



DMD., BDS., LDS., RCS., H.D.D.
PERIODONTICS · ORAL MEDICINE · DENTAL IMPLANTS · SFOT

Diplomate, American Board of Periodontology

Programming for all members of the
interdisciplinary dental team
aimed at achieving
comprehensive care
consistently.

(Please continue to scroll through this document)



Revenues generated from these programs are
donated to the Richman Family research fund,
administered by the AAP Foundation.

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(All programs are customizable).

(For target audience, see the code below.)

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4. Preventing Bad Things from Happening to Good Implants (*Mitigating Peri-Implantitis*). (a+c).
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12. References and testimonials.

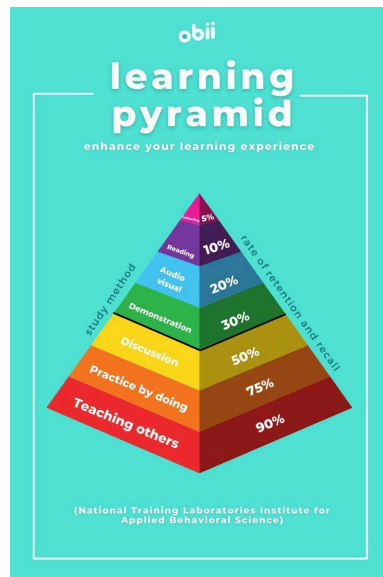
All programs marked 'c' are available, customized for a dental hygienist group specifically.

- a. *Dentists, and/or all members of the dental team (including hygienists and lab. technicians).*
- b. *Dentists only (GP and Specialists).*
- c. *Hygienists and dental assistants.*
- e. *Administrative staff.*
- f. *Clinician + Family.*

Surgically Facilitated Orthodontic Treatment (SFOT)

Hands-on Training

- Periodontists, orthodontists and oral surgeons have expressed an interest in SFOT hands-on training, plus promotion of this treatment modality in their dental communities. This relates both to yourself, your community orthodontists and referring dentists.
- I have built a detailed, surgically oriented PowerPoint seminar for Periodontists and Oral Surgeons plus their referring orthodontist/s to meet this request.
- The lecture aspect is approximately 4 hours. This is then followed either by a hands-on surgical program (typodont), or a group interactive hands-on treatment planning program.
- Appropriate supporting literature, (surgical and orthodontic) will be provided.
- If additional information is needed, please either call me on my cell phone and email: richmanacs@gmail.com
- Also, let me know if you have any colleagues (periodontists or oral surgeons) who might be interested in this SFOT training program. I shall then contact them.



Why Don't Our Teeth Fit Our Jaws and What We Can Do About It? (2-4 hours)

An Interdisciplinary Approach

SFOT (a.k.a. PAOO, POPA and Wilckodontics) are innovative dental technologies, combining generative/regenerative periodontal therapy with orthodontic treatment. This enables the dentist to minimize potential iatrogenic risk factors associated with orthodontic therapy (see below). Favorably positioned teeth, plus an enhanced mucogingival complex, facilitate ideal and predictable long-term esthetics and function.

Therapeutic aspects of SFOT include:

- Treatment of existing recession and periodontitis lesions.
- Enhancement of thin biotypes, minimizing the risk of iatrogenic gingival recession associated with orthodontic treatment.
- Greater post treatment orthodontic stability.
- Less apical root resorption.
- Accelerated orthodontic treatment, usually completed in six-nine months.
- Less need for orthognathic treatment or extractions.



Learning objectives:

- Understanding the etiology of gingival recession, apical root resorption and orthodontic relapse from an anthropological, functional, and genetic perspective.
- Benefits, limitations, and complications of Orthodontic treatment.
- Introducing SFOT into your general and specialty dental community.
- Evidence supporting the concepts of SFOT.

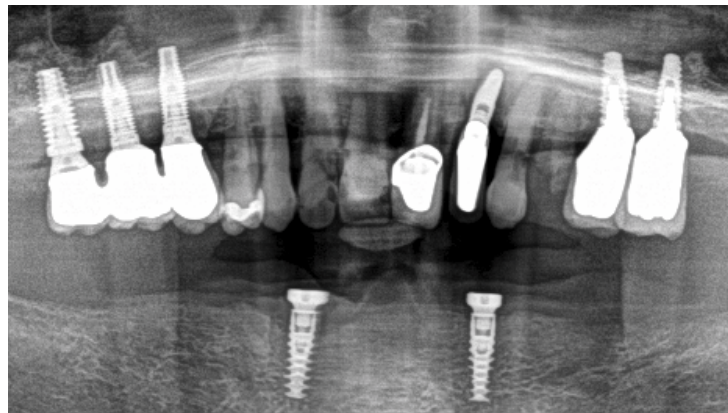
Target audience: clinical members of the dental team: Dentist, Dental Specialist, Hygienist

The Diseases, Periodontitis + Peri-implantitis. Diagnostic, Therapeutic and Preventable Considerations.

Clinical Perspectives for the Dental Team for Long-Term Predictability.

Learning objectives include:

- Periodontal/Peri-implant infection, inflammation, pathology, and systemic implications, from the clinical perspective.
- Impact of periodontal and peri-implant disease on multi-rooted teeth.
- Effective diagnostic records to achieve definitive therapy.
- Achieving long-term treatment success through definitive pocket elimination therapy, either respective or regenerative.
- Plaque control and professional maintenance care, as critical factors for long-term success.
- The relationship between periodontitis/peri-implantitis (chronic inflammation) and a myriad of systemic diseases.



Target audience: clinical members of the dental team: Dentist, Dental Specialist, Hygienist

Preventing Bad Things from Happening to Good Implants. (Mitigating Peri-implantitis).

A working knowledge of reducing diagnostic, surgical, prosthetic, and long-term maintenance factors, enabling the clinician to provide more predictable dental implant care to their patients.

Learning objectives include:

- The incidence of peri-implantitis appears to be increasing at a dramatic rate, resulting in frustration and significant loss of revenues to both the patient and the dental team.
- Worldwide, it is currently estimated that >1,000,000 implants are being explanted annually.
- Obviously pro-active surgical, prosthetic, and long-term maintenance is critical for long-term success.
- Risk factors associated with these issues will be reviewed in detail from the clinical perspective. strategies will be introduced to enhance implant therapy predictability and reduce risk and unfavorable functional or esthetic outcomes.



Target audience: clinical members of the dental team: Dentist, Dental Specialist, Hygienist

Achieving Comprehensive Care Consistently.

This fun-filled interactive program will help dentists plus all team members (including specialists) elevate their practices towards more “Big Case Dentistry” and comprehensive care.

Learning objectives include:

- Instilling a philosophy and culture in your team for achieving comprehensive care.
- Avoiding missing opportunities for achieving comprehensive dental care.
- Clinical data gathering – records, analyses, diagnosis, treatment planning, effective case presentation, team responsibilities, treatment delivery, and ‘making it happen.’
- The above data will then be analyzed relative to etiology, diagnosis, and treatment planning in the four categories of Periodontal, structural (teeth), myo-functional, and esthetics (as per Kois, Spear, Roger Levine)



Target audience: clinical members of the dental team: Dentist, Dental Specialist, Hygienist

Interactive Hands-On Treatment Planning for All Members of the Interdisciplinary Dental Team. (Case studies are probably the most efficient methodology for learning new concepts)

Learning objectives include:

- Dentists, hygienists, and attending specialists working together will be provided with comprehensive records of a patient presenting with complex dental problems.
- Each group will establish a treatment plan using varying scenario, e.g., no orthodontics or limited finances.
- A representative from each group will present their team's hypothetical treatment plan to the audience.
- Dr. Richman will then present the actual treatment provided.
- These sessions provoke much thought and debate with lively discussion and fun for all members of the team, especially ancillary staff, and hygienists.
- If hygienists are present, the role of the hygienist in facilitating patient acceptance of comprehensive care will be emphasized.

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Target audience: clinical members of the dental team: Dentist, Dental Specialist, Hygienist

The (Clinical) Contemporary Perio., Ortho-Perio., Inter-disciplinary Oral Rehabilitation and Implant Dentistry. A clinical, evidence-based contemporary literature update for 2024 and beyond.

Learning objectives:

- Evidence based treatment concepts to achieve definitive periodontal therapy and associated long-term success. Topics will include benefits and limitations of scaling and root planning, perioscopy, respective and regenerative surgical pocket reduction and LANAP.
- Goals, objectives, and factors guiding the definitive end point of periodontitis therapy.
- Adjunctive periodontal surgical therapies to facilitate predictable restorative and orthodontic therapy.
- Contemporary thought regarding the status of soft and hard tissue grafting modalities.
- The role of implant therapy in comprehensive care.
- Implants versus teeth. (Perhaps implants are not a panacea!).
- Risk factors associated with implant therapy, including Peri-implantitis therapies (When, where and why).
- Value of comprehensive interdisciplinary strategies to achieve predictable long-term treatment success, in other words, treatment planning for the fourth dimension – TIME.



Target audience: clinical members of the dental team: Dentist, Dental Specialist, Hygienist

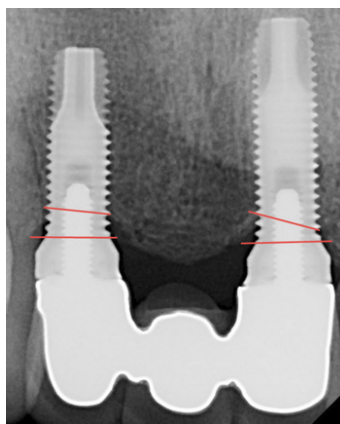
Abutments: The Good, The Bad and The Ugly

Peri-implantitis has been identified in up to 50% of surveyed communities. To decrease the prevalence of peri-implantitis, it is necessary for dental practitioners to identify factors associated with this condition, and render pro-active rather than re-active treatment to decrease the risk of peri-implantitis in our patient populations.

Learning Objectives include:

- Identify various prosthetic and abutment design factors associated with iatrogenic peri-implantitis.
- Develop appropriate strategies for patient's compliance and effectiveness in their plaque control endeavors.
- Learn clinical and biological features of the treatment modality known as the 'On One' abutment system, as well as the concept of 'One Abutment One Time'.
- Recognize future trends in implant design and implant surfaces to facilitate predictable long-term treatment success.

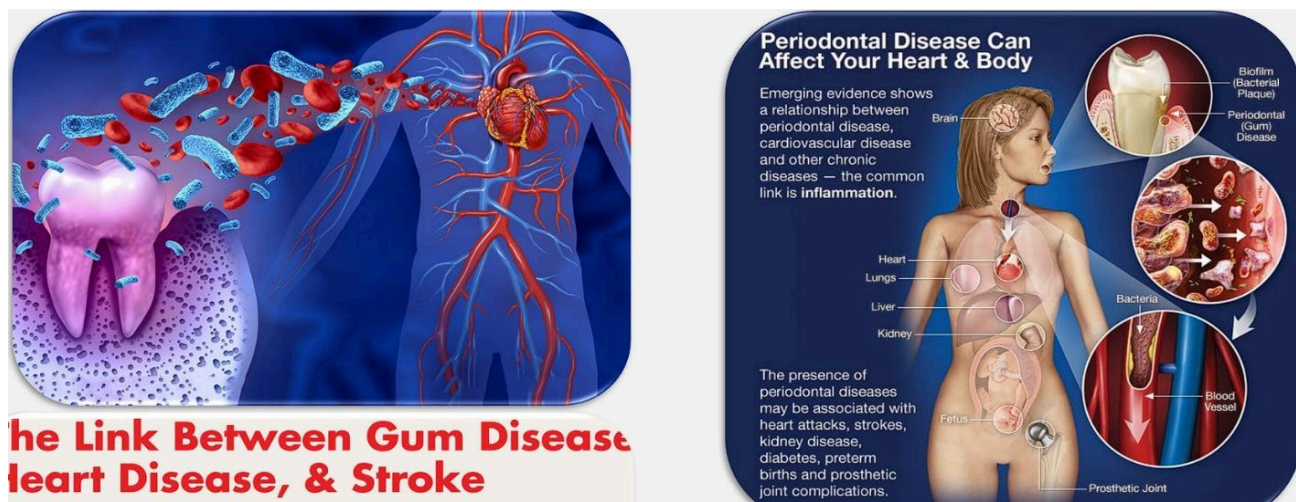
Target audience: Dentist, Dental Specialist, Hygienist and Laboratory Technician.



Clinical management strategies of the Oral (Periodontal)-Systemic Link.

The medical and dental literature is replete with studies demonstrating confounding links between moderate to advanced periodontitis/peri-implantitis, gingival inflammation and associated systemic inflammation [Otomo-Corgel, Pucher, 16]. [D'Aiuto, Parkar, 1]. These relationships are not necessarily cause and effect, but rather confounding factors relative to the systemic condition.

In other conditions actual bacterial components have been identified in the diseased tissue itself, for example Alzheimer's and Atherosclerosis. Based on evidence in peer reviewed journals, periodontists, members of the dental team and especially dental hygienists, believe that elimination of the oral infection and associated inflammation, prior to the initiation of complex medical interventions should enhance the medical outcomes.



Learning Objectives: The Oral – Systemic Link.

- Understand the relationship between Oral **Inflammatory Disease** and Systemic Inflammatory Disease.
- Understand **microbial pro-inflammatory cytokine** relationships between gingivitis, periodontitis and their impact on systemic disease.
- Understand the nature of the **dysbiotic** diseased oral flora.
- Identify therapeutic modalities that might be utilized to treat patients manifesting with these issues.
- Review contemporary peer-reviewed **literature** supporting the relationships between periodontal and systemic disease.
- Appreciate a simplified non-invasive approach to periodontal disease **treatment** and long-term management for the cardiology patient, including patients manifesting advanced cardiac disease.

Preparedness in the face of a medical crisis personal or immediate family. “My Story”

“(Alternatively, if only I knew then, what I know now)”

Learning objectives.

- Understating the four values of the PANKEY cross towards achieving a balanced lifestyle.
- Personal and family documentation required for personal PREPAREDNESS.
- Strategies for practice continuity in the event of a medical crisis.
- Developing a harmonious relationship with you and your family’s personal medical team/s.
- Options for your lifestyle following recovery from a (medical) crisis.

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Contemporary Pearls from clinically relevant literature.

- Keeping our personal knowledge base current, based on contemporary evidence-based literature, published in peer reviewed dental journals, can be overwhelming.
- This clinically-oriented program will review relevant literature published within the past 4 years.
- It will share concepts that are valuable for contemporary dental practice, (general or specialty).
- All disciplines of dentistry will be covered and articles from world-wide peer reviewed journals will be reviewed.
- Most reviewed articles will reflect information at the systematic or meta-analysis level of evidence.
- If wanted, this is an ongoing service available to all members of the dental profession.

Examples of various journals reviewed.



Testimonials/References.

See my website:

integrateddentalseminars.net

for details.

Also available upon request.