



Editor

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Contributors

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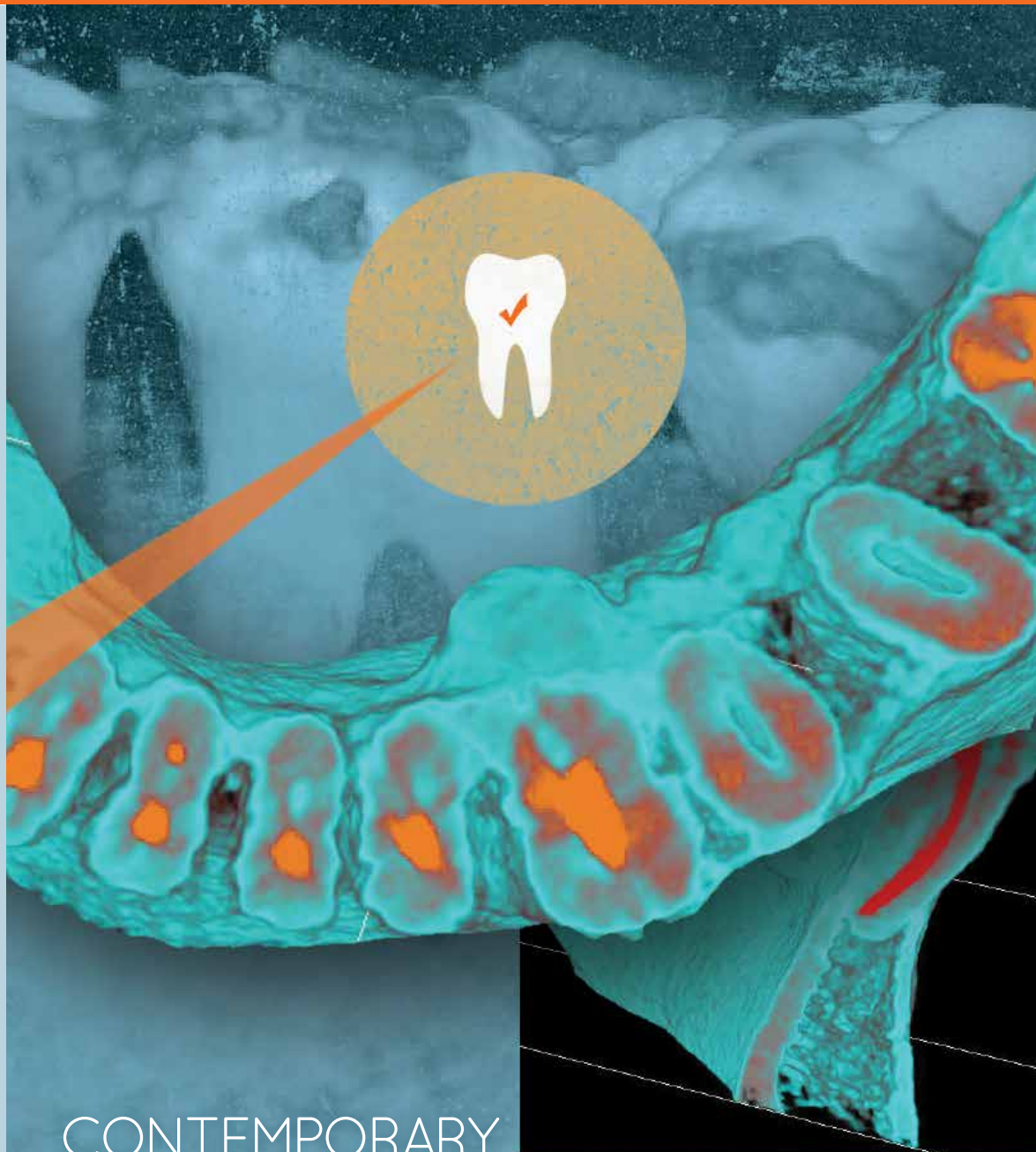
Mohamed I. Fayad, D.D.S., M.S., Ph.D.

Helen Jameson, J.D.

Lauren Rees

Christopher S. Wenckus, D.D.S.

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CONTEMPORARY ENDODONTIC TECHNOLOGY

Cone Beam Imaging in Treatment Planning



PRESIDENT'S MESSAGE

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211 E. Chicago Ave., Suite 1100,
Chicago, IL 60611

Phone: 800/872-3636 (U.S., Canada, Mexico)
or 312/266-7255

Fax: 866/451-9020 (U.S., Canada, Mexico)
or 312/266-9867

Web: www.aae.org

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Gary R. Hartwell, D.D.S., M.S.
AAE President

Resolve to be the Best

Each New Year, many of us make resolutions. Some are aimed at taking care of ourselves – losing weight, eating better, exercising more.

Some are for the greater good – maybe you hope to volunteer more time to a worthy charity. And some may be more personal in nature – striving to be a better person, spouse or parent. Regardless of our intention, we are all striving to be the best at who we are and what we do.

This is one of the many reasons that a majority of us devote time to our professional organization – to be the best clinician and to keep the work that we do cutting-edge, evidence-based and at the forefront of dentistry. In order to accomplish these goals, most of us depend



Important Dates and Deadlines

Visit www.aae.org/events for more information.

February 7

AAE Foundation Research
Grant Spring Deadline

www.aae.org/foundation

March 1

Annual Session Educator
Grant Deadline

www.aae.org/foundation

March 26

Annual Session Early
Registration Deadline

www.aae.org/annualsession

With This Issue

This issue of the *Communique* ushers in a select series of articles exploring contemporary endodontic technology. Dr. Mohamed I. Fayad's cover story (*Contemporary Endodontic Technology: Cone Beam Imaging in Treatment Planning*, pp. 4-7 in this issue) presents clinical applications of cone beam technology in the endodontic practice that may be helpful to specialists considering the advantages of this diagnostic tool. The February and March cover stories of the *e-Communique* will examine primary considerations in evaluating practice management software.

Other editorial themes planned for the coming year include endodontic advocacy (2nd quarter), trends in dental collaboration (3rd quarter) and practice management (4th quarter).

Authors and article topics are identified by endodontist volunteers on the Membership Services Committee in response to AAE member needs. Feedback from AAE members is always welcome, and may be published in a new "Letters to the Editor" section of the *Communique* web pages at www.aae.org/communique. Please submit comments via email to communications@aae.org to ensure the continued evolution of our member newsletter!

on our peers, collaborating with those in our inner circle. But to truly be successful – the best that we can be – I strongly believe that we must also join forces with our colleagues in other specialties.

The AAE fosters such cooperation by engaging with other organizations in many ways including developing joint statements, collaborating on research and through continuing education offerings. In recent years the AAE has had very successful collaborative symposia covering the topics of pediatric dentistry and the immature permanent dentition as well as trauma. One effort that I am proud to highlight is an upcoming joint symposium — a partnership of the American Association of Endodontists, American Academy of Periodontology and the American College of Prosthodontists on saving the natural dentition.

Teeth for a Lifetime: Interdisciplinary Evidence for Clinical Success has been planned with the clinician in mind. National and international experts from all three specialties will share contemporary evidence and best practices for saving the natural dentition through lectures and panel discussions that are compelling to a multidisciplinary audience. Endodontic experts will include Drs. Alan H. Gluskin, Alan S. Law, Ove A. Peters and James L. Gutmann. Citing both literature and clinical examples from each discipline, the program will focus on diagnostic and assessment methods used in determining the structural and periodontal prognosis of teeth; 3-D dental imaging; regenerative, surgical and restorative therapeutics; indications and treatment procedures required for success in periodontal disease and teeth with immature root formation, interdisciplinary communication and team approaches. In addition to a forward-looking educational offering there will also be time to foster collegiality and informal

discussion amongst participants.

I hope you will join me July 19 -20 in Chicago in an effort to gain new perspectives and skills to apply in your specialty practice with colleagues from across the

restorative disciplines – or more simply, to be the best that we can be.

A happy, healthy and successful New Year to all! <



Visit www.aae.org/teethforalifetime to learn more and view the preliminary schedule for the 2014 Joint Symposium.

Contemporary Endodontic Technology: *Cone Beam Imaging in Treatment Planning*

In endodontology, clinical examination and diagnostic imaging are both essential components of the preoperative diagnosis. Accurate diagnostic imaging supports the clinical diagnosis and allows the clinician to better visualize the area in question.

By Mohamed I. Fayad, D.D.S., M.S., Ph.D.

Conventional two-dimensional radiographs continue to be the most popular method of imaging today. However, the diagnostic potential of periapical radiographs is limited. Information may be difficult to interpret, especially when the anatomy and background pattern is complex.

New radiographic imaging systems have recently become available for use in dentistry. Among these new imaging technologies is cone beam volumetric tomography, or CBVT. In 2000, the U.S Food and Drug Administration approved the first CBVT unit for dental use in the United States. CBVT systems are available in different field of views (FOV): CBVT limited (dental) ranges in diameter

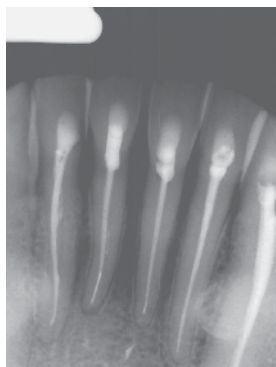
from 40–100 mm or full (ortho or facial) CBVT ranges from 100–200 mm. The voxel size is generally smaller for the limited version (0.1–0.2 mm vs. 0.3–0.4 mm), thus offering higher resolution and greater utility for endodontic applications. For endodontic applications, the limited field of view is the most acceptable, as it is capable of providing images at a low radiation dose and with sufficient spatial resolution for endodontic diagnosis and treatment planning.

While there are presently no definitive patient selection criteria for the use of CBVT in endodontics, the use of CBVT in endodontic diagnosis and treatment should not be avoided or ignored.

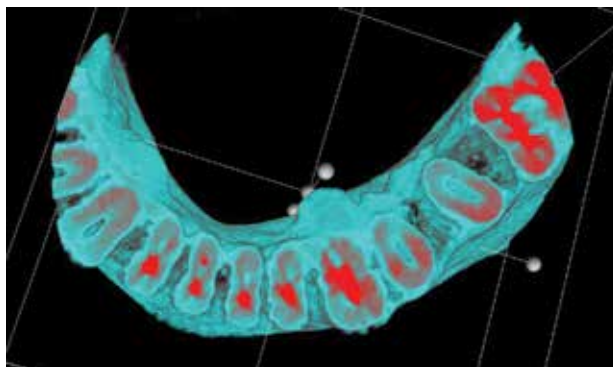
Preoperative Anatomy Assessment

Tooth Morphology: The success of endodontic treatment depends on the identification of all root canal systems so that they can be treated. The efficacy of CBVT as a modality to accurately explore tooth anatomy and identify the prevalence of a second mesiobuccal canal (MB2) in maxillary molars when compared to the gold standard (clinical and histologic sectioning) has been well documented. The case “Tooth Morphology” is an example of using the 3-D rendering in determining the presence and location of missed lingual canals in lower anterior teeth prior to retreatment.

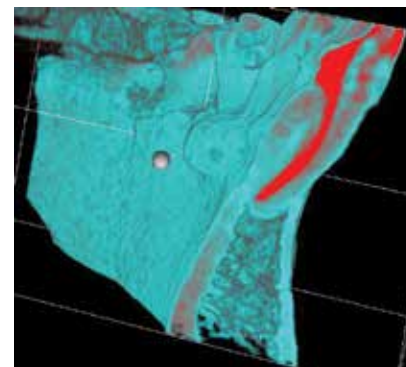
Tooth Morphology



Preoperative X-ray

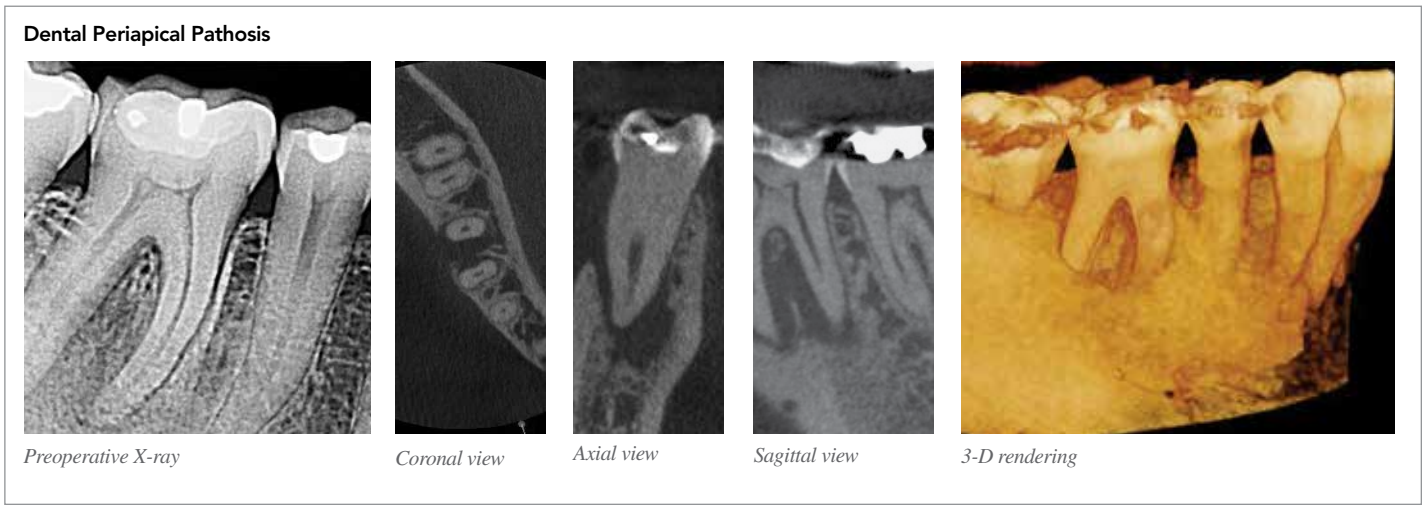


Axial 3-D

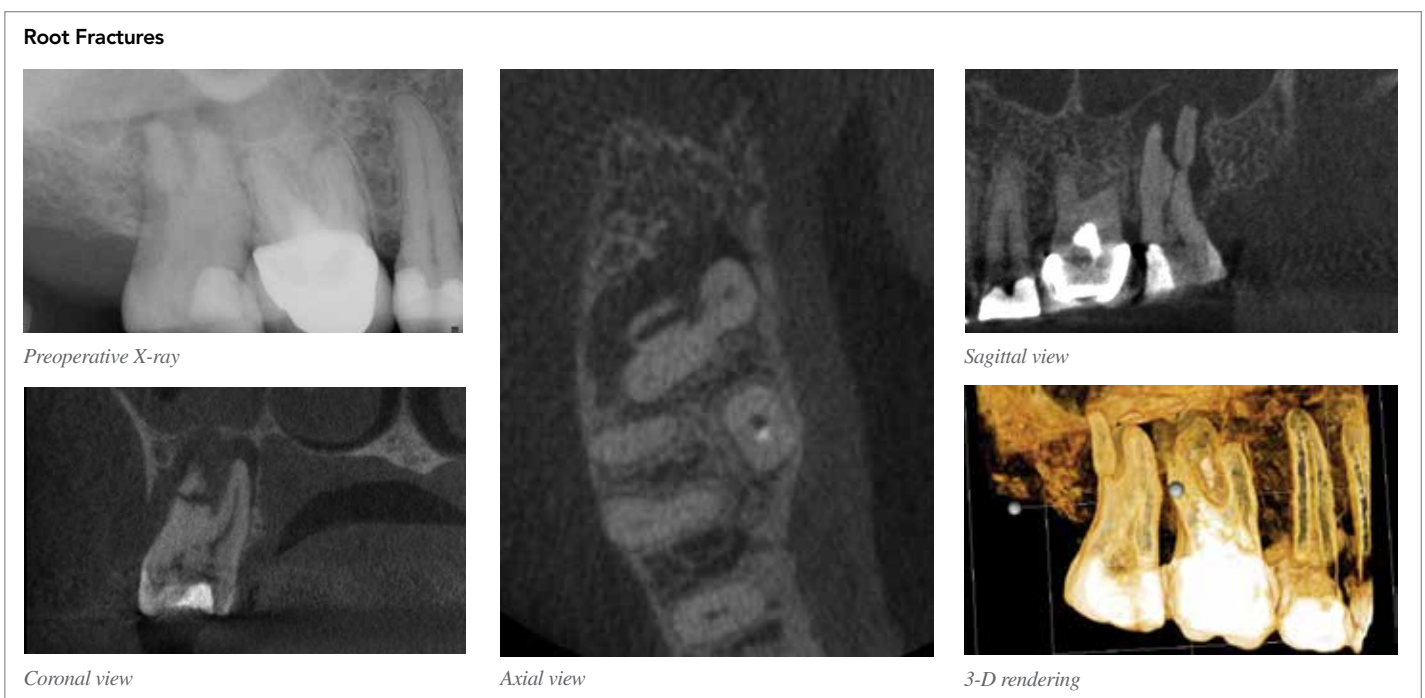


Sagittal 3-D rendering

Dental Periapical Pathosis: The most common pathologic conditions that involve teeth are inflammatory lesions of the pulp and periapical areas. In articles comparing the accuracy of using high-resolution limited CBVT to the standard intraoral radiographic paralleling technique using two images, CBVT identified an additional 62% of roots with periapical lesions and demonstrated higher accuracy. The case “Dental Periapical Pathosis” is an example of a different representation of endodontic pathology based on 3-D imaging and leading to a change in treatment planning.



Root Fracture: Root fractures are less common than fractures of the crown and are difficult to diagnose accurately using conventional radiography. Numerous authors have illustrated the usefulness and importance of CBVT in the diagnosis and management of dentoalveolar trauma, especially root fractures. The case “Root Fractures” is an example of a distal root fracture that was not visible or detected on a digital radiograph.



Root Resorption: Several authors have presented selected cases illustrating the benefit of CBVT in the detection of small resorptive lesions; localization and differentiation of the resorption from other conditions; classification of the lesion; and in determining prognosis directing treatment. The accuracy of CBVT in the detection of surface defects is higher than conventional imaging modalities. The two cases below are two different representations of distal root resorption and invasive root resorption that were not detected on the digital radiograph.

Distal Root Resorption



Preoperative X-ray



Sagittal view

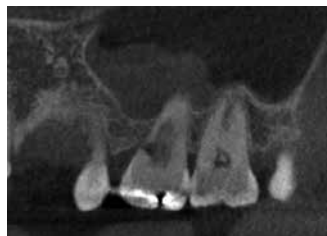


3-D rendering

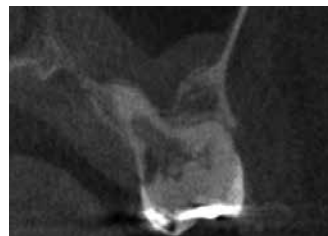
Invasive Root Resorption



Preoperative X-ray



Sagittal view



Coronal view



Axial view

Endodontic Surgery Pretreatment: Molar surgeries are often complicated due to the proximity of teeth to anatomical structures (mandibular canal or maxillary sinus). CBVT imaging provides several advantages for preoperative treatment planning, especially in maxillary posterior teeth with apical pathology. The case “Endodontic Surgery Pretreatment” is a representation of the 3-D extent of the periapical pathology. Two-dimensional imaging reveals the lesion to be localized to tooth #9, as the CBVT views reveal teeth #9, 10 and 11 are involved with palatal bone destruction (through-and-through defect). CBVT information led to a change in treatment planning to include #9, 10, 11 and guided bone regeneration.

Endodontic Surgery Pretreatment



Preoperative X-ray



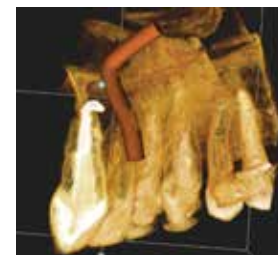
Axial view



Coronal view



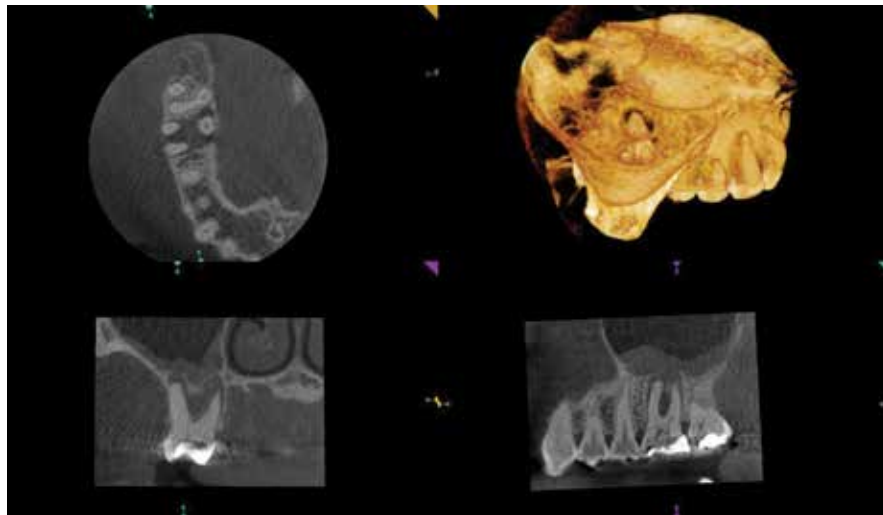
3-D rendering of palatal bone



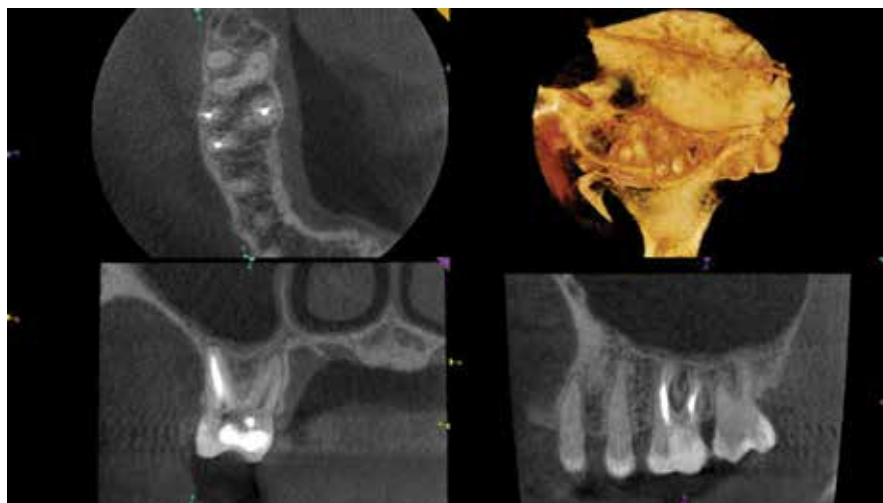
3-D rendering tracing the naso-palatine bundle

Postoperative Assessment

Monitoring the healing of apical lesions is an important aspect of postoperative assessment in endodontics. CBVT enables the clinician to assess healing in 3-D. The case below demonstrates a periapical infection breaking through the floor of the maxillary sinus. After root canal therapy, a CBVT one-year evaluation revealed complete bone regeneration as well as the reconstitution of the maxillary sinus floor. Resolution of odontogenic maxillary sinus mucositis and regeneration of bone and sinus floor are well documented in the endodontic literature.



Preoperative CBVT scan of tooth #3



One-year recall demonstration of the periapical lesion

The usefulness of CBVT imaging can no longer be disputed. CBVT has had a great impact and has changed dramatically how we diagnose, treatment plan and treat cases in endodontic practice. CBVT has great potential to become a valuable diagnostic and treatment planning tool in the modern endodontic practice.

Dr. Mohamed I. Fayad is a clinical assistant professor and director of endodontic research at the University of Illinois at Chicago College of Dentistry and is in private practice in Chicago. He can be reached at mfayad1@uic.edu.

Additional Cone Beam Imaging Resources

Online CE

Dr. Mohamed I. Fayad's live presentation, *3-D Imaging in Endodontics: A New Era in Diagnosis and Treatment*, is now available for CE credit online via the Live Learning Center to all subscribers. Visit www.aae.org/livelearningcenter for access to all 2013 Fall Conference content or subscription information, as well as additional presentations on this topic from prior AAE meetings.

Colleagues Newsletter

The Summer 2011 issue of the *ENDODONTICS: Colleagues for Excellence* newsletter Cone Beam-Computed Tomography in Endodontics authored by Dr. Frederic Barnett provides comprehensive coverage of this topic for dental professionals, and is available for free download with online-only bonus content at www.aae.org/colleagues. A companion speakers kit is available for purchase (PowerPoint presentation) for those interested in sharing the content with study clubs and other professional groups from the AAE Online Store.

Position Statement

The AAE has published a position statement on the Use of Cone Beam-Computed Tomography in Endodontics. The statement is available for free download at www.aae.org/guidelines.

Nominating Committee Announces New Leadership Slate

Nominations for a new slate of leadership were proposed at the AAE Nominating Committee meeting on December 6, 2013. The committee members, Drs. Clara M. Spatafore, chair; James C. Kulild, AAE immediate past president; and William T. Johnson, AAE past president, together with District Directors Teyyah J. Dines and Stefan I. Zweig, met at AAE Headquarters in Chicago to recommend new leaders for the AAE, AAE Foundation and American Board of Endodontics.

Additional nominations may be made in writing by Active and Life members. Such nominations must be accompanied by a petition that includes the printed names and signatures of 50 voting members, and must be received by AAE Secretary Garry L. Myers, care of AAE Headquarters, no later than April 2, 2014.

AAE Executive Committee 2014-2015

President	Robert S. Roda*
President-Elect	Terryl A. Propper*
Vice President	Linda G. Levin
Secretary	Garry L. Myers
Treasurer	Patrick E. Taylor
Immediate Past President	Gary R. Hartwell*

**Automatic, the president-elect automatically succeeds to president and the vice president to president-elect.*



ABE Directors 2014-2017

Stephen B. Davis
Cindy R. Rauschenberger
Asgeir Sigurdsson

AAE Foundation Trustee 2014-2016

Patricia A. Tordik

AAE Foundation New Practitioner Trustee 2014-2016

Cameron M. Howard

AAE Foundation Public Sector Representatives 2014-2015

Jack Burlison
Scott Fehrs
Tom Kennedy

The following members were nominated by their respective districts to serve on the AAE Board of Directors for three-year terms (2014-2017):

District I

Michelle L. Mazur-Kary, Auburn, Maine

District II

Maria C. Maranga, Aquebogue, N.Y.

District III

Mark A. Odom, Cary, N.C.

District VI

Kimberly A.D. Lindquist, Duluth, Minn.

District VII

Nava Fathi, San Jose, Calif.

Members will cast their votes at the 2014 General Assembly Breakfast, which will be held on Friday, May 2, from 8:30 – 10 a.m. at the Gaylord National Resort and Convention Center in National Harbor, Md.

Updated AAE CDT Guide Includes New Endodontic Codes, **More Notable Changes**

Important updates, including new endodontic codes, are now available in the AAE's free, downloadable e-book, Endodontists' 2014 Guide to CDT, available at www.aae.org. Beginning January 1, 2014, dental practices must use CDT 2014 when filing claims. The existence of a code does not guarantee payment, but claims that use the wrong codes will typically be automatically denied.

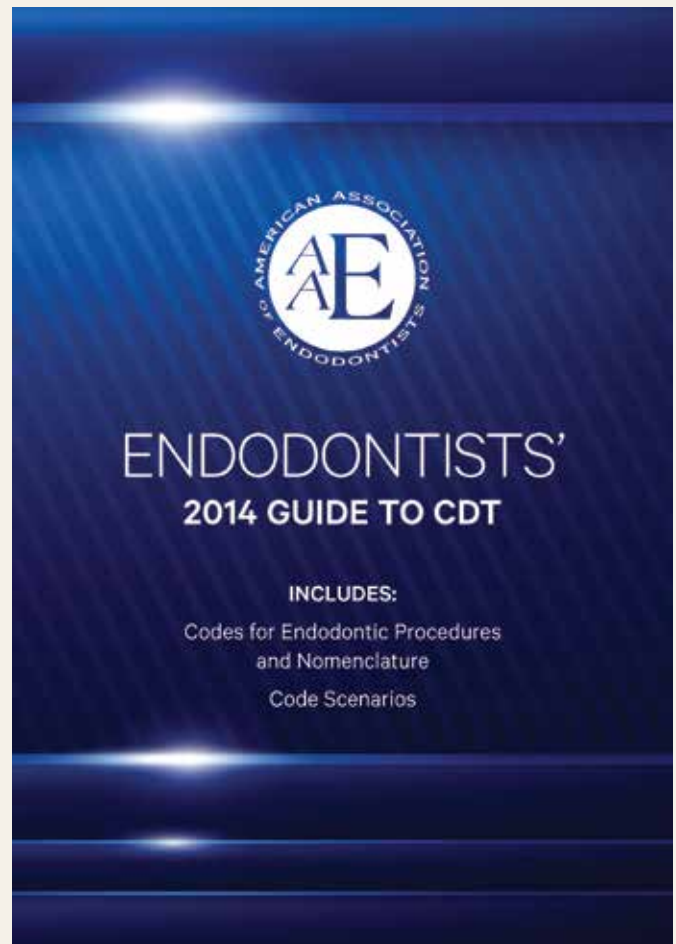
Thanks to AAE advocacy efforts, CDT 2014 includes important changes in the Endodontic section (D3000-3999) to better describe endodontic services. The CDT is now updated annually. Decisions to accept or reject proposed additions/deletions or amendments are made by the 21-member ADA Code Maintenance Committee, which includes representatives from the ADA, each of the nine recognized dental specialties and the Academy of General Dentistry, the payer (insurer) community and the American Dental Education Association. The AAE's Practice Affairs Committee is responsible for making recommendations on CDT revisions to the AAE Board.

"The major changes to the CDT 2014 were under apicoectomy/periradicular surgery (D3410-D3470)," said Dr. Kenneth B. Wiltbank, AAE representative to the ADA committee. "Endodontists have been forced to use periodontic codes (e.g. D4367) when reporting bone grafting with endodontic surgery. Many insurers automatically deny these claims when they are submitted by non-periodontists, while other insurers require additional documentation, such as probing depth, which is not a component of endodontic treatment."

The CDT 2014 now includes four new endodontic codes that cover all aspects of bone graft performed with endodontic surgery. Those codes are D3428, D3427, D3431 and D3432. Dr. Wiltbank was quick to thank the other dental specialty groups, who supported these changes and worked together to craft language that was acceptable to the entire CMC. CDT 2014 also includes a new code for periradicular surgery without apicoectomy (D3427). This change provides a much more precise code description than using the apicoectomy codes (D3410, D3421, D3425, D3426).

Another notable change is that pulpal regeneration is now its own subcategory (D3355-D3357). When the pulpal regeneration code first appeared in CDT 2011, it was lumped in with apexification/recalcification. Dr. Wiltbank observed that this change nicely illustrates the negotiations that take place within the committee.

"In 2010, we knew we had support for a code after a great presentation by Dr. Kenneth M. Hargreaves, but some CMC members were philosophically opposed to adding an entirely new subcategory," Dr. Wiltbank said. "So we compromised, and



now, three years later, after some patience, we can separate the codes out."

AAE Practice Affairs Committee Chair Dr. William D. Powell said he is especially pleased with the progress the AAE has made in its advocacy for accurate endodontic codes.

"In the past three cycles, we have obtained code changes that we have been requesting for over a decade," he said. "We want the CDT to reflect what endodontists actually do." <

DID YOU KNOW?

Education Network Program

Interested in endodontic education, but not sure where to start? The AAE's Education Network Program offers a way to assist educators and maintain excellence in endodontic education. The program consists of more than 120 endodontists and endodontic alumni for each dental school and advanced specialty education program in endodontics, who volunteer with the goal of assisting faculty with pertinent educational issues and practical needs.



You can join the Education Network Program to assist your local school or alma mater by sharing your expertise and time with predoctoral and postdoctoral students. Download the volunteer sign-up form from the AAE website, or email education@aae.org, and your name will be added to the network. You'll have the chance to choose your areas of volunteer interest, from supervising clinics to providing lectures on a variety of postdoctoral topics. Educators can search the volunteer database online to find endodontists that can assist program directors and department chairs.

Visit www.aae.org and go to the Educator Center for more on the Education Network Program and other education resources, or contact Kara Brockman, education coordinator, at kbrockman@aae.org. <

AAE Begins Search for Executive Director

Mr. James M. Drinan, J.D. resigned his position as Executive Director of the American Association of Endodontists effective December 31, 2013. AAE President Dr. Gary R. Hartwell has appointed a special committee to begin the search for a new Executive Director, and will serve as the AAE's Interim Executive Director until the search process is completed.



Errata

The October 2013 Communiqué article titled "JOE Study Featured by The New York Times" incorrectly cited a statistic about patients hospitalized for periapical abscesses. The article stated that 66 percent of those patients died. The correct statistic is as follows: Some 66 patients died after they were hospitalized for dental abscesses. The Communiqué regrets the error.

Congratulations to 2014 Award Recipients

The AAE proudly announces the most recent recipients of the organization's highest honors and awards, to be recognized during the 2014 Annual Session in Washington, D.C. This year, the Edgar D. Coolidge, Louis I. Grossman, I.B. Bender Lifetime Educator, Edward M. Osetek, Spirit of Service Lifetime, Spirit of Service New Practitioner and Part-Time Educator Awards will be presented.



Edgar D. Coolidge Award

A. Eddy Skidmore, D.D.S., M.S.

Given to an individual who has displayed leadership and exemplary dedication to dentistry and endodontics.



Louis I. Grossman Award

José F. Siqueira, Jr., D.D.S., M.Sc., Ph.D.

Given for cumulative publication of significant research studies that have made an extraordinary contribution to endodontology.

"Ed is a superb individual. A contributor to the literature and our knowledge of endodontics, he has also been a dedicated teacher, mentor and superb clinician. There is not much that Ed has not done for our field. Just recently, he served as president of the AAE Foundation and proceeded to fundraise with such exuberance that he broke all records for the amount collected in a year. When Ed does something for endodontics, he does as a gentleman with the energy of 10 others."

– Louis E. Rossman, D.M.D.

A. Eddy Skidmore, D.D.S., M.S. has dedicated his professional life, and much of his personal time, to the dental and endodontic communities and to the education of endodontists. Since 2004, Dr. Skidmore has served as an adjunct professor at Nova Southeastern University. He taught at the West Virginia University School of Dentistry from 1968 to 1993, resigning from the faculty as full professor, chairman and graduate program director in the department of endodontics. He was in private practice in Morgantown, W.V. from 1993 to 2004.

In addition to being the past president of the AAE Foundation from 2009 – 2012, Dr. Skidmore has served as president of the American Board

of Endodontics, past president of the College of Diplomates and past president of his state and local dental associations. He is a former delegate to the ADA, and past chair of the endodontic section of the American Association of Dental Schools. He also serves on the Scientific Advisory Board for the *Journal of Endodontics* and is a former AAE District Director and member of several AAE committees. He is an inspiration to his many students, bestowing upon them the value and importance of dental leadership, and his fundraising efforts for the Foundation broke previous fundraising records. He continues to inspire new dentists and endodontists to continue the legacy of leadership. <

"He has authored well over 250 scientific publications, many textbook chapters and a textbook on endodontic microbiology. His contributions in that area of endodontics stand out among the so many talented researchers that have contributed to our specialty. In addition to his own research and publications, Dr. Siqueira has mentored many Ph.D. students that have also contributed to endodontics."

– Frederic Barnett, D.M.D.

José F. Siqueira, Jr., D.D.S., M.Sc., Ph.D., is an author or co-author of 264 scientific papers, seven books and 14 book chapters. His research on endodontic microbiology and infection control is widely cited, earning him the Louis I. Grossman award from the Société Française d'Endodontie in 2012. Dr. Siqueira served as the associate editor of the *Journal of Endodontics* from 2006 to 2008, and is currently a member of the Scientific Advisory Board for the *JOE*. He is on the editorial board of the *Journal of Oral Microbiology and ENDO – Endodontic Practice Today*, and he serves as a reviewer for several other international journals.

Dr. Siqueira's ongoing research includes studies on the composition of the endodontic microbiota associated with different forms of apical periodontitis, development and analyses of clinical strategies to deal with endodontic infections, and the influence of disease modifiers on the patient response to treatment. He is actively lecturing on endodontics worldwide and currently serves as the chair of endodontics and director of the postgraduate program in endodontics at Estácio de Sá University, in Rio de Janeiro, where he also mentors Ph.D. candidates. <



I.B. Bender Lifetime Educator Award

M. Lamar Hicks, D.D.S., M.S.

Presented to an individual who has been a full-time educator for at least 15 years, whose contributions to endodontics have demonstrated excellence through selfless commitment to full-time educational pursuits and whose valuable contributions have instilled in his/her students a desire to pursue excellence in their careers.



Edward M. Osetek Educator Award

Melissa M. Drum, D.D.S., M.S.

Presented to a full-time educator with less than 10 years of teaching experience, who has earned the esteem and respect of students and faculty associates.

“Having come full circle in my educational association with Dr. Hicks – from student to co-educator – I have developed a profound appreciation for what it means to not only be a lifelong educator, but also a lifelong student. This is perhaps as great a lesson that he continually teaches as the initial instruction. Truly, our learning never ends. Dr. Hicks recognizes this and attempts to instill this important concept in every person he mentors. In this way, our profession moves forward and never stagnates.”

– David M. Kenne, D.D.S., M.S.

“I strongly believe that Melissa is a rising young star who has already developed a strong reputation at Ohio State and around the world via her comprehensive series of endodontic randomized controlled trials. In many ways, she represents not only the finest of an excellent corps of endodontic educators, but serves as a leader in developing new and effective ways to prepare the next generation of endodontists.”

– Kenneth M. Hargreaves, D.D.S., Ph.D.

Since his first appointment in 1975, **M. Lamar Hicks, D.D.S., M.S.**, has dedicated nearly four decades of his life to education. He got his start in education in Bethesda, Md., on the staff of the endodontics department and as assistant director of the endodontics residency program at the National Naval Dental Center. He continued Naval endodontic education at the Naval Regional Dental Center, Naval Dental School and Uniformed Services University of Health Sciences until he retired from the Navy in 1992. Despite his retirement, he continued to teach and mentor. In 1993, he became chair and program director of the I.B. Bender Division of Endodontics at Albert Einstein Medical Center, and at the same time served as adjunct professor of endodontics at the University of Pennsylvania School of Dental Medicine. He also continued to provide support to the Naval

Postgraduate Dental School, helping with mock oral board exams and other volunteer efforts. Most recently, he has served as a clinical professor at the University of Maryland Dental School.

In addition to the countless students he has mentored as an educator, Dr. Hicks is also a founding member of the College of Diplomates, and has been an active member of organized dentistry while being involved in local, state and national components of the AAE and ADA. Students and faculty alike admire his selfless and humble nature and willingness to help any student. <

Melissa M. Drum, D.D.S., M.S., received her Certificate in Endodontics from The Ohio State University in 2006—the same year she joined the school as a tenure-track faculty member. Dr. Drum knew in dental school that she wanted to be an endodontic predoctoral director, and she’s reached her goal, currently serving as associate professor and director of the predoctoral endodontic program at OSU. A “teacher of the new millennium,” her peers note that she is not only exceptional at clinical and didactic education, but also at helping instill confidence in students.

Dr. Drum is active in service at the college, state and national levels, and is also engaged in research, currently contributing to anesthesia literature and actively developing her own research focus of medications and methodologies to control preoperative and postoperative pain and anxiety. Dr. Drum became a Diplomate in 2008 and received tenure in 2012. <



Spirit of Service Lifetime Award

Scott J. Hodges, D.D.S., M.S.

Presented to an individual who has demonstrated the true spirit of leadership over the years by creating effective partnerships in the dental community, impacted dental organizations and benefited patients by volunteering his or her time and expertise in treating the underserved.



Spirit of Service New Practitioner Award

G. Matthew Brock, D.D.S., M.S.D.

Presented to an individual with less than 10 years in practice who has demonstrated the true spirit of leadership by creating effective partnerships in the dental community, impacted dental organizations, and benefited patients by volunteering their time and expertise in treating the underserved.

“I have known Scott since we were endodontic residents together at the University of Michigan School of Dentistry. He told me at that time we should all feel blessed to have the opportunity to care for others. He felt that it was a gift and that the most important thing to do with a gift is to share. He has devoted his life to helping those that without individuals like him would have no help at all.”

– Gerald J. Halk, D.D.S., M.S., J.D., LL.M.

Scott J. Hodges, D.D.S., M.S., has actively used his skills and expertise to treat the underserved for virtually his entire professional career, from his time as a staff dental officer in the U.S. Public Health Service to the more than 30 dental missions he has led and participated in throughout the globe. From the Ukraine to the Dominican Republic and from Kenya to Guyana, Dr. Hodges has led dental teams across the globe to provide care to the underserved. He also focuses his service efforts close to home, participating in local and state volunteer work. He recently served as the dental chair of the 2013 Michigan Mission of Mercy.

In addition to his volunteer efforts, Dr. Hodges has held a teaching appointment at the University of Michigan School of Dentistry, served as an examiner on the Michigan State Board Endodontic Examination committee and has been active in his community’s board of education and church, while also a partner in an endodontic practice. His compassion, quality of leadership and sincere giving from the heart have benefited the underserved, both locally and globally. <

“I have been blessed to know Matt for many years and have served with him on several projects, and he is one of the most positive, energetic guys that I know. If you’ve ever spent any time with him, you know what I mean. When people are around Matt, they just feel better – he has that kind of impact on those he comes in contact with. His character is admired by anyone who knows him.”

– Kirk A. Coury, D.D.S., M.S.

Since obtaining his Certificate in Endodontics in 2002, **G. Matthew Brock, D.D.S., M.S.D.**, has been serving his community, educating others and volunteering with various dental groups. He has been involved with the Inner City Ministries Dental Clinic in Chattanooga, Tenn. since 2011, and has donated his time and dental services to other clinics since 2007. He also invests his time and talents into educating others, conducting lectures for the Tennessee Dental Association and nationwide. He has conducted research on NiTi endodontic files since their development in 1991 and works to promote NiTi rotary instrumentation expertise through understanding.

Dr. Brock invests his time and talents in educating others about quality endodontics and helping to provide care to the underserved. Besides being in private endodontic practice in Chattanooga, Dr. Brock is also a part-time clinical instructor at the University of Tennessee Health Science Center in Memphis. He has also chaired the AAE’s distance learning and information technology committees and served on other Association committees, as well as numerous committees on the state and local levels. He is also on the board of directors for the Hunter Museum of American Art. <



Part-Time Educator Award

Robert W. Hawkinson, Jr., D.D.S., M.S.

Presented to part-time educator for at least 20 years whose contributions to endodontics have demonstrated dedication to endodontics and whose valuable contributions have instilled in his/her students a desire to pursue excellence in their careers.

“In retrospect, I can see that Dr. Hawkinson facilitated my transformation to thinking like a specialist. He advised me to approach every patient’s case as unique, appreciate what the research has shown and to use my clinical experience when making treatment decisions. During my interactions with Dr. Hawkinson, I came to understand that respect of colleagues is earned and does not simply occur because you are a specialist.”

– Kenneth Dick, D.M.D. F.R.C.D.

Robert W. Hawkinson, Jr., D.D.S., M.S. has been teaching part-time in the endodontics department at the University of Illinois at Chicago since 1977, beginning as an instructor, then moving to an assistant professor and course director for the post-graduate pulp biology course. He has been in private practice in Wheaton, Ill. for 37 years.

Dr. Hawkinson has served as a research advisor for nine residents, the results of those efforts culminating in several publications. He has been instrumental in shaping the UIC endodontic postgraduate

program, serving as a member of the candidate review process. Students and faculty alike appreciate his reliability and fairness, as well as his easy-going and approachable attitude. His teaching is marked by friendship, cooperation and genuine relationships. <

CBCT UPDATE



Accreditation Not Required

An October 2013 ADA News article about the Intersocietal Accreditation Commission, a CBCT accreditation program, raised concerns among AAE members who use CBCT about whether they are required to obtain accreditation. Endodontists are not required to obtain accreditation for CBCT. However, in the rare instance where an endodontist submits claims to Medicare, reimbursement is contingent on accreditation.

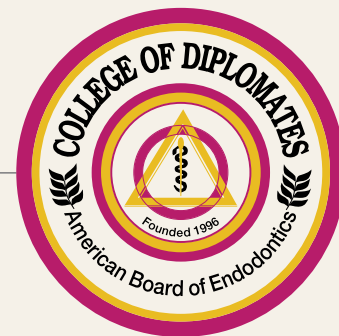
State legislatures are beginning to look at accreditation requirements for advanced diagnostic imaging, including computed tomography. Thanks to advocacy efforts by the California Dental Association, a 2012 California law requiring accreditation of facilities using computed tomography specifically excluded CBCTs that are used exclusively in dentistry.

The AAE, in partnership with the American Academy of Oral and Maxillofacial Radiology, published a position statement in 2010 titled *Use of CBCT in Endodontics*. It discusses when CBCT is a useful diagnostic tool and emphasizes the importance of keeping radiation exposure to a minimum. Find the statement at www.aae.org/guidelines.

In addition, the AAE recently joined the Alliance for Radiation Safety in Pediatric Imaging in its *image gently* campaign, which is committed to raising awareness in the dental community of the need to image children gently, by reducing diagnostic radiation dose while maintaining diagnostic efficacy. These commitments to self-regulation by the profession are key in responding to concerns about potential overuse of CBCT and consequent harm to patients. <

Becoming Board-Certified: Does it Make You a Better Clinician?

By Christopher S. Wenckus, D.D.S., Immediate Past President, College of Diplomates



I have heard non-Boarded endodontists tell me that just because they are not Board-certified does not mean that they are not excellent clinicians—and I have to agree. Then there are those non-Boarded endodontists who like to brag about retreating cases that were previously treated by a Board-certified endodontist. Perhaps there is some insecurity at work here, and a need to validate their clinical expertise?

The perception by the public, your patients, is that Board certification for health care professionals is important. Patients are savvy and expect the highest levels of qualification in their health care professionals. People looking for a physician, especially a surgeon, are accustomed to looking for Board-certified practitioners, and will expect the same from their dental specialists.

And where do patients look for Board-certified health care professionals? On the Internet, especially for younger generations. The Baby Boomers are getting the hang of it, the Generation X group has learned, and the Millennials were born into the digital age and are teaching the aging Boomers. They know how to search for what they perceive to be the best, most qualified care.

So if Board certification does not make you the very best technical clinician, what does it do?

The Board-certified endodontist helps the specialty maintain our specialty status. This fact has been repeated at many levels in the AAE, by the College of Diplomates, and by the American Board of Endodontics. Without a certifying Board, our specialty would not exist. When the ADA granted us specialty status in 1963, it did so because we had a certifying Board. The first certificates were awarded in 1964, and Edgar D. Coolidge had certificate No. 1. But of the six largest dental specialties, endodontics has the smallest percentage of practitioners that are Diplomates, somewhere just over 20 percent. The ADA and Council on Dental Education and Licensure have raised eyebrows over those statistics more than once. They ask, "Why have a certifying board if no one gets certified?"

On another front, the endodontist that has never successfully challenged the Diplomate exam will never feel that pride and sense of accomplishment that is felt by those that have passed all three sections of the exam. To see what some new Diplomates think about what they have achieved, visit the ABE website and click on News, then click on The Diplomate Newsletter and read some of the testimonials of those that

have recently become new Diplomates. Here is just a very small sample of what you will find there:

Anthony Alonso, Jr., Coral Gables, Fla.

Diplomate in 2013
Endodontist in private practice

"This is the only achievement in all the years of my schooling that has been purely self-motivated, and therefore has also been the most satisfying."

Nermeen Moussa, Chicago

Diplomate in 2013
Clinical assistant professor, University of Illinois at Chicago

"Being a Diplomate signifies reaching the top of the ladder with respect to my specialty education and clinical skills, required to provide the best quality of patient care, with full confidence and compassion."

Karen Lovato, Seattle

Diplomate in 2013
Affiliate Assistant Professor in the Department of Endodontics at University of Washington School of Dentistry

"I became a Diplomate mainly to fulfill a personal goal, but I also felt that it was important for me to do so for the specialty of endodontics."

Lars Björn Jönsson, Laguna Hills, Calif.

Diplomate in 2012

"To me it is a professional milestone that represents dedication to my profession and to myself, to be the best I can. Becoming a Diplomate is personal validation that I am willing and open to better myself, and better my understanding of endodontic science and practice. Although I am proud of this achievement, I do not wish it to be an end, but rather a benchmark along the journey."

Becoming a Diplomate of the American Board of Endodontics does not guarantee that a clinician is technically superior to a non-Board-certified endodontist. But there are at least two aspects of the professional life that a Board-certified endodontist enjoys over those that are not Diplomates: a high level of self esteem and a service to their specialty. My advice to those sitting on the side lines: try it, you might like it. <



UPCOMING INTERNATIONAL MEETINGS

January 30 – February 2
32nd CIOSP Sao Paulo
International Dental Meeting
www.ciosp.com.br
Sao Paulo, Brazil

February 4 – 6
18th UAE International Dental
Conference
www.aeedc.com
Dubai, United Arab Emirates

March 3 – 6
Dental South China
International Expo
www.dentalsouthchina.com
Guangzhou, China

March 15 – 18
ADEA Annual Session & Exhibition
www.adea.org
San Antonio, Texas

April 30 – May 3
AAE Annual Session
www.aae.org/annualsession
Washington, D.C.

July 19 – 20
AAE/AAP/ACP Joint Symposium
www.aae.org/teethforalifetime
Chicago, IL

Visit www.aae.org/events
for more information.

New Members

Associate
T. Brian Lu, Fort Defiance, Ariz.

MEMBER NEWS

Dr. Christopher Wenckus to Retire from UIC



Dr. Christopher S. Wenckus will retire from his position as head of the department of endodontics at the University of Illinois at Chicago's College of Dentistry on July 31, 2014, after 40 years of service. He will be reappointed in October 2014 to teach part-time in the department.

His 15-year tenure as department head has been notable for the establishment and growth of the department's national and international reputation for academic excellence, largely due to his leadership in the AAE, the

American Board of Endodontics, the College of Diplomates and the Commission on Dental Accreditation. Under his leadership, the department has recruited outstanding faculty and enhanced its predoctoral and postgraduate educational programs. The department also now has a growing research program, due to Dr. Wenckus' commitment to recruiting faculty with research expertise.

Dr. Wenckus received his D.D.S. from UIC in 1971 and later, his Certificate in Endodontics in 1974. He immediately began his career in dental education in the school's department of endodontics while maintaining a private practice, serving for 27 years in the department until his appointment as head of the department in 1999.

A Diplomate, Dr. Wenckus is a past director and treasurer of the ABE and served as editor of the *Diplomate*. He has also served as a Commissioner and Chair of the Endodontic Review Committee for CODA and as director and president of the College of Diplomates. He has also served on the AAE's Board of Directors and as president of the Illinois Association of Endodontists and the Edgar D. Coolidge Endodontic Study Club.

Dr. Wenckus has published 25 scientific articles in peer-reviewed journals and has made 66 invited presentations to national and international scientific meetings and continuing education seminars. In 2013, Dr. Wenckus received the Dr. E. Lloyd DuBrul Faculty Achievement Award from the UIC Dental Alumni Association, in recognition of his extraordinary contributions to the College. <

AAE Award Winner Appointed to The Endo Academy



Dr. John T. McSpadden was named strategic advisor dealing with technological advances at The Endo Academy, a resource for clinical endodontic concepts and continuing education. Dr. McSpadden received the Ralph F. Sommer Award in 2010, recognized as a principal author of a publication of specific significance to the science and art of endodontics. He also received the AAE's President's Award in 2010. Dr. McSpadden has advanced the dental profession by introducing nickel titanium endodontic files and other

endodontic instruments. He published *Mastering Endodontic Instrumentation*, considered one of the most comprehensive and definitive evidence-based rotary instrumentation texts available, in 2006. Although he is retired from practice, he continues to conduct research and write for the advancement of endodontics. <