last 150 years with improved dental techniques and approaches. However, discomfort continues on a daily basis. While back pain is a common cause of disability, there are very few professions that regularly accept pain as part of their daily routine. In the adult population, 50-80 percent experience back pain in their lifetime and 70 percent experience neck pain. The ADA surveyed a group of dentists and found that nearly three in five dentists indicated they regularly feel pain with lower back and neck being the top two areas. Is there some way to reduce your pain without medicine, needles, surgery or dependency on a particular practitioner? During this seminar, there will be discussion of conservative back and neck care that you can use to help yourself. We will present the information to see if there is an approach that is right for you. Generally, you will know within a couple of visits if you can treat your own pain. Before signing up for surgery, your pain becomes chronic or you consider a second career, come and give this a listen!

At conclusion, participants should be able to:

- Discuss the incidence and prevalence of cervical/lumbar pain in the dental profession.
- Discuss typical conservative treatment options for cervical/lumbar pain as well as mechanical diagnosis and therapy to treatment of referred/radicular back and neck pain as an alternative to or screening prior to surgical intervention.
- Discuss practical ergonomic interventions and solutions in dentistry.

PD-308

Room 300

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 you to secure future employment.
- List the larger spectrum of practice/employment opportunities.

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

Kerri L. Lawlor, D.D.S., Chair
Cameron M. Howard, D.M.D.
Kimberly A.D. Lindquist, D.D.S.
Justin R. McAbee, D.M.D.
Michael T. Reynolds, D.D.S.
Steven L. Richardson, D.M.D.
Bruce C. Justman, D.D.S., Board Liaison

PS-303

Room 201

Minutes to Save a Life**Morton Rosenberg, D.M.D.**
*Boston, Mass.**Moderator: Jane Peck, M.B.A., Colorado Springs, Colo.*

This session outlines a team approach to managing medical emergencies in the dental office. The presentation is a primer on basic office preparation needed to effectively treat common medical emergencies. The emphasis is on staff training, preparation and composition of the emergency kit, a review of the new CPR and the management of emergencies.

At conclusion, participants should be able to:

- Explain the composition of a basic medical emergency kit, including drugs and equipment.
- Describe differences in the “new CPR.”
- Manage common medical emergencies.

SP-303

Room 210

Pulp and Dentin Tissue Engineering and Regeneration



George T.J. Huang, D.D.S., M.S.D., D.Sc.
Boston, Mass.

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

Regeneration of dentin relies on having vital pulps; however, regeneration of pulp tissue has been considered difficult as the tissue is encased in dentin without collateral blood supply except from the root apical end. With the advent of modern tissue engineering concept and the discovery of dental stem cells, regeneration of pulp and dentin has been tested. Surprising progress of pulp and dentin regeneration has been made by researchers evidenced by recent publications. *De novo* regeneration of pulp and dentin in emptied root canals has been demonstrated ectopically and orthotopically in animal study models. The prospective outcome of the current advancement and challenge in this line of research will be discussed.

At conclusion, participants should be able to:

- Describe the research progress of pulp and dentin regeneration.
- Identify tissue engineering concept for dental tissue regeneration.
- Discuss the clinical applications of pulp and dentin regeneration.

SP-304

Room 311

Referral Building: Solid Relationships and Marketing Strategies

T



Garth W. Hatch, D.D.S.
Kennewick, Wash.

Moderator: Michael J. Feldman, D.M.D., Hewlett, N.Y.

Referral patterns continue to change in today's dental and economic environment. Many practices are frustrated with a lack of quality endodontic referrals and holes in the schedule. This seminar will discuss strategies to grow your practice by strengthening relationships with your referring offices and establishing consistent marketing systems. With real life examples from his endodontic practice, the speaker will discuss ways to continually grow the practice, reduce stress for the doctor and build strong relationships with appreciative referring offices.

At conclusion, participants should be able to:

- Describe ways to evaluate current practice strengths, weaknesses and identify growth opportunities.
- Identify the importance of building strong relationships with referring offices and how to maintain these mutually beneficial relationships.
- Describe methods for creating effective marketing strategies that are consistent and run on auto-pilot with minimal input from the endodontist.



FRIDAY

SESSIONS DESIGNED FOR:



8:15 – 9:45 a.m.

AS-400

Room 210

Risk Assessment and Management of the Medically Complex Endodontic Patient



Bradford R. Johnson, D.D.S., M.H.P.E.
Chicago, Ill.

Moderator: Carol E. Mann, D.M.D., South Orange, N.J.

Since medical complexity is often an indication for referral to a dental specialist, endodontists should be prepared to evaluate and manage patients with complex medical conditions. An aging population with both the desire and resources to preserve their natural dentition will drive the demand for root canal therapy for patients with a history of multiple medical problems and medications. The purpose of this presentation is to provide a brief overview of medical conditions that may require medical consultation and/or modification of the usual treatment protocol. Medical conditions covered will include: cardiovascular disease, diabetes, pulmonary disorders, renal disease and dialysis, bisphosphonate therapy, organ transplantation, prosthetic devices, liver disease, pregnancy and allergy to dental materials.

At conclusion, participants should be able to:

- Identify specific findings from the medical history questionnaire, patient interview and physical examination that are predictors of increased risk of an adverse medical outcome during nonsurgical and surgical endodontic therapy.
- Describe the four basic factors that influence a patient's ability to tolerate dental treatment.
- Describe appropriate treatment modifications to reduce the risk of an adverse outcome during or after endodontic therapy performed in an ambulatory setting.

AS-401

Room 306

Endodontics and Neurologic Injury



Alan H. Gluskin, D.D.S.
San Francisco, Calif.

Moderator: Marc P. Gimbel, D.M.D., Montville, N.J.

Neurologic injury as an outcome of endodontic treatment can have devastating consequences for both the patient and the endodontist. Mishaps that occur during the therapeutic stages of endodontic therapy can result in neurologic damage with an unpredictable course and an uncertain prognosis. This presentation will discuss the evidence and best practices regarding neurologic impairment as a result of endodontic care. The data for prognosis and how to determine treatment and intervention strategies in local anesthetic injury, compression, heat and chemical harm from overfill, as well as hypochlorite accidents and the resulting neural trauma caused by surgical error, will be discussed.

At conclusion, participants should be able to:

- Recognize the advantages of new 3-D imaging technologies in identifying key neurovascular structures and their proximity to the root canal systems of teeth.
- Identify safe protocols for avoiding extraradicular overfill of the root canal space when there is close proximity to neurovascular anatomy.
- Be familiar with prognosis and best practice for injuries and overfill mishaps that result in neurologic damage.

EB-400

Room 201

The ADA Center for Evidence-Based Dentistry



Catherine Hayes, D.M.D., Dr.Med.Sc.
Newton, Mass.

Moderator: Susan B. Paurazas, D.D.S., Rochester Hills, Mich.

Evidence-based dentistry is based on three important domains: the best available scientific evidence, a dentist's clinical skill and judgment, and each individual patient's needs and preferences. Only when all three are given due consideration in individual patient care is EBD actually being practiced. This session will focus on the ADA EBD program, including the ADA's EBD website (<http://ebd.ada.org>), designed by dentists for dentists that provides concise and clinically relevant information for dental professionals. The ADA/EBD website includes: a database of systematic reviews updated monthly—there are over 1,200 systematic reviews in the databases; critical summaries of systematic reviews—one-page synopses of the key elements of a systematic review with clinical implications; and clinical recommendations—these provide useful tools that can be applied in making evidence-based clinical treatment decisions.

At conclusion, participants should be able to:

- Identify the definition of evidence-based dentistry.
- Describe the ADA's many EBD resources, including the EBD website.
- Describe the ADA's educational initiatives, including the EBD Champion program, the ADA Evidence Reviewer program and the ADA/Forsyth EBD course.

POSTURE EVALUATIONS

8:15 – 11:45 a.m.

Room 311

Good posture is a key factor in reducing stress and strain. By identifying and reducing stressful positions in the operatory, one begins to find that the working day is less tedious and the ride home more enjoyable. Stop in during this time for an assessment of your posture and body mechanics. With practice and time, naturally assuming a more appropriate, balanced posture allows the body to adjust to a new, balanced position, often relieving the pain and other discomfort that was previously accepted as part of the working day.

EF-400

Room 208

Stem Cells in Regenerative Endodontics



George T.J. Huang, D.D.S., M.S.D., D.Sc.
Boston, Mass.

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

To date, five different dental stem/progenitor cells have been discovered from dental pulp, apical papilla, periodontal ligament and dental follicle. These stem cells are isolated from the dental tissues that deal with in practice on a daily basis. Cell-based therapy is an inevitable therapeutic mode for future medicine. This presentation will bring awareness to clinicians and educators that an in-depth knowledge of these stem/progenitor cells is essential for the practice of current and future clinical endodontics.

At conclusion, participants should be able to:

- Describe the types of stem cells.
- Understand the characteristics of stem cells.
- Discuss the clinical applications of stem cells.

OP-400

Room 200

Current Concepts in Treating Avulsed Teeth



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

Moderator: Abdulaziz S. AbuMelha, B.D.S., New York, N.Y.

Of all dental injuries, avulsion is one of the most serious. It will almost certainly cause pulpal necrosis, massive damage to the PDL and to the alveolus. Immediate and appropriate care can lessen the damages and minimize sequels. It is important for dentists and patients to understand that even when correct first aid is rendered, the avulsed tooth does require thorough and frequent follow-up controls to allow swift intervention as soon as unfavorable changes are diagnosed. The first part of this lecture will provide an update on the management of avulsed teeth and emphasize manners to educate the general public about first aid methods. The second part will focus on the importance of follow-ups and their timing, and highlight the post-traumatic sequels that endodontists should seek to detect and treat promptly. This discussion will include presentation of the new guidelines of the International Association of Dental Traumatology.

At conclusion, participants should be able to:

- Describe the key issues with emergency treatment of avulsion and how to convey those best to the general public.
- Describe and utilize current treatment options of unfavorable healing after avulsion.
- Follow the new guidelines of the International Association of Dental Traumatology on avulsion.

OP-401

Room 302

Oral Sedation Dentistry



Michael D. Silverman, D.M.D.
Seattle, Wash.

Moderator: Jillwen L. Sung, D.M.D., Houston, Texas

Oral sedation dentistry allows dentists to optimize care while maximizing practice efficiency and professional satisfaction. Treat anxious and fearful patients, perform more dentistry in a single visit and increase fulfillment of complete treatment plans while your patients experience little-to-no postoperative discomfort. Patients remember little of the appointment and feel as though hours are mere minutes. With oral sedation dentistry, both your most frightened patients and extensive appointments can be transformed into some of the most rewarding cases. This presentation will provide an introduction on how to achieve the maximum benefits of sedation dentistry with minimal risk.

At conclusion, participants should be able to:

- Describe the science of sedation.
- List crucial safety provisions.
- Assess a patient's level of sedation.

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 313
EndoVision: Room 300

10:15 – 11:45 a.m.

TDO: Room 313
PBS Endo: Room 300

SESSIONS DESIGNED FOR:

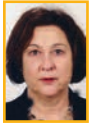


8:15 – 11:45 a.m.

AS-402

Room 202

Ridge Preservation



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



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

Workshop Fee: \$550 early/\$600 standard

This 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.

MC-400

Auditorium

How Do Masters Do It?



John D. West, D.D.S., M.S.D.
Tacoma, Wash.

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

Mastery in endodontics is about intention; starting with the outcome in mind, applying clinical fundamentals and sound technique, and constantly monitoring your performance. It is a process that is energizing, satisfying and fun. It requires leadership, ownership and accountability. This three-hour live demonstration is a clinic on mastery in endodontics, focusing on the outcome, choosing and applying the right tools to create that outcome and training the mind/muscle memory to make mastery of endodontic mechanics easy. This presentation will share and demonstrate secrets learned from the masters.

At conclusion, participants should be able to:

- Identify the four critical guidelines of endodontic mastery in action.
- Distinguish operator infrastructure and design efficiency.
- Identify the significance of a team that respects and values mastery.

OP-402

Room 203

IV Sedation and Venipuncture



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



Cody J. Nelson, D.M.D.
Birmingham, Ala.

Moderator: Kendra K. Boda, D.D.S., Farmington, Minn.

Workshop Fee: \$550 early/\$600 standard

An overview of sedation designed to give the endodontist a “taste” of intravenous sedation will aid and direct the participant in his/her quest for further training in the subject. Discussion will include a review of recommended anesthetic agents as well as a review of risks, benefits and safety. Patient monitoring, monitoring adjuncts, anesthesia charting, discharge requirements and personnel requirements will be discussed. Common anesthesia-related emergencies will be discussed. ADA guidelines regarding intravenous moderate sedation will be presented and a reference for state permit regulations will be provided. Detailed instructions for obtaining intravenous access will be presented in preparation for the venipuncture workshop immediately following the lecture. All participants will be given the opportunity to practice venipuncture and angiocatheter placement on a manikin hand and arm. For those practitioners interested in obtaining peripheral blood for endodontic regeneration procedures, blood draw equipment and technique will be reviewed.

At conclusion, participants should be able to:

- Describe the basic process of implementing IV sedation services in their practices, the limitations of moderate IV sedation, and the indications for deep sedation or general anesthesia in the office setting.
- Evaluate a patient for difficulty of obtaining IV access as well as recognize and treat complications associated with obtaining IV access.
- Obtain IV access for either sedation or peripheral blood draw purposes.

PD-400

Room 207

How to Start, Grow and Develop the Endodontic Practice of Your Dreams



Albert C. Goerig, D.D.S., M.S.
Olympia, Wash.

Moderator: Eric L. Weinstock, D.M.D., Canton, Mass.

It is tougher to begin an endodontic practice than ever before and this program will show how to successfully develop the practice of your dreams. This step-by-step blueprint covers every aspect of beginning a new practice from finding the right location, setting

up and understanding office systems, hiring the right team, marketing and the secrets of profitability. We will also look at associateships, partnerships and buying an existing practice.

At conclusion, participants should be able to:

- Describe a systematic approach to finding the right location for your practice.
- Describe how to develop and set up effective management systems for your new practice.
- Describe how to have an associateship and partnership and buy an existing practice.

PD-401

Room 309

Transitions Affecting Life Choices



Roger K. Hill
Charlotte, N.C.

Moderator: Demetrick W. LeCorn, D.M.D., M.S., Ocala, Fla.

This course is essential for doctors considering a transition (practice sale or partnership). Most failures in transitions share a common flaw: unmet expectations. Success is founded on knowing in advance: 1) financial outcomes; 2) legal arrangements/obligations; and 3) the steps in the process. You will learn how transition planning fits into and supports your total practice vision and strategy. The presentation will cover transition timing, how to best position your practice to maximize its value for transition, nurturing an associateship into a successful partnership (or full sale) for your practice, details on each transition alternative, how to determine your best option and why choosing the correct plan is a life-changing decision. Whether your transition plans are immediate, in the mid- or long-term, the truth is your plan will only affect the rest of your life.

At conclusion, participants should be able to:

- Differentiate between various transition alternatives for their practice.
- Identify several methods to improve/increase practice value prior to transition.
- Describe different financial structures for partnership (sale of a fractional interest).

PD-402

Room 310

Have Them at Hello!



Katherine M. Eitel
Mesa, Ariz.

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

Throw out those scripts! Tap into your own instinctive greatness to be better than ever! Learn four simple steps to increase productivity with new patient calls! Topics include price-shoppers, insurance-driven,

cleaning only, emergencies, pending treatment and hygiene reminder calls as well as telephone etiquette, confirmations and ways to cut cancellations in half. Designed for endodontists and the entire team, this course will change the way you view those media-generated or internally generated, phone calls for which you are paying so much money!

At conclusion, participants should be able to:

- Convert more calls to appointments and increase return-on-investment from advertising.
- Improve success with price-shoppers, insurance-driven patients, emergencies and more.
- Keep patients from canceling and have patients hanging up saying, "Wow!"

PS-400

Room 206

Infection Control



Nancy Andrews, RDH
Costa Mesa, Calif.

Moderator: Maria Mumpower, Asheville, N.C.

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

A variety of infection control products and approaches are presented in this lively and interactive hands-on workshop. Basic disease transmission and infection control are explored in light of current documented knowledge while using products as instructional tools and gifts. Misconceptions and common problems will be discussed, along with potential implications and consequences. The course is intended to help participants get maximum effectiveness from their infection control efforts. Really use, and really see (with glow-germs and other activities), how different techniques and products work—go home with a bag of samples and many new ideas!

At conclusion, participants should be able to:

- List basic tenants of infection control.
- Describe best practices in hand hygiene, personal protective equipment, environmental asepsis, instrument sterilization and sharps safety.
- Evaluate and compare various products as options to practice safely.

PS-401

Room 204

Preventive Maintenance



Moderator: George T. Goodis, D.D.S., Grosse Pointe, Mich.

Workshop Fee: \$100 early/\$150 standard

This is a repeated session; see page 46.

SESSIONS DESIGNED FOR:

10:15 – 11:45 a.m.

AS-403

Room 200

Geriatric Endodontics and the Effect of Systemic Diseases on Endodontic Procedures and Outcomes



Jeffrey M. Coil, D.M.D., Ph.D.
Vancouver, British Columbia, Canada

Moderator: Carol E. Mann, D.M.D., South Orange, N.J.

As our population ages, there is an increasing number of geriatric patients. Endodontic management of this specific population group should receive special focus. A variety of factors affect the outcome of endodontic treatment. One potential factor, the effect of systemic conditions on endodontic procedures and outcomes, continues to receive attention. This presentation will examine whether there is an association between systemic health and endodontic disease and how the management of geriatric patients is different than for other adult patients.

At conclusion, participants should be able to:

- Describe the considerations for endodontic management of the geriatric patient.
- Describe what effect systemic conditions may have on the pathogenesis of endodontic disease and on endodontic outcomes.
- Describe whether endodontic conditions affect systemic health.

EB-401

Room 201

Cochrane Collaboration: Meta-Analysis and Systematic Reviews



Tianjing Li, M.D., Ph.D., M.H.S.
Baltimore, Md.

Moderator: Josef S. Bringas, D.D.S., Northville, Mich.

The Cochrane Collaboration, established in 1993, is an international network of more than 28,000 dedicated people from over 100 countries. We work together to help health care providers, policy makers, patients, their advocates and caregivers, make well-informed decisions about health care, based on the best available research evidence, by preparing, updating and promoting the accessibility of Cochrane systematic reviews—over 4,600 so far published online in the Cochrane Library. A systematic review is a scientific investigation that focuses on a specific question and uses explicit, prespecified scientific methods to identify, select, appraise and summarize similar but separate studies. A systematic review may or may not include a meta-analysis, which is a quantitative statistical method that combines the results from several studies.

At conclusion, participants should be able to:

- Describe the aim, structure and main product of the Cochrane Collaboration.
- Describe a systematic review and the role of systematic reviews in evidence-based health care.
- Describe the major steps of conducting a systematic review.

OP-403

Room 302

Persistent Pain Following Root Canal Therapy: What Endodontists Need to Know



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



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

Moderator: Paul A. Rosenberg, D.D.S., New York, N.Y.

Persistent pain following root canal therapy can be a source of great frustration for patients and practitioners. This session will help the participants understand the, definition of persistent pain, how often it occurs, and the endodontist's role in its diagnosis and treatment. The presentation will include the findings from a recent practice-based research network study that followed over 700 endodontic patients that were treated by endodontists and general practitioners. There will also be a presentation of cases where patients reported persistent pain following nonsurgical root canal treatment, and were seen by an endodontist and facial pain practitioner for diagnosis.

At conclusion, participants should be able to:

- Define persistent pain following endodontic treatment.
- Identify potential causes of persistent pain following endodontic treatment.
- Describe the endodontist's role in the diagnosis and management of persistent pain.

OP-404

Room 210

Root Resorption Basic Concepts and Treatment Strategies



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

Moderator: Prenard R. Mickens, D.D.S., Greensboro, N.C.

Precementum and predentin are the tissues that protect a permanent tooth against resorption. In order for resorption to occur there must be: 1) damage to one of these protective layers; and 2) an inflammatory response that stimulates the osteoclastic resorption of the root and surrounding bone. When the inflammation is in the active stage it is destructive in nature and is radiolucent and reversible. The active resorption could continue or healing takes place. Healing is either favorable with new protective cementum or unfavorable when the bone attaches directly to the root with eventual loss of the root. This talk will cover basic concept of root resorption and modern strategies to maximize favorable healing.

At conclusion, participants should be able to:

- Explain the mechanisms of root protection against root resorption.
- Describe the requirements for root resorption to occur.
- Explain treatment strategies that maximize favorable and minimize unfavorable root resorption.

PD-403

Room 208

The Future of Dental Practice



Eric S. Solomon, D.D.S., M.A.
Dallas, Texas

Moderator: Chad A. Campanelli, D.D.S., Madison, Wis.

The focus of this presentation will be changes in dental manpower; however, there are many other factors that are related to these manpower changes. Other issues to be considered include: economic conditions, demographic changes, changes in dental disease rates, government funding levels and consumer attitudes towards dental care. A sound historical perspective is essential for the understanding of current circumstances and potential futures. Therefore, the first half of this presentation will be devoted to reviewing the past 60 years of our history with three distinct historical periods identified and the issues that define these periods explored. The second half of this presentation will be devoted to exploring current circumstances and defining which factors are likely to determine the future of our profession.

At conclusion, participants should be able to:

- Explain the role of historical trends in our current situation and possible future.
- Describe factors contributing to the current rise in dental school enrollment.
- Explain the demand for endodontic services to changes in the overall economy.

SP-400

Room 306

Failing Before Starting: When NOT to Do Endodontics



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

Moderator: Nestor Cohenca, D.D.S., Redmond, Wash.

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.
- Understand the variables that may be present to decrease the prognosis for a tooth requiring endodontic treatment.
- Describe the subjective and objective findings of root fractures as they relate to the tooth and associated periodontal structures.

1:45 – 3:15 p.m.

AS-404

Room 200

What to Do When All Antibiotics Fail



Paul D. Eleazer, D.D.S., M.S.
Birmingham, Ala.

Moderator: Heath J. Parry, D.M.D., Budd Lake, N.J.

This presentation will concentrate on the very long history and adaptability of microbes compared with the brief history of antibiotic use by humans. Return to classic means of disinfection and strict attention to sterile technique will likely be more important in the future.

At conclusion, participants should be able to:

- Describe the mechanisms for microbes to become resistant to antimicrobial drugs.
- Describe potential consequences of endodontic infection.
- Describe situations appropriate for antimicrobial drug use and the clinician's responsibility to avoid unnecessary exposure to microbes.

EB-402

Room 306

An Evidence-Based Approach to Nonsurgical Endodontic Decision-Making



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

Moderator: Simon M. Ghattas, D.M.D., Troy, Mich.

Realistic assessment of endodontic treatment outcome is crucial for appropriate case selection and treatment decision-making. Additionally, perceptions of referring dentists regarding the predictability of endodontic treatment merit consideration by the endodontist. This will often determine whether patients will be advised to treat the affected tooth endodontically or to replace it with an implant. Studies assessing treatment outcome varied considerably in their results, often causing confusion. In this presentation, evidence-based assessment of nonsurgical endodontic treatment outcome and rationale for case selection will be presented and discussed.

At conclusion, participants should be able to:

- Describe the variations that exist in the literature regarding nonsurgical endodontic treatment outcome.
- Evaluate data obtained from large cohorts of patient populations.
- Apply this knowledge for evidence-based assessment of prognosis and treatment decision-making.

SESSIONS DESIGNED FOR:

1:45 – 3:15 p.m. continued

EB-403

Room 201

Clinical Trials 101 for the New Researcher

Bruce Pihlstrom, D.D.S., M.S.
Bethesda, Md.

Moderator: Emmanuel D. Paguio, D.D.S., Berkley, Mich.

In today's environment of evidence-based practice, the prevention, diagnosis and treatment of oral diseases should be based on well-designed and executed clinical research. This presentation will give new prospective researchers an overview of the various types of clinical research and will discuss how to design, conduct, analyze and report clinical trials. Opportunities and challenges in conducting clinical trials will be discussed in terms of: 1) defining a research question and trial outcome measures; 2) identifying funding opportunities; 3) statistical and clinical significance; 4) statistical power and sample size considerations; 5) use of controls; 6) human subject protections, IRB, and data and safety monitoring; 7) developing a manual of operations; 8) subject recruitment; and 9) establishing collaborations for successful clinical trial planning and implementation.

At conclusion, participants should be able to:

- Describe the various types of clinical research and clinical trials.
- List the major issues in the design and conduct of clinical trials.
- Assess the potential for conducting clinical trials at their academic institutions.

OP-405

Room 302

Apical Pathosis: Histologic and Microbiologic Aspects That Influence the Response to Treatment Measures

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

Moderator: Jennifer L. Gibbs, M.A.S., D.D.S., Ph.D., New York, N.Y.

Evidence exists that necrosis of the pulp tissue following penetration by caries is a slow process that gradually extends apically. At a given point, the apical pulp may be vital even when a frank apical periodontitis is established. The varying periapical responses to apical progression of the pulp degeneration process will be described, together with the histologic status of the pulp in the most apical part of the canal. The mechanisms by which bacteria may eventually invade the periapical tissues and become established extraradicularly, preventing healing of the lesion following root canal treatment, will be analyzed. The so-called "true" cyst is believed by many to be less likely to heal after nonsurgical root canal therapy. The pathogenesis and the various theories proposed concerning the formation of inflammatory apical cysts will be illustrated and the possible role of periapical "true" cysts in determining root canal treatment failures will be critically discussed.

At conclusion, participants should be able to:

- Describe the important aspects of the pulp necrosis process and periapical lesion formation.
- Discuss the impact of bacterial colonization of the periapical area on the outcome of conventional endodontic treatment.
- List the possible mechanisms of cyst formation and critically review the role of a true cyst in preventing periapical healing following root canal treatment.

OP-406

Room 210

Are Some Patients Predisposed to Endodontic Pain? Genetics, Gender, Anxiety and Clinical Factors Modulating Pain Perception

Paul A. Rosenberg, D.D.S.
New York, N.Y.

Moderator: Jared C. Frisbie-Teel, D.D.S., Portland, Ore.

This evidence-based translational presentation will review biological and clinical factors that may predispose a patient to pain. The significance of specific endodontic comorbidities is evaluated. Recent research concerning pain and the role of genetics, gender and anxiety are discussed as well as important clinical factors that may be predictors of endodontic pain. The clinical impact of these findings will be explored. This presentation should enable the practitioner to recognize those patients most likely to experience endodontic pain. Clinical and pharmacological strategies are described that will be meaningful for the clinician in preventing and/or treating endodontic pain.

At conclusion, participants should be able to:

- Recognize the potential of genetic factors to modulate a patient's pain perception.
- Describe the significance of gender and anxiety as predictors of endodontic pain.
- Utilize specific clinical and pharmacological strategies to prevent endodontic pain.

OP-407

Room 208

Traumatic Injuries: From Biology to Clinical Practice

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

Moderator: Courtney K. Linenberg, D.D.S., New York, N.Y.

Traumatic injuries are becoming more commonplace in today's practices. Problems associated with trauma include controversial treatments, unreliability of diagnostic tests, diagnostic challenges and the inability to predict success. Several theories associated with the unreliability of these tests and ways to overcome this problem will be discussed. Case-based scenarios including helpful guidelines on how to treat and manage pediatric patients with traumatic injuries will also be discussed.

At conclusion, participants should be able to:

- Cite outcomes following traumatic injuries.
- List appropriate treatment modalities.
- Provide an evidence-based approach to trauma.

SP-401

Room 207

Application of Cone-Beam CT in Endodontics



Michael J. Feldman, D.M.D.
Hewlett, N.Y.



Le O'Leary, D.D.S.
Plano, Texas



Yoshitsugu Terauchi, D.D.S., Ph.D.
Yamato-Shi, Japan

Moderator: Eugene A. Pantera Jr., D.D.S., M.S., Buffalo, N.Y.

Cone-beam-computerized tomography has played an important role in the ability of the endodontic practitioner to better serve our patients. This presentation will highlight some of the major advantages of incorporating CBCT into our everyday practice. Along with some obvious advantages of its use, the three clinicians will discuss some of the technology limitations based upon years of use in multiple private practice settings. Using multimedia, slides and video, each clinician will discuss the role CBCT has had in helping to provide optimal care for their patients. Because the lecturers use different CBCT machines, participants will have the opportunity to see images from different sources.

At conclusion, participants should be able to:

- Identify many of the advantages and limitations of using cone-beam technology in the clinical setting and the differences between CBCT manufacturers.
- Describe the use of cone-beam in private practice.
- Explain how newer technologies can be easily incorporated into a private practice setting.

SP-402

Room 309

ABE Boardwalk



Stephen J. Clark, D.M.D.
Louisville, Ky.

Moderator: Alan S. Law, D.D.S., Ph.D., Lake Elmo, Minn.

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 of 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.
- List the requirements for recertification.

ABE Board of Directors:

Stephen J. Clark, D.M.D., President
Alan S. Law, D.D.S., Ph.D., Secretary
Patrick E. Taylor, D.D.S., Treasurer
Linda G. Levin, D.D.S., Ph.D., Counselor
Ashraf F. Fouad, B.D.S., D.D.S., M.S.
John F. Hatton, D.M.D.
James D. Johnson, D.D.S., M.S.
Karl Keiser, D.D.S., M.S.
Donna J. Mattscheck, D.M.D.
Cindy R. Rauschenberger, D.D.S., M.S.

SESSIONS DESIGNED FOR:

1:45 – 3:15 p.m. continued

SP-403

Room 313

A Guide to *JOE* Manuscripts: Reviewing, Submitting and Accessing Online



James F. Wolcott, D.D.S.
Colorado Springs, Colo.

Moderator: Gregory M. Semashko, D.D.S., Zelienople, Pa.

Whether you already belong to the Scientific Advisory Board, are interested in joining this prestigious group, want to submit an original manuscript or simply want to get the most out of your *Journal*, this session is for you. We will discuss the steps involved in preparing, submitting and reviewing manuscripts for the *JOE*, as well as learning how to obtain the maximum benefit from scientific papers and how to make full use of *JOE* Online. Additionally, the *JOE* now offers members of the SAB the opportunity to earn online CE credit for reviews judged to be outstanding in quality. Thus, SAB members will also receive tips on earning CE credits while giving back to your *Journal*.

At conclusion, participants should be able to:

- Describe how to prepare a manuscript and submit it to the *Journal*.
- Identify how to serve as a member of the Scientific Advisory Board in providing outstanding peer reviews of manuscripts.
- Describe how to navigate *JOE* Online to enhance the experience as a user.

SP-404

Room 300

Compliance With HIPAA in Social Networks



Michael R. Ragan, D.M.D., J.D.
Miami, Fla.

Moderator: Bruce D. Schulman, D.D.S., Boynton Beach, Fla.

The federal government promulgated HIPAA to protect health insurance coverage for workers and their families when they change or lose their jobs. Additionally, HIPAA provides for the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, employers, and also address the security and privacy of health data. These standards are meant to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in the U.S. health care system. The advent of social network platforms has significantly increased the ability for nearly instantaneous communication. This increased electronic data interchange has greatly increased the opportunity for disclosure of confidential and privileged information, including protected health information. This course will address the potential areas of exposure and methodology to ensure compliance with HIPAA when utilizing social networks.

At conclusion, participants should be able to:

- Describe HIPAA regulation segments.
- Identify the exposure inherent in the use of social network platforms.
- Explain the methodology of compliance with HIPAA when utilizing social networks.

1:45 – 5 p.m.

PD-404

Room 310

Coming Up for Air: Coping With Change

T



Brian Luke Seaward, Ph.D.
Boulder, Colo.

Moderator: Jamal R. Flowers, D.D.S., Chicago, Ill.

The basics of holistic stress management, so essential for health care professionals, are nothing more than common sense, yet common sense isn't too common with the stress of umpteen responsibilities. Economic meltdown, information overload, corporate downsizing, urban sprawl, chronic diseases, "patients from hell," on-demand everything, global warming, techno-stress, 24/7 accessibility. . .the list of personal and planetary stressors is nearly endless. Holistic stress management honors the integration, balance and harmony of mind, body, spirit and emotions where the whole is always greater than the sum of the parts. This presentation highlights the essential tools for stress decompression; from optimism and assertiveness skills (healthy boundaries) to humor (comic relief) and relaxation skills so that you can catch your breath, regain a sense of balance in your life and reclaim your sense of empowerment to navigate gracefully on your life journey in the global community.

At conclusion, participants should be able to:

- Define the terms holistic wellness and holistic stress management.
- Identify the four styles of mismanaged anger.
- List five effective coping/relaxation skills to decompress from the stress of life.

PS-402

Room 204

Preventive Maintenance

T

Moderator: Alicia D. Moore, Asheville, N.C.

Workshop Fee: \$100 early/\$150 standard

This is a repeated session; see page 46.

3:30 – 5 p.m.

EF-401

Room 302

Instrument Designs



Gianluca Gambarini, D.D.S.
Rome, Italy

Moderator: Samuel I. Kratchman, D.M.D., Exton, Pa.

Performance and mechanical properties of nickel-titanium instruments are influenced by many factors, including cross-sectional and flute design, the raw material and manufacturing processes. All these factors are strictly correlated, and a lot of improvements have been proposed by manufacturers during the last decade to provide clinicians with more efficient and safer instruments. The presentation will discuss past and current developments of NiTi rotary instruments, briefly describe how design and dimensions (tip diameters and tapers) are also correlated with anatomy and operative techniques, focusing mainly on how differences in design can affect mechanical properties and performance of NiTi rotary instruments (cutting efficiency, flexibility and failure resistance). The most commonly used instrument designs will be analyzed and discussed, both for continuous rotation and reciprocation.

At conclusion, participants should be able to:

- Describe different manufacturing processes and different instrument designs that have become popular in the last decade.
- Describe how design affects the way instruments engage, cut into dentin, remove debris and the stress they may generate with them.
- Correlate different instruments and changes in design with differences in the flexibility, and resistance to torsional and flexural stress of the instruments.

EF-402

Room 306

Photodynamic Endodontic Disinfection



Tom C. Pagonis, D.D.S., M.S.
Chestnut Hill, Mass.

Moderator: Jeannette Peña Hall, D.M.D., Miami, Fla.

This session will review the concept of photodynamic therapy and its application as an adjunct in nonsurgical endodontic disinfection. Topics to be discussed include the use of photosensitizing agents, PDT dosimetry, the utilization of laser diode technology to target intracanal endodontic pathogens and nanotechnology in enhancing the photodynamic effect. The session will also review current research, future research priorities and conclude with a discussion on possible future utilization of this technique in endodontic nonsurgical treatment and regenerative endodontics.

At conclusion, participants should be able to:

- Describe pertinent terminology and describe the general mechanism of photodynamic therapy.
- Describe strategies that enhance the photodynamic effect.
- Discuss the future application of photodynamic therapy as an effective adjunct to endodontic disinfection protocols.



SATURDAY

SESSIONS DESIGNED FOR:

3:30 – 5 p.m. continued

OP-408

Room 210

Repair/Regeneration: Is There a Difference in Endodontics?



Louis M. Lin, B.D.S., D.M.D., Ph.D.
New York, N.Y.

Moderator: Jeffrey S. Albert, D.M.D., New York, N.Y.

Tissue wound healing can result in repair and regeneration. The ultimate goal of wound healing is to restore the original architecture and biological function of the injured tissue or organ. Complete regeneration following injury in humans can occur only in the prenatal fetus within 24 weeks of gestation. Postnatal wounds, such as irreversible pulpitis and apical periodontitis, always heal by repair or a combination of repair and regeneration. Somatic cells in the pulp and periapical tissues have limited potential for regeneration following injury and lack of telomerase. Wound healing of irreversible pulpitis and apical periodontitis requires recruitment and differentiation of progenitor/stem cells into tissue-committed somatic cells. Infection induces an immuno-inflammatory response and tissue destruction, which prevents regeneration. Therefore, prevention, early detection and treatment of inflammation/infection of pulpal and periapical disease can enhance regeneration and minimize repair of pulpal and periapical tissue after endodontic therapy.

At conclusion, participants should be able to:

- Describe the difference between repair and regeneration in terms of tissue architecture and biological function.
- Describe the difference between prenatal and postnatal wound healing.
- Describe progenitor/stem cells in pulpal and periapical wound healing.

SP-405

Room 207

Get Up Your Nerve to Deal With the Mandibular Nerve



Charbel R. Allam, D.D.S.
Beirut, Lebanon

Moderator: Tevyah J. Dines, D.M.D., M.Sc., Wellesley, Mass.

The paresthesia of the inferior dental nerve consists of a complication that can occur after performing various dental procedures such as cystectomies, extraction of impacted teeth, apicoectomies, endodontic treatments, local anesthetic deposition, preprosthetic or implantologic surgery. The possible mechanisms of nervous lesions are mechanical, chemical and thermal. Mechanical injury includes compression, stretching, partial or total resection. This could be done during a surgical procedure to laterally reposition the mandibular nerve in preparation for placement of implants or extraction of the lower third molar, or during endodontic surgery to take off overfilling materials from the mandibular canal. Chemical trauma can be due to certain toxic components of the endodontic filling materials and irrigating

solutions. Thermal injury is a consequence of bone overheating during the execution of surgical techniques. We present different clinical cases of paresthesia of the inferior dental nerve to explain the etiology and the treatment of this complication.

At conclusion, participants should be able to:

- Describe how to treat any subsequent complications.
- Describe how to manipulate the inferior dental nerve.
- Identify how to increase the rate of success of the surgical act.

SP-406

Room 309

ABE Case History Portfolio Construction: Seeking Perfection



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

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

This course is designed for ABE Board-eligible candidates and their mentors for creating a passing portfolio. Too many hours go into the development of a Case History Portfolio to have it rejected. Examples of good portfolios, marginal portfolios and those not likely to pass will be presented. Radiographs are an all-important part of the successful portfolio, but poor radiographic technique can ruin an otherwise good effort. Examples of winning and losing radiographs will be projected. Tips for finding helpful resources via the Internet and ideas on how to find a mentor will also be presented. Participants will also find out the latest Board requirements and actions that affect the examination process and learn how portfolios are evaluated.

At conclusion, participants should be able to:

- Describe the quality of cases needed to pass this part of the examination.
- Explain the radiograph requirements of a winning portfolio.
- Describe the evaluation and grading process for Case History Portfolios.

SP-407

Room 313

The Endodontic Microbial Biofilm: A Multicellular Organism



Luis Chavez de Paz, D.D.S., M.S., Ph.D.
West Hartford, Conn.

Moderator: Aleksander S. Iofin, D.M.D., New York, N.Y.

Biofilms are multispecies communities of microorganisms that may be formed in root canals. Biofilms in root canals will provoke chronic inflammatory reactions and jeopardize the outcome of the root canal treatment. With the recent inclusion of biofilm biology as a main research subject in endodontology, many groups have established simple biofilm model systems to reduce the complexity and facilitate biofilm investigations in the lab. However, many of the studies done on single-species biofilm models are difficult to extrapolate in real life. This presentation will focus on introducing current and novel approaches to study multispecies biofilms of root canal bacteria. By introducing these novel techniques, the multicellular lifestyle of root canal biofilms can be revealed. For example, root canal biofilms acting as multicellular organisms will facilitate the interactions among its members to perform a wide range of cooperative actions, such as nutrient acquisition, colonization, cell-to-cell communication and resistance to antimicrobials.

At conclusion, participants should be able to:

- Describe the current methodologies to study multispecies biofilms in real-time under continuous and noninvasive conditions.
- List the potential mechanisms involved in the multicellular behavior of root canal biofilms.
- Discuss how microbial biofilm communities can break down the balance with the host defenses and result in chronic infectious conditions.

SP-408

Room 300

What You Need to Know About ADEA's MedEdPORTAL and Curriculum Resource Center and Other FUN Web Resources



Ronald Rupp
Washington, D.C.



Sue Sandmeyer
Washington, D.C.

Moderator: Margot T. Kusienski, D.M.D., M.S.Ed., M.M.Sc., Lititz, Pa.

Learn how free, state-of-the-art, Web-based curriculum tools and resources can support teaching and learning while meeting the changing needs and technology use of both faculty and students. In this session, you will receive an overview of both MedEdPORTAL and the ADEA Curriculum Resource Center. The overviews and demonstrations will describe the high-quality, peer-reviewed learning resources that can be incorporated into your classroom and teaching.

At conclusion, participants should be able to:

- Identify how to integrate research and concepts from other disciplines to better manage patient health by utilizing the latest techniques, innovative technologies and materials.
- Explore how the scholarship of teaching and learning is enhanced by using both resources.
- Describe how to submit a resource to MedEdPORTAL so that it meets scholarly guidelines.



SATURDAY

SESSIONS DESIGNED FOR:

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 Boston.

Need a bite to eat? Concessions in the hall will be open for lunch on Thursday and don't miss the new Exhibit Hall Lunch taking place on Friday.

Have a drink on us! Unwind after a day of sessions at the Happy Hour taking place on Friday. Don't forget your drink ticket.

Exhibit Hall Schedule

Thursday

10 a.m.	Exhibits Open
11:30 a.m. – 1:30 p.m.	Lunch Break—Concessions Open
5 p.m.	Exhibits Close

Friday

9:30 a.m.	Exhibits Open
11:30 a.m. – 1:15 p.m.	NEW Exhibit Hall Lunch
4:30 p.m.	Happy Hour <i>Sponsored by Radman, White and Associates, Inc.</i>
5:30 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.

Acadental
913/384-7390
www.acadental.com

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www.asimedical.net

Aspen Dental
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www.aspendental.com

B & L Biotech USA, Inc.
610/668-2595
www.bnlbio.com

Benco Dental
800/462-3626
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Bisco Dental Products
800/247-3368
www.bisco.com

Brasseler USA
800/841-4522
www.brasselerusa.com

Carestream Dental/Kodak Dental Systems
800/944-6365
www.carestreamdental.com

Carl Zeiss Meditec, Inc.
877/486-7473
www.meditec.zeiss.com

Chase Health Advance
888/388-7633
www.chasehealthadvance.com

Clinician's Choice Dental Products, Inc.
800/265-3444
www.clinicianschoice.com

ColteneEndo
800/221-3046
www.coltenewhaledent.com

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561/337-8888
www.dcinter.com

DENTSPLY International
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www.dentsply.com

DENTSPLY Maillefer
800/662-1202
www.maillefer.com

DENTSPLY Rinn
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www.rinncorp.com

DENTSPLY Tulsa Dental Specialties
800/662-1202
www.tulsadental.dentsply.com



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www.dexis.com

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650/233-0200
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www.elsevierhealth.com

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877/477-8899
www.endotechnic.com

EndoVision
800/323-3370
www.endovision.com

Ergonomic Products
866/374-6487
www.ergonomic-products.com

Essential Dental Systems
201/487-9090
www.edsdental.com

Franklin Dental Supply
800/972-7917
www.franklindentalsupply.com

Gendex Dental Systems
800/205-3570
www.gendex.com

Global Surgical Corporation
800/767-8726
www.globalsurgical.com

Hartzell & Son, G.
925/798-2206
www.ghartzellandson.com

HealthFirst
425/771-5733
www.healthfirst.com

Henry Schein Dental
800/372-4346
www.henryschein.com

Hu-Friedy Mfg. Co., LLC
773/975-6100
www.hu-friedy.com

J. Morita USA, Inc.
800/831-3222
www.morita.com/usa

Jedmed Instrument Company
314/845-3770
www.jedmed.com

Jordco, Inc.
800/752-2812
www.jordco.com

JS Dental Manufacturing, Inc.
203/438-8832
www.jsdental.com

Kilgore International
517/279-9000
www.kilgoreinternational.com

Laschal Surgical Instruments, Inc.
914/949-8577
www.laschaldental.com

Leica Microsystems
800/248-0123
www.leica-microsystems.com

Medical Protective
800/463-3776
www.medpro.com

Medidenta
718/672-4670
www.medidenta.com

Meta Biomed, Inc.
267/282-5893
www.meta-biomed.com

Metalift Crown & Bridge Removal System
800/928-9289
www.metalift.com

Micro-Mega/USA
855/363-6877
www.micro-mega.com

Microsurgery Instruments, Inc.
713/664-4707
www.microsurgeryusa.com

Milestone Scientific
800/862-1125
www.milestonescientific.com

Miltex, An Integra Company
609/275-0500
www.integralife.com/integra-miltex

Obtura Spartan
847/458-5400
www.obtura.com

Orascopic
800/369-3698
www.orascopic.com

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310/841-2220
www.osadausa.com

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201/569-0050
www.palisadesdental-llc.com

Patterson Dental Supply
800/873-7683
www.pattersondental.com

PBHS
800/840-5383
www.pbhs.com

PBS Endo
800/535-0198
www.pbsendo.com

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214/540-8085
www.phasetwoassociates.com

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630/529-2300
www.planmecausa.com

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951/693-9101
www.prosites.com

Protrain-Simit Dental
39 0376267811
www.simitdental.it

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972/298-2669
www.q-optics.com

Quintessence Publishing Co.
630/736-3600
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972/386-7222
www.endotransitions.com

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www.redent.co.il

RGP, Inc.
800/522-9695
www.rgpergo.com

Romidan USA Corp.
754/263-2471
www.romidan-usa.com

Roydent Dental Products
800/992-7767
www.roydent.com

Schick Technologies
718/937-5765
www.schicktech.com

Schwed Co., Inc.
718/441-0526
www.schwed.com

Sclar Center
305/913-2467
www.sclarcenter.com

Seiler Precision Microscope
800/489-2282
www.seilerinst.com

Septodont
800/872-8305
www.septodontusa.com

SS White
732/905-1100
www.sswwhiteburs.com

Suni Medical Imaging
408/337-0608
www.suni.com

Surgitel/General Scientific Corp.
800/959-0153
www.surgitel.com

SybronEndo
800/346-3636
www.sybronendo.com

TDO Software/eie2
858/558-3636
www.tdo4endo.com
www.eie2.com

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www.transfirst.com

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Exhibit Hall Happy Hour

Wednesday



General Session With Keynote Speaker Doris Kearns Goodwin

8 – 9:30 a.m.

Ballroom ABC/HCC

The Lessons of History

A struggling economy. Two wars. A nation starving for leadership. While President Obama faces a myriad of complex issues, this is not the first time an American president has been forced to confront confounding problems. One of America's most treasured historians, Doris Kearns Goodwin provides stories, insights and analysis of the men who have assumed the presidency and the difficult political, social and economic issues that they faced. Drawing on her award-winning biographies of Abraham Lincoln, Franklin Roosevelt and Lyndon Johnson, Goodwin brings the past alive, allowing listeners to learn from the stories of some of our most fascinating leaders. Whether looking at how the presidents dealt with the complexities of working with Congress to the challenges they faced dealing with the banking systems and business community, Goodwin focuses on the individual qualities that make our leaders great. 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

Lunch-n-Learn



11:45 a.m. – 1:15 p.m.
Room 313/HCC

*Complimentary; space is limited;
registration required!*

Join your colleagues and friends to discuss topics germane to Practice

Development issues while earning CE credit. 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.

Sponsored by Phase II Associates, LLC

Topics and Facilitators:

Good "CHI." Keeping Your Life in Balance – David C. Funderburk, D.D.S., M.S.

I Just Passed the Boards: Sharing the Experience!!! – Scott L. Doyle, D.D.S., M.S.

Insurance and Such: Issues and Answers – Kenneth B. Wiltbank, D.M.D.

Marketing – Roger P. Levin, D.D.S.

Practicing With a Family Member – Michael B. Lindemann, D.D.S., M.S.

Securing Your Future: Financial Planning – Jeffrey E. Wherry, CFP, CLU

Selling Your Practice for Maximum Value – Kathleen E. Hamilton, D.D.S., M.B.A. and Joel C. Small, D.D.S.

Sharing the Work Environment With Your Spouse – Kimberly A.D. Lindquist, D.D.S. and John F. Lindquist

Winding Down: Thinking About Retirement – William D. Powell, D.D.S., M.S.

Women of Endo: Life is Good! – Sandra Madison, D.D.S., M.S.

Professional Staff Networking Event

5 – 6:15 p.m.

Room 300/HCC

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 Ergonomic Products

International Reception (by invitation)

5:30 – 6:30 p.m.

Salon H/MCP

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.

Grand Ballroom/MCP

Join fellow attendees for an evening where "everyone knows your name." One of the most eagerly anticipated events of the Annual Session, the

Welcome Reception's collegial atmosphere will be built around the infamous local Cheers bar and television program. This is a great opportunity to reconnect with old friends and meet new colleagues.

Sponsored by SS White



Back by Popular Demand

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.

Thursday



President's Breakfast

8 – 10 a.m. Ballroom ABC/HCC

William T. Johnson, D.D.S., M.S.

Plan to be a part of this breakfast event featuring AAE President William T. Johnson, and a performance by Pitch Slapped the premier, coed, a cappella group representing Berklee College of Music.

In addition, the recipient of the Lifetime Dental Community Volunteer Spirit of Service Award will be recognized.



Lifetime Spirit of Service Award

John W. Gillan, D.D.S., M.S.

Louis I. Grossman Luncheon

11:45 a.m. – 1:15 p.m. Salon E/MCP

\$45 per person includes luncheon service and program

Sponsored by the College of Diplomates, this luncheon program acknowledges endodontists who achieved Board certification during 2011. Family members, ABE directors, the AAE Executive Committee and other Diplomates will gather to share this moment of recognition.



Featured Presenter:

Jerome V. Pisano, D.D.S., M.S.

The Quest—Then and Now

Dr. Pisano will reflect on a graduate student's perception of the American Board of Endodontics in the mid-1970s. He will discuss what drove students to follow the process at that time, as well as what drove them away. Eventually, a philosophy of mentoring prevailed, leading to the focus of the current College of Diplomates. What pervades today's perception of the quest is quite a different story.

Boston Public Library Tour

1:15 – 3:15 p.m. Departs From Lobby/MCP

\$10 per person

Join Boston Public Library docent and AAE member Dr. Jay Marlin on a highly informative and captivating tour of the Boston Public Library.

Founded in 1848, the Boston Public Library was the first free public municipal library in the United States. In addition to 6.1 million books, the library holds several first edition folios by Shakespeare and Sir Isaac Newton, original musical scores ranging from Mozart to Prokofiev's *Peter and the Wolf* and, in its rare book collection, the personal library of John Adams.

All fees will be donated to the Boston Public Library

Resident Reception

5 – 6:30 p.m. Room 300/HCC

Don't miss this valuable opportunity to network. This annual event is designed exclusively for the endodontic resident. All residents are encouraged to attend.

Sponsored by Treloar and Heisel, Inc. and MedPro

Professional Staff Reception

5:15 – 6:45 p.m. Room 200/HCC

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 USA and PBS Endo

FITNESS PROGRAM *All Levels Welcome!*

Wednesday

Tai Chi



6 – 7 a.m.
Wellesley/MCP

Thursday

Zumba



6 – 7 a.m.
Wellesley/MCP

Friday

Fun Run/Walk



6 – 7 a.m.
Depart from Marriott Copley Place Lobby

Saturday

Tai Chi



6:30 – 7:30 a.m.
Wellesley/MCP

Friday

General Assembly Breakfast

8 – 9:30 a.m.

Ballroom ABC/HCC

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.

Ether Dome Tour

12:30 – 2:30 p.m.

Depart From Lobby/MCP

\$10 per person

Join AAE member Dr. Charles Millstein on a guided tour of Massachusetts General Hospital and the Ether Dome, the sight of the first public surgery using anesthetic (ether). The tour will provide an inside look into the unique architecture and collection of artifacts, including an oil painting of the famous first surgery.

Fee covers cost of transportation to and from Massachusetts General Hospital.

Exhibit Hall Lunch

11:30 a.m. – 1:15 p.m.

Exhibit Halls CD/HCC

Join your friends and colleagues for lunch on the exhibit hall floor. This casual meal will provide an opportunity for attendees to network with representatives from major dental and medical suppliers. Don't miss your chance to win exciting prizes that will be raffled throughout the event.

Exhibit Hall Happy Hour

4:30 – 5:30 p.m.

Exhibit Halls CD/HCC

End your day with a stop in the exhibit hall for a lively happy hour complete with a grand prize drawing.

Sponsored by Radman, White and Associates, Inc.

Live Auction—VIVA VACATION!

5:30 – 6:30 p.m.

Salon E/MCP

Join the AAE Foundation and the AAE Alliance for the annual Live Auction! This year's event boasts a new and impressive arrangement of prizes. Stop by and view a selection of endodontic products and vacation packages—the perfect mix of work and play! Enjoy the sites and sounds of a professional auction with the return of our live auctioneer. Also, the Silent Auction will go on throughout the days of Annual Session, culminating at the Live Auction event. Come by the AAE Oasis to check out the vacation packages and endodontic products available this year!

Celebrate Boston! Featuring The Fab Four

9 p.m. – midnight

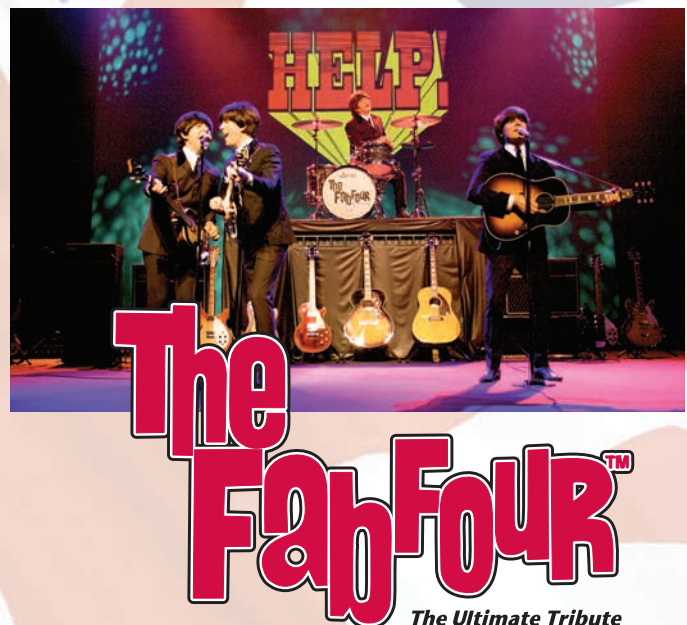
House of Blues, 15 Lansdowne St.

Get ready to Twist and Shout all night long! The Fab Four is the #1 Beatles tribute band and they will treat you to an experience unlike any other. With uncanny, note-for-note performances of Beatles' songs and attention to detail that captures the complete essence of the greatest band in rock history, The Fab Four will make you think you are watching the real thing. You won't want to miss this event!

Continuous transportation will be provided between the Marriott Copley Place and House of Blues from 8:45 p.m. to midnight.

Please Note: This is a private show for AAE registered attendees and registered guests. Your name badge is required for entrance.

Sponsored by DENTSPLY Tulsa Dental Specialties



Saturday

Edgar D. Coolidge Luncheon

Noon – 1:30 p.m.

Ballroom ABC/HCC

Be part of the ceremonies to acknowledge the following award winners:



Edgar D. Coolidge Award

Jerome V. Pisano, D.D.S., M.S.



Louis I. Grossman Award

Ove A. Peters, D.M.D., M.S., Ph.D.



I.B. Bender Lifetime Educator Award

Richard E. Walton, D.M.D., M.S.



Edward M. Osetek Educator Award

George A. Bruder III, D.M.D.

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

Old World/New World Wine Tasting

2 – 4 p.m.

Simmons/MCP

\$75 early/\$85 standard



Take part in this fun and informative wine tasting seminar presented by Dr. Mitchel Krieger. The session will focus on wine tasting basics with an overview of old world and new world winemaking. Everyone will taste examples of both the old and new world wines and learn to recognize the remarkable differences between these styles. Space is limited and registration is required in advance; sign up today!

AAE Foundation Leadership Donor Reception (by invitation)

6 – 7 p.m.

Atrium, 3rd Floor/MCP

This annual event honors the AAE Foundation's donors who have pledged at the Diamond level or higher.

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. See page 78 for details.



SUPPORT THE TROOPS



Attendees have a special opportunity to participate in this ongoing initiative in three ways:

- 1. Collection Drive in Partnership With Henry Schein Dental/Henry Schein Cares**—Bring items for care packages that will be sent to troops overseas. A list of approved items will be posted online as the meeting nears.
- 2. Write a Letter**—From a child's drawing to a senior's heartwarming words and everything in between, military members like to hear what is going on in the United States and also appreciate the thanks that strangers offer them for their service. Letters will be accepted at the Support the Troops booth outside the exhibit hall.
- 3. Make a Donation**—Visit the Support the Troops booth outside of the exhibit hall or go online to support a charitable organization that provides direct support to the troops with your monetary gift.

We can all make a difference—show your support today!

For details and up-to-date information, visit
www.aae.org/supportthetroops.



Live and Silent Auctions



Join the AAE Foundation, supported by the AAE Alliance, at the annual Live and Silent Auctions to bid on vacation packages and top-notch endodontic equipment!

Don't miss out on a great opportunity to give back to the Foundation while also receiving a great deal on travel and instruments for your office!

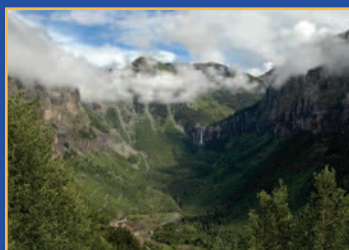
Silent Auction

Wednesday, April 18 through Friday, April 20
Foundation Booth in the AAE Oasis

- Bid on vacation packages, instruments and other products valued up to \$5,000
- Bidding closes at 4:30 p.m. on Friday
- Winners will be announced at the Live Auction

Live Auction—VIVA VACATION! *Presented by the AAE Alliance*

Friday, April 20, 5:30 – 6:30 p.m.
Salon E at the Marriott Copley Place



Telluride, Colorado



Cabo San Lucas, Mexico

- New format allows attendees to browse prize options—for work and play—before the live auctioneer opens bidding.
- Dreaming of a vacation? Take the opportunity to bid on properties donated by AAE members and friends. An oceanfront week in Cabo San Lucas, a week on the slopes in Whistler, B.C., a week at the 5-star Franz Klammer Resort in Telluride, Colo. or a 5-star experience at Blackberry Farms in the foothills of the Smoky Mountains in Tenn. Just a few of the many vacations available!
- Get a deal on large endodontic equipment provided by generous corporate contributors.
- All packages valued at \$5,000 or more

The AAE Alliance will support the Foundation by helping host the Live Auction. Come support the future of endodontics and walk away with something to show for it!

All proceeds benefit the AAE Foundation

Dear Friends,

It is time once again to welcome spring and what better place to do that than in Boston. So much history revolves around this city and the Alliance hopes you will join us in exploring some of the many sites that will take us not only back in time, but also into the present of this bustling city. If you arrive the weekend before the Annual Session, you will be able to view the annual Boston Marathon—perhaps some of you have or will be participating. For those of you who would like a more relaxed pace, the Alliance Program is there for you. Our Hospitality Suite will be located in the Marriott Boston Copley Place. Join us for light refreshments and a chance to renew old acquaintances and make new ones. The Hospitality Suite will also serve as a resource center with brochures outlining activities, restaurants and tours that may be of interest to those of you who may be new to the Boston area.

We will begin our Alliance Program with the Freedom Trail Walking Tour on Wednesday afternoon. This two-hour guided walk will follow the famous red painted line that connects the historical landmarks of Boston. On Thursday morning, the AAE and the Alliance team up once again to bring you an outstanding speaker. Janice Hurley-Trailor will speak on the topic *How to Look Like a Million*. Not only is she entertaining but truly enlightening—don't miss it!

Friday morning begins with the Boston Duck Tour. We will board a bus for a city tour that ends by driving off a boat ramp and into the Charles River. It is always a thrill to be in a bus floating down the Charles River with Ivy League rowers passing by. We will arrive back at the hotel just in time for the Alliance Luncheon, which will feature a delicious menu in a delightful setting. The Alliance Annual General Meeting will follow coffee and dessert. At this time, I will give you an overview of what the Alliance has been doing and what it has planned for the future. We encourage suggestions from you, and will be more than happy to entertain any questions you may have. **If you are a spouse or significant other, I hope you will take this opportunity to join us!**

In closing, I would like to remind all of you to keep Friday afternoon from 5:30 to 6:30 p.m. open to attend the Live Auction (see page 69). VIVA VACATION! is your opportunity to bid on the use of several fantastic vacation properties. All proceeds go to the AAE Foundation and who doesn't need a vacation?!

Looking forward to meeting you in Boston.

Sincerely,



AAE ALLIANCE BOARD OF DIRECTORS



**President and AAE Foundation
Board Representative**

Kerstin Conn, D.M.D. (Douglas)



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

Terryl A. Propper, D.D.S., M.S.

The Alliance mission is to promote fellowship among the members and to support the American Association of Endodontists and the American Association of Endodontists Foundation.

If you are interested in joining the Alliance, please contact Kerstin Conn at kconn@shaw.ca or Aria Conn at ariavassilakis@hotmail.com, (subject: Alliance Membership).

ALLIANCE/SPOUSE ACTIVITIES

Tuesday

Alliance Hospitality Suite

3 – 5 p.m.

Suite */MCP

Wednesday

Alliance Hospitality Suite

10 a.m. – noon

Suite */MCP

Freedom Trail Walking Tour

2 – 4:30 p.m.

Depart From Lobby/MCP

\$15 per person

Moderate Activity—This walk begins at Marriott Boston Copley Place and ends at Quincy Market; approximately two miles. Participants are responsible for their own transportation back to hotel either by walking, cab or public transit (information will be provided at the start of the tour). Quincy Market provides excellent shopping and dining if you prefer to stay for awhile.

Thursday

How to Look Like a Million Presented by Janice Hurley-Trailor

10 – 11:30 a.m.

Room 311/HCC

See page 27 for additional information.

Thursday continued

Alliance Hospitality Suite

2 – 3:30 p.m.

Suite */MCP

Friday

Boston Duck Tour

9:30 – 11:30 a.m.

Depart From Lobby/MCP

\$30 per person

Alliance/Spouse Luncheon

12:30 – 2:30 p.m.

Simmons/MCP

\$60 per person

Board of Directors and New Board Orientation Meeting

2:30 – 3:30 p.m.

Suite */MCP

Live Auction—VIVA VACATION!

5:30 – 6:30 p.m.

Salon E/MCP

**The location of the suite will be posted in the AAE Registration and Information Area.*

VIVA VACATION!

Join the AAE Alliance in Supporting the Live Auction—VIVA VACATION!

Friday, 5:30 – 6:30 p.m.; Salon E/MCP

Whether you're looking to furnish your office or interested in a new vacation destination, we've got something for you. This year's Live Auction boasts a new and impressive arrangement of prizes. Swing by the AAE Oasis on Friday to view the endodontic products and vacation packages available for bid—the perfect mix of work and play!

Many of your colleagues have offered their comfortable, luxurious vacation homes and properties for you to bid on and enjoy. From Telluride to Cabo San Lucas, there are vacation packages for everyone. Top-notch endodontic equipment will also go to the highest bidders. Come check out what our generous sponsors have brought to Boston, and get a steal of a deal!

All proceeds support the AAE Foundation



Telluride, Colorado



Cabo San Lucas, Mexico

Location Key: MCP = Marriott Copley Place, HCC = Hynes Convention Center

ALUMNI AND AFFILIATE FUNCTIONS

All events are at the Marriott Copley Place unless otherwise noted.

Wednesday

Baylor College of Dentistry

Reception: 8 – 11:30 p.m.

Salon H

U.S. Air Force Association of Endodontists

Meeting: 5:30 – 6:30 p.m.

Room 310/HCC

University of Minnesota

Reception: 5:30 – 6:30 p.m.

Regis

Thursday

Albert Einstein Medical Center

Reception: 6:30 – 8 p.m.

Tufts

Boston University

Reception: 8 – 10 p.m.

Offsite

Case Western Reserve University

Reception: 6 – 8 p.m.

Dartmouth

Columbia University

Reception: 5:30 – 7 p.m.

MIT

Harvard University

Dinner: 6:30 – 10 p.m.

Offsite

Louisiana State University

Reception: 5 – 7 p.m.

Fairfield

Michigan Association of Endodontists

Reception: 6 – 8 p.m.

St. Botolph

New York State Association of Endodontists

Business Meeting: 5 – 6 p.m.

Room 309/HCC

Thursday continued

New York University

Reception: 6 – 8 p.m.

Salon J

Nova Southeastern University

Reception: 8:30 – 10 p.m.

Arlington

The Ohio State University

Reception: 6:30 – 9:30 p.m.

Clarendon

Oregon Health & Science University

Reception: 6:30 – 8 p.m.

Salon C

St. Louis University

Reception: 6 – 8 p.m.

Offsite

Stony Brook University

Reception: 5:30 – 7:30 p.m.

Northeastern

Temple University

Reception: 6 – 8 p.m.

Salon A

Tufts University

Reception: 6 – 8 p.m.

Offsite

U.S. Army Association of Endodontists

Reception: 5:30 – 9 p.m.

Offsite

U.S. Navy Association of Endodontists

Reception: 5:30 – 9 p.m.

Offsite

University at Buffalo

Reception: 5:30 – 7:30 p.m.

Boston University

University of California at Los Angeles

Reception: 6 – 8 p.m.

Salon I

Thursday continued

University of California at San Francisco

Reception: 5:30 – 7 p.m.

Falmouth

University of Detroit Mercy

Dinner: 7 – 10 p.m.

Offsite

University of Florida

Reception: 7 – 9 p.m.

Salon B

University of Illinois

Dinner: 6 – 9 p.m.

Offsite

University of Iowa

Reception: 6 – 8 p.m.

Simmons

University of Louisville

Reception: 6 – 8 p.m.

Hyannis

University of Maryland

Reception: 6 – 8 p.m.

Salon H

University of Michigan

Reception: 8 – 10 p.m.

Offsite

University of Missouri-Kansas City

Reception: 5:30 – 7:30 p.m.

Harvard

University of Nebraska

Reception: 6 – 8 p.m.

Salon K

University of North Carolina and Tar Heel Endodontic Association

Meeting: 5 – 6 p.m.

Reception: 6 – 8 p.m.

Salon D

Thursday continued

University of Pennsylvania

Reception: 6 – 8 p.m.

3rd Floor Atrium

University of Southern California

Reception: 7 – 9 p.m.

Regis

University of Texas at Houston

Reception: 6:30 – 8:30 p.m.

Wellesley

University of Texas Health Science Center at San Antonio

Reception: 6 – 8 p.m.

Suffolk

University of Toronto

Dinner: 7:30 p.m.

Offsite

University of Washington

Reception: 6 – 8 p.m.

Orleans

Veterans Affairs Healthcare System Long Beach

Reception: 6 – 7:30 p.m.

Yarmouth

Virginia Commonwealth University

Reception: 6:30 – 9 p.m.

Vineyard

West Virginia University

Reception: 6 – 8 p.m.

Nantucket

Saturday

U.S. Navy Association of Endodontists

Meeting: 7 – 10 a.m.

Regis

OTHER FUNCTIONS

Tuesday

Endo Standards Group

Meeting: 1 – 5 p.m.

Salon I/MCP

Wednesday

College of Diplomates Board of Directors

Meeting: 4 – 6:30 p.m.

Vineyard/MCP

French Society of Endodontics

Reception: 8:30 – 11:30 p.m.

Arlington/MCP

Thursday

District Caucuses

10 – 10:45 a.m.

HCC

District I – Room 302 *District V – Room 306*
District II – Room 312 *District VI – Room 207*
District III – Room 304 *District VII – Room 210*
District IV – Room 200

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.

Affiliate Leadership Meeting

10:45 – 11:30 a.m.

Room 208/HCC

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.

Ellison-Jones Endodontic Group

Reception: 7 – 9 p.m.

Berkeley/MCP

Thursday continued

Harry J. Healey Endodontic Study Club

Reception: 6:30 – 9 p.m.

Exeter/MCP

International Federation of Endodontic Associations Board of Directors Meeting

4 – 6 p.m.

Vermont/MCP

Friday

International Federation of Endodontic Associations General Assembly

Noon – 1:30 p.m.

St. Botolph/MCP

Saturday

JOE Editorial Board

Meeting: 7 – 10 a.m.

Vineyard/MCP

Posture Evaluations

See page 50.

Software User Group Meetings

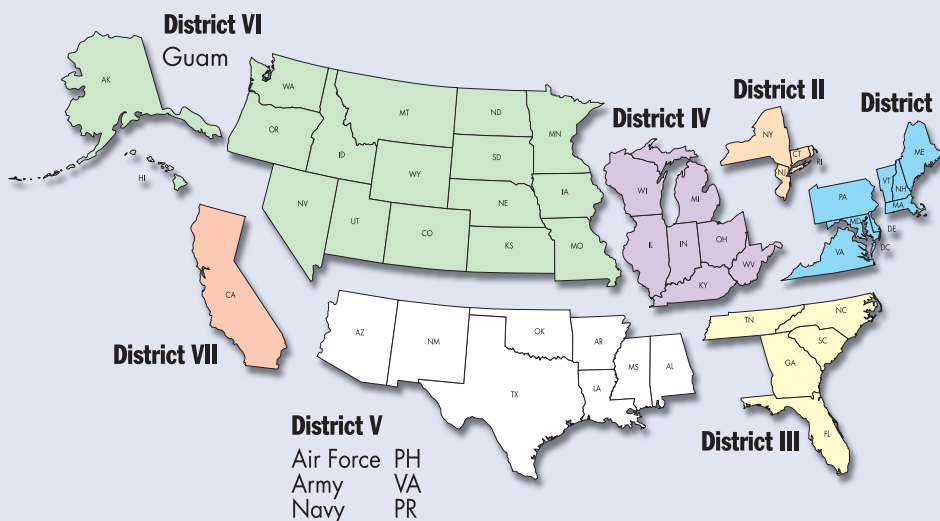
See page 51.

CODA Open Hearing

3:30 – 5 p.m.

Room 201/HCC

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 Program in Endodontics Education.



AAE Districts Map

Attendee Lounge/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 attendee lounge located in the AAE Exhibit Hall.

Sponsored by Carestream Dental/Kodak Dental Systems

Attire

Attendees are encouraged to leave their business attire at home. Casual attire is suggested for all activities.

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 78); 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.

Childcare

The AAE has teamed up with SeekingSitters® to provide families with an option for childcare while in Boston. The childcare providers hired by SeekingSitters® have been meticulously screened, in addition to being first aid and CPR-certified. There is an initial sign-up fee of \$19.99 (half the regular cost). SeekingSitters® has locations throughout the United States. Once you have paid the initial sign-up fee, you can use them at any of their locations just by paying the hourly rate.

The babysitting fee is \$7.50 per hour (a four-hour minimum applies) for one child. The fee for each additional child is \$1 per hour. To sign up or for additional information, please contact SeekingSitters® directly at 508/842-3310, or send an e-mail to kschofield@seekingsitters.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

Continuing Education Credits/Units

Up to 26 hours of continuing education units can be attained through a combination of educational sessions, workshops, and oral and poster research presentations and table clinics. To obtain CE credit for your Annual Session attendance, submit your course verification codes through the AAE's online CE verification process. Kiosks will be available onsite or the process may be completed via a personal computer at any time at www.aae.org/cecredit. Visit this site for detailed information on this process. The site will remain open for 30 days following the meeting.

The AAE is an ADA CERP Recognized Provider.

ADA CERP® | Continuing Education Recognition Program

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.

Get Connected Download the Annual Session App!



Choose one of the following options:

1. Scan QR code below:



2. Visit your mobile device app store or market, and search for the term "2012 AAE Annual Session"

3. Access <http://crwd.cc/AAEAnnual12> with your smartphone

GENERAL INFORMATION

Medical Assistance

An emergency technician will be stationed at all major events and will be available during published meeting hours.

A first aid station will be located in Room 307 at the Hynes Convention Center. For medical assistance in AAE hotels, pick up any house phone to be connected to the operator.

The medical facility that is within closest proximity to the hotels and convention center:

Beth Israel Deaconess Medical Center
330 Brookline Ave.
Boston, MA 02215
617/667-7000

No Smoking Policy



For the comfort of all attendees, smoking is not permitted at any AAE function.

Session Handouts

Handouts will be made available on the Live Learning Center approximately 7-10 days prior to the meeting, and can be accessed by going to www.aae.org/handouts.

Session Recordings and Online CE

Session recordings from this meeting will be available on the AAE Live Learning Center in July 2012. Stop by the AAE Oasis in Boston for more information.

LIVE LEARNING
CENTER

Speaker-Ready Room

Presenters may preview their presentations and obtain assistance in Room 209 at the Hynes Convention Center during published Registration and Information Area hours. **Registration materials for presenters will be available at this location instead of the AAE Registration and Information area.**

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 (U.S., Canada, Mexico) or 312/266-7255, ext. 3026, or by sending an e-mail to 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.

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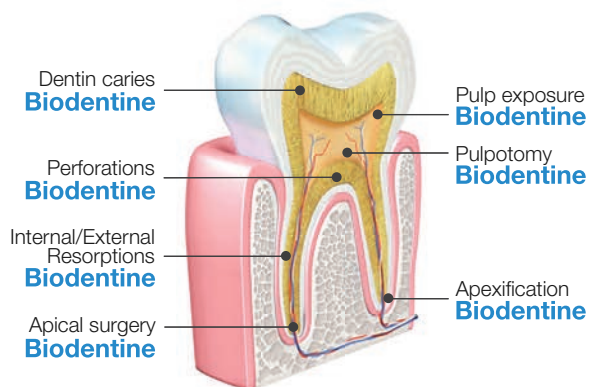
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Hotel Reservations

The AAE has reserved a block of guestrooms at the following hotels:



Marriott Copley Place (Official Headquarters Hotel)

110 Huntington Ave.
Boston, MA 02116
Phone: 617/236-5800
Fax: 617/236-5885

www.marriott.com/hotels/travel/bosco-boston-marriott-copley-place/



Westin Copley Place

10 Huntington Ave.
Boston, MA 02116
Phone: 617/262-9600
Fax: 617/424-7483

www.westincopleyplaceboston.com/

Rates

The following group rates will be offered to AAE Annual Session attendees until March 23, 2012, 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 14.45 percent local and state taxes. Listed suite rates include one bedroom; additional bedrooms, if available, are subject to the standard group room rate.

Marriott Copley Place Standard Rooms: \$260

Suites (reservation by phone only):

Executive Suites.....\$480
Hospitality Suites.....\$660

Westin Copley Place Standard Rooms: \$275

Reservation Procedures

To make your reservation for a standard room, go to the AAE website at 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 Copley Place directly at 617/236-5800 or the Westin Copley Place at 617/262-9600. Be sure to identify yourself as an AAE Annual Session attendee. Suite reservations at the Marriott Copley Place may be made by contacting Sharon Turner at 610/236-5800, ext. 4077.

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.

Call (or have your travel agent call) United's Meeting Desk at 800/521-4041 and refer to **Meeting ID# 589JD**.

Airport Transportation

Taxi fare from the Boston Logan International Airport to the Marriott Copley Place and Westin Copley Place is approximately \$35 one way. Shuttle service between the airport and the hotels is provided by Go Boston Shuttle.

Discounted rates for shuttle service can be accessed by making reservations online at least 24 hours in advance at

www.aae.org/bostonshuttle.

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 CV number below.

Online: www.hertz.com

Calling From the United States or Canada: 800/654-2200

Other: 405/749-4434

CV# 04RR0001

Parking

Valet parking is available at the Marriott Copley Place for \$44 per day. Off-site parking is \$35 per day. Valet parking is available at the Westin Copley Place for \$46 per day.

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:

- Workshops
- Lunch-n-Learn
- Louis I. Grossman Luncheon
- Wine Tasting
- Alliance/Spouse Activity: Freedom Trail Walking Tour
- Alliance/Spouse Activity: Boston Duck Tour
- Alliance/Spouse Activity: Luncheon
- Boston Public Library Tour
- Ether Dome Tour



SAVE \$150!
Register by **March 14**
for early rates

Members

The following packages include: Sessions and Exhibits, General Session With Keynote Speaker, Coolidge Luncheon, Welcome Reception, President's Breakfast, General Assembly Breakfast, Exhibit Hall Lunch and *Celebrate Boston!*

AAE Professional (\$945 early/\$1,095 standard)

Active, Active 2nd Year, Associate, Educator, International, Disabled Active and Life members of the AAE.

AAE Retired (\$473 early/\$623 standard)

Any member that is completely retired from teaching and/or practice, or teaches voluntarily or for a small stipend.

AAE Active 1st Year (\$473 early/\$623 standard)

Active 1st Year members of the AAE who have just transferred from Resident to Active status.

AAE Student (\$200 early/\$350 standard)

Resident, International Resident and Predoctoral Student members of the AAE.

AAE Professional Staff (\$200 early/\$350 standard)

Dental staff who are Auxiliary members of the AAE.

Nonmembers

The following packages include: Sessions and Exhibits, General Session With Keynote Speaker, Coolidge Luncheon, Welcome Reception, President's Breakfast, General Assembly Breakfast, Exhibit Hall Lunch and *Celebrate Boston!*

U.S. Professional Guest (\$1,678 early/\$1,828 standard)

Nonmember dentists residing within the United States.

International Professional Guest (\$1,125 early/\$1,275 standard)

Nonmember dentists residing outside the United States.

Student Guest (\$1,125 early/\$1,275 standard)

Nonmember residents and predoctoral students.

Professional Staff Guest (\$1,125 early/\$1,275 standard)

Nonmember dental staff.

Alliance/Spouse and Guests

The following packages include: Sessions and Exhibits, Welcome Reception, *Celebrate Boston!*

AAE Alliance (\$125 early/\$200 standard)

Spouses and companions of AAE members who are members of, or are interested in joining, the AAE Alliance.

Guest (\$125 early/\$200 standard)

Spouse and family member or guest of a registered attendee that is not eligible for any other Annual Session registration category.

Child (\$75 early/\$100 standard)

Children 5-18 years of age; children under the age of 5 do not require a badge to attend Annual Session activities.

REGISTRATION INFORMATION

Methods of Registration

Please choose one of the following methods to register for the 2012 Annual Session; full payment must be received with your registration:



Online: The Fastest, Most Efficient Way to Register!

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The early registration fee will be granted for registrations received by March 14, 2012. After this date, the standard registration fee will apply. Registrations submitted online or via fax must be date/time stamped by 11:59 p.m., CST on March 14, 2012. Registration Forms submitted via mail must be postmarked on or before March 14, 2012.

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Tuesday	2 – 8 p.m.
Wednesday	7 a.m. – 5 p.m.
Thursday	7 a.m. – 5 p.m.
Friday	7 a.m. – 5:30 p.m.
Saturday	7:30 a.m. – 5 p.m.

Confirmation

If you have an e-mail address on file with the AAE, you will receive an electronic confirmation. If not, a written confirmation will be mailed upon complete processing of your registration. If you have not received a confirmation within three weeks of registration, please call the AAE Headquarters at 800/872-3636 (U.S., Canada, Mexico) or 312/266-7255, or send an e-mail to meetings@aae.org. Badges and registration materials will be held for you at the AAE Registration and Information desk in the Hynes Convention Center.

Cancellation Policy

Registration packages will be refunded, less a \$50 processing fee, if the AAE receives written notification of cancellation by April 13, 2012. The Executive Director will review refund requests made in writing after this date as a result of emergencies or other serious events. Refunds for workshops will not be granted, regardless of the circumstance, after April 13, 2012. Fax cancellations to the AAE Headquarters at 866/451-9020 (U.S., Canada, Mexico) or 312/266-9867, or send an e-mail to meetings@aae.org.

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 85), 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.

Attendee List

Visit www.aae.org/annualsession to see a real-time listing of who is registered for this year's Annual Session. Simply choose "See Who's Registered" from the "Access Now" menu on the page. The complete list of all attendees will appear in alphabetical order by last name and visitors can search using any keyword, such as last name, city, state or country.



Boston Highlights



Boston is a dynamic city, steeped in history, culture and old world charm, as well as academic and medical excellence with cosmopolitan sophistication.

Be sure to stop by the Greater Boston Convention & Visitors Bureau concierge desk in the AAE Registration and Information area for assistance with restaurant reservations, maps and guidebooks, as well as general city information. You can also plan in advance by visiting their website at www.bostonusa.com.

Check out some of the more notable sites:

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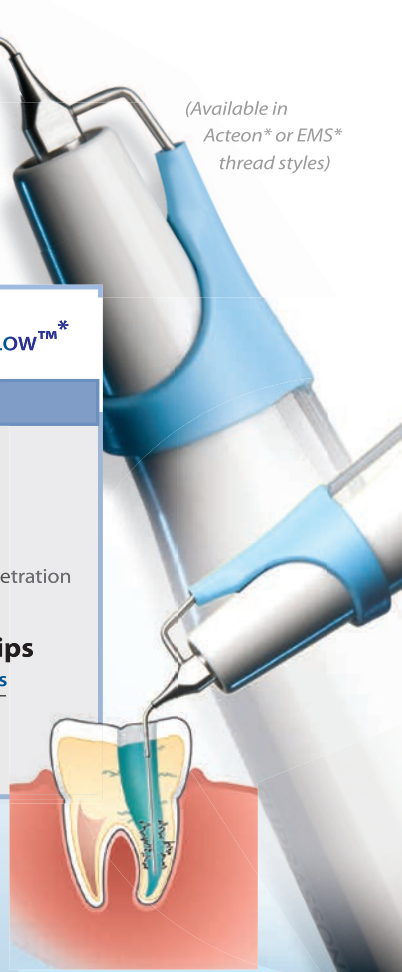
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AMERICAN ASSOCIATION OF ENDODONTISTS

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Boston, Mass. ★ April 18 – 21

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, guest or child package.*

Last Name (Alliance/Spouse)	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 14) Standard Amount

Members

<input type="checkbox"/> AAE Professional	\$945	\$1,095	_____
<input type="checkbox"/> AAE Retired	\$473	\$623	_____
<input type="checkbox"/> AAE Active 1 st Year	\$473	\$623	_____
<input type="checkbox"/> AAE Student	\$200	\$350	_____
<input type="checkbox"/> AAE Professional Staff	\$200	\$350	_____

Nonmembers

<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	_____

Alliance and Guests

<input type="checkbox"/> AAE Alliance	\$125	\$200	_____
<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)

Wednesday

<input type="checkbox"/> Social Media	\$175	\$225	_____
<input type="checkbox"/> Crown Lengthening	\$550	\$600	_____
<input type="checkbox"/> Cone-Beam-Computed Tomography	\$600	\$650	_____
<input type="checkbox"/> Regeneration	\$550	\$600	_____

Thursday

<input type="checkbox"/> Retreatment	\$800	\$850	_____
<input type="checkbox"/> Cardio-Pulmonary Resuscitation	\$75	\$85	_____

Friday

<input type="checkbox"/> New Innovations in NiTi	\$650	\$700	_____
<input type="checkbox"/> Use of MTA in Nonsurgical Endo	\$550	\$600	_____
<input type="checkbox"/> Preventive Maintenance	\$100	\$150	_____

Saturday

<input type="checkbox"/> Ridge Preservation	\$550	\$600	_____
<input type="checkbox"/> Sedation and Venipuncture	\$550	\$600	_____
<input type="checkbox"/> Infection Control	\$50	\$60	_____
<input type="checkbox"/> Preventive Maintenance (a.m.)	\$100	\$150	_____
<input type="checkbox"/> Preventive Maintenance (p.m.)	\$100	\$150	_____

Subtotal 1 \$ _____

Additional Tickets

(For tickets not included in your registration package—see reverse)

Qty. Early (by March 14) Standard Amount

Wednesday

General Session	_____	\$35	\$45	_____
Lunch-n-Learn	_____	\$0	\$0	_____
Alliance/Spouse Freedom Trail Tour	_____	\$15	\$15	_____

Thursday

President's Breakfast	_____	\$35	\$45	_____
Louis I. Grossman Luncheon	_____	\$45	\$55	_____
Boston Public Library Tour	_____	\$10	\$10	_____

Friday

General Assembly Breakfast	_____	\$35	\$45	_____
Alliance/Spouse Boston Duck Tour	_____	\$30	\$30	_____
Alliance/Spouse Luncheon	_____	\$60	\$60	_____
Ether Dome Tour	_____	\$10	\$10	_____

Saturday

Edgar D. Coolidge Luncheon	_____	\$45	\$55	_____
Wine Tasting	_____	\$75	\$85	_____

Subtotal 2 \$ _____

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 (U.S., Canada, Mexico) or 312/266-9867, or mail with check to the address shown on reverse side by March 14, 2012.

REGISTRATION FORM

Did You Remember To:

- ✓ Fill in your AAE ID number?
- ✓ Purchase workshops or additional tickets?
- ✓ Include any guest names?
- ✓ 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 packages listed on the front of this form. 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:

- Workshops
- Lunch-n-Learn
- Louis I. Grossman Luncheon
- Wine Tasting
- Alliance/Spouse Activity: Freedom Trail Walking Tour
- Alliance/Spouse Activity: Boston Duck Tour
- Alliance/Spouse Activity: Luncheon
- Boston Public Library Tour
- Ether Dome Tour



SAVE \$150!
Register by **March 14**
for early rates

Methods of Registration

Please choose one of the following methods to register for the 2012 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. 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 (U.S., Canada, Mexico) or 312/266-9867.



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



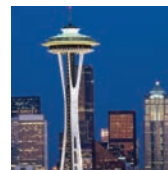
APRIL 17 – 20, 2013

Honolulu, Hawaii



APRIL 30 – MAY 3, 2014

Washington, D.C.



MAY 6 – 9, 2015

Seattle, Washington



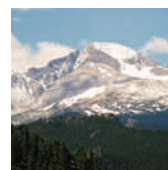
APRIL 6 – 9, 2016

San Francisco, California



APRIL 26 – 29, 2017

New Orleans, Louisiana



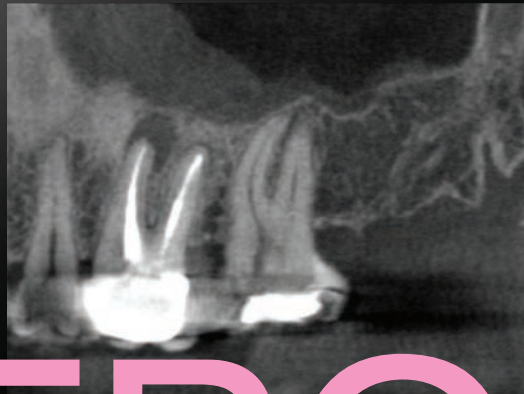
APRIL 25 – 28, 2018

Denver, Colorado

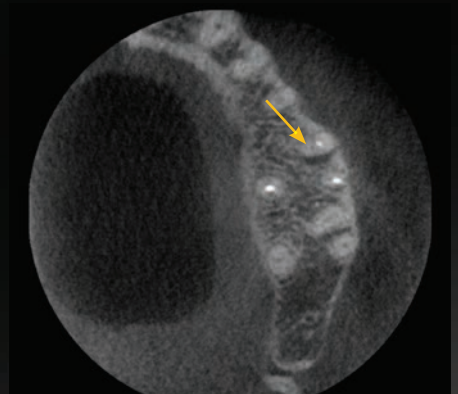
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2D periapical radiograph of referred patient showing no healing of the maxillary left first molar.



3D panoramic and axial reconstructions of the left maxilla showing the full extent of the periapical pathology of the first molar mesio- and disto-buccal roots and mucositis. The untreated mesio-accessory canal (arrow) and periapical bony rarefaction are also visible. (case courtesy of Mark D. Levin, MD)



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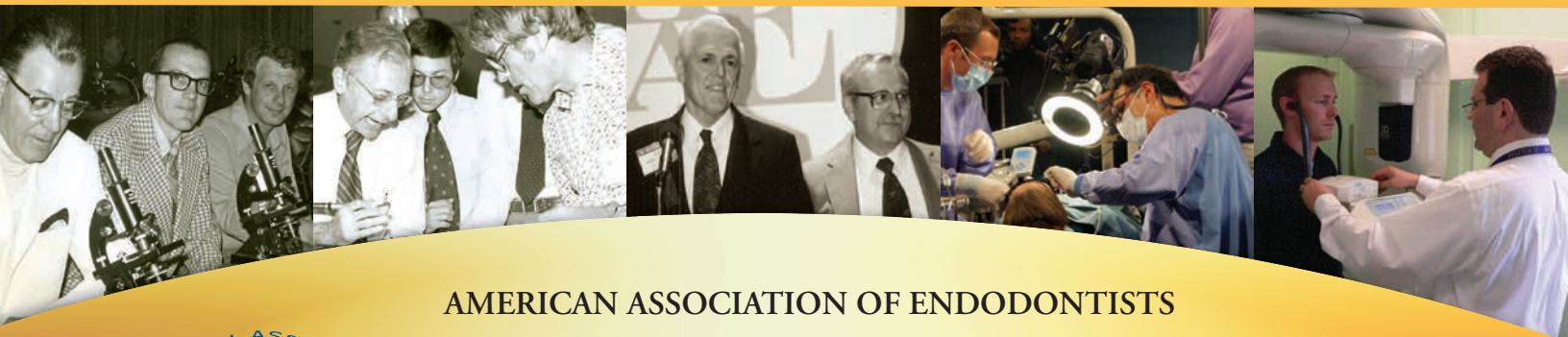


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