

# FLORIDA FOCUS

March 2024

*the publication exclusively for the general practitioner*

***The 2024 General Assembly  
and Installation of Officers***

***Internal Marketing  
Insights: Boosting Your  
Dental Practice Success,  
by Dr. Michael Dorociak***

***Motivational Interviewing:  
A Pathway to Better Clinical  
Outcomes and Patient-  
Centered Care in Dentistry, by  
Michelle Strange, MSDH, RDH***

***Robotically Guided Immediate  
Implant Placement with  
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by Dr. Millie Tannen***

***Panama City Church Sends  
Dental Team to Honduras,  
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**Dr. Toni-Anne Gordon  
accepts the 2024-25  
Presidency of the  
Florida Academy of  
General Dentistry**

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CE Chair Dr. Amr Hassan introduces Dr. Gary DeWood's course "Comprehensive Dental Care in General Practice," which Dr. DeWood presented at the FLAGD General Assembly.

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# President's Message

by Dr. Toni-Anne Gordon

I want to express my profound gratitude for entrusting me with the responsibility of leading the Florida Academy of General Dentistry. The journey that has led me here has been both humbling and inspiring, and I accept this position with a deep sense of duty.

I would like to extend my heartfelt appreciation to the board members for their unwavering support and confidence in my growth as a leader. Your dedication to advancing our profession and ensuring the highest standards of patient care serves as a beacon of inspiration to us all.

As we embark on this new chapter, I am steadfast in my resolve to champion our shared goals and aspirations. Foremost among these is our commitment to expanding our membership and fostering a vibrant community that embraces dentists at every stage of their career. Recognizing the invaluable contributions of our seasoned professionals and the innovative spirit of new dentists, we must bridge the gap and create opportunities for mentorship, collaboration, and growth.

I was introduced to the AGD at a lunch and learn at the University of Florida College of Dentistry. Our faculty advisor was Dr. Stephen Howard, a fellow of the AGD, he was a strong proponent for the organization and student chapter. After attending a few lectures, I started to understand and believe in the AGD mission and grew a strong desire to contribute. I maintained my AGD membership throughout my AEGD residency in South Carolina. After residency I was delighted to find out that AGD credited me 150 CE credit hours towards my fellowship. A few months later, I received an email from Dr. Doug Massingill for a CE with our Central Florida component. I went to that CE after work and I recognized a few people that I knew from dental school, but their tables were already full. I sat at a table feeling nervous because I didn't know anyone there. Dr. Merlin Ohmer spoke with me, I can't remember all that we spoke about, but Dr. Ohmer extended an invitation for me to join the board as a director-at-large and assist with membership as a new dentist. I share this tale with you because at the time I was a newly graduated dentist, and these doctors had a large impact on me. We need more dentists like Dr. Howard to engage our dental students, Dr. Massingill to send an email not knowing if a new dentist will perhaps show up to an AGD CE dinner and Dr. Ohmer who will engage with that nervous dentist.

Membership has been the hot topic of every board meeting since I have been privileged to sit and speak during these sessions. We need to retain our members. I graduated in 2016 and I have classmates, and friends from years after that are concerned about their debt, the direction of our profession and if they made the right decision. We need to keep our dentists motivated and in our beautiful profession. I know that your personal time is precious, but I would encourage each person here today to have a casual chat with the next dentist you meet at a CE or convention or wherever the road takes you. You might be surprised that somewhere down the road, they will remember that impactful moment.

By connecting with our new dentists, we can harness their energy, enthusiasm, and fresh perspectives to propel our association forward. Simultaneously, we will continue to support our seasoned professionals by providing them with resources, mentorship opportunities, and avenues for continued learning and development.

One of my primary objectives is to streamline the Fellowship process and encourage every member to pursue their fellowship with the Academy of General Dentistry. Achieving fellowship status is not merely a testament to one's expertise but a commitment to excellence, continuous learning, and leadership within our community.

Furthermore, our goal will be to diversify our educational offerings. By providing a variety of formats, including workshops, seminars, online courses, and hands-on training sessions, we will cater to the diverse learning styles and preferences of our members. Through these initiatives, we will empower dentists across Florida to stay abreast of the latest advancements, techniques, and best practices in general dentistry.



From left: Secretary Dr. Nibaldo Morales, Vice President Dr. John Gammichia, President Dr. Toni-Anne Gordon; and Immediate Past President Dr. Matthew Scarpitti are installed by AGD President Dr. Merlin Ohmer.

I am deeply honored and excited to serve as your president. Together, with passion, collaboration, and unwavering dedication, we will chart a course for a brighter, more prosperous future for the Florida Academy of General Dentistry and our beloved profession.

Thank you, and it is with great excitement for me that we embark on this journey together.

**Toni-Anne T. Gordon, DMD**

**Florida AGD President**

## Editor's Note

**O**n January 12-13, Florida AGD members participated in an outstanding event as they attended the 2024 General Assembly at the beautiful Grand Bohemian Hotel in downtown Orlando. Executive Director Patricia Jenkins scheduled three continuing education courses and a presentation by the meeting's sponsor, Mr. John Kekal of Legally Mine ("Keep What You Earn"). Dr. Gary DeWood of Spear Education taught a two-day participation course on "Comprehensive Dental Care in General Practice," Vice-President Dr. John Gammichia spoke on "Holy Cow! I Didn't Know You Could Do That With Composite," and our new Director-at-Large, Dr. Francisco Marcano, lectured on "OSA Screening For the Whole Team." Thank you to these doctors for sharing their clinical expertise and to all our members who attended their courses!



In addition to the continuing education, Florida AGD attendees enjoyed a delectable lunch buffet as national AGD President Dr. Merlin Ohmer installed the 2024-25 officers and presented the annual awards. Congratulations to our new President, Dr. Toni-Anne Gordon, and to all the officers and board members! Dr. Douglas Massingill received the FLAGD's Distinguished Service Award, and Dr. Gammichia presented the Frank J. Collins Lifetime Achievement Award to Dr. Ohmer.

This issue is one of our shorter ones, since it's printed, and our board is watching the budget. However, we hope you'll find plenty of information to benefit your practice and your life. Dr. Michael Dorociak, MAGD, recommends dozens of ideas for improving your internal marketing, and hygienist Michelle Strange discusses the skill of motivational interviewing to help you and your team communicate with your patients more effectively. In addition, we visit FLAGD member Dr. Bradley Hall's practice on Amelia Island to explore two of the newer advances in dental implants, robotically-guided placement and osseodensification. Thank you to Dr. Hall and his team at Amelia Perfect Smiles for inviting me to observe this surgery! Finally, FLAGD President-Elect Dr. Ray Morse describes his experiences during the dental humanitarian mission to Honduras which was organized by his church.



Did you miss our December issue, which was published online? It includes information about the 2023 AGD House of Delegates in Chicago, an interview with Dr. Ohmer, "Envisioning a Cavity-Free Generation" by pediatric dentist Dr. Craig Hollander, "The Age One Dental Visit" by Dr. Elizabeth Simpson, "Patients, Pills, and Pathologies" by Amber Riley, tips on enhancing communication skills by Deborah Engelhardt-Nash, insights on leadership by Dr. Angela McNeight, and recommendations on the importance of self-care in dentistry by Denise Williams-Jones. Please read it on our website, [www.flagd.org/floridafocus](http://www.flagd.org/floridafocus), and have a healthy, happy springtime!

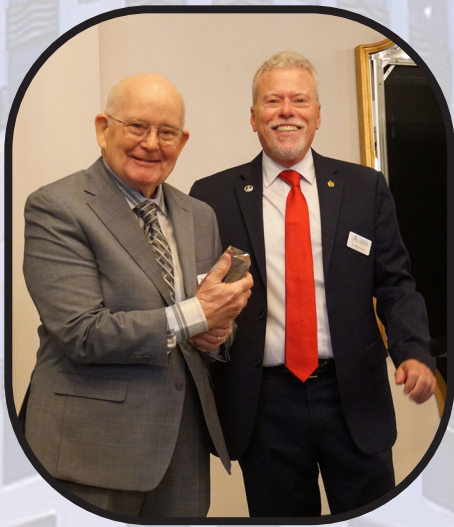
Best regards,

Millie K. Tannen, DDS, MAGD



Installation of the 2024-25 FLAGD Board Members by AGD President Dr. Merlin Ohmer, from left: Drs. Douglas Massingill, Francisco Marcano, Herminia Rodriguez, Bipin Sheth, Millie Tannen, Nibaldo Morales, John Gammichia, Toni-Anne Gordon, and Matthew Scarpitti.





Dr. Merlin Ohmer presents the FLAGD Distinguished Service Award to Dr. Douglas Massingill.

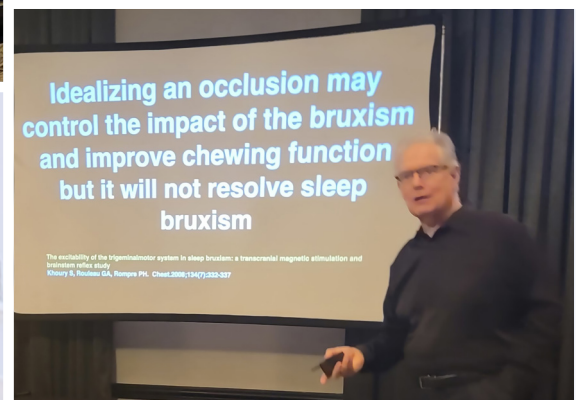
# Celebrating Outstanding Leadership and Education *at the* *2024 FLAGD General Assembly*



Dr. John Gammichia presents the Frank Collins Lifetime Achievement Award to Dr. Ohmer.



Clinical lecturers at the General Assembly included Drs. Francisco Marciano (left), John Gammichia (below), and Gary DeWood (right). Mr. John Kekal of Legally Mine educated and occasionally disconcerted the Florida AGD members with his lecture on how to protect their assets most effectively.





# Motivational Interviewing:

## A Pathway to Better Clinical Outcomes and Patient-Centered Care in Dentistry

by Michelle Strange, MSDH, RDH



As a clinician, I spent years focused on providing services and solutions to my patients rather than truly listening to and understanding their needs. Motivational interviewing (MI) has revolutionized my clinical care by allowing me to create an open dialogue with my patients that focuses on what they want and need for successful recovery.

Employing Motivational Interviewing (MI) in promoting health behavior changes,<sup>1</sup> including in a dental practice setting, can serve as a method to boost patient motivation. This motivation can assist with improving oral hygiene behaviors.

The method involves four processes: engaging, focusing, evoking, and planning. These are all used to guide patients toward positive behavior changes. MI is a collaborative, patient-centered approach that taps into the patient's motivation to change, thereby strengthening the clinician-patient relationship and enhancing patient outcomes.

### Understanding motivational interviewing

Clinicians using motivational interviewing often employ five strategies early in treatment. The five principles use showing empathy, creating discrepancy, avoiding confrontation, adapting to client resistance, and bolstering self-confidence as their basis. Assisting patients in managing their uncertainties is a significant first step. These strategies provide support for the patient and create a safe space for them to explore their ambivalence.

In initial treatment sessions, assess your patient's readiness to change.<sup>2</sup> Avoid focusing too soon on a specific stage of change or making assumptions about the stage based on the meeting environment. Waiting to set treatment goals is crucial until you fully understand the person's readiness to avoid potential harm. In dentistry that could be avoiding extractions, root canals, or periodontal treatment.

Five essential methods are employed when moving into patient-centered motivational interviewing:<sup>3</sup>

### Use open-ended questions

Open-ended questions aid in understanding clients' perspectives and emotions. They cannot be answered with a single word or phrase, promoting dialogue. These types of questions are neutral, soliciting more information. They encourage the person to do most of



the talking. Open-ended questions help prevent premature judgments. They keep communication progressing.

### Reflective listening

Reflective listening in motivational interviewing involves understanding and restating the client's thoughts. It encourages dialogue, clarifies meaning, reduces resistance, and strengthens empathy. It requires continuous monitoring of responses and adjusting hypotheses.

### Summarize

Summarizing distills the essence of a person's expressions and communicates it back, reinforcing what they have said and preparing them for the next steps. It helps understand ambivalence, creates a natural transition between change stages, and allows strategic selection of information. It invites the patient's correction, spurs further discussion, and provides a chance to notice overlooked or incorrectly stated items.

### Affirm

Affirming supports and promotes self-efficacy, acknowledging difficulties and validating experiences. It helps boost confidence and encourages using inner resources for behavior change. Emphasizing past strengths and successes can prevent discouragement. For some, affirmation has a spiritual context and can help resolve ambivalence.

“MI is a particular way of having a conversation about change so that it is the client rather than the clinician who voices the arguments for change.”

—Miller & Rollnick (2013)  
adapted from Berg-Smith MI training



## Elicit self-motivational statements

Motivational interviewing aims to engage the patient in their change process, helping them envision a healthy mouth or diet. The clinician's role is not to convince but to encourage the patient's concerns and intentions. Successful interviewing requires people to advocate for themselves, and self-motivational statements are vital indicators of reduced resistance.

## Motivational interviewing and improved clinical outcomes

Motivational Interviewing has proven to be effective in various health-related fields, especially in combating addictions such as alcoholism and smoking. Over 200 clinical trials since the 1990s have demonstrated its applicability to diverse health behaviors, including diabetes management, eating disorders, dietary changes, and oral health.<sup>4</sup>

The adaption of MI for dental practices where time is limited has been successful in some cases. It has shown positive effects on parents advised to bring their children to the dentist for fluoride treatments. However, more high-quality studies are needed to determine the optimal usage of MI for oral health outcomes.

Comparisons with conventional health education approaches indicate MI's effectiveness in improving periodontal health in most studies. While both methods showed similar effects on plaque reduction, the decrease in gingivitis lasted longer with MI (6 months) than in the conventional group (1 month). Some studies also suggest promising results for MI as an adjunct to periodontal therapy, improving clinical periodontal parameters in a few cases.

## MI, trauma-informed care, and barriers to care

MI often goes hand-in-hand with trauma-informed care, which advocates for a holistic approach to healthcare. This type of care acknowledges the role that trauma, past or present, can play in people's lives and their interactions with healthcare professionals. In particular, MI emphasizes creating a safe and empowering space where patients can openly express themselves and engage with the care process without fear of judgment or blame.

Studies have investigated the experiences of child sexual abuse (CSA) survivors when accessing dental care.<sup>5</sup> They have identified three main themes:

- the anxiety associated with dental encounters
- the opportunity to disclose their traumatic past
- the need for choice and control during dental treatment

The study reveals that while CSA survivors want to access dental care, their traumatic experiences often create barriers. It is possible to mitigate these difficulties if dental staff adopt a trauma-informed approach, offering individualized care that prioritizes patient choice and control.

Barriers also arise in patients who may not have faced CSA but any other kind of trauma. The mitigation of these traps is also needed to ensure patients can express themselves. Some common examples of traps include:

**The Question/Answer Trap:** This trap can lead to passivity and restrict the exploration of more profound, more personal issues. It occurs when the appointment becomes a series of questions and answers rather than a dialogue that encourages introspection and self-reflection. This approach may limit the patient's engagement and hinder their ability to explore the root causes of their problems.

**Michelle Strange, MSDH, RDH**, brings over twenty years of experience in the dental field, beginning as a dental assistant and earning a bachelor's degree in health science from the Medical University of South Carolina, followed by a master's in dental hygiene education from the University of Bridgeport. Her commitment to ongoing education is evident through her pursuit of various certifications, including the Certificate in Dental Infection Prevention and Control.

Michelle's passion for dentistry extends beyond her practice, as demonstrated by her community and global endeavors, which include volunteer work and worldwide missions. As the owner of Level Up Infection Prevention and MichelleStrangeRDH, she continues to practice dental hygiene while sharing her expertise through various platforms. Michelle cofounder A Tale of Two Hygienists podcast, further demonstrating her commitment to advancing the dental profession through education and collaboration.



**The Confrontation/Denial Trap:** This trap occurs when they meet every argument for change with denial or resistance from the patient. Such a confrontational dynamic can create a defensive atmosphere, making it difficult for the patient to open up and consider the potential benefits of changing their behavior.

**The Expert Trap:** In this scenario, practitioners fall into the trap of assuming the role of an expert who provides direction and solutions without adequately involving the client in determining their own goals and strategies for change. This approach can lead to a lack of ownership on the patient's part and may result in half-hearted commitments to the proposed changes.

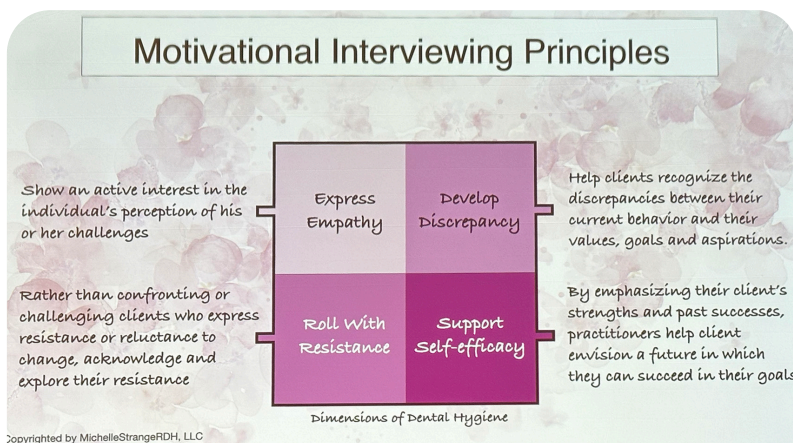
**The Premature Focus Trap:** This trap occurs when practitioners focus too quickly on a specific problem without allowing the person enough time to express their feelings and experiences fully. This rush to identify and solve the problem can lead to resistance and prevent the client from feeling heard and understood.

## Practical Examples of MI in Action

Open-ended questions focus on the patient's experience, which is known to help reduce anxiety by validating their responses and experiences. Examples of open-ended questions in MI may include "What do you like to do to keep your mouth healthy?" "What are some of your favorite products to keep your mouth healthy?" "What does your oral care routine look like these days?" "Any products you do not like to use?" Asking such questions can help create an environment where patients feel respected, heard, and empowered – ultimately leading to improved clinical outcomes.¶

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# Internal Marketing Insights:

## Boosting Your Dental Practice Success

by Michael R. Dorociak DDS MAGD



Achieving practice growth hinges on differentiating your services and delivering exceptional value to surpass patient expectations. Word of mouth remains the best avenue for referrals, making internal marketing crucial for sustained practice viability. Below, we present a list of top marketing and management strategies for your dental practice:

### CONTACTS

- Conduct care calls to patients treated earlier in the day, addressing concerns with a genuine inquiry into their well-being. Begin the conversation with, "I just wanted to check on how well you are doing."
- Utilize traditional mail by sending postcards to stay in touch, make announcements, and celebrate holidays. This can be an advantage over email.
- Acknowledge birthdays with personalized greetings through the mail, utilizing software like Spectrum Unlimited. A birthday letter is sent to the patient that includes memorable events that occurred on the day they were born.
- Express gratitude through thank you cards for referrals. Have the staff write handwritten notes sent to patients acknowledging them and their visit to the office.
- Collect email addresses and cell phone numbers for reminders, announcements, and e-newsletters.
- Extend your home phone number for patients after treatment that day and send letters after treatment of large cases is completed, thanking them and inviting referrals.

### DÉCOR

- Ensure a pleasant, up-to-date office décor, considering patient perspectives from the parking lot to the operatory.
- Individualize operatories with different themes to enhance patient experience. For example, consider a sports room displaying autographed pictures of favorite players or teams.
- Pay attention to restroom aesthetics and cleanliness, maximizing impact in a private space.
- Decorate the office for special holidays and ensure visibility of your office sign, lit at night.



### EDUCATION

- Prioritize painless injections. This may be your most important marketing skill.
- Offer office tours, emphasizing sterilization areas to showcase cleanliness and professionalism.
- Use various educational tools, including videos, models, books, pamphlets, and intraoral cameras.
- Present a comprehensive treatment plan with informed consent. This includes alternatives, costs, risks, benefits, and what happens if you do nothing.

### GIFTS

- Distribute branded coffee mugs filled with dental care items as thoughtful giveaways.
- Acknowledge your dental team's importance with surprise Christmas shopping sprees and year-round perks.
- Negotiate gift certificates from local establishments to give to patients. This can be for a special occasions or after completion of a large treatment plan.
- Provide Starbucks or similar gift cards when needed.

### NETWORKING

- Introduce yourself to pharmacists and local physicians to establish availability for emergencies or referrals.
- Cultivate relationships with local hairdressers and other businesses and distribute business cards.
- Sponsor local sports teams, advertise in community bulletins, and actively seek new patients.
- Provide lectures to specific groups on various dental topics.

### PATIENT RELATIONS

- Prioritize making patients feel important (MMFI), keeping personalized notes in their charts or digital record. This will allow you to begin a conversation easily when you see them next time.
- Engage patients in operatory conversations, exceeding their expectations at every interaction.
- Greet patients warmly, address them by name, and maintain an enthusiastic staff. Have the front desk stand up and greet new patients in the waiting room.

### PRACTICE MANAGEMENT

- Establish a consistent financial policy while offering flexible payment options.
- Implement sequential treatment plans for affordability and consider providing certain services at no charge. "Low budget" front end options allow the patients to build confidence.





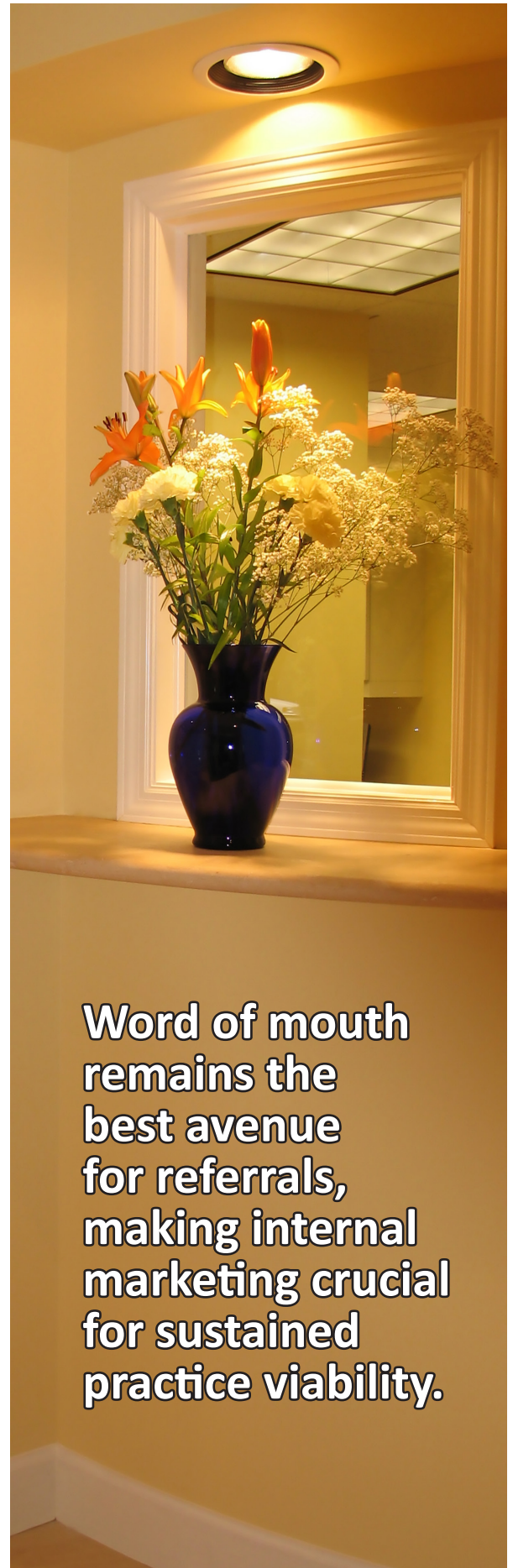
- Use the words “mandatory,” “elective,” and “future” to help the patient understand their treatment options
- Offer varied and convenient office hours, including Fridays, Saturdays, and evenings.
- Attend to emergencies promptly and be available.

### SERVICES

- “Wow” patients with creative and imaginative ideas, enhancing their overall experience. It is extremely easy in dentistry to create value. Value is created when you exceed the patient’s expectations. What does the patient expect? They expect the visit to be painful, expensive, and take time. Exceed their expectations!
- Provide amenities like warm towels, reusable ice packs, umbrellas, pillows, blankets, and entertainment options. Make sure there are televisions in the ceiling in every operatory and headphones are available.
- Invest in technology such as intraoral cameras for documentation and education. Due to the amount of time they spend with patients, the hygienists are the best educators in the practice.
- Differentiate your practice by focusing on one simple principle. Invite patients as friends and treat them as family.

In conclusion, implementing these strategies may not revolutionize your practice overnight, but the cumulative impact can position you slightly above your competition, ultimately leading to sustained success. Remember, giving patients good, honest, and quality treatment ensures their return.¶

**Dr. Michael R. Dorociak** is Chairman of the Board of Clinicians Report Foundation, the prestigious non-profit dental product evaluation group founded by Drs. Gordon and Rella Christensen.. He is a Project Director and Clinical Evaluator for Gordon J. Christensen Clinicians Report and presents some of the renowned Dentistry Update courses across the country. He mentors and instructs alongside Dr. Gordon Christensen in his courses in Provo, Utah. Dr. Dorociak is a graduate of the University of Notre Dame and attended dental school at the University of Illinois at Chicago. He completed a general practice residency in Miami, Florida and has a Mastership in the Academy of General Dentistry. Dr. Dorociak is an adjunct Clinical Associate Professor at the University of Florida. He maintains a full time private practice in Sarasota Florida.



**Word of mouth remains the best avenue for referrals, making internal marketing crucial for sustained practice viability.**





# Robotically Guided Immediate Implant Placement with Osseodensification

by Millie K. Tannen DDS MAGD

Editor, *Florida Focus*



**Dr. Bradley Hall**

Ever since its approval by the FDA in 2016,<sup>1</sup> one of the most intriguing innovations in dentistry has been the introduction of robotics to implant surgery. In the Yomi system, produced by Neosis, Inc. in Miami, a robotic arm is digitally linked with the patient's cone beam computed tomography (CBCT) scan, enabling extremely precise placement of the implants and allowing the dentist to observe the surgery on the CBCT scan in real time.<sup>1</sup> Nearly 200 of these systems are in use today in the U.S., said Dr. Alon Mozes, Neosis cofounder and CEO.\* After reading about this technology, I was delighted to be invited by Florida AGD member Dr. Bradley Hall to observe a Yomi procedure in his group practice, Amelia Perfect Smile on Amelia Island.

Robotic surgery may be fairly new to dentistry, but following its first use during a cholecystectomy in 1997, over twelve million robotic-assisted surgical operations have been performed in oropharyngeal, cardiothoracic, urological, gynecological, colorectal, and general surgery.<sup>2</sup> Robotic surgery offers the advantages of a minimally invasive procedure, resulting in less bleeding and discomfort, shorter hospital stays, and faster recovery for patients. Surgeons appreciate the improved ergonomics of many of the robotic procedures, and hospital readmissions are reduced, due to fewer post-surgical complications.<sup>2</sup> According to Intensive Surgical, the leading manufacturer of robotic surgical equipment, over 60,000 surgeons have been trained on its da Vinci system.<sup>2</sup>

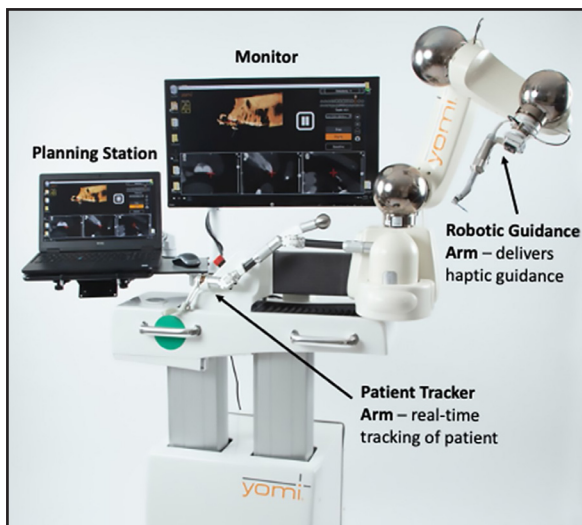
For dental implant placement, robotics have numerous advantages. In addition to being able to view the patient's anatomy and the progression of the surgery on the CBCT scan, the software and the haptic ability of the robotic arm ensure the maintenance of the planned angulation and depth of the osteotomy during surgery; signal when the correct depth has been reached; and alert the clinician to any problems or deviation from the treatment plan.<sup>3-9</sup> Unlike surgical guides, the robotic system allows direct visualization and irrigation of the surgical site and permits the dentist to change the treatment plan during surgery, if necessary.<sup>3-6</sup> The implants can be placed more easily in sites where access is limited<sup>4,5</sup> and, in some cases, fully edentulous patients can be treated more accurately than with a surgical guide.<sup>3</sup> Flapless surgery provides the benefits of a

shorter surgical procedure, reduced bone loss and pain, and a more rapid recovery.<sup>8,9</sup> Finally, the robotic arm eliminates the dentist's marginally irregular wrist movement to create a truly round preparation, rather than a slightly oval one, improving initial fixation.<sup>10</sup> Of course, one disadvantage of robotic implant placement is its cost,<sup>4,8</sup> although Dr. Alon Mozes said that the company works with practices to make the technology affordable.\* Other disadvantages include the absence of surgical tactile sensibility, a longer set up time for the surgical procedure,<sup>3,4</sup> and a steep learning curve.<sup>10</sup>

Dr. Bradley Hall purchased the Yomi system in March, 2023, and says that in recent months, he and one of his associates, Dr. Daniel Pazos, have placed about 80 implants per month with the technology. When asked about the advantages he'd observed when performing robotic surgery, Dr. Hall said, "Postoperative pain is greatly decreased. It's more accurate. It could take an amateur surgeon and turn him into a really good surgeon. For example, when Dr. Pazos came to my office, he had placed eleven implants in postgraduate resident training, and that was the sum of his knowledge base. Now he has been doing some high level implant training courses, but as far as the implants go, I don't think you could tell the difference between an implant placed by him or by me, and I've been doing it 35 years.

"They say this system takes a good dentist and turns him into a perfect dentist. As dentists, we were taught perfection in dental school, to strive for it."

Dr. Hall chose to incorporate robotic implant surgery into his practice after



**Above: Dr. Bradley Hall and assistants Dr. Timovitch Popov and Chloe Clark.**

**Left: The Yomi® robotic system for dental implant surgery<sup>1,8</sup>**



seeing a Neocis demonstration. “A rep visited me. They have several of the robots in different buses, and they’ll come out and do a demonstration. It was very interesting. They show you a typodont with a CT scan, how you place the implants into the software, and then how it works on an actual jaw.

“So that’s how I got into it. Since I started practicing years ago, I’ve always liked technology. Some of the technologies I bought were fakes, and some of them turned out to be really good for dentistry, like the CEREC I use every day. When I saw the robot, I felt that there was a need for it.”

The team’s in-office training took place over four days, with the first two devoted to didactic and hands-on training, and the third and fourth days spent doing surgery on patients. Dr. Hall said, “The company’s really good. For the first fifty surgeries, a technician was here supervising. I wanted them to go away a lot sooner, but it was fifty.”

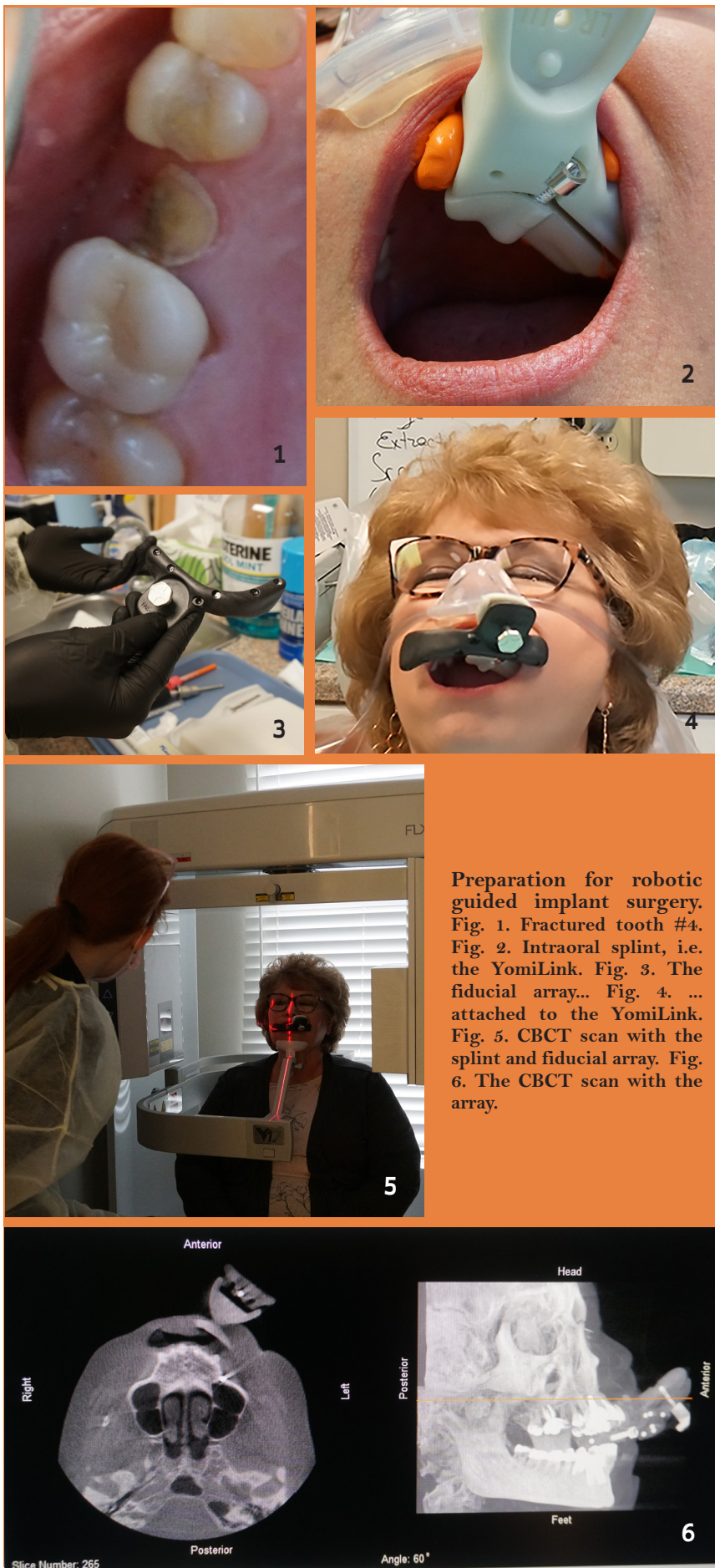
Surgical robotic systems have four major components: the preoperative planning software, the dynamic navigational technology, the patient-tracking and surgical robotic arms, and an intraoral reference splint,<sup>4,5,7</sup> named the “YomiLink” in this system. In addition to the doctor and the surgical assistant, the technology requires a “driver,” an assistant who coordinates the link between the patient, the CBCT scan, and the robotic arms, monitoring the dynamic guidance throughout the procedure.<sup>5,7</sup> For this case, Dr. Hall’s treatment plan was to extract fractured tooth #4 (Fig. 1) and place a BioHorizons 3.8 x 12 implant and a bone graft with platelet-rich fibrin (PRF). His plan included a sinus floor elevation using Densah burs.

The initial clinical procedure was a venipuncture to obtain the patient’s PRF. Next, since the surgery would be on the maxillary right, the YomiLink was placed on the maxillary left. It consisted of a small impression tray filled with “a very hard impression material, harder than Blu-Mousse®. It’s very hard to take off,” Dr. Hall said. Once set, the tray was attached to a fiducial array, a device with small round bearings which, when included in the patient’s CBCT scan, establishes accurate reference points between the patient’s anatomy and the navigational software<sup>6</sup> (Fig. 2-6).

Following Dr. Pazos’ planning of the implant’s position in the patient’s new CBCT scan (Fig. 7-9), the fiducial array was removed from the YomiLink intraoral reference splint. Dr. Hall extracted the roots of tooth #4 atraumatically. The passive patient-tracking robotic arm was connected to the intraoral reference splint,<sup>8,9,8</sup> and Dr. Hall and dental assistant Chloe Clark, the procedure’s driver, calibrated the robotic guidance arm and handpiece with the Yomi software, using a preselected landmark<sup>5,7-9</sup> (Fig. 10). Next, Dr. Hall moved the robotic guidance arm into position, with a 1.5 pilot drill inserted into the handpiece. (Fig. 11-12). Once the handpiece was near the surgical site, it entered “guided mode,” locked into the predetermined site and angulation and only allowing vertical movement.<sup>3,5,7</sup>

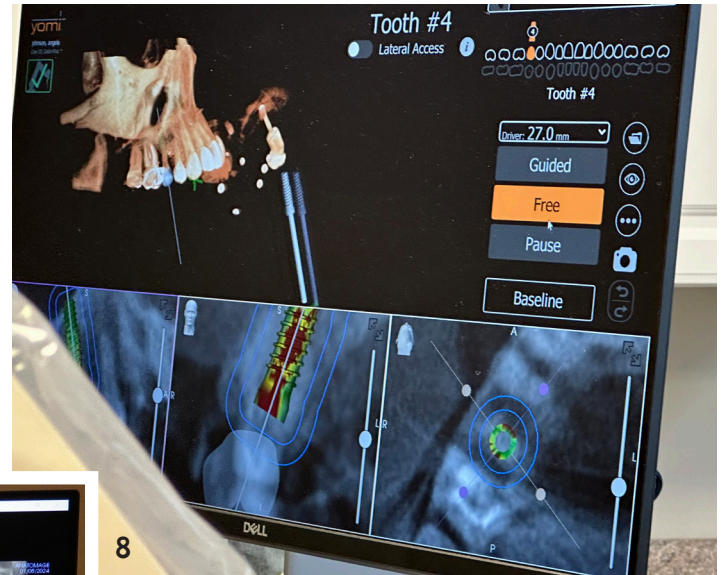
“You bring the handpiece over, and once you get within a centimeter of the area, the guiding begins,” Dr. Hall said prior to the appointment. “It tells you what angle to put your handpiece, to move it lingual, distal, buccal, whatever... The actual placement is going to be less than five minutes by the time we start doing the osteotomy. A beeper goes off, and you know you’re done.”

After completion of the osteotomy (Fig. 13), Dr. Hall performed a crestal sinus floor elevation with a Densah® bur<sup>11</sup> inserted into the robotic handpiece (Fig. 14). In the Densah sinus lift technique, the burs are first used in clockwise rotation to cut bone and then counterclockwise



**Preparation for robotic guided implant surgery.**  
Fig. 1. Fractured tooth #4.  
Fig. 2. Intraoral splint, i.e. the YomiLink. Fig. 3. The fiducial array... Fig. 4. ... attached to the YomiLink. Fig. 5. CBCT scan with the splint and fiducial array. Fig. 6. The CBCT scan with the array.





**Fig. 7-9. Dr. Daniel Pazos plans the robotically assisted implant surgery.**

to produce osseodensification, in which the autogenous bone fragments are compacted both at the bur's tip and in the lateral walls of the osteotomy.<sup>11-17</sup> When compared with the usual subtractive osteotomy preparation, osseodensification has been shown to significantly increase primary implant stability as well as require a higher torque for implant insertion.<sup>12-14</sup> Imaging studies have documented a layer of greater bone density apically and on the lateral walls of densified osteotomies, with three times the amount of bone present in these regions compared to standard osteotomies.<sup>12</sup> In addition, the Densah technique reduces the common risk of Schneiderian membrane perforation and eliminates the mild trauma the patient experiences with sinus floor elevation using osteotomes.<sup>15,16</sup> As the autogenous bone gradually accumulates, it separates the membrane and lifts it off the sinus floor.<sup>12-17</sup>

Following the osseodensification and sinus floor elevation, Dr. Hall inserted a 3.8 x 12 BioHorizons implant with the robotic handpiece (**Fig. 15**). After placement of a healing abutment, a bone graft was placed, consisting of the patient's PRF in a 30:70 mix of NovaBone® bioactive synthetic bone and AlloSculpt-3D, demineralized cortical allograft putty with cortical and cancellous chips. The site was sutured with a SurgiPoint® 4-0 polyglecaprone monofilament suture (**Fig. 16**). Both the Yomi software and post-operative radiographs revealed the successful immediate implant placement and sinus floor elevation (**Fig. 17**).

Dr. Hall said, "After placing the number of implants I have with Yomi, I don't think I would voluntarily ever go back to placing them free handed or with a surgical guide. It just is that big of a difference, as far as accuracy, less stress on the patient, and less postoperative pain. It's just really a nice way to do it."

\*Phone conversation between Dr. Alon Mozes and the author, January 22, 2024.

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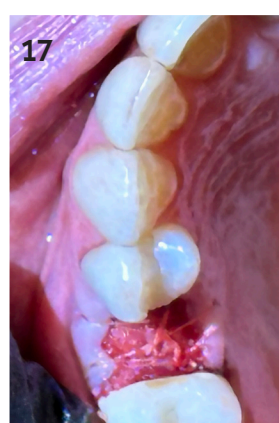
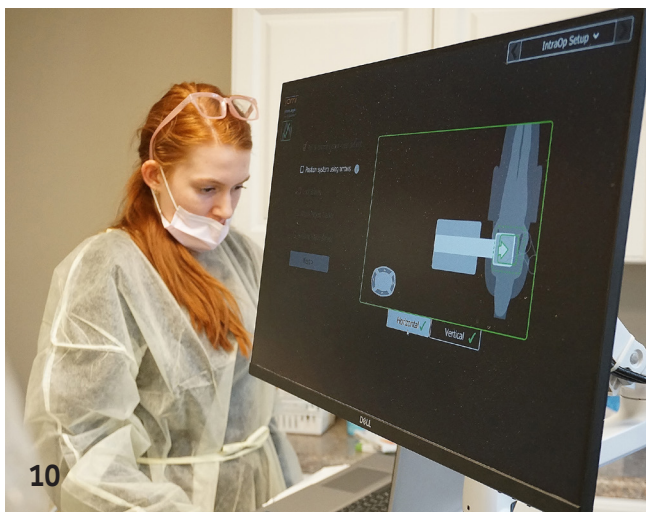
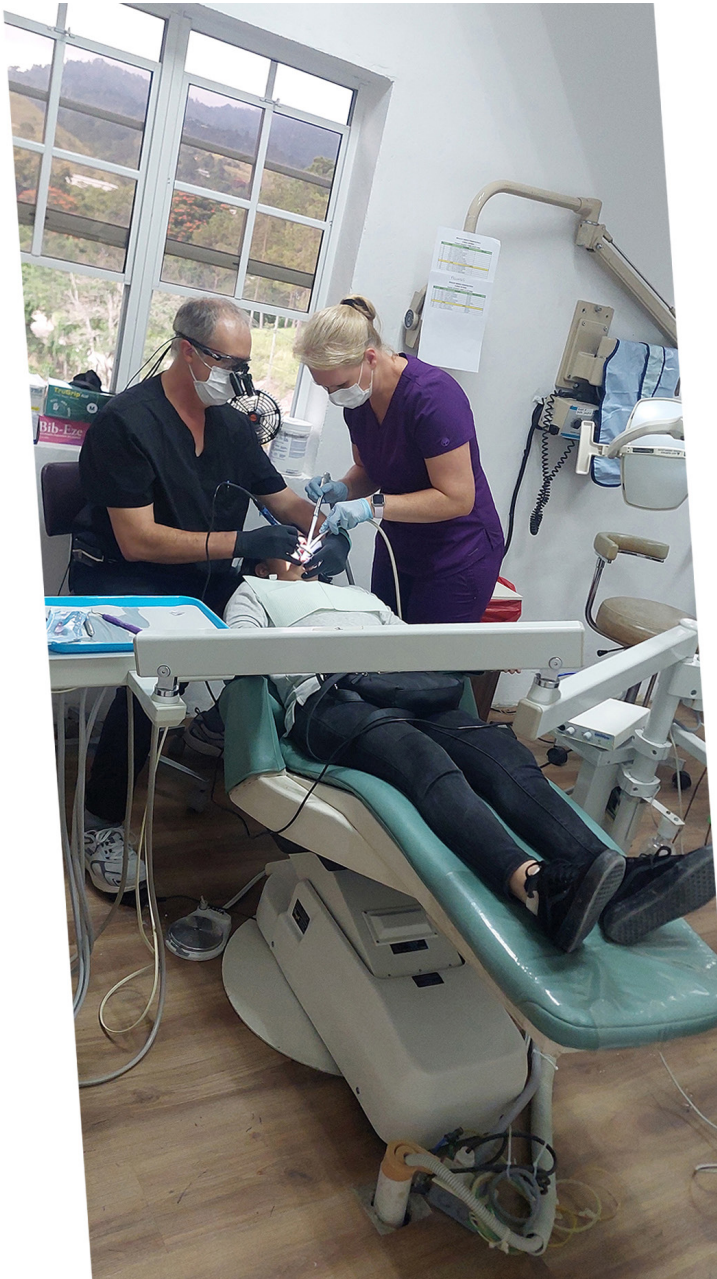


Fig. 10. Calibration of the dynamic guidance software. Fig. 11. Movement of the robotic guidance arm toward the patient. Fig. 12. A pilot drill is moved to the surgical site as the passive robotic arm tracks the patient's position. Fig. 13. The osteotomy preparation continues. Fig. 14. Osseodensification with a Densah bur. Fig. 15. The implant is inserted with the robotic guidance arm. Fig. 16. Post-surgical radiograph. Fig. 17. The site is grafted and sutured.

Fig. 18, from left: Drs. Tim Popov, Kerry Leonard, Daniel Pazos, and Bradley Hall, assistant Chloe Clark.







# Panama City Church Sends Dental Team to *Honduras*

by Dr. Ray Morse,  
Florida AGD President-Elect

There are places all over the world that are in need of some type of dentistry. One doesn't need to look very far for opportunities to be able to help others in dental need. In October 2023, Hiland Park Baptist Church in Panama City, Florida sent a team of dentists, assistants, hygienists, and church members to Siguatopeque, Honduras for a week of dental treatment, worship, and sight-seeing.

The Hiland Park team was hosted by Pastor Carlos Montoya and group leader Kenny Fuller from the Ministerios Evangélicos de las Américas (MEDE) seminary in Siguatopeque which is a facility to prepare men to enter the mission field as pastors, teachers, or missionaries. The seminary is affiliated with Iglesia Bautista Betania mission church which has a medical and dental clinic on their campus. The dental clinic is home to 5 chairs on 2 floors of the building and utilizes the basic needs for dental treatment such as cleanings, restorations, and extractions. The clinic has a support team for maintenance and translation for any team members who do not speak the local language, and patients coming into the clinic are introduced to the Biblical Gospel and then screened for whatever dental needs they had. The team from Hiland Park joined with the clinic and seminary team to triage and screen patients to get them ready for the dentists and hygienist.

The dental team consisted of oral surgeon Eric Claussen, DMD; prosthodontist Jeff Fleigel, DMD, who practices with Dr. Claussen; dental hygienist Samantha Hammack, CRDH; dental assistants Tammy Newman, RDA and Shelly Brace, RDA; and Ray Morse, DMD, MAGD, Florida AGD President-Elect and president of the NorthWest Constituent of the Florida AGD. There were 9 other members of Hiland Park Baptist Church who went on the trip as well to help with dental office tasks such as sterilization, paperwork management, evangelism, and chair-side support. During the week, the team was able to treat 135 patients and had 14 confessions of salvation. Ladies from the seminary provided meals for the team while also serving the students of the seminary, and during the week, we were able to meet many of the students and listen to their testimonies on what led them to the seminary.

The team also enjoyed a day of sightseeing at Pulhapanzak Waterfalls, zip-lining over the waterfalls and journeying under the falls, led by a team of experienced guides who knew every step and every rock. The events of the week were capped off with a worship service and singing at the seminary, lots of hugs and handshakes, knowing that a large number of patients had been helped, not only with their dental needs but their spiritual needs as well. Hiland Park Baptist is already planning on another trip in 2024, looking forward to serving the community of Siguatopeque and earning the right to be heard in a neighborhood far away. ¶







Above, from left: Cory Gann, minister of worship and missions at Hiland Park Baptist Church; Dr. Ray Morse; dental assistant Shelly Brace; prosthodontist Dr. Jeff Fleigel; clinical assistant Gabriela Alvarenga; oral surgeon Dr. Eric Claussen; and Luisette Nunez, director of women's ministries at Hiland Park Baptist Church.

Previous page, from top: Dr. Ray Morse and Shelly Brace treat a patient at the Iglesia Bautista Betania. Team members enjoy a break at the Pulhapanzak Waterfalls. Seminary intern Seth Davis joins a few children from the seminary youth group. This page, from top: Aerial view of the mission church. The team connects at the zip lines and the clinic.





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