The topics to be covered in this lecture include:

- The relationship of soft and hard tissue needed for long term implant success.
- The impact of the “Active” implant surface
- The use of inexpensive membranes for socket grafting
- The advantage of piezotome for sinus grafting
- Titanium mesh for guided bone regeneration
- The use of advanced cone beam scanning techniques

Dr. John Russo is a graduate of the Ohio State University College of Dentistry. He completed his specialty training in periodontics at the Medical University of South Carolina in Charleston, where he also earned a Masters of Health Sciences degree.

At the present time, Dr. Russo is a Clinical Assistant Professor of Periodontics at the Medical University of South Carolina, and he is a diplomat of the International Congress of Oral Implantologists.

A nationally recognized expert in dental implants and bone grafting, Dr. Russo lectures across the United States, Canada, and Mexico to share his knowledge with other dentists.

Dr. Russo’s private practice is located in Sarasota, Florida.


**Editor’s Report**

**Dr. David A. Goldberg**

There are magical times when the stars of the universe align and very special events occur. Such cosmic events have occurred in my lifetime but are incredibly rare.

Remember the 1969 Mets? The Cubs had an overwhelming lead in the National League East and the Mets came back to take the division and win the NLCS and World Series.

How about Chanukah on Thanksgiving - an event that won’t happen again until 2070.

Would you believe a Super Bowl in the tropics of East Rutherford, NJ?

Here in New Jersey, the periodontal community faces such a once in a lifetime incredible phenomenon.

**Dr. Robert Giantomas**, a periodontist, albeit retired from active practice, is now president of the New Jersey Dental Association until June 2014. Dr. Giantomas completed his periodontal training at the University of Pennsylvania - School of Dental Medicine and has spent over eleven years as a member of the NJDA Board of Trustees.

**Dr. Wayne Aldredge** is on his way to becoming President of the AAP. Dr. Aldredge is an active periodontist in Holmdel, NJ and is also a Diplomate of the AAP. He completed his periodontal education at SUNY at Stony Brook in 1999. He has been the Secretary/Treasurer of the American Academy of Periodontology, Treasurer of the Northeast Society of Periodontology, and President of the New Jersey Society of Periodontology.

And last but not least, our very own **Dr. Maxine Feinberg**, who after being elected President Elect of the ADA on November 4, 2013, will be sworn in as President of the American Dental Association on October 13, 2014 at the San Antonio ADA meeting. Dr. Maxine Feinberg is an active periodontologist in Cranford, NJ and completed her periodontal education at New York University in 1984. Maxine was also on the Board of Trustees for the American Dental Association and a member of the new Jersey State Board of Dentistry.

I don’t know if it is riding on our larger than life Governor or just the Jersey spirit but we, the Jersey periodontists, are very proud of our leaders in all levels of dentistry.

May New Jersey and the entire dental community flourish with our leadership. — DAG

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**COURSE REGISTRATION**

**NJ SOCIETY OF PERIODONTIST’S MEETING**

Registration Form

**Date:** Wednesday, May 14 2014  
**Speaker:** Dr. John Russo  
**Time:** 8:00 a.m. - 4:00 p.m.  
**Place:** Woodbridge Hilton  
**Topic:** Surgical Implantology: A Periodontist’s Perspective

**Registration Fees:**  
NJSP Member Fee: $125 ($150 after May 1, 2014)  
Non-Member Fee: $175

**Name:** ____________________________________________  
**Address:** ____________________________________________  
**Phone:** ___________________________  
**E-mail address:** ___________________________  
**Guest Name:** ____________________________________________  
**E-mail address:** ___________________________

**Total Enclosed $__________**

Checks payable to: New Jersey Society of Periodontists. Mail checks & registration form to:  
Dr. Ethan GLickman, Executive Director, NJSP  
P.O. Box 7296, East Brunswick, NJ 08816

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Dear members, I would like to welcome everyone back and I hope everyone had a wonderful holiday season. We are very excited about the activities that the New Jersey Society of Periodontists has become involved in. This past year, some of the events included Rural Health Day and a diabetes health fair, in which members of the society have volunteered to screen patients to determine their periodontal status and to educate participants about oral health. At this time I would like to congratulate Dr. Gail Childers for his great job during his presidency and his outstanding efforts to organize a spectacular hygiene symposium at this most recent American Academy of Periodontology meeting in Philadelphia. The New Jersey Society of Periodontists has partnered up with the Pennsylvania Society of Periodontists, to organize this event.

Dr. Mark Setter recently gave a wonderful practice management seminar in October. The meeting was well attended by Periodontists and their referring Doctors. Several staff members also attended and mentioned that they would begin to implement some of the ideas of Dr. Setter, in their own practices.

Recently, I have had the opportunity to begin my role as part time clinical instructor at Rutgers Dental University. Dr. Sullivan and I have started the process of incorporating Intravenous sedation as part of the training for the periodontal residents. Our goal is to allow residents to complete several IV cases in the postgraduate clinic and be eligible to apply for their permits after completing the program. It is also nice to see the residents excel in their studies and to see their enthusiasm with the periodontal profession.

I would also like to thank Dr. Ethan Glickman for his efforts as the Society’s Executive Secretary. He has played a key role in organizing our events and communicating with corporate sponsors. He also continues to reach out to other organizations to help pair us up with public events in which we can volunteer. Dr. Glickman and Dr. Childers have done a wonderful job at reaching out to the New Jersey Dental Hygiene Association. Recently the New Jersey Society of Periodontists helped by partially sponsoring their annual meeting and Dr. Childers and I were able to briefly speak at their business meeting alongside the President of the New Jersey Dental Association, Dr. Robert Giantomas. We mentioned that there is an increasing need for dental hygiene care especially with the strong correlation between oral health and medical systemic health.

Dr. Barry Wagenberg gave a great lecture on Immediate Implants at the February paid members meeting. We have also lined up Dr. John Russo to discuss advanced bone grafting techniques at our spring course this May.

I look forward to the following year with the New Jersey Society of Periodontists. I encourage all members to participate in the planned events. I would also encourage any members interested to participate in our board meetings.

Once again have a wonderful New Year.

Sincerely,

David M. Stein

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**NEW JERSEY SOCIETY OF PERIODONTISTS**

**2014 APPLICATION FOR MEMBERSHIP**

**Dr. Name**

**Office name (If different from above)**

**Address**

<table>
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<tr>
<th>Office Phone</th>
<th>Cell Phone</th>
<th>Fax Number</th>
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**Email**

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<tr>
<th>Dental School /Date of Graduation</th>
<th>Periodontal Program</th>
<th>Date/Anticipated Date of Graduation</th>
</tr>
</thead>
</table>

**2014 NJSP Dues: $110.00 per year**

Checks payable to: New Jersey Society of Periodontists. Mail checks & registration form to:

Dr. Ethan Glickman, Executive Director, NJSP

P.O. Box 7296, East Brunswick, NJ 08816
Trustee’s Report: The Specialty of Periodontics has Problems
Dr. Richard Kahn

At the conclusion of all AAP Board of Trustees meetings, the AAP staff compiles the pertinent information from the meeting and provides that to the membership through the District Trustees. You have all received that information from the January 2014 BOT meeting via email within the last month. I don’t feel that I would be doing what you elected me to do if I didn’t share my feelings about what is going on at the BOT level of the AAP and my opinions of where the AAP and the specialty is heading. To be most effective the specialty and the AAP need to be a solitary unit. It is unfortunate that forging that is by no means easy.

If you polled the members, the last board meeting was described as tiring and rather contentious. If one wants to maintain the status quo, this was not a good meeting. I feel very strongly that the status quo at the AAP is no longer acceptable if one wants our specialty to survive. I won’t even address thrive. The specialty of periodontics has problems and in my opinion it is solely related to workforce opportunities. If the periodontists were utilized the way that we know we should, the public’s need from the periodontists will completely outstrip our manpower. In that perfect world our future would be bright. Our science is germane to healthcare and what we do protects the public and allows the dental profession at large to deliver high quality treatment to the public. We all know the level of dental care and oral health that exists when there is the periodontist or specialist “work around”. In the future of our specialty, the young members would be able to open practices and/or find meaningful associate positions. While their entry fee into the game is higher than ours was and this is a problem, with a reasonable future that just becomes a cost of doing business. Scrambling for employment with a day here and a day there or working for general dentists or corporate dentistry is not a career. It is a job. When one has that as the best game in town the question to be asked is “why should I join the AAP or NJSP?” I could give them an answer but having once felt a little of their pain, eye contact may be difficult. When “we” were there the tough circumstances of starting out at least had a possible future in our minds. I honestly cannot say that now. The economics of being a periodontist is an issue that even the established periodontists are experiencing. A vision into the future with the only certainty being dental education debt and tough economic times is very scary to me. I can only imagine what is in the future of perio’s soul.

So the question is what value is the AAP providing for our members now and in the future? I will tell you that right now there are two major items that the AAP is involved with: that are great member benefits and they can have a great long term impact. The first one is the public awareness campaign that will be launching later this year. The campaign has multiple phases with the first purpose to increase the public’s awareness of periodontal disease. Ultimately the message will be why the periodontist is the “go to” dental practitioner. This has great potential to aid the periodontist in the workforce. And with that there will be an increased relevance of the specialty. This process will take time; however, the future is now!

The other issue is much more tangible and is something that truly threatens the survival of periodontics right now. There is a strong push from the American College of Prosthodontists (ACP) to make implant placement part of their specialty educational standards without increasing the time of the graduate education. Simply stated the ACP wants to become a surgical specialty as they see it. The AAP has been very supportive of their representatives on the Commission of Dental Accreditation. It is through this joint effort that the commission has been able to understand that the public deserves to have specialty treatment to a level of a competent specialist. This battle is not going away and fortunately neither is the AAP’s support. Should the ACP prevail, the last vestige of the private practice of periodontics will be parceled out to another specialty. A specialty that doesn’t have a surgical background.

As always I serve as your trustee and understand the responsibility of representing your interests. I ask that you contact me with any issues you may have. The one promise I will make is that the BOT at the AAP will be saturated with New Jersey. They too deserve the best.

Richie
Dr. Richard Kahn
Is Today the Golden Age of Implant Dentistry?

MICHAEL SONICK, DMD

Dr. Sonick is in private practice in Fairfield, Connecticut.

Is this the golden age of implant dentistry? Joel Klein, editor-in-chief of Time magazine, states that we never know when we are living in the golden age. This may be true. Today, I spend most of my clinical days performing procedures that improve the quality of patients’ lives that did not exist the day I graduated from dental school in 1979.

Soft tissue grafting for root coverage and implant augmentation, including the sub-epithelial connective tissue graft, which was developed by Langer and Langer, was not introduced until 1985. Today, soft tissue augmentation is performed routinely. Periodontally involved teeth, previously deemed hopeless, can now be saved and maintained, and their lost bone regenerated. Guided bone regeneration around teeth was not introduced into the literature until 1981 by Nyman, and has taken decades to perfect. Osseointegrated titanium implants were not introduced into North America until the landmark 1982 conference in Toronto. Research was begun decades earlier by P.I. Branemark in Gothenburg, Sweden, but was not well known in North America. The research was published mostly in Swedish, when the Internet was but a thought and international cooperation was sparse. Today, dental implants are the standard of care, almost taken for granted-like the World Wide Web.

At the onset of dental implant placement, osseointegration was the goal. There was great excitement when implants merely integrated. Today implants must not only integrate but be ideally positioned in adequate bone so that optimal esthetics and function are achieved. Things have moved very fast these past 30 years, and the pace of change will only quicken as more dentists perform research, clinically document their cases, and collaborate more with each other.

Dan Sullivan, prosthodontist and past president of the Academy of Osseointegration, once commented at a national meeting that misplaced implants were often accompanied by a letter by the surgical specialist lamenting, “Sorry, but that is where the bone was.” Today this refrain is heard less often. Perhaps the greatest accomplishment since the onset of osseointegration has been the ability to regenerate bone in areas of deficiency. Two absolute requirements for the surgical placement of dental implants exist:

• Implant stability at the time of placement
• Ideal restorative position

Currently, bone can be predictably regenerated at the time of extraction. Most times, adequate bone for implant placement can also be regenerated post-extraction. Although limits in volume do exist, this is changing. The introduction of newer technologies in guided bone regeneration has made possible implant site development in areas previously thought hopeless. A variety of barrier membranes, growth factors (PRP, PRF, PRGF, rh-PRGF, Emdogain, rh-BMP, etc), and newer technology have revolutionized dental implant treatment. Unprecedented amounts of bone regeneration are now possible.

The use of newer technologies, including cone-beam computed tomography, has led to greater accuracy in diagnosis and treatment planning. The implant surgeon no longer must go on a surgical tour, developing the treatment plan during surgery. Patients are now able to see what is possible and what is not possible prior to surgical treatment. This allows for patient participation in treatment decisions and shared responsibility.

Today implants must not only integrate but be ideally positioned in adequate bone so that optimal esthetics and function are achieved.

Lastly, differences in the design of dental implants (tapered implants, aggressive thread pitch, roughened surfaces, treated surfaces, etc) have led to a greater speed in osseointegration. Some companies tout “immediate osseointegration” with immediate loading. All cases must be evaluated individually. Patent immediate gratification is not always possible, and should be couched with what is predictable.
New Jersey Society of Periodontists
Treasurer’s Report

Checking account balance
as of March 10, 2014..............................$17,857.75
Respectfully Submitted,
Dr. Amit Vora

Directions to the Woodbridge Hilton
120 Wood Avenue, South Iselin, NJ
(732) 494-6200

New Jersey Southbound/
Northbound: Garden State Parkway to Exit 131 A. Hotel is on the right at the exit.
Newark Int’l Airport / New York City: New Jersey Turnpike South to Exit 11, Garden State Parkway North to Exit 131A. Hotel is on the right at the exit.
Philadelphia: New Jersey Turnpike North to Exit 11, Garden State Parkway North to Exit 131 A. Hotel is on right at the exit.
Staten Island: Outerbridge Crossing to Route 440. Garden State Parkway North to Exit 131 A. Hotel is on the right at the exit.
Walking distance to “Metro Park” Amtrak Train Station

Please visit our website at
www.njperio.org
We welcome your questions and comments.
You may email them to:
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2014

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