

AAOMS TODAY



September/October 2025
VOLUME 23, ISSUE 5

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American Association of Oral and Maxillofacial Surgeons



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Advancing care, education and advocacy

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Guiding families to the right
specialist at the right time

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COVER STORY

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Milestones Met. Healthy Teeth Set.

*Guiding families to the right
specialist at the right time*

*The Milestones Campaign reinforces
the value of treatment provided
by dental specialists, allowing us to
provide the highest standard of care
for our young patients.*

– Dr. Ehlie K. Bruno

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AAOMS Today: Award-winning AAOMS member magazine

2024: Grand Award winner for Magazine Writing
2023: Award of Excellence for Magazine
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2020: Platinum Award



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2022: Platinum Award for Design and Gold Awards for Association Magazine and Writing
2021: Platinum Awards for Feature Articles and Gold Awards for Association Magazine and Cover Design
2020: Platinum Award for Feature Article and Gold Award for Association Magazine



J. David Morrison, DMD
AAOMS President

*Guided by our
commitment to patient
care, I am confident
AAOMS will remain at
the forefront of surgical
excellence, innovation and
compassionate care.*

IN MY VIEW

The Patients We Serve:

It has been the greatest honor of my professional life to serve as President of the American Association of Oral and Maxillofacial Surgeons over this past year. Together, as a community of dedicated professionals, we have worked tirelessly to uphold the highest standards of care, education and advocacy for one shared purpose: The Patients We Serve.

Every decision and initiative this year has been guided by our unwavering commitment to patient care and advancing the specialty. These unifying principles have shaped our progress across multiple fronts, and I am proud to highlight the achievements that have advanced our specialty and supported those who rely on us.

Strengthening advocacy and access to care

Advocacy remains a cornerstone of our mission. By making our voices heard at the federal and state levels, we help ensure OMSs can continue delivering high-quality care to the patients we serve. Among our achievements in advocacy this year:

- Our 24th Annual Day on the Hill, held in Washington, D.C., saw near-record attendance with 132 participants – including 107 OMSs and residents. Attendees met with nearly 180 congressional offices to advance key legislation including the Resident Education Deferred Interest (REDI) Act, Ensuring Lasting Smiles Act (ELSA), drug shortage bills and Medicare payment reforms – all issues directly impacting patient access and practice sustainability.
- AAOMS joined key stakeholders in dental sedation and anesthesia at the ADA Dental Anesthesia Provider Summit, which led to consensus recommendations to ADA leadership to redact exclusive endorsement of any outside organization's guidelines and for the ADA to develop its own pediatric sedation use guidelines. ADA's deliberations on this issue are ongoing.
- At the state level, AAOMS collaborated with the state OMS society to preserve pediatric anesthesia access in New Hampshire.
- We enhanced our grassroots efforts and broadened our advocacy reach by revamping the OMS Action Network and launching the AAOMS Advocates Circle to recognize and encourage top advocates.
- A new strategic priority was initiated to increase OMS representation on state dental boards. Currently, 42 OMSs



A year of progress, partnership and purpose

serve on 33 state dental boards – a key step in shaping policies that impact the specialty.

Advancing education and clinical excellence

Education of both members and residents remains central to AAOMS's mission, and this year we further expanded our offerings to meet the evolving needs of the specialty and the patients we serve. Notable accomplishments include:

- The National Simulation Program continued its growth, bringing the Office-Based Emergency Airway Management (OBEAM) module to 17 states and the Annual Meeting, allowing more OMSs to strengthen their anesthesia and emergency management skills in a hands-on setting. This expansion reinforces our commitment to patient safety and clinical preparedness.
- We hosted the first-ever OMS Program Directors Program at AAOMS headquarters in Rosemont, Ill., offering a forum to discuss recruitment strategies for attracting qualified candidates, mentorship in resident development, Commission on Dental Accreditation (CODA) compliance and collaborative improvement across residency training programs.
- The Board created a Special Committee on Student Recruitment and Residency Program Strategies to investigate the decline in applicants to OMS residency programs. The group made recommendations aimed at strengthening the OMS applicant pipeline, improving CBSE access and prep, and enhancing visibility and appeal of OMS as a specialty.
- The Committee on Education and Training developed guidelines for OMS programs to assist in the selection and utilization of non-categorical one-year interns.

Expanding continuing education and member support

AAOMS continues to provide exceptional education and professional development opportunities in live, virtual and on-demand formats:

- The 2024 AAOMS Dental Implant Conference in Chicago offered in-depth instruction on full-arch rehabilitation, complications management and restorative strategies,

supported by three hands-on preconference sessions and an expanded Exhibit Hall.

- The Board Subcommittee on Major Meetings completed its charge to review the length, timing, location and structure of both the Annual Meeting and Dental Implant Conference. Their work resulted in moving the 2027 and 2029 Dental Implant Conference from Chicago to Orlando.
- Our online education expanded with new webinars, complimentary MATE Act courses and a growing library of on-demand content. A new CE tracking tool now makes it easier for members to manage their credits more efficiently.
- Adding to our already expansive CE library, we launched Bite-Sized Wisdom – quick, practical CE offerings that can be completed in 30 minutes or less. We also began awarding credit for select Podcast CE episodes that are part of our AAOMS On the Go Podcast series.
- AAOMS kept members informed about the IV fluid shortage caused by Hurricane Helene flooding, which temporarily closed Baxter International's North Carolina plant – producer of 1.5 million IV solution bags per day. In response, AAOMS collaborated with other dental organizations to develop guidance for practitioners.

Enhancing practice management and workforce development

Thriving practices enable OMSs to deliver optimal patient care. AAOMS has remained committed to providing practices with the tools and education they need to succeed. Some of our accomplishments include:

- AAOMS released a new recruitment video and flier for oral surgery assistants and began developing new training resources for the Surgical Assisting Skills Series (SASS) to address workforce challenges and provide valuable training resources for allied staff.
- We reintroduced our practice management education session under the new name – Practice Priorities – and multiple-session format at Educational Weekend. The weekend nearly doubled its attendance by offering practical guidance on business operations, staffing and marketing.
- AAOMS Advantage and ASI partnerships were strengthened, ensuring members have access to valuable

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practice resources, including new services from our Partner Practice Metrix.

Fostering organizational excellence and member engagement

Behind the scenes, we focused on ensuring that AAOMS remains a responsive, efficient and member-focused organization:

- We launched a redesigned membership application process, enhanced governance materials and expanded the AAOMS Mentorship Program, which now features formalized applications and outreach.
- The Board Subcommittee on Committee Structure completed a comprehensive review and will present proposed bylaws and policy changes to improve efficiency and reduce redundancy within our governance structure.
- Operational improvements – including cost-saving measures in finance, building operations and IT – ensured that we remain fiscally responsible while enhancing services.

Driving innovation in public and professional outreach

Our communications and public engagement have reached unprecedented levels, helping to elevate the visibility of the specialty while bringing valuable resources to members and the public:

- We successfully launched the redesigned AAOMS.org, dramatically improving navigation, mobile accessibility and overall user experience. Page views reached their highest levels since 2020, affirming the website's growing value to members.
- The Milestones Campaign – a collaborative initiative with national dental specialty organizations – promotes timely visits to dental specialists at ages 1, 7 and 15. The campaign has already reached 1.5 million television viewers and 600,000 radio listeners. The campaign website, MilestonesMet.org – along with downloadable toolkits and public service announcements – are helping educate families and physicians about the importance of oral health checkups.
- Our consumer-facing website, MyOMS.org, experienced an extraordinary 286 percent increase in traffic, with

more than 1.5 million page views in 2024 alone. Find a Surgeon searches increased by 28 percent, directly connecting patients to the care they need.

- The AAOMS On the Go and OMS Voices podcast series continue to thrive, collectively generating more than 31,000 interactions. These award-winning platforms feature interviews on clinical topics, advocacy updates, wellness and patient education – offering new ways to engage both our members and the public.
- *AAOMS Today*, our award-winning member magazine, continues to deliver inspiring stories and essential updates on the specialty.
- The *Journal of Oral and Maxillofacial Surgery* saw an increase in its impact factor from 2.3 in 2023 to 2.6 in 2024, cementing its reputation as a prestigious publication. In November, *JOMS* published the Oral Health Statistics Guidelines for Reporting Observational Studies and Clinical Trials in Oral Health Research in collaboration with other dental journals. The paper saw 3,178 downloads on JOMS.org.

Looking ahead

As I reflect on this remarkable year, I am filled with gratitude for the dedicated volunteers, passionate staff and engaged members who have made these accomplishments possible. Together, we advanced education, strengthened advocacy, expanded public outreach and deepened member engagement – all in service to the patients who rely on us.

In my role, I also had the opportunity to meet extraordinary OMSs from around the world. I was honored to be invited and elected to attend on my own the 7th African Congress of Oral and Maxillofacial Surgery in Addis Ababa, Ethiopia, last November. Much like the International Forums and Global Café offered at our Annual Meeting, it was inspiring to witness OMSs from diverse backgrounds showcase the latest advancements while sharing the same unwavering commitment to patient care. These global connections reaffirm the shared mission that unites our specialty across borders.

While much has been accomplished, our work is far from over. Guided by our commitment to patient care, I am confident AAOMS will remain at the forefront of surgical excellence, innovation and compassionate care.

Thank you for the privilege of serving as your President. It has been an extraordinary honor to lead this Association in pursuit of our shared mission. ■

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Milestones Met. Healthy Teeth Set.

*Guiding families to the right
specialist at the right time*



15

Oral and maxillofacial surgeons have a powerful, new platform to help champion children's oral health.

AAOMS – in collaboration with national dental specialties– has launched the Milestones Campaign, a national children's public oral health initiative urging timely visits to dental specialists at critical growth milestones. Together, each association is working to deliver a bold and unified directive to families, pediatricians, family physicians and educators alike: Visit the *right* dental specialist at the *right* time.

The campaign's message – Milestones Met: Healthy Teeth Set: Visit Specialists at Ages 1, 7, 15 – centers on urging families to seek specialist care at key growth milestones. Each milestone age corresponds to a meaningful window of opportunity in a child's oral health development. These key moments enable OMSs, dentists and orthodontists to work in alignment toward the prevention, early detection and timely treatment of dental issues before they become more complex.

What are the Milestones?

The campaign urges families to seek specialist care at three ages:

- 1** **Age 1** – See a dentist to establish early oral health habits.
- 7** **Age 7** – Have an orthodontist assess alignment and occlusion.
- 15** **Age 15** – Visit an OMS for third molar evaluation and management.

While these touchpoints reflect the natural stages of childhood development, the campaign's real impact lies in its ability to mobilize and empower. OMSs can play an integral role in educating families, advocating early intervention and positioning specialist care as an essential, proactive part of every child's oral health wellness journey.

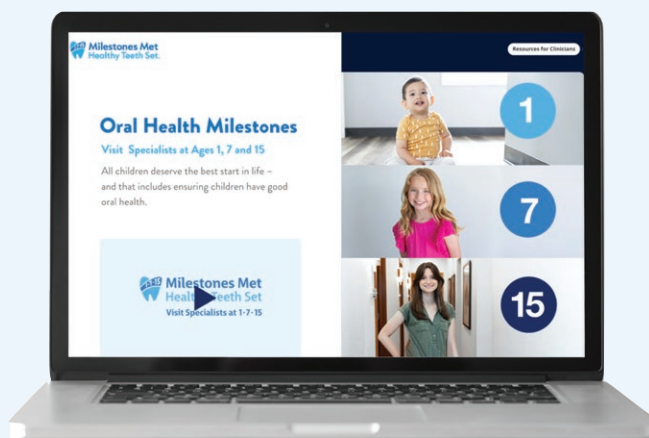
"We are positioned to influence how our communities prioritize oral health," said AAOMS President J. David Morrison, DMD. "The Milestones Campaign showcases the collective strength of national dental associations, empowering and equipping families and healthcare providers with the knowledge to take informed steps at the right time to support oral health."

We are positioned to influence how our communities prioritize oral health.

*– AAOMS President
J. David Morrison, DMD*

That unified strength, Dr. Morrison noted, is what gives the campaign its power – not only in message, but in its potential to create real change. It's a sentiment echoed by Jasjit K. Dillon, DDS, MBBS, FDSRCS, FACS, Chair of the AAOMS Committee on Public and Professional Communications, who sees the initiative as a critical turning point in how dental and medical communities work together.

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A new public service announcement for the Milestones Campaign aligns vital children's oral healthcare visits with familiar life milestones.



This campaign helps improve the health literacy of a community while helping OMSs stand out as the experts in removing wisdom teeth in a landscape replete with online, TV and radio advertising.

– Dr. Normund K. Auzins

“As the campaign evolves,” Dr. Dillon said, “we envision dentistry and medicine working in tandem to elevate children’s oral health on a broader scale.”

For Dr. Dillon, the message is deeply personal and forward-looking. “For parents, a child is their greatest investment – their future, their legacy,” she added. “This campaign is about prevention, empowerment and building a healthier tomorrow for the next generation. My hope is that this campaign will inspire lasting change and significantly improve the oral health of our young population.”

Reinforcing OMS expertise

The Milestones Campaign invites AAOMS members to champion a public health education role. Whether through school visits, community outreach or media interviews, OMSs can serve as informed advocates who explain why early specialist care matters – and how it fits into overall health and well-being.

“While OMSs typically become involved during adolescence, this campaign recognizes our specialty as a vital part of the care continuum,” said CPPC member Ehlie K. Bruno, DDS.

The campaign also reinforces the AAOMS Informational Campaign’s efforts to help clarify the distinction between general dental providers and OMSs in patients’ minds. It helps patients understand why specialist care matters, especially in a competitive landscape saturated with advertising from non-specialists.

This initiative resonates with CPPC member Normund K. Auzins, DDS. “Having worked with state dental boards and legislatures, I’ve experienced the challenges we face from non-specialists pushing to expand how they advertise

and present themselves to the public. This campaign helps improve the health literacy of a community while helping OMSs stand out as the experts in removing wisdom teeth in a landscape replete with online, TV and radio advertising.”

Step up as a Milestones Ambassador

AAOMS is seeking members who are ready to lead and serve as Milestones Ambassadors – trusted champions who raise awareness, inform patients and build relationships across their communities and professional networks.

“The complications with delaying care increase with the passage of time,” said Billy B. Laun II, DDS, of Carbondale, Ill., one of the campaign’s first Ambassadors. “I believe it is great to educate and encourage families to seek earlier care to avoid less desirable experiences in life.”

“Usually, delaying care costs more to the patient than prevention or earlier management,” Dr. Laun said.

Ambassadors are encouraged to:

- Share campaign materials with patients and colleagues.
- Promote the campaign on social media.
- Add backlinks to MilestonesMet.org from their practice websites.
- Encourage colleagues to get involved.

Ambassadors will be acknowledged with a special badge ribbon at AAOMS meetings, in *AAOMS Today* and highlighted in President e-newsletters, showcasing their commitment to advancing early oral health education. Participation can range from simple activities, such as displaying posters or posting on social media, to

more involved engagements such as presentations or collaborative outreach with local physicians.

Dr. Bruno emphasized that involvement in the Ambassador Program not only boosts the visibility of the campaign but also elevates the OMS specialty within local communities. "The Milestones Campaign reinforces the value of treatment provided by dental specialists, allowing us to provide the highest standard of care for our young patients," she said.

Together, these milestones and messages propel the campaign's goal: to guide families in prioritizing early specialist care to help ensure a lifetime of good oral health.

"To truly move the needle, we need our members to lead," Dr. Morrison said. "By promoting the campaign and stepping up as Ambassadors, OMSs can amplify our message, strengthen referral networks and help families build healthy habits that last a lifetime."

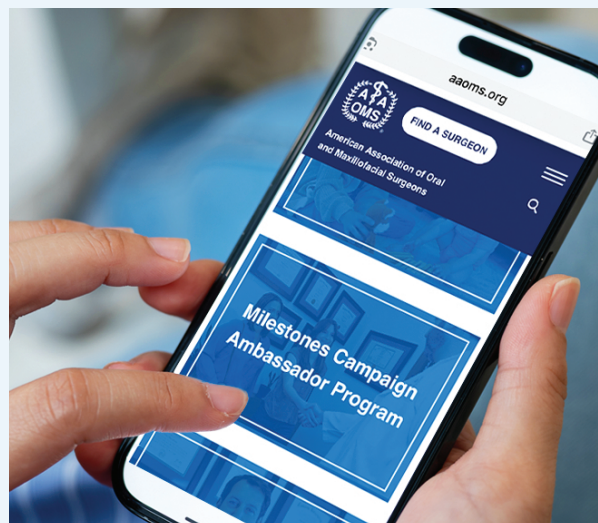
Unlock complimentary, shareable tools

To make participation effective, AAOMS has created a Milestones Campaign Toolkit with complimentary, downloadable resources. These materials can help members share the campaign message consistently across multiple touchpoints – whether in-person, online or in collaboration with medical colleagues.

"Our goal is simple," Dr. Morrison said. "We want to give members the tools to make a real difference in their practices, in their communities and in the lives of the families we serve."

Available for immediate download, current resources include:

- **Campaign logo** for websites and printed materials.
- **Postcards** that can be printed and mailed to patient lists or referring partners.
- **Social media graphics and sample posts** to educate your followers on Instagram, X and Facebook.
- **Customizable ads** featuring a provider headshot and practice contact information.
- **10-minute educational podcast** about the campaign that can be shared on social media.
- **Public service announcements (PSAs)** available in both audio (MP3) and video (MP4) to play in waiting



Sign up to be a Milestones Ambassador

Join other AAOMS members to become a Milestones Ambassador. Sign up at AAOMS.org/Milestones.



areas and use on practice websites. The audio version also can be used as an advertisement on a podcast or as part of a practice's hold music.

- **Infographics** that explain the campaign as well as provide education on wisdom teeth management (Spanish version coming soon).
- **Sample email** to educate current and prospective patients on the value of specialist care for wisdom teeth.

Additional resources will be created and released in the coming months, including:

- **A PowerPoint presentation** for school visits or health fairs.
- **Posters and fliers** that can be hung in OMS practices to raise awareness about the importance of specialist visits at key ages.
- **Media interview talking points** for the local press.
- **Sample outreach email** to local pediatricians or family physicians.

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These resources can be used together or individually, depending on each practice's communication and marketing strategy.

Take the outreach further

OMSs don't need a massive platform or social media following to make an impact. Small things – like playing the PSA video in waiting rooms or handing out educational brochures – can spark conversations in the exam room.

Beyond the office walls, there are even more outreach opportunities. Suggested activities include:

- **Host a community education night:** Organize a panel or presentation with pediatric dentists and orthodontists to educate caregivers.
- **Share information with local media:** Send a press release or article to local news outlets, offer to serve as an expert for an interview on oral health milestones and share the PSA.
- **Partner with local schools:** Deliver classroom presentations using the public-facing PowerPoint presentation. Provide educational materials to teachers and school nurses and distribute posters for display in classrooms, hallways and health offices.
- **Collaborate with public health departments:** Participate in health fairs by offering free dental screenings or oral cancer screenings. Distribute Milestones Campaign-branded giveaways and educational fliers.
- **Engage policymakers:** Connect with local and state officials to advocate for policies that improve access to children's dental care and emphasize early oral health interventions.
- **Promote a student essay contest:** Organize an oral health essay contest with topics related to dental milestones and oral health awareness. Offer prizes, recognition or scholarships to winners, and promote the contest through local and social media as well as on the practice website.




- **Present at professional gatherings:**


Use the Milestones Campaign PowerPoint at study clubs, dental society meetings or interprofessional events to inform healthcare providers about dental health milestones and foster cross-disciplinary collaboration.

These efforts can strengthen referral networks, enhance community trust and reinforce your OMS practice as a leader in early oral health education.

"Every interaction is a chance to educate," Dr. Morrison said. "Whether it's a poster on the wall or a conversation in the chair, we're building awareness and trust that lasts." ■

**Milestones Met
Healthy Teeth Set**
Visit Specialists at Ages 1-7-15.



**Milestones Met
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Your child's oral health matters



See a dental specialist
at these key ages

1 Dentist 7 Orthodontist 15 Oral and
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**Your child's
oral health
matters**

Send them to the
right dental specialist
at the **right** time

Send your child to a dental specialist at these key ages

1 7 15



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Healthy Teeth Set**
Visit Specialists at Ages 1-7-15.

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Learn when to see the right
oral health specialist

1 7 15
years

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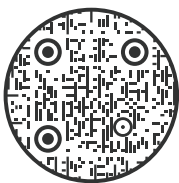
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Maximize Efficiency**



Dilaine Gloege, CDA, CPC
● Topic: Coding and Billing
1.5 CDE/CME

▶ Oct. 15: **Conquering Employee Turnover
with Effective Onboarding and
Assimilation into the Practice Culture**



Mary Govoni, MBA, RDH, CDA
● Topic: Practice Administration
1.5 CDE

▶ Nov. 5: **Hiring Your Next Associate:
Four Tools to Get it Right Every Time**



Robert Spiel, MBA
Bryton Nield
● Topic: Marketing
and Practice Building
1.5 CDE



▶ Nov. 11: **Allogenic Bone Grafts for
Dental Implants: Science and Techniques**



James C. Melville, DDS, FACS
● Topic: Dental Implants
1.0 CDE/CME

▶ Nov. 12: **Medical and Dental
Crosswalking: Billing Do's and Don'ts**



Angela Wubben, CPC, CPB
● Topic: Coding and Billing
1.5 CDE/CME

▶ Nov. 18: **Dynamic Navigation Systems
for the Complete Digital Workflow
From Planning to Placement to Final
Impression**



Robert W. Emery III, DDS
● Topic: Dental Implants
1.0 CDE/CME

Visit AAOMS.org/Webinars for more information.

Note that these webinars and their topics and titles are subject to change.

Nobel Biocare

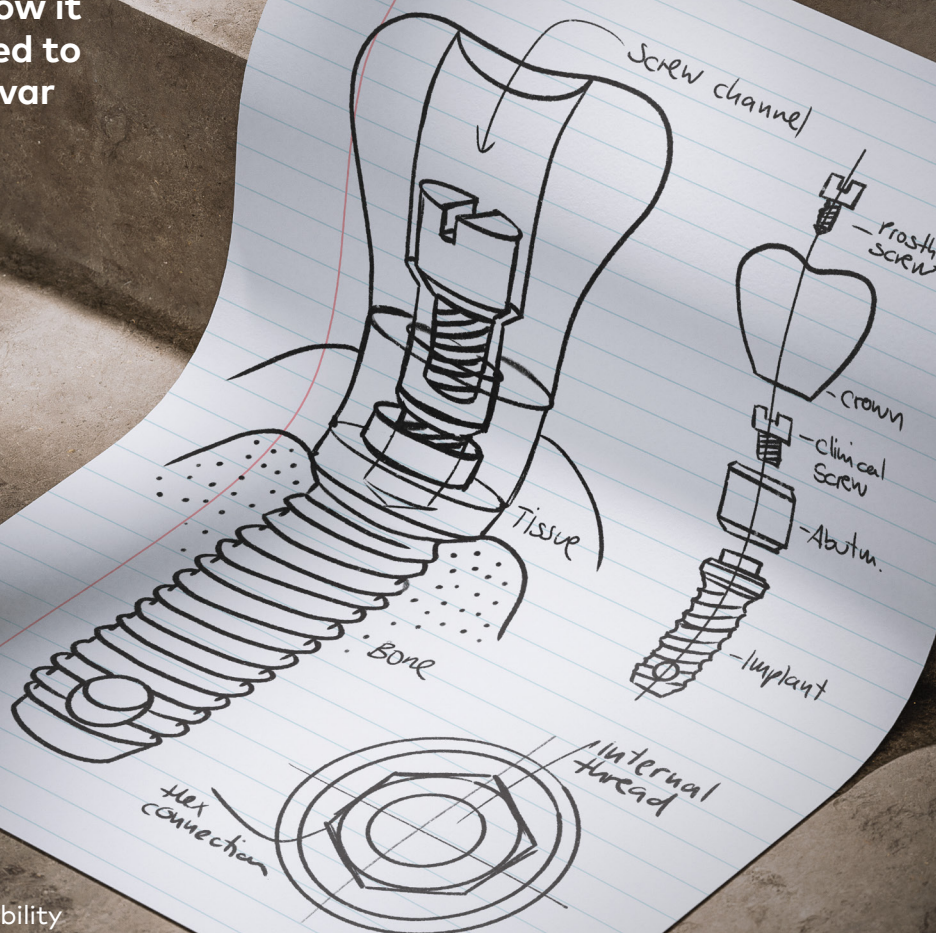


The pioneers of implantology

Dental implantology, as we know it today, can be directly attributed to the pioneering work of Per-Ingvar Brånemark and Nobel Biocare.



Prof. Brånemark (right) with Gösta Larsson, the first patient to receive treatment with titanium dental implants



- **1952** Prof. Brånemark discovers the ability of bone to fuse with titanium, a process he calls "osseointegration"
- **1965** Brånemark places the world's first titanium dental implant
- **1981** The first successful implant system, called the Brånemark System®, is launched by Bofors Nobelpharma; this company is renamed "Nobel Biocare" 15 years later
- **Now** To see how Nobel Biocare continues to innovate dentistry, visit our **booth #319** at the AAOMS Annual Meeting September 18–20, 2025



Explore the origins of dental implants

nobelbiocare.com/heritage

From D.C. to the desktop: Annual Meeting

Whether attending in-person in Washington, D.C. – or tuning in virtually – the 2025 AAOMS Annual Meeting offers a dynamic lineup of more than 140 educational sessions and valuable opportunities to earn continuing education credits.

With the theme *The Patients We Serve*, the Annual Meeting reflects the specialty's commitment to advancing patient care.

In-person participants can earn over 22.5 CDE/CME live credits. To extend the value of the meeting well beyond the closing session, both in-person and virtual attendees can take advantage of the full on-demand library offering up to 48 CDE and 34 CME credits.

Beginning Sept. 15, the robust library of on-demand courses becomes available, with select in-person sessions available Oct. 6. Attendees will have access through Jan. 31 to revisit topics of interest, catch up on missed content and stay informed on the latest advancements shaping the specialty.

"This meeting is more than a gathering – it's a celebration of our shared mission to advance patient care through innovation, education and collaboration," said AAOMS President J. David Morrison, DMD. "We're delighted to welcome colleagues from across North America and beyond to this landmark event."

In-person attendees will benefit from interactive workshops, networking events and direct access to experts. Meanwhile, the on-demand platform offers flexibility for busy schedules and access to a curated library of content – including clinical sessions, practice management courses and the virtual Exhibit Hall.

On-demand sessions

The on-demand content library includes:

- **34 on-demand Master Classes** covering a wide range of clinical topics such as trauma-informed care, allogenic maxillofacial reconstruction, decision-making in sleep

Register for ticketed preconference and hands-on sessions

Don't wait to secure a spot at the following ticketed sessions, including:

Preconference sessions

- Anesthesia Update: *The Patients We Serve* (in-person and on-demand)
- Controversies and Challenges in Cleft and Craniomaxillofacial Care: *Right Surgery, Right Patient*
- Educators Summit

Hands-on learning

- Zygoma Implants: *Pearls and Pitfalls* (with cadaver lab or lecture-only)
- ACLS and PALS
- Office-Based Emergency Airway Management

➡ **Beyond the Basics Coding Workshop** – Optimize your practice reimbursement with this two-day intermediate-level course featuring new speaker, Terri Bradley, a seasoned practice management consultant with over 30 years of experience, focusing on coding guidance for the full scope of oral and maxillofacial surgery.



education accessible through January

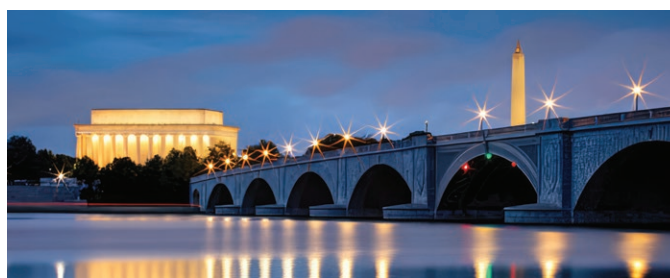
surgery, All-on-X and remote anchorage implants and full-arch freehand surgery.

- **15 practice management sessions** exploring timely issues like artificial intelligence, cybersecurity, HIPAA and OSHA compliance, optimizing collections, retirement planning, social media strategies and professional well-being.

Recorded sessions

Select recorded presentations from the in-person meeting will be available Oct. 6 through Jan. 31. Recorded sessions include:

- **Clinical Tracks** – Examine eight clinical tracks spanning 11 key topics including anesthesia, dental implants, dentoalveolar, obstructive sleep apnea (OSA), orthognathic surgery/cosmetic, pathology/TMJ, reconstruction/head and neck and trauma.
- **Anesthesia Update: The Patients We Serve** – Review the perioperative management of patients with comorbidities in this recording of the popular anesthesia preconference. Ticket required.
- **15 Master Classes** – Topics include vascular malformation management, regenerative surgical techniques, neurostimulation for obstructive sleep apnea, pediatric outpatient anesthesia and trigeminal nerve microsurgery.
- **25 practice management sessions** – Learn about team building, communications tactics, infection control, private practice strategies and emergency preparedness.
- **Chalmers J. Lyons Lecture** – Prosthodontist Stephanie W. Yeung, DDS, discusses From Scan to Smile: A Paradigm Shift in Complete-Arch Implant Rehabilitation, highlighting advanced methodologies to achieve predictable and high-quality outcomes.
- **International Expert Forums** – Hosted by the Mexican Association of Oral and Maxillofacial Surgery (AMCBM), the Latin American Association of Oral and Maxillofacial Surgery and Traumatology (ALACIBU) and IAOMS, these sessions feature international speakers providing expertise on topics such as rhinoplasty in cleft lip and palate and personalized surgery.



107th AAOMS Annual Meeting, Scientific Sessions and Exhibition

The Patients We Serve

Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons

When: Sept. 15 to 20

Offered both in-person with on-demand access and on-demand only.

Where: Washington, D.C.

AAOMS.org/AnnualMeeting



Missed a session? In-person and on-demand registrants have access to educational content through Jan. 31.

- **How I Do It** – Gain practical, experience-based tips on improving clinical safety, managing facial scars, treating osteoradionecrosis, using tissue engineering for condylar regeneration and antibiotics protocols.
- **OMSNIC Anesthesia Patient Safety Program** – Practicing OMSs and a legal expert walk through real case studies to illustrate key principles in patient safety and risk management during in-office anesthesia.

continued on next page



Chat with Dr. Byte

Meet Dr. Byte, an online AI chatbot for the AAOMS Annual Meeting.

Dr. Byte is available to answer questions like "Where is the registration desk located?" or "What is the weather in D.C. today?"

Access Dr. Byte at AAOMS.org/AMprogram or via text by scanning the QR code.



Annual Meeting attendees can access the Exhibit Hall all day Thursday and Friday.

Connect with colleagues

The AAOMS Annual Meeting provides a valuable chance to reconnect with familiar faces and expand professional networks. Some of the ways to connect in-person include:

- **Keynote Lecture** – Delivered by Michael Beschloss, an award-winning presidential historian and bestselling author of 10 books, the Sept. 17 lecture is on Leadership Lessons From the White House.
- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Honors dozens of OMS innovators and colleagues for research, advocacy, education and other areas on Sept. 17.
- **Welcome Reception** – All are welcome to celebrate award honorees at this complimentary social event following the awards ceremony.
- **CIG/SIG Meetings** – Attend lunchtime meetings of Clinical Education Groups and Special Interest Groups. On Sept. 18, the Anesthesia, Cosmetic Surgery, Global Surgery, Orthognathic Surgery and Sleep-Related Breathing Disorders, and Trauma CIGs and the Women in OMS SIG will meet. The Sept. 19 CIG meetings include Neurology, Pathology and Reconstruction, Pediatric Surgery and Temporomandibular Disorders, and the Predoctoral Education SIG will meet.
- **Complimentary Networking Lunch in the Exhibit Hall** – Grab a meal, catch up with colleagues and visit Exhibit Hall booths on Sept. 18 and 19.
- **Eat, Drink and Be Industry-Educated sessions** – Learn about the latest technologies in the OMS field during morning, lunch and afternoon breaks Sept. 18 and 19.
- **Professional headshots** – Don't miss the opportunity to have professional headshots taken Sept. 18 and 19 in the Exhibit Hall.

AAOMS President's Event

Friday, Sept. 19

7 - 10 p.m.

International Spy Museum



An evening of intrigue awaits

This year's President's Event – hosted by Dr. J. David Morrison and his wife, Jenny – will take place at the International Spy Museum, where attendees will have private access to exhibits, food and entertainment.

The International Spy Museum showcases the tradecraft, history and modern role of espionage and is home to the world's largest public collection of international espionage artifacts.

Tickets cost \$185 for adults and \$100 for children 21 years old. The price includes exclusive after-hours access to the museum's world-class exhibits, food, beverages, curated entertainment and transportation to and from the venue.

Casual attire is appropriate for this event.

Tickets are required and will not be sold at the venue.



International Spy Museum

The International Spy Museum (SPY) will provide a night of fun at the President's Event Sept. 19.

- **AAOMS Career Fair** – Find the right match at the Career Fair hosted by AAOMS and CareerLine from 3:30 to 5 p.m. Sept. 19 at Booth 461. Job seekers looking for new opportunities are encouraged to bring resumes.
- **Faculty Section Business Meeting** – Faculty are invited to provide feedback Sept. 19 on policy and education.

Exhibit Hall

Between sessions, visit the Exhibit Hall to connect with colleagues and explore the latest specialty-related products and services from more than 150 vendors. Don't miss playing the AAOMSopoly game on the mobile app for a chance to win exciting prizes.

The Virtual Exhibit Hall remains open post-meeting. Attendees can search by company name, category and more. Each virtual booth includes links and resources to help users learn more about the exhibitors.

Earn on-demand CE credits

All registrants can earn up to **48 CDE/34 CME** credits through the on-demand content library – available anytime, anywhere.

Not yet registered? Sign up for the on-demand only program at AAOMS.org/AnnualMeeting. Registration is open through Dec. 31.

Continue the learning

Available to both in-person and virtual attendees, the on-demand library offers a wide array of educational content through Jan. 31. Visit AAOMS.org/AnnualMeeting to sign up; registration is open until Dec. 31. ■

Chronic pain, sleep apnea and open bite corrected

To recognize the 2025 AAOMS Annual Meeting theme of The Patients We Serve, each issue of AAOMS Today during AAOMS President Dr. J. David Morrison's term will feature an article about unique and impactful oral and maxillofacial surgery cases. The stories will highlight the importance of the individual care that OMSs give to their patients and the effect treatment has on patients' lives.

For more than two decades, Illinois native Lindsay Rudnick lived with chronic pain, sleep apnea, migraines and an open bite without knowing why. The answer came only after years of searching: complete resorption of the condyles in her temporomandibular joints (TMJs).

Over the years, Rudnick consulted multiple specialists, including a TMJ specialist and a sleep specialist who

suggested orthognathic surgery for her recessed lower jaw. Yet none identified idiopathic condylar resorption (ICR). It wasn't until an orthodontist, evaluating her malocclusion, reviewed her scans and raised the possibility. Having treated a similar case requiring total joint replacement, he recognized the signs and provided Rudnick



Dr. Miloro

with a list of local specialists.

"I just didn't know ICR was a thing. I didn't know to go to a surgeon who specialized in joints or who had knowledge of joints because I didn't know that was the cause," Rudnick said.

Only then did the pieces begin falling into place. As a child, Rudnick had been diagnosed with Ehlers-Danlos syndrome (EDS), a genetic connective tissue disorder known to impact the TMJ and cause symptoms such as chronic pain and early osteoarthritis. However, none of her doctors made the connection that the disorder also could affect the connective tissues that stabilize the TMJ.

"I was 43 when this happened. I probably had condylar resorption that was undiagnosed since I was in my late teens," she said.

Through her online research, Rudnick eventually found the Idiopathic Condylar Resorption Facebook group, a community of more than 5,000 members sharing personal experiences from early suspicions of ICR to postoperative recovery updates.

The Facebook group also maintains a list of surgeons experienced in total joint replacement (TJR) surgery, which is often used in conjunction with orthognathic surgery to address ICR. The list led Rudnick to the University of Illinois Chicago College of Dentistry to see Michael Miloro, DMD, MD, FACS, Daniel M. Laskin Professor and Department Head of the Department of Oral and Maxillofacial Surgery.

While she consulted with specialists recommended by her orthodontist, Rudnick ultimately choose to undergo surgery with Dr. Miloro and his team at UIC.

For the first time, Rudnick felt optimistic about the future.

"When I found out that my joints were so significantly degraded and that the condyles were actually gone, it put a lot of things into perspective for me. And I just knew that there was no other treatment but pushing forward with this journey," Rudnick said.

A complex case, customized solution

At her initial appointment, Rudnick met with Dr. Miloro and a Chief Resident, Dr. Ben Palla, to discuss her symptoms and goals. After performing scans and assessing her history and jaw mobility, Dr. Miloro told her she was a strong candidate for total joint replacement, combined with orthognathic surgery and genioplasty.

"Lindsay's case was both typical and atypical for me. Typical since I have treated each of these issues individually in the past, but unique in that Lindsay had all of these issues in one patient. This required the application of several different surgical procedures at the same time to address each of Lindsay's problems. These issues included jaw pain, sleep apnea, condylar resorption, myofascial pain, headaches, poor facial esthetics with chin retrusion and jaw recession, malocclusion, dental crowding, fatigue and depression," Dr. Miloro said.

While TJR isn't the only treatment option for patients with ICR, Dr. Miloro said it provides the most stable long-term outcome for patients with ICR or progressive condylar resorption. Some oral and maxillofacial surgeons treat the disorder and its symptoms with orthognathic surgery alone.



through a multifaceted surgical approach

"It is incumbent upon the OMS to decide whether the jaw discrepancy from ICR can be managed with orthognathic surgery, possibly with an inverted-L osteotomy, or total joint replacement. We need to determine whether the TMJs are strong enough to sustain an orthognathic surgery with an increase in pressure on the TMJs due to the specific counterclockwise rotation of the jaws," Dr. Miloro said.

He also said EDS likely contributed in part to Rudnick's condylar resorption, which can weaken the connective tissues that stabilize the TMJ, such as collagen, and lead to hypermobility, pain and dysfunction.

"This can manifest as jaw pain, clicking, popping, difficulty chewing and even locking or restricted jaw movement. In most cases, TMJ disease from EDS is managed non-surgically, but, on occasion, progressive TMJ disease can result in disc problems, or advanced condylar resorption, requiring surgical intervention, as in Lindsay's case," Dr. Miloro said.

To achieve Rudnick's desired ideal functional and esthetic outcome, Dr. Miloro decided the best course of treatment would be to perform a Le Fort osteotomy of the maxilla, bilateral TMJ replacements in the lower jaw and genioplasty advancement to address her severe sleep apnea. Rudnick's apnea-hypopnea index (AHI) was 46 prior to treatment.

Rudnick had gone into her initial appointment knowing about total joint replacement from her online research and had even spoken with other patients who had undergone the surgery by Dr. Miloro at UIC. She understood the process would be long but looked forward to getting started.

Laying the groundwork for surgery

Three years before her TJR and orthognathic surgery, Rudnick began her treatment with presurgical orthodontics in 2021 under Dr. Mohammed Elnagar, Associate Professor of Orthodontics at UIC. Pre-surgical orthodontics aim to level and align the teeth so the surgical result is ideal and stable long-term without relapse, Dr. Miloro explained. ICR patients commonly have braces installed prior to the surgery and keep them on postsurgery. However, in ICR patients, braces alone to treat the problem are often insufficient and sometimes can worsen resorption.

"In this case, where we are planning to remove the TMJ condyles and replace them with prosthetic joints,

continued on next page



Above left: Lindsay Rudnick underwent orthodontic treatment at University of Illinois Chicago before her orthognathic and total joint replacement surgery. Above right: Lindsay Rudnick recovering from her orthognathic and total joint replacement surgery in 2024.



Top: Lindsay Rudnick's profile before (left) and after (right) her treatment at University of Illinois Chicago. Bottom: 3D surgical scans show the repositioning of Rudnick's upper jaw and chin attained through orthognathic surgery.

the impact of presurgical orthodontics on the TMJs is inconsequential,” Dr. Miloro said.

Throughout her orthodontic treatment, Rudnick kept in touch with Dr. Miloro’s team, including then Chief Resident Benjamin L. Palla, DMD, MD. They helped answer any questions she had and closely coordinated with Dr. Elnagar to optimize her occlusion. To address her myofascial pain during orthodontic treatment, Rudnick also received Botox injections to the masseter and temporalis muscles.

Before designing her patient-specific TMJ implant, the team had to obtain special permission from the FDA to use an all-titanium joint due to Rudnick’s metal allergy to one of the materials used to make the prosthetic joints. All-titanium TMJ devices currently require Institutional Review Board (IRB) approval.

“The FDA allows for only a certain number of all-titanium TMJ devices to be made annually, so there is an additional workflow required for each case that is requested,” Dr. Miloro said.

Approval was granted in fall 2023, and a CBCT scan was sent to a medical equipment manufacturer to fabricate a custom TMJ implant tailored to Rudnick’s anatomy. Her surgery was scheduled for March 2024.

Despite the lengthy process leading to the surgery and the anticipated recovery ahead, Rudnick said she did not feel worried.

“I talked to a lot of other patients. It’s obviously common to be nervous, but I felt like between what I knew about my particular situation, what I knew from just learning about the condition and about the surgery, and then the team itself, I felt like those three things really had me feeling prepared and looking forward to what was on the other side,” Rudnick said.

Recovery, resilience and a rescue dog

To prepare for the surgery, Rudnick borrowed an ice therapy machine from members of the ICR Facebook group and stocked up on nutritious meals, knowing she’d be on a special diet for several weeks after surgery.

One of her final memories before anesthesia was Dr. Miloro holding her hand in the operating room – a gesture of reassurance she wouldn’t forget.

“I remember that, and that I thanked him afterward. He said, ‘Your surgery went very well, and you’re on your way to healing,’” Rudnick said.

After a few days in the hospital, she was discharged to continue healing at home. The most uncomfortable part, she said, was

I enjoy helping patients so hopefully they have more access to this kind of care and know about it earlier than I did in my life.

– Lindsay Rudnick, patient

Lindsay Rudnick feels more confident in her appearance following a combined orthognathic and total joint replacement surgery with genioplasty. She had her braces removed a year after her surgery in 2025.



the swelling, which she managed by taking daily walks. Overall, the recovery was less difficult than she anticipated.

“For me, having had a challenging health journey throughout my life, having Ehlers-Danlos syndrome and other chronic pain, I felt like this was something that I could do. And it helped me feel, honestly, very strong to be able to tackle something and have the support of such a great team. Whenever I had any questions in the immediate days after the surgery, Dr. Miloro was available by email, and I had good follow-ups,” Rudnick said.

At her one-week postoperative appointment at UIC, her elastic bands were removed, and for the first time she was able to open her mouth with the prosthetic joints.

She described the moment as emotional in an entry on CaringBridge (a website for patients to communicate with loved ones): “At this point, things started to feel a little emotional. What an enormous experience to feel my new joints, in all the discomfort and awe, and the grateful feelings I have for my incredible team.”

Although she continued to experience swelling and some postsurgical pain, Rudnick gradually resumed her normal routine. She began TMJ-focused physical therapy twice a week and used a TheraBite oral appliance to support her recovery. Just one month after surgery, she fostered a dog – and adopted it two weeks later – something she had not imagined doing after such a major procedure.



Dr. Michael Miloro (left) and Dr. Ben Palla (right) comprised Lindsay Rudnick's surgical team at University of Illinois Chicago.

What was lost and what was gained

Before surgery, Rudnick struggled with self-image and often avoided mirrors, photos and social situations.

"Because I would just cry when I saw my face, I avoided mirrors; I avoided everything because I was just very self-conscious," Rudnick said.

Her TMJ issues made regular dental visits difficult because she was unable open her mouth for long periods of time, and she had lived with sleep apnea for over 10 years. All that has changed since the surgery.

"My life is more stable. I don't have pain when I'm at the dentist. I can do things that I couldn't do before, like sing, and my sleep apnea is pretty much all but gone," Rudnick said.

One year out, Rudnick had her braces removed and saw the full results of her transformation. She had been anxious about her new appearance, especially her smile, which was the one feature she liked before surgery. To her relief, her smile was largely the same.

"It was so life-changing to see my face more balanced and not have that huge imbalance that had been causing me so much distress," Rudnick said.

Now a Board-Certified Patient Advocate, Rudnick remains active in the ICR Facebook group, often fielding questions from others considering similar treatments at UIC, including those traveling long distances.

"I felt really fortunate that I did have great communication with Dr. Palla and Dr. Miloro. I felt really lucky to have UIC in my local community. A lot of people have to travel for the

surgery, and I felt like no matter where it was located, this was a good place for me. I really have been fortunate that I have a whole team there now," Rudnick said.

She enjoys speaking with others throughout the world who have recently been diagnosed with, or suspect they might have, condylar resorption – offering advice and sharing her journey. As one of the older members of the group, she is encouraged to see younger patients receiving earlier diagnoses.

"I enjoy helping patients so hopefully they have more access to this kind of care and know about it earlier than I did in my life," Rudnick said.

Still, she sometimes grieves the years lost to misdiagnosis and missed opportunities for treatment. She is struck by how many dentists did not know to refer her to an oral and maxillofacial surgeon, or even to flag the issue. When she looks at old scans of her jaw, she can't believe it went unnoticed for so long.

"I didn't know about the condition, and nobody had ever brought it up to me, so how would I know to look into it? But now it seems there's getting to be more awareness; there's social media, so people are learning about it. I would love for people to get earlier treatment because it is something that I have had for so much of my life – developing and worsening to the point where I was so, so severe," Rudnick said.

ICR is rare, but the signs are there

Dr. Miloro said most dental specialists and dentist should be aware of ICR, especially because it occurs more frequently in female patients and may be linked to hormonal influences, orthodontic treatment, orthognathic surgery or systematic conditions like arthritis. He said when dental professionals see warning signs such as progressive retrusion of the lower jaw, an anterior open bite occlusion, jaw pain or TMJ clicking and popping, they should refer the patient to an OMS for evaluation and management.

"It was a privilege to be able to treat Lindsay and improve her functional and esthetic issues. Lindsay was also an ideal patient who was engaging, inquisitive and compliant with all aspects of her care, and this – together with the use of current state-of-the-art treatment protocols – contributed to her excellent outcomes," Dr. Miloro said. ■

OMSs can learn side-by-side with restorative

The 2025 Dental Implant Conference – being held in-person Dec. 4 to 6 at the Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online – will offer a premier continuing education program enabling OMSs and their restorative teams to integrate the latest innovations into their practices and enhance treatment efficiency and patient outcomes.

Following the theme Advancing Clinical Excellence Through Innovation, Interdisciplinary Collaboration and Practical Learning in Dental Implants, the 32nd conference emphasizes a coordinated team approach to applying cutting-edge techniques that support optimal patient care and satisfaction.

General sessions and the two didactic preconference sessions will be available to both in-person attendees and those registered online via livestream. All registrants will have access to general sessions as archived recordings for 60 days after the event. The recordings will be posted by Dec. 15 and accessible through Feb. 13.

The educational program for the Dental Implant Conference will be of interest to oral and maxillofacial surgeons at all experience levels, said Guillermo E. Chacon, DDS, FACS, Chair of the Committee on Continuing Education and Professional Development Subcommittee on Dental Implant Education.

“Simply put, anyone coming to Chicago this December will not want to miss any of the sessions that we have included in the program. Participants can expect a world class group of faculty and presentations



“Participants can expect a world class group of faculty and presentations and group discussions on the most up-to-date topics.

– Dr. Guillermo E. Chacon

and group discussions on the most up-to-date topics and latest techniques and technologies in implant dentistry,” Dr. Chacon said.

AAOMS members are encouraged to invite their entire restorative team to benefit from the Conference’s comprehensive, team-based learning presented by leading experts in the field. The program offers an opportunity for OMSs, prosthodontists and referring dental professionals to strengthen their collaboration and clinical experience

while learning side-by-side.

“We have made a conscious effort to include several restorative sessions in the program, which will be of significant interest to the restorative dentists, giving them a great educational value and practice clinical tools to implement in their practices upon their return home. Having the hosting OMSs sharing this experience together with their referrals will enrich and strengthen their relationship, making this a mutually beneficial exercise,” Dr. Chacon said.

AAOMS members can provide referring dentists and other dental professionals a promotional code for discounted registration. Visit AAOMS.org/DICspecial to learn more.

Arrive a day early for preconference

Five preconference sessions will be offered Dec. 4, including a new practice management didactic session and three new hands-on courses.

“After discussing our own experiences in our practices within the members of the organizing committee, we realized there are many clinical courses available and not so many covering the business of dental implants and how to develop this aspect of a surgical practice. This year, we have

a preconference session dedicated exclusively to this critical topic, which will be taught by instructors with real life experience who



Above left: Ramon G. Meda, DDS, and Michael Brooks, DMD, MS, present at the 2024 Dental Implant Conference in Chicago, Ill.

team to enhance patient implant outcomes



“Simply put, anyone coming to Chicago this December will not want to miss any of the sessions that we have included in the program.”

– Dr. Guillermo E. Chacon

have been very successful doing this,” Dr. Chacon said on the addition of a practice management preconference session.

The didactic sessions include:

- **Elite Practice Growth: Direct to Consumer Strategies vs. Referral-Based Patient Acquisition** – Attendees will learn how to build and maintain strong relationships with referring dentists, develop a consistent outreach system and create value that encourages ongoing referrals. Additionally, explore ways to stand out from competitors through branding, marketing and unique differentiation.
- **Latest Developments in Comprehensive Digital Workflow** – This presentation will address the current scientific status and the clinical prosthetic protocols for digital workflow in FP1-FP3 full-arch rehabilitation for edentulous patients as well as terminal dentition patients with implant-supported fixed complete dental prostheses. Additionally, disruptive innovations with grammetry and photogrammetry protocols will be covered, coupled with available scientific evidence from multicenter clinical trials.

Three hands-on courses – open only to OMS members of the Association – will be offered:

- **Managing the Loose Implant Restoration and Fractured Abutment Screws** – Learn principles and guidelines for achieving successful screw joints with implant restorations. A classification system for the fractured screw fragments and a decision tree to select the appropriate technique for retrieving the fragment will be presented. The hands-on component will allow participants to retrieve a stripped abutment screw from a typodont and remove several broken screws utilizing various techniques.



Above left: The Dental Implant Conference offers two full days of continuing education sessions. Above: Joseph Kan, DDS, MS, instructs during a hands-on preconference at the 2024 Dental Implant Conference.

- **Evidence-Based Integration of Soft-Tissue Alternatives (STAs) and Biologic Modifiers into Daily Practice** – Hear a series of documented surgical cases relating to the minimum soft-tissue dimensions necessary around both natural teeth and dental implants to support lasting periodontal and peri-implant health. Then, engage in a hands-on session utilizing porcine jaw models to simulate clinical techniques.
- **Zygomatic Implant Placement Fundamentals Using 3D Models: The ZAGA Concept in Practice** – Understand the Zygoma Anatomy-Guided Approach (ZAGA) and learn how to individualize implant trajectories based on patient-specific maxillary anatomy. The hands-on workshop will emphasize preventing common complications by adapting techniques to the anatomical pathway rather than forcing fixed angulations. Participants will follow a step-by-step approach from anatomical analysis to osteotomy and implant insertion.

Tickets are required for all in-person preconference sessions. Seating is limited.

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2025 DENTAL IMPLANT CONFERENCE *(continued)*

Take advantage of dental team discounts

A reduced rate is available for general dentists and other professionals attending the Dental Implant Conference. AAOMS members can provide referring dentists with a promotional code for a reduced registration fee. Visit AAOMS.org/DICspecial for more information.



General sessions

The general sessions on Dec. 5 and 6 will cover four unique themes:

- State of the Art in Digital and Analog Treatment
- Full-Arch Controversies
- Clinical Practice: Point-Counterpoint
- Prevention and Management of Complications

Speakers will cover a wide range of topics between the four sessions, including artificial intelligence, subperiosteal implants for treatment of severe atrophy, zirconia implants and prosthetic component selection. Participants can earn CDE/CME credits.

"Our goal is to provide the best faculty and educational content under one roof. This year's participants can expect a dynamic, enriching, challenging and information-filled meeting. They can expect to go home with lots of practical pertinent information that can be easily incorporated into their practice," Dr. Chacon said.

■ Day 1 general sessions

The morning session on Dec. 5 will focus on **State of the Art in Digital and Analog Treatment**, where clinicians will showcase the current and forward-looking applications in today's clinical practice and help attendees master digital technology.



Left: Attendees at the Anesthesia Assistants Review Course receive an in-depth review of basic sciences, anesthetic drugs, emergency procedures and more over the course of two days. Above: The Dental Implant Conference offers hands-on preconference workshops on Dec. 4.

The learning opens with a Keynote Lecture on Team Approach to Clinical Excellence by Lawrence E. Brecht, DDS, the Director of Maxillofacial Prosthetics at Lenox Hill Hospital, Long Island Jewish Medical Center and North Shore University Hospital of the Northwell Health System. Sessions following the Keynote include:

- My Four-Decade Implant Surgical Reconstruction Journey: Lessons Learned
- Redefining Esthetics: Advanced Reconstruction of Hard- and Soft-Tissue Deficiencies
- AI in Surgical Dental Implant Planning: Where Are We Now?

The afternoon will focus on **Full-Arch Controversies**, emphasizing accurate pre-treatment data collection to develop a problem list for comprehensive treatment planning. Speakers will review problems of failing implants and common treatment concepts for patients and referrals.

Topics include:

- What is a "Hopeless" Dentition?
- The ZAGA Concept: The Gold Standard for Severe Maxillary Atrophy
- Remote Anchorage Alternatives for Full-Arch Reconstruction
- Subperiosteal Implants: The Next Frontier in Severe Atrophy Treatment
- Graftless Revolution: Short Implants as a Solution for Severe Atrophy of the Jaws

■ Day 2 general sessions

The final day of the conference will open with the topic **Clinical Practice: Point-Counterpoint**, during which speakers will present an argument and then address opposing views and counterarguments, applying scientific

evidence and clinical experience for best management of challenging cases.

Subjects include:

- The Great Bone Reduction Debate: FP1 vs. FP3 – Analyzing Costs, Risks and Clinical Impact
- Zirconia Implants: What Are the Data and Clinical Applications?
- Zirconia Implants: Are They Here to Stay?
- Peri-implantitis: The Ongoing Dilemma of When to Save and When to Replace
- MRONJ and Dental Implants: What Is the New Evidence?
- Tunneling vs. Open Bone Augmentation: Risks, Benefits and Clinical Outcomes

The afternoon on Dec. 6 will address **Prevention and Management of Complications**, focusing on challenges with prosthetic design and surgical management for optimal patient outcomes to help OMSs minimize office visits, chair time, expense and inconvenience. Topics include:

- Prosthetic Component Selection: What Should the Surgeon Know?
- Classification and Management of Fractured Abutment Screws
- To Splint or Not to Splint: What Is the Data?

Complete the OBEAM module ahead of general sessions

The Office-Based Emergency Airway Management (OBEAM) module will be offered exclusively to members of the Association off-site at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill., on Dec. 4. OMSs can expect to master techniques for administering and monitoring the office-based delivery of anesthesia through intensive, real-life experiences. Visit AAOMS.org/OBEAM to learn more.

Browse the Exhibit Hall

Registrants can use the breaks between sessions to explore the Exhibit Hall to meet with vendors and connect with colleagues. The Exhibit Hall will be open both Dec. 5 and 6 and will showcase the latest technology, products and services for implant dentistry. More than 100 companies are expected. Attendees also can partake in a complimentary lunch in the Exhibit Hall on Friday and Saturday.



Register today!

2025 Dental Implant Conference

When: Dec. 4 to 6

Where: Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online

Who: OMSs and the entire restorative team

Registration/Information: Visit AAOMS.org/DIC.

» **Register by Oct. 31** to receive a reduced rate on general registration.

Access: Registrants will have access to all general sessions as archived recordings for 60 days after the event.

Hotel information

The headquarters hotel is the Sheraton Grand Chicago Riverwalk. To take advantage of special rates, visit AAOMS.org/DIC. AAOMS is the only official housing agent for the Dental Implant Conference. Beware of unauthorized vendors.

Bring surgical staff

Surgical staff can develop their skills at the following courses available during the Conference:

- **Anesthesia Assistants Review Course (AARC)** – This two-day intensive learning experience on Dec. 5 and 6 for clinical staff can improve their anesthesia knowledge and skills. Taught by OMSs, the course will cover basic sciences, patient evaluation and preparations, anesthetic drugs and techniques, monitoring and emergency procedures.
- **Anesthesia Assistants Skills Lab (AASL)** – This half-day afternoon course on Dec. 6 will provide hands-on clinical training to prepare staff to assist OMSs with the administration of anesthesia. Participants will rotate through multiple stations, including airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code. OMSs will discuss various airway adjuncts, critical cardiac dysrhythmias and defibrillation, and the use of the peak flow meter and glucometer. ■



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Registration materials will be distributed in late 2025.

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House of Delegates to consider 18 resolutions

The AAOMS House of Delegates will convene Sept. 15 to 17 in Washington, D.C., to address key matters of the Association. The 2025 Reports of the Board of Trustees and Committees include 18 resolutions scheduled for discussion by the House during the meeting.

The following is a summary of the resolutions submitted for consideration. Each resolution is categorized according to its assigned Reference Committee – A or B. For more information about the Association’s business matters and the work of the House of Delegates, visit AAOMS.org/Resources.

- **A-1** – Recommends amending a subsection of the AAOMS Code of Professional Conduct regarding itinerant surgery, as proposed by the Commission on Professional Conduct.
- **A-2** – Elevates a special committee of the Association to a standing committee as recommended by the Special Committee on Facial Cosmetic Surgery (SCFCS).
- **B-1 through B-7** – Present recommendations from the Board Subcommittee on Committee Structure, following two years of work directed by Presidents Mark A. Egbert (in 2023) and J. David Morrison (in 2024). The Subcommittee made final recommendations to the full Board, which supported these changes to the appointment processes, compositions and/or duties of various standing committees of AAOMS.

- **B-8** – Supports the recommendation for removing the current deadline and membership requirement for completing an AAOMS simulation course as part of the Office Anesthesia Evaluation (OAE) Program.
- **B-9** – Recommends removing the anesthesia survey requirement from the AAOMS OAE Program.
- **B-10** – Encourages promotion of AAOMS simulation offerings in support of patient safety and to recognize members who have completed approved simulation courses to date.
- **B-11** – Proposes updates to the Manual of the House of Delegates regarding officer election campaigning activities.
- **B-12 through B-14** – Recommend amendments to the Bylaws and Manual of the House of Delegates concerning the election rules for the President-Elect.
- **B-15** – Proposes amendments to AAOMS policies.
- **B-16** – Seeks approval of the 2026 AAOMS Operational Budget, which includes a \$10 dues increase for full paying members, with proportional increases for members in discounted dues categories.

Resolution B-15 includes six policy changes:

- Amending the mission of the Association’s *Journal of Oral and Maxillofacial Surgery*.
- Amending the composition and duties of the *JOMS* Editorial Board.
- Revising requirements for AAOMS representation at various state, regional and international meetings.
- Updating the gifts provided to state and regional society anniversary awardees.
- Changing the name and criteria for a dental school award.
- Establishing a new award to recognize service by a non-OMS professional.

Additional resolutions may be submitted by the Board of Trustees or District Caucuses before the House of Delegates meetings. Members can access Board commentary on the proposed resolutions before the 2025 House of Delegates by reviewing the resources available at AAOMS.org.





at Annual Meeting Business Sessions

The House will conduct elections for the AAOMS President-Elect, Vice President, Treasurer and Speaker of the House. The following individuals are running for those leadership positions:

- President Elect – Charles A. Crago, DMD, MD, FACS
- Vice President – Debra M. Sacco, DMD, MD
- Treasurer – Jeffrey H. Wallen, DDS
- Speaker of the House – Steven R. Nelson, DDS, MS

Elections also will be held for the Trustees representing Districts I, III and VI.

All AAOMS fellows and members are encouraged to participate in the Reference Committee Hearings on Sept. 15 at 1 p.m. During the session, members of the Board of Trustees will present updates on topics affecting the specialty, including a report on the Milestones Campaign and details on the proposed changes to the AAOMS OAE Program, as outlined in Resolutions B-8 through B-10.



The hearings provide an opportunity for attendees to offer testimony on resolutions under consideration. Reference Committee Hearings serve as a vital forum for fellows and members to share their perspectives and actively engage in the governance of the Association. ■

Want to learn more?

Visit AAOMS.org/Governance for details about the House of Delegates, Board of Trustees, AAOMS Strategic Plan, Code of Professional Conduct and more.

AAOMS Strategic Plan

AAOMS Confidential
Calendar

Annual Meeting Report

Board of Trustees
Actions and Reports

Code of Professional
Conduct

Composition of 2025
AAOMS House of
Delegates

Conflict of Interest and
Disclosure Forms

House of Delegates

Remarks of the
Presidents





James R. Hupp, DMD, MD, JD, MBA,
FACS
AAOMS Today Editor

“If every OMS currently not accepting after-hours emergency patients would begin doing so, in most communities the burden would be more evenly spread, lessening how often each was required to respond.”

Please email me at jhupp@aaoms.org with your comments, questions and suggestions. I look forward to hearing from you.

FOR WHAT IT'S WORTH

Is being an oral and

In my previous column, I raised concerns about a trend among some oral and maxillofacial surgeons who – in the pursuit of a healthier balance between their career and private life (work-life balance) – are opting out of after-hours and weekend emergency on-call patient care. While this reluctance is often attributed to younger surgeons, it is not exclusive to them. In fact, this pattern has been occurring for many years but appears to be increasing in frequency.

Across all specialties, many surgeons view taking night and weekend call as an inherent part of their professional responsibilities as a caregiver. They feel a sense of duty to care for patients in need of surgical care no matter the time or day. This sense of duty derives from the belief that being a doctor is a calling. The alternative perspective I posed was that being a doctor is just a job. This all begs the question: Is being a doctor, or in our case an OMS, a job or a calling?

To explore this, let's begin with definitions. The dictionary defines “a calling” as an “inner urge or strong impulse.” In our context, the urge and impulse are to give care to those in need of our knowledge, skills and judgment. The general understanding is that the calling carries no automatic expectation of financial gain from providing such care. Conversely, a job is defined as a “regular activity performed in exchange for payment,” emphasizing compensation over vocation.

How does the question of whether being a doctor is a job or a calling relate to the willingness to take night and weekend call? At least for private practice OMSs – including those working for private corporations in the U.S.* – this question is particularly relevant. A sizable percentage of patients requiring emergency care on evenings and weekends are under- or uninsured and unable to pay out-of-pocket. As a result, doctors treating these patients are under- or uncompensated for the care they provide. Their willingness to provide care under these circumstances is rooted in the sense of calling or duty.

Two reasons for not taking call

There are, however, two reasons why some OMSs choose not to take call. The first, and hopefully less common, is the frequent lack of financial compensation; OMSs who feel no obligation to patients who cannot pay. But is that the main reason more OMSs are declining night and weekend call? I doubt it.

Much more likely is the second reason. OMSs place a higher value on their personal time than on the needs of these patients. While OMSs may not frame it that way, other factors compete for their



maxillofacial surgeon a job or a calling?

off-the-clock hours such as those mentioned in my prior column: family obligations, time to relax and time to pursue non-career-related interests. These OMSs may feel the time they devote to seeing patients during regular office hours is enough to fulfill their duty.

There it is again – the word “duty.” But to whom does a surgeon owe this duty? Certainly, we have responsibilities to our families. But is there also a broader duty that oral and maxillofacial surgeons owe to society? Surely such a duty includes providing the best care we can to our patients. But what about people who are not our patients of record? Do we owe these strangers any duty if they have an emergent need for our services outside of regular hours?

I would argue that we do. A high percentage of OMSs attended a public school during at least part of their education. Even those who never attended a taxpayer-funded institution likely trained in hospitals that received public funding or treated patients covered by government-sponsored health plans during their residency.

We all honed our clinical skills caring for patients that some might describe as indigent in those institutions. I submit that the educational support each of us received during our long preparation to become doctors created a duty to give back to society in providing some of our care without always expecting monetary compensation and being willing to occasionally take extra time away from one’s private life to do so. Of course, all OMSs provide some uncompensated patient care during regular working hours – sometimes by choice and other times as a result of the complexities and shortcomings of our healthcare reimbursement system.

Letting society down

This brings us to the issue of fairness. In life, health problems arise outside of regular working hours. Traumatic accidents, serious infections and other unexpected events don’t adhere to a 9-to-5 schedule. Some can be temporized, but many need to be expertly managed during after-hours. If only a small percentage of OMSs in an area are willing to see such patients, those few doctors bear the disproportionate burden of providing emergency care. If no one in a community will see these patients, we’ve truly let society down.

While some patients can be triaged to a tertiary care center with oral and maxillofacial surgery coverage, those centers are

often already overwhelmed. Adding more volume – when the cases could have been readily well-managed in a community setting – compromises both patient outcomes and the well-being of our tertiary care centers.

No one should minimize the inconvenience of seeing emergency patients on evenings and weekends. It can disrupt family time, personal plans and needed rest. But if we believe that being an oral and maxillofacial surgeon is more of a calling than a job, then those interruptions are part of the bargain we made when we chose to take the career path – a path that, in return, offers us financial stability and the ability to care for our families. Taking call also earns us the respect of our colleagues and fellow citizens. It brings us the gratitude of patients and their families during some of the most trying moments of their lives. Helping those in urgent need also can be a source of personal satisfaction and professional growth.

Will every OMS step up?

Ensuring our specialty is ready and able to provide after-hours emergency care is no small task. If every OMS currently not accepting after-hours emergency patients would begin doing so, in most communities the burden would be more evenly spread, lessening how often each was required to respond. In addition, corporate entities can help by raising the expectation that their OMSs contribute to local emergency call coverage. AAOMS’s mission statement includes the phrase “to ensure patient access to safe and effective care.” Is there any reason this assurance by AAOMS members should not include patients with emergencies regardless of the hour?

In the end, whether one views our specialty as a calling or a job, caring for patients with serious oral and maxillofacial problems should be considered part of that calling or job no matter when those individuals needing our care present themselves. As stated early in our Code of Professional Conduct, “the oral and maxillofacial surgery specialty holds a special position of trust in society.” Caring for patients in their time of greatest need will help us maintain that special position of trust. ■

**I’m excluding from the discussion OMSs in full-time academic or military positions, or when the surgeon is required to see after-hours emergencies as part of their hospital’s medical staff requirements. In these cases, the surgeon really has no free choice in the matter, so for them whether they view their profession as a job or a calling is moot.*

Empowering OMS Educators. Advancing the Specialty.



The Faculty Educator Development Award (FEDA) supports the growth of oral and maxillofacial surgery academia by incentivizing both aspiring and early-career faculty members. Designed to foster a commitment to the specialty, FEDA encourages oral and maxillofacial surgeons to pursue careers in academia and supports faculty members within their first seven years of full-time teaching. This initiative not only strengthens CODA-accredited residency programs by retaining experienced faculty but also promotes excellence in education and patient care within the field.

Your generous support enables AAOMS and the OMS Foundation to advance academic careers and empower educators to mentor and inspire students and residents.



Paul Covello, DDS, MD, FACS
2024 FEDA Recipient

“It is a tremendous honor to be included in the prestigious list of FEDA recipients. The contributions past awardees have made to the field of oral and maxillofacial surgery are numerous and substantial. Though our focus, achievements and journeys may be different, we share one thing in common: a genuine love for the education of residents and students. It is all for them. The opportunity to accept the award in their presence is one I will never forget. Afterwards, those who could not attend presented me with a congratulatory sword. Yes, a sword. How cool is that?!”



Brett L. Ferguson, DDS, FACS
OMS Foundation Chair

Gratitude, growth and generosity in action

As I complete my term as Chair of the OMS Foundation, I reflect with pride and gratitude on two years marked by growth, strategic advancement and unwavering dedication to the oral and maxillofacial surgery specialty. These accomplishments were made possible through a collective commitment to innovation, service and philanthropy.

One of our most meaningful achievements was the evolution of donor engagement. We rebranded the R.V. Walker reception at the Annual Meeting into a more inclusive Donor Appreciation Reception, recognizing all supporters and fostering a culture of gratitude. By year's end, we will roll out a new monthly giving incentive program designed to shift donor expectations and deepen engagement. We also revised corporate gift match guidelines to promote transparency and uphold the integrity of corporate philanthropy.

To support academic leadership, the Board approved the OMS Faculty Leadership Educational Advancement and Development Award (LEAD), set to begin in 2026. This award will assist full-time faculty with at least 10 years of experience in pursuing advanced degrees or leadership development. In addition, the Foundation will sponsor a 2025 Faculty Section discussion at the Annual Meeting featuring Jonah Peranson of National Matching Services Inc. to address declining applicant interest in OMS residency programs and recent Match trends.

We continue to invest in specialized training. In 2026, the Board will launch the Ramon L. Ruiz Endowed Fellowship Award, honoring Dr. Ruiz's legacy in pediatric craniomaxillofacial surgery. This award will provide training for fellows specializing in cleft, craniosynostosis and complex craniofacial conditions. A new subcommittee also

will explore fellowships in facial cosmetic surgery and head and neck oncology.

The OMS Foundation recently welcomed 17 inaugural members into the Centurion Society – 13 individual donors, two associations and two state societies – for contributions totaling \$100,000 or more in cash or equivalents. A transformational \$2 million gift this year from Dr. and Mrs. Daniel J. Daley Jr. – one of the largest in Foundation history – led to the creation of the Daniel J. Daley Millionaire Society.

We remain committed to research and education through key initiatives such as the AAOMS Clinical Trials Methods Course, resident travel support and the Global Initiative for Volunteerism and Education (GIVE) program. Expanding the Faculty Educator Development Awards and Student Research Training Awards will help cultivate future OMS leaders and promote equitable access to global learning.

In 2025, we unveiled a new Strategic Plan centered on five core objectives: increasing visibility, developing future leaders, showcasing funded research, deepening donor engagement and modernizing programs to meet evolving needs. Key actions include expanding Board representation to include new-to-practice and industry leaders and broadening volunteer participation.

As I pass the torch to Dr. David Basi, I do so with full confidence in his vision, passion, leadership and experience. I am certain he will guide the Foundation forward with purpose and momentum.

Serving as Chair has been among the most meaningful experiences of my career. I am deeply grateful to the Board, staff, donors and OMS community for your support. Together, we have laid a strong foundation, and the future of the OMS Foundation is bright. ■



President signs big funding bill as states tackle

A AOMS remained actively engaged in federal and state advocacy – providing input on a sweeping spending and tax relief package, supporting the reintroduction of key legislative priorities and addressing state-level issues related to access to care, anesthesia, insurance, licensure and office accreditation.

Federal level

Congress passed – largely along party lines – the One Big Beautiful Bill Act (HR 1), a major legislative package reflecting the priorities of President Donald Trump, who subsequently signed it into law. Of interest to OMSs, the legislation affects tax policy, student loan repayment and Medicaid eligibility and funding that will likely have implications for states. AAOMS has weighed in with several committees and leaders in both chambers. Those comments are available at AAOMS.org. A more detailed summary of the new law's major provisions and impact on OMSs is available at AAOMS.org/OBBB.

In addition, two bills supported by AAOMS during Day on the Hill were reintroduced to help prevent drug shortages. The bipartisan **Rolling Active Pharmaceutical Ingredient and Drug (RAPID) Reserve Act** (S 2062/HR 3955) would award federal contracts to U.S.-based manufacturers – or those located in certain foreign countries – to incentivize them to maintain reserves of essential medications and build the capacity to scale up production in response to future public health threats and supply chain challenges. The **Mapping America's Pharmaceutical Supply (MAPS) Act** (S 1784 /HR 4191) would create a comprehensive database to track the entire pharmaceutical supply chain to identify vulnerabilities and other national security threats. AAOMS members can urge their constituent members of Congress to cosponsor these bills by visiting AAOMS.org/TakeAction.

State level

As legislative sessions conclude, several states enacted new laws over the summer affecting licensure, insurance requirements and patient care. These updates reflect ongoing efforts to enhance regulatory frameworks and improve access to care. The following are legislative developments that illustrate the diverse approaches being taken to address healthcare regulation and delivery:

■ **Florida** – Gov. Ron DeSantis (R) signed SB 700, the Florida Farm Bill, into law, which includes a provision prohibiting the use of “certain additives in a water system,” effectively banning fluoride statewide.

■ **Illinois** – The General Assembly passed SB 1325, amending the state dental board’s composition to require one member with a Permit A (moderate sedation) and one with a Permit B (deep sedation/general anesthesia).

■ **Louisiana** – With the passage of HB 543, the state became the first to enact the American Association of Dental Board’s Interstate Dental and Dental Hygiene Licensure Compact, developed to maintain public protections and state board authority.

■ **Nevada** – Gov. Joe Lombardo (R) signed AB 221 into law, exempting dual-licensed OMS offices from the office accreditation requirements of the medical board for office-based surgery, provided they submit to an anesthesia inspection by the dental board. The bill was championed by the Nevada Society of OMS.

■ **Oklahoma** – The state enacted SB 669, replacing the OMS assistant permit with an expanded duty permit aligned with other expanded function dental assistant (EFDA) permits. Existing requirements, including DAANCE accreditation and CE, remain unchanged. SB 438 also passed, requiring



OMS-related issues

notification and alternatives to virtual credit card payments. Additionally, the legislature overrode the governor's veto of SB 1050, which limits insurer recoupment requests to no more than six months from a claimant or 12 months from a healthcare provider after payment.

■ **Texas** – The state enacted SB 527, requiring health insurers to cover general anesthesia for dental procedures in patients under 13 who cannot undergo treatment without it due to documented physical, mental or medical conditions.

■ **Washington** – Lawmakers passed a bill (SB 5351) that requires insurers to disclose any fees associated with virtual credit card payments and to offer a no-fee alternative. It also directs the insurance commissioner to lead a stakeholder review of dental loss ratios and payment practices, with findings expected by mid-2026.

OMSPAC

- OMSPAC raised \$309,121 from 12.31 percent of the membership as of June 30, 2025. Additionally, OMSPAC contributions for the election cycle thus far include \$104,000 to 37 federal candidates and one party committee.
- Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■

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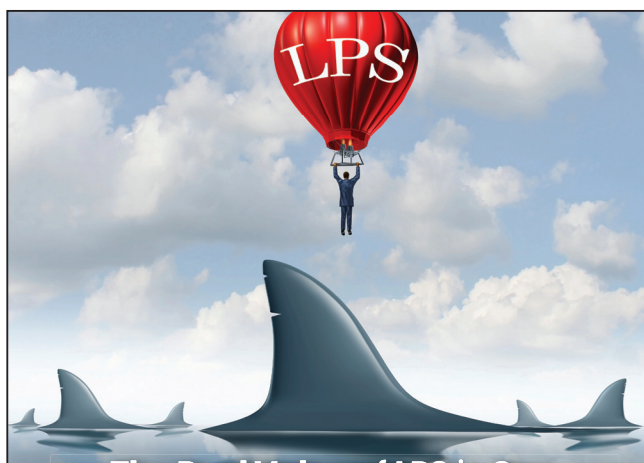
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Radiation starts after extraction

A patient was referred to the insured's OMS practice by his radiation oncologist for a consultation to address an exposed hard-tissue area on the mandible before beginning radiation treatment for cancer of the tonsil. A year later, the patient filed a lawsuit against his oncologist and the insured alleging that the OMS was negligent in allowing him to commence radiation therapy nine days after an extraction.

Read this dismissed OMSNIC closed claim at [omsnic.com/guardian/vol36-no5-2025](https://www.omsnic.com/guardian/vol36-no5-2025) to learn about the allegations that the insured OMS had some responsibility for the oncologist's decision to proceed with a patient's cancer radiation therapy.



■ **PubMed alternative** – Germany's ZB MED launched OLSPub, a global open-source biomedical database, after a brief PubMed outage. Aiming to reduce reliance on U.S. infrastructure, the project seeks multilingual access, publisher agreements and funding to ensure uninterrupted research access amid potential U.S. disruptions, budget cuts or content changes. More information is available at zbmed.de/en/research/current-projects/olspub.

■ **New ASTP leadership** – Thomas Keane, MD, MBA, was named the second Assistant Secretary for Technology Policy (ASTP) and ninth National Coordinator for Health Information Technology (ONC) in June. He previously advised HHS leadership and oversaw major COVID-19 initiatives, including the Provider Relief Fund and Nursing Home COVID-19 Action Network. He also worked in software engineering and interventional radiology.



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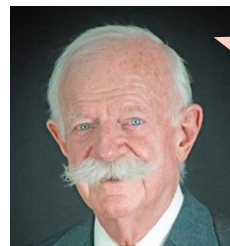
Drs. Sims and Tucker join Advocates Circle

Paul G. Sims, DDS, and W. Mark Tucker, DDS, are the first members named to the AAOMS Advocates Circle in recognition of their outstanding commitment to advancing the specialty through grassroots advocacy.

The AAOMS Advocates Circle is a new distinction within the OMS Action Network. It honors OMSs who complete a series of advocacy activities within a calendar year, strengthening the specialty's voice on healthcare policy at both the state and federal levels.

To earn this recognition, members must complete all of the following tasks designed to amplify the OMS specialty's voice:

- Participating in at least two VoterVoice grassroots campaigns.
- Signing up for text message alerts.
- Completing the free AAOMS webinar Engaging in State Government Affairs: A How-to Guide.
- Attending the annual Day on the Hill.
- Meeting with a member of Congress either in Washington, D.C., or locally.
- Leading or promoting an advocacy initiative approved by AAOMS or their state OMS society.



Dr. Sims

- Serving as a key contact in the Capitol Contact Campaign.
- Delivering an OMSPAC contribution.

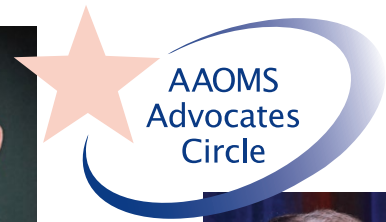


Dr. Tucker

Drs. Sims and Tucker continue to set the standard for advocacy engagement. Their efforts help ensure that legislators understand the impact of OMSs on patient care and the healthcare system as a whole.

The AAOMS Advocates Circle will continue to highlight those who go above and beyond in promoting the specialty's interests through action and leadership. Learn more at AAOMS.org/AdvocatesCircle.

To check your progress toward earning Advocates Circle status, contact the AAOMS Government Affairs Department at advocacy@aaoms.org. ■



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CSOMS efforts lead to safety, Board seat wins

The Colorado Society of Oral and Maxillofacial Surgeons (CSOMS) recently helped pass key legislative victories through the state's dental practice act sunset review (SB 25-194), securing reforms that enhance patient safety in itinerant surgery and formally establish a dedicated seat for an oral and maxillofacial surgeon on the Colorado Dental Board – a milestone for the specialty and the patients it serves.

CSOMS addressed growing concerns about the risks associated with itinerant surgery – procedures performed at offices outside a provider's primary practice location. CSOMS leaders had observed an increase in complications, including uncontrolled bleeding, swelling, infection and permanent numbness, often requiring emergency intervention. In response, CSOMS advocated for clearer postoperative care expectations to ensure patients receive appropriate follow-up.

"We had to take the initiative to define itinerant surgery – both the non-specialist performing specialty-level care and the traveling specialist who treats patients but is geographically unavailable for them postoperatively – and then to offer suggestions on how to make it safer for our patients," said Karl L.H. Heggland, DDS, former CSOMS president and key advocate for the initiative.

The new provision clarifies expectations for postoperative care itinerant providers. In a written statement to the legislature, CSOMS Secretary-Treasurer Rebecca A. Facy, DDS, MD, explained, "As both individual surgeons and as a professional society, we have noticed an alarming trend in surgical complications and patient abandonment issues with respect to both oral and maxillofacial surgeons and dentists performing oral surgery in a location that is not their main office or place of practice."

The legislation also codifies an OMS seat on the Colorado Dental Board. "Adding the OMS seat formally to the Dental Board is important because our knowledge and expertise needs to be a constantly available resource," Dr. Heggland said. "To date, Colorado's governor has always had a 'handshake agreement' to have

The Colorado Senate votes on OMS-related legislation.



Dr. Facy



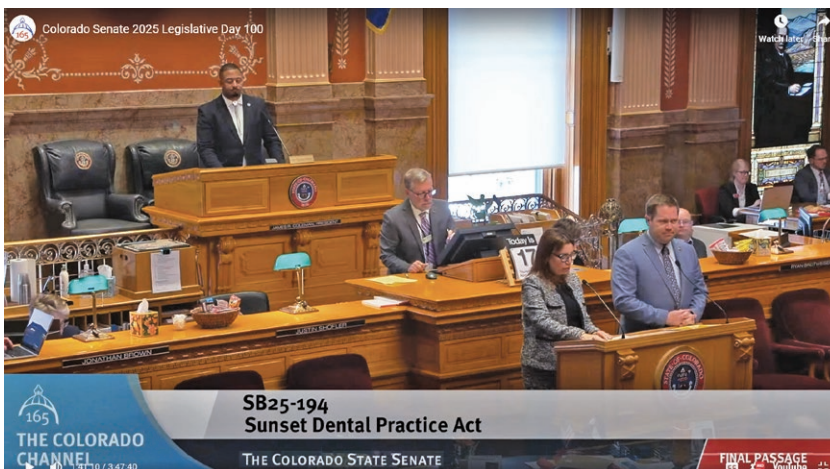
Dr. Heggland

an OMS on the Board. We believe it is time to codify that arrangement and make sure we cannot have a Board seated without us."

Dialogue with stakeholders helped shape the path to these wins – including discussions with the Colorado Dental Association (CDA), which ultimately maintained a neutral stance. CSOMS leaders framed their advocacy around patient safety, emphasizing the need to improve standards rather than limit practice.

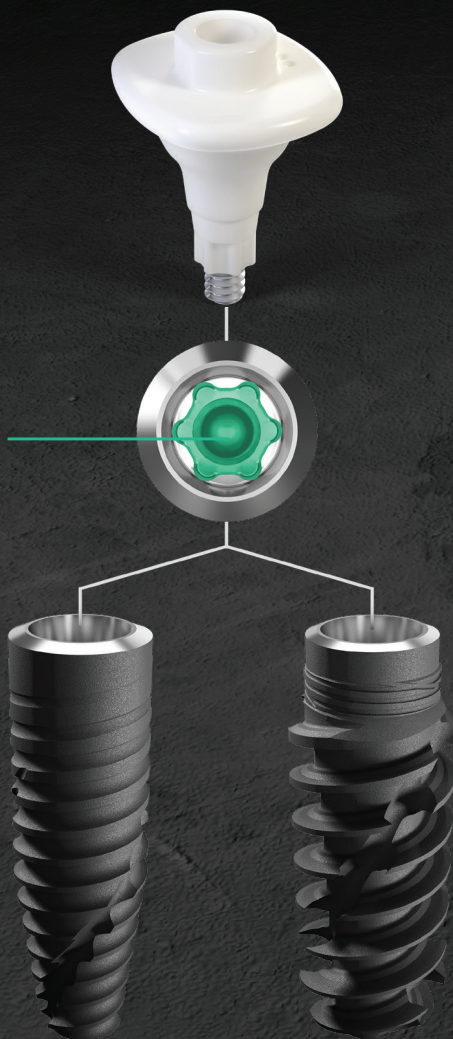
Drs. Heggland and Facy emphasized the work is not over. "Even though we were amazingly successful this round, we are not done yet," Dr. Facy said. "Continued focus on the enforcement of the new regulation is essential."

Dr. Heggland encouraged OMSs nationwide to stay engaged in advocacy efforts. "You can effect change; don't think there's nothing you can do. Gather data and coherently present the problem and your solutions to the involved legislators and regulators as well as your professional colleagues," he said. "In our case, patient safety is the issue – and no one argues with that." ■



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Why job descriptions matter in an OMS practice

An average OMS office includes several distinct employee roles, making it essential to clearly define individual responsibilities. Leaders at the practice management consulting firm Shorr Solutions – Jay A. Shorr, CEO and founder, and Cristian David Devoz, partner and Senior Client Success Manager – answer frequently asked questions about job descriptions.

Q What is a job description?

A A job description is an explanation of the responsibilities, requirements and expectations for a specific role within an oral and maxillofacial surgery practice. It helps both employers and employees understand the scope of a specific position. A well-written job description not only outlines daily tasks and performance standards but also helps create accountability, ensuring every team member contributes to the overall success of the practice.

Q Why are job descriptions essential in the OMS practice?

A Job descriptions are crucial for effective practice management. In an OMS practice, where patient care involves both clinical precision and administrative efficiency, clearly defined roles ensure responsibilities are understood and fulfilled. From front office staff managing patient scheduling to surgical assistants supporting procedures, every team member must know their specific duties.

Q What should be included in a job description?

A A strong job description should cover:

- Position title and a brief overview of the role.
- Clearly outlined functions of everything every employee is being asked to do from the moment they walk in the door to the moment they leave.
- Necessary experience, education, certifications and technical skills, such as knowledge of surgical equipment and anesthesia protocols.
- Essential traits like attention to detail, strong communication and teamwork.
- Who the employee reports to within the practice.
- Work environment and physical demands for the role, such as standing for long periods, lifting equipment or working in a fast-paced clinical setting.
- Compensation and benefits (if applicable), such as salary range, bonuses, healthcare, continuing education and other perks.

Q How do job descriptions improve hiring and onboarding?

A Clearly defined job descriptions attract qualified candidates while filtering out those who may not be a good fit. This is particularly critical in an OMS practice, where roles require specialized skills and certifications. For example, a surgical assistant should meet credentialing requirements and have experience in a clinical setting. Additionally, when new hires receive a job description during onboarding, they will better understand expectations from day one, leading to faster integration and productivity.

Q Can job descriptions help with employee performance evaluations?

A Absolutely. Job descriptions provide a benchmark for evaluating employee performance. When expectations are communicated clearly, it is easier to assess whether team members are meeting, exceeding or falling short of their responsibilities. For example, if a treatment coordinator is expected to maintain a 90 percent treatment acceptance rate, that metric can be tracked and discussed during reviews. Job descriptions also serve as a tool for providing constructive feedback and setting performance improvement goals.

Q Should job descriptions evolve over time?

A Yes, job descriptions should be updated regularly to reflect changes in responsibilities, technology and practice needs. As an OMS practice grows, new services may require role adjustments. As a rule of thumb, always include a statement that employees may perform “other duties as assigned” to prevent confusion or resistance when giving new tasks or responsibilities.

continued on next page





Q How do job descriptions impact compliance and risk management?

A In an OMS practice, job descriptions help maintain compliance with regulatory requirements, including HIPAA, OSHA and state dental boards. They clarify which roles handle protected health information, maintain sterilization protocols or assist in sedation procedures. If a compliance audit occurs, having documented job descriptions demonstrates that a practice has clear role expectations in place, reducing liability risks.

Q Should job descriptions be included in offer letters?

A Yes, including job descriptions in formal offer letters helps set clear expectations before employment begins. This transparency ensures that new hires fully understand their role and responsibilities, reducing misunderstandings later.

Q What is the next step for practices looking to refine their job descriptions?

A OMS practices should regularly review and update job descriptions to ensure they align with the practice's evolving needs. If a practice needs assistance in developing or refining

job descriptions, consider consulting with an expert in practice management. A well-structured approach to job descriptions leads to smoother operations, improved employee satisfaction and, ultimately, better patient care. ■

*To learn more, check out the 2025 Annual Meeting session, **Build a Successful Team: Recruiting the Right Members and Retaining Your Top Talent**. To register, visit AAOMS.org/AnnualMeeting.*

The AAOMS Committee on Practice Management and Professional Staff Development has published oral surgery assistant recruitment resources. View the oral surgery assistant brochure and informational video at AAOMS.org/OralSurgeryAssistant.

Shorr Solutions is a medical practice consulting firm assisting practices with their operational, administrative and financial health. Visit ShorrSolutions.com or call 561-289-4640.



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For the PATIENT

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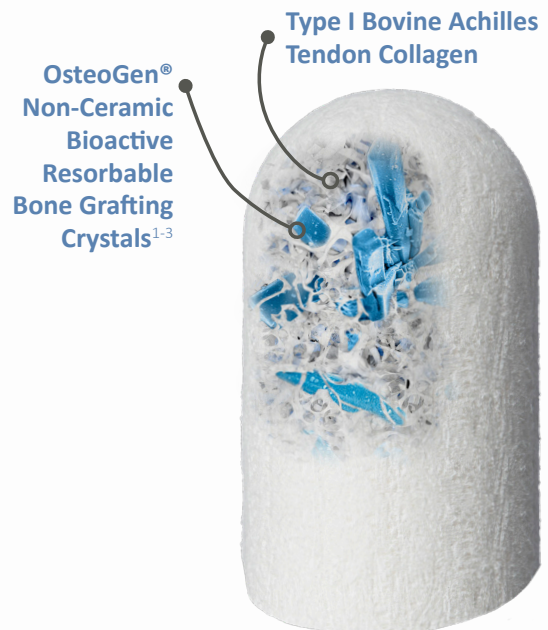
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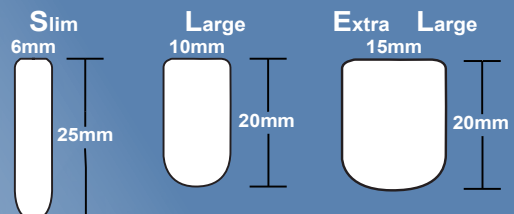
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1. Spivak, J Biomed. Mater Research, 1990
2. Ricci, J Oral Maxillofacial Surgery, 1992
3. Valen, J Oral Implantology, 2002



DEA compliance starts with solid recordkeeping

By Russell Kane, JD
Chief Operating Officer
Dental Office Compliance of New England, LLC

In sports, records are meant to be broken. In the business and legal world, records are meant to be requested. Government investigators and lawyers love records, and when required records are incomplete or unavailable, penalties often ensue.

The DEA's Diversion Control Division works to ensure controlled substances are not misused or illegally distributed and requires dental and medical professionals, including oral and maxillofacial surgeons, to maintain accurate records of these substances.

Professionals with experience in regulatory compliance understand the importance of listening when regulators speak. Staying on top of regulatory requirements is paramount, especially since agencies like the DEA periodically update their standards.

What will the DEA look for when it inspects an OMS office? Apart from required patient dispensing and distribution records, the DEA may look for the following documentation:

■ List of employees with controlled substance access

– This includes employee authorization forms, employee questionnaires and controlled substance authorized user logs. Registrants should conduct background checks on any employee who will have access to controlled substances to confirm they have not been convicted of a felony related to controlled substances or had an application for DEA registration denied, revoked or surrendered for cause.

Also, registrants should maintain a list of employees who will have access to controlled substances. The number of individuals who have access to controlled substances should be kept to the minimum necessary.

■ **Receiving records** – DEA Form 222 is required for each distribution or procurement of a Schedule II controlled substance. Copies of Form 222 – as well as all linked records for an order such as invoices, purchase orders and packing slips – must be maintained for two years.



■ **Power of attorney** – If registrants want an employee to be able to order controlled substances using Form 222, they must formally designate the employee as a power of attorney.

■ **Initial and biennial inventories** – Registrants must maintain complete and accurate inventories of all stocks and forms of controlled substances in their possession. For each of the Schedule II and Schedule III-IV controlled substances, the following inventories must be maintained:

- **Initial inventory** – The actual physical count of all controlled substances held on the date registrants first engage in administering controlled substances.
- **Biennial inventory** – The actual physical count of all controlled substances held, at least every two years from the date of the initial inventory. Logs to note usage or spillage of controlled substances will help oversight of current inventories.

■ **Records of destruction** – If registrants dispose of controlled substances using a reverse distributor, they must collect and retain a DEA Form 222 for Schedule II controlled substances and record of the dates and manner of disposal for Schedule III-IV controlled substances. If registrants dispose of controlled substances by a means other than a reverse distributor, they must list the controlled substances being disposed of on a DEA Form 41.

■ **Theft/loss reports** – In the event of a theft or significant loss of controlled substances, registrants must notify the local DEA Diversion Field Office in writing within one

continued on next page



business day of the theft/loss and complete a DEA Form 106.

All of these records must be complete and accurate, readily retrievable and kept for two years.

DEA Diversion Control Division staff outlined several common issues often identified during registration inspections during its April presentation – Preparing for a DEA Inspection: What to expect and how to better prevent diversion. These issues include:

- Inadequate accountability for controlled substances.
- Improper execution of DEA Form 222.
- Missing or outdated powers of attorney, including lack of revocations.
- Absence of initial and biennial inventories or incomplete/inaccurate records.
- Improper handling of controlled substance take-backs.
- Failure to notify the DEA of drug theft or loss.

Recordkeeping is top-of-mind for the DEA and U.S. Attorneys' Offices, and deficiencies in recordkeeping can lead to financial and other penalties. For example, a Pennsylvania-based oral and maxillofacial surgeon was fined \$120,000 in late 2024 for multiple violations, including:

- Failing to use the required DEA Form 222 for each distribution of a Schedule II controlled substance.
- Failing to maintain complete and accurate records of controlled substances dispensed by him at both of his registered locations.

- Failing to maintain biennial inventories at both of his registered locations.

In the press release pertaining to this matter, former U.S. Attorney Gerard M. Karam advised, "Practitioners who register with DEA in order to prescribe and dispense medications that fall under the Controlled Substances Act have an obligation to prescribe appropriately and keep careful records and inventories. ... Not fulfilling those obligations makes it difficult or even impossible to be sure those potentially dangerous medications are being dispensed and handled appropriately and are not being diverted."

Compliance with DEA recordkeeping requirements is not optional; it is essential to safe and lawful practice. ■

Dental Office Compliance of New England, LLC (DOC4NE) assists provider clients with guidance on record retention, regulation compliance and best practices. Visit DOC4NE.com or call 781-471-0915.



This is number 205 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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CDT, CPT, ICD-10-CM updates for 2026: What

Every year, updates to dental, medical and diagnosis coding impact the oral and maxillofacial surgery specialty. AAOMS actively participates in ADA, AMA and CDC code committees to represent the needs and interests of OMSs. Updates to the CPT*, CDT^ and ICD-10-CM may include new or deleted codes, amendments to guidelines or revisions to code nomenclature and descriptors. The following is a summary of upcoming changes for 2026.

CDT: Changes to anesthesia codes

The 2025 ADA Code Maintenance Committee (CMC) has approved, revised or deleted over 50 proposed changes to the 2026 CDT code set, including notable modifications to the anesthesia code family with one code deletion, five revisions and six new codes, all set to take effect on Jan. 1. In addition to these changes, AAOMS submitted two code revisions: one to revise the language of CDT code D7285 for an incisional biopsy to include intra-osseous lesions (e.g., cyst or tumor), and another to remove “specimen” from both D7285 and D7286 code descriptors. Other new codes of OMS interest include testing for a cracked tooth, two codes for photomodulation therapy, one code for administration of influenza vaccine and a suite of codes for maxillary and mandibular implant/abutment prosthesis. Slight descriptor revisions also will be made to bone grafting codes D4263 and D4264.

Deleted code:

D9248 ~~non-intravenous conscious sedation~~

Revised codes:

D9230 ~~inhalation~~ administration of nitrous oxide/ for analgesia, anxiolysis

D9239 ~~intravenous administration of moderate (conscious) sedation/analgesia~~ – intravenous – first 15 minutes increment, or any portion thereof

D9243 ~~intravenous administration of moderate (conscious) sedation/analgesia~~ – intravenous – each subsequent 15 minute increment, or any portion thereof

D9222 ~~administration of deep sedation/general anesthesia~~ – first 15 minutes increment, or any portion thereof

D9223 ~~administration of deep sedation/general anesthesia~~ – each subsequent 15 minute increment, or any portion thereof

Note: Only the code nomenclature is provided. To ensure accurate reporting, it is essential to review both code nomenclature and its descriptor before making a final code selection.

New codes:

Dxxxx in-office administration of minimal sedation – single drug – enteral

Dxxxx administration of moderate sedation – enteral

Dxxxx administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof

Dxxxx administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof

Dxxxx administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof

Dxxxx administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof

A more detailed explanation on these new anesthesia codes, including proper coding and billing guidance, will be provided in the Coding Corner in the November/December edition of *AAOMS Today*.

CPT: Additions for sleep apnea prosthesis

Last year, the CPT Editorial Panel accepted three new Category III codes to report the impression and custom preparation of jaw expansion oral prosthesis for the treatment of obstructive sleep apnea. Category III codes are temporary codes used for tracking emerging technologies, services and procedures. After three years, these codes are typically evaluated to determine if they should be converted to permanent Category I codes, extended for further data collection or removed if they have not demonstrated sufficient usage or efficacy.



oral and maxillofacial surgeons need to know



These codes, effective starting July 1, 2025, will be published in the 2026 code book:

- 0964T Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism
- 0965T dual arch, with additional mandibular advancement, non-fixed hinge mechanism
- 0966T dual arch, additional mandibular advancement, fixed hinge mechanism

ICD-10-CM: Expansion of social determinants

The hospital Inpatient Prospective Payment System (IPPS) in April released its proposed rule, which includes a comprehensive list of ICD-10-CM updates. This year's proposal features 487 new codes, 38 revised code descriptors and 28 invalidated codes. If finalized, these changes will take effect on Oct. 1.

Among the updates, 19 new codes will be added to Chapter 19 to allow coding for poisoning by fluoroquinolone antibiotics, whether accidental, intentional self-harm, assault, adverse effects or underdosing. Additionally, the social determinants of health code for financial insecurity (Z59.89) will be expanded into three codes to describe difficulty paying for utilities (Z59.861), other specified financial insecurity (Z59.868) or unspecified financial insecurity (Z59.869) along with a new code for an encounter for other prophylactic surgery (Z40.89). New signs and symptoms codes also will include R11.16 (Cannabis hyperemesis syndrome), which addresses intense vomiting associated with marijuana use.

Final CDT codes were not available at the time of printing.

Procedure codes and descriptions can be found in the 2026 CDT manual, available through [ADA.org](https://ada.org).

AAOMS recommends purchasing updated coding manuals annually for all codes sets to ensure compliance with current coding standards. ■

*Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers. *CPT® copyright 2024 American Medical Association. ^Current Dental Terminology® copyright 2024 American Dental Association. All rights reserved.*

Breaking down CMS's Interoperability and Prior

CMS issued the Interoperability and Prior Authorization Final Rule in January 2024 to improve healthcare data exchange among payers, providers and patients and streamline electronic prior authorization (PA) processes.

Building on the CMS Interoperability and Patient Access Final Rule (2020), the regulation mandates Medicare Advantage organizations, Medicaid and Children's Health Insurance Program (CHIP) Fee-for-Service (FFS) programs, Medicaid managed care plans, CHIP managed care entities and Qualified Health Plan issuers on Federally-facilitated Exchanges ("impacted payers") to implement Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs).

CMS also introduces a new electronic PA measure for Merit-based Incentive Payment System (MIPS)-eligible clinicians under the Promoting Interoperability category. The rule does not apply to Medicare FFS, private/commercial or employer-sponsored plans, stand-alone dental plans offered in the federal Marketplace or any drugs covered by impacted payers (e.g., outpatient drugs, drugs prescribed or administered by providers, or drugs that may be dispensed or administered in a pharmacy or hospital).

The following is a breakdown of the key provisions:

■ Prior authorization process improvements and PA decision timeframes (effective Jan. 1, 2026)

- Impacted payers (except Marketplace plans) must process expedited PA requests within 72 hours and standard requests within seven calendar days (unless state law mandates shorter timeframes).
- Marketplace plans retain their current processing times (72 hours for expedited, 15 days for standard).

■ Denial reasons and provider notification (effective Jan. 1, 2026)

- Impacted payers must provide detailed reasons for denying PA requests, including references to specific plan provisions, criteria citations and supporting documentation issues.
- These decisions may be communicated via payer portal, fax, email or phone.

■ PA metrics reporting (implemented by March 31, 2026)

- By March 31, 2026, payers must publish PA metrics online, including services requiring prior authorization,



approval rates, denial rates and average processing times.

■ API requirements (effective Jan. 1, 2027, except where noted otherwise)

CMS mandates impacted payers implement APIs for prior authorization, patient access, provider access and payer-to-payer data exchange, ensuring standardized electronic health data exchange. An API serves as a bridge between different software systems, allowing developers to build applications that seamlessly interact with existing platforms. An API also provides a structured way to access and exchange data without requiring insight into the internal workings of the original software.

Patient Access API

Enhances the 2020 CMS Interoperability and Patient Access rule by:

- Expanding existing Patient Access APIs to include PA data, such as approval/denial status, expiration dates, denial reasons and required documentation for PA reviews.
- Requiring impacted payers to share this data regardless of the provider's network status.
- Allowing patients to use third-party health apps or payer portals to access their information.
- Mandating impacted payers to annual reporting of aggregated, deidentified Patient Access API metrics to CMS. (While payers have until January 2027 to expand their Patient Access APIs to include PA data, payers must report



Authorization Final Rule: Key changes and impacts

metrics on existing Patient Access API beginning Jan. 1, 2026.)

Provider Access API

Facilitates access to patient data for providers with a contractual and treatment relationship.

- Opt-out provision allowing patients to limit provider access to their data.
- Shares claims, encounter data, PA requests and decision information similar to the Patient Access API.
- CMS does not mandate payers to provide access to out-of-network providers but also does not limit payers from doing so.
- CMS also does not mandate provider API use but allows payers to incentivize adoption.

Payer-to-Payer API

Ensures data continuity when patients switch insurers.

- Payers must exchange claims and PA information for up to five years, with opt-in patient permission.
- Mandates data exchange regardless of the other payer's regulation impact, with provisions for flexibility when dealing with non-impacted or non-compliant payers.

Prior Authorization API

Facilitates electronic PA requests, improving efficiency and transparency.

- Payers must include a list of covered items/services requiring PA (excluding drugs), documents required for PA, as well as approval/denial status and reasons.
- Allows FHIR-based technology instead of X12 278 standard, ensuring flexibility for payers without HIPAA penalties.
- CMS does not mandate providers to use PA APIs but incentivizes adoption through MIPS electronic PA measures. If providers opt to use the PA API, practice management software and/or electronic health records (EHRs) should have FHIR capabilities.

■ **Electronic Prior Authorization Measure for MIPS (2027 Performance Period)**

To qualify for MIPS Promoting Interoperability incentives:

- Eligible clinicians, hospitals and critical access hospitals must attest to using the PA API for at least one electronic

PA request, starting with the 2027 performance period (2029 payment year).

- Non-attestation results in zero points in the Promoting Interoperability category (worth 25 percent of the MIPS final score).
- Exclusion may apply if:
 - No PA-required items/services were ordered.
 - PA-required items/services were ordered only from payers lacking a compliant API.

Next steps

This final rule does not impact all payers or providers, nor does it require providers to use APIs offered by affected payers. Impacted payers are primarily Medicare Advantage plans, Medicaid, CHIP and Marketplace plans; therefore, OMSs who participate with those plans may be interested in utilizing the APIs offered by these plans. However, if OMSs are interested in utilizing them, it is recommended they engage with the impacted plans to assess API adoption. Additionally, consulting with software and EHR vendors is advised to ensure compatibility with FHIR standards, which will be necessary for accessing these APIs. For those considering reporting the Electronic Prior Authorization Measure for MIPS, it is essential that their EHR meets certified EHR technology criteria to qualify for the incentive. ■

Additional resources

CMS Final Rule Fact Sheet: [CMS.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f](https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f)

CMS Frequently Asked Questions: [CMS.gov/priorities/key-initiatives/burden-reduction/interoperability/faqs](https://www.cms.gov/priorities/key-initiatives/burden-reduction/interoperability/faqs)



Jeffrey H. Wallen, DDS
Treasurer

“The Board seeks to maintain a reasonable return on investments and invests conservatively, seeking to maintain the principal throughout volatility in the market.”

TREASURER'S ACCOUNT

Unpacking details of

The Finance and Audit Committee of the AAOMS Board of Trustees meets with the Association's outside auditors each spring to review the audited financial statements for the preceding year.

The 2024 audit was performed by Sikich; this is a new firm as the work was bid out, resulting in fee savings. Just as important as savings, using a new firm provided a fresh set of eyes on the Association's books. Once again, AAOMS received a clean audit opinion regarding its financial statements and accompanying notes.

Consolidated assets in total increased during 2024 to \$46 million. Cash and investments, the largest asset category, increased from \$36.8 million at the end of 2023 to \$39.8 million at the end of 2024. Property and equipment declined \$181,000 during 2024 due to depreciation on the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill., net of new purchases.

Liabilities increased 2 percent during 2024 to a total of \$13.3 million at year-end. Deferred income, the largest liability category, was mainly responsible for the increase totaling \$7.5 million at the end of 2024. This category includes 2025 membership dues collected in the fourth quarter of 2024. Accounts payable decreased \$497,000 as billing by vendors was timelier in 2024 resulting in more payments being made prior to year-end.

Consolidated net assets also increased during 2024, totaling \$32 million at the end of the year.

Consolidated revenues were \$2.6 million higher than expenses in 2024. A portion of the gain was driven by market fluctuations in investments as the unrealized gain on investments was \$909,000. Ignoring unrealized gains on investments, AAOMS operations produced positive financial results, as revenues exceeded expenses by \$1.6 million, and after-tax results for AAOMS Services Inc. (ASI) contributed another \$147,000 to the bottom line. In addition, ASI issued a \$125,000 dividend to the Association.

Offsets to the positive financial results included a depreciation expense on fixed assets of \$615,000.

AAOMS's original operating budget for 2024 anticipated revenues to exceed expenses by \$6,000. The actual results outperformed the original budget by \$2.55 million.



Association's 2024 clean audit opinion

Significant budget variances include:

- Operating reserve net investment gains totaling \$2.22 million in 2024 were \$1.46 million better than the budget expectations; despite significant volatility, the year ended with strong performance in the equity and fixed income markets. U.S. Treasury investments were added during the year to lock in rates of return.
- Building operations expenses were \$267,000 less than budget, resulting from property tax savings as the assessment was disputed and decreased after development of the budget and the elimination of a part-time position.
- Headquarters expenses were \$363,000 less than budget, as a lower-than-anticipated increase in employee insurance costs generated significant savings in employee benefits and the planned implementation of a new accounting system was delayed given other technological initiatives.
- Net revenues from assistants programs were \$206,000 higher than budget as demand for the DAANCE was high.
- Net revenues from coding workshops were \$212,000 lower than budget due to low demand, which is attributed to staffing issues in practices causing a hesitancy to invest in staff training.
- The Dental Implant Conference, including preconference programs, was held in-person with a virtual option and saw a \$127,000 budget shortfall as registration was lower than anticipated and did not return to pre-pandemic levels.

Net investment revenues are unpredictable from year to year. The Board seeks to maintain a reasonable return on investments and invests conservatively, seeking to maintain the principal throughout volatility in the market.



Maintaining sufficient funds in the operating reserve fund to withstand dips in the economy and extraordinary expenses continues to be important. Increasing costs, decreasing meeting attendance and other factors will certainly affect the financial results in 2025 and beyond.

The Board and staff will work to control costs where possible and are committed to making fiscally prudent financial decisions for AAOMS while supporting the membership.

I believe in transparency in our finances. If you have any questions, I am available along with the AAOMS staff to address any concerns and provide additional details as needed. ■

Re-evaluate insurance as practice values rise

By Shawn M. Johnson, ChFC, CLU, CLTC

Vice President, Business Development

Treloar & Heisel

If you are a partner in private practice, you may have noticed practice values have gone up dramatically in recent years. One reason is that private equity firms have entered the dental and medical space and started acquiring practices, thereby driving up prices. If you have recently seen an increase in your practice's valuation, you should consider increasing your life insurance coverage to fund your buy-sell agreement.

Private practice oral and maxillofacial surgeons are not the only ones who should evaluate their life insurance policies. While 52 percent of adults report owning life insurance, 41 percent of adults (both insured and uninsured) say they don't have sufficient life insurance coverage, according to research conducted by the Life Insurance Marketing and Research Association and Life Happens.

From a life insurance standpoint, many people are woefully underinsured. Being underinsured means if you were to pass away unexpectedly, your family would not be able to maintain their current lifestyle, which is often supported by your income.

As an OMS, you must consider your life insurance coverage through all stages of your career. For example, \$2 million of life insurance would not appropriately cover an OMS earning \$400,000 to \$500,000 but may cover an early-career surgeon in training.



The majority of OMSs incur a substantial amount of debt to fund their education. Upon graduation, that debt trend shifts (or will shift if you're still in training) as their salaries increase. With a salary increase comes changing financial habits, such as purchasing a home, starting a family or saving for the future. With all these changes and growth happening, it's easy to ignore potential risks that may get in the way.

It is vital to sit down and calculate how much insurance you truly need. People tend to buy life insurance in their 30s when they are thinking of starting a family. Many never go back to revise that amount as their family or their income grows.

In addition to changes in income and seasons of life, industry trends also should prompt a re-evaluation of life insurance. Like the rising values of private practices, income has been trending upward in the past few years – which ties into another upward-trending factor, inflation. Because the replacement cost of everything is increasing, your life insurance policy should be updated to reflect these increases in price.

Calculating life insurance need

The best place to begin is by determining how much life insurance you need. Once that number is calculated, you can focus on how best to fill your insurance coverage gap.

You can estimate your life insurance needs by calculating the amount of money your family will require in the future to maintain their lifestyle, then subtracting your existing assets such as retirement plans and current life insurance policies.

You can get a more accurate assessment by working with a financial professional who can factor in your savings, taxes, assets and investments. Typically, homes are not included as an asset in these estimates since your family will likely continue living in it and will need to cover its ongoing costs.

If you do the math, you will probably realize you are underinsured. The best gift you can give yourself and your loved ones is to set up a meeting with an insurance professional to accurately determine your life insurance needs. ■

Treloar & Heisel, an EPIC Company, is a financial services provider to dental and medical professionals across the country. Its insurance and wealth management divisions assist thousands of clients from residency through retirement. [TH-25-009]

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TH-25-001


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Credentialing enhanced with new digital badge

ABOMS introduced its new digital badge program in June for OMSs to showcase their achievement of Board Certification in a modern, interactive way. The badge complements – rather than replaces – the traditional certificate and highlights the Diplomate credential as a mark of surgical excellence.

Diplomates can display their digital badges on LinkedIn, email signatures, websites and other appropriate professional channels. This initiative reinforces ABOMS's commitment to innovation and leadership credentialing within the digital healthcare landscape.

How to claim the ABOMS digital badge

To claim a digital badge, follow these steps:

- Locate an email from admin@credly.com (Credly is the official badge platform). Open the email and look for the activation link.
- Click the "Accept Badge" button.
- Sign up for a free Credly account or log in to an existing one.
- Start sharing the badge on digital platforms.



Questions? Visit ABOMS.org/diplomates/digital-badge. ■



Looking for a new career in OMS?

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ANESTHESIA



DAANCE updates application process to improve the user experience

The Dental Anesthesia Assistant National Certification Examination (DAANCE) has updated the application process to better serve AAOMS. Each assistant enrolling in the program must complete an individual application online at Test-Takers.PSlexams.com/AAOMS. Allow PSI 10 business days to process the application and email study materials. Credit cards and PayPal are accepted.

The DAANCE is a two-part continuing education program containing approximately 36 hours of self-study material and quizzes and a standardized, computer-based exam. This

exam is designed for oral and maxillofacial surgery assistants or assistants employed by other dental professionals with valid anesthesia permits. Upon successful completion of the final examination, the assistant will receive proof of certification and a program completion lapel pin.

Visit AAOMS.org/DAANCE for the online application and more information. Questions? Call PSI at 833-333-4755 (refer to the AAOMS DAANCE program) or email daanceinquiries@aaoms.org to reach AAOMS staff.

2026 ANNUAL MEETING

Speaker applications close Sept. 24

Speaker applications are open for the 2026 Annual Meeting, scheduled Sept. 28 to Oct. 3 in Seattle, Wash. Submissions on various clinical and practice management topics are welcome. Apply by Sept. 24 at AAOMS.org/Speakers.

COMMUNICATIONS



Keep up with AAOMS on LinkedIn

Keep up with the latest AAOMS news by following the Association on LinkedIn. AAOMS regularly posts about events, *JOMS* articles, AAOMS Store product discounts, advocacy and continuing education opportunities. Visit LinkedIn.com/company/AAOMS to stay updated.

AAOMS GOVERNANCE



Read latest Board actions

All Association members are encouraged to review the quarterly Actions of the Board of Trustees, available on AAOMS.org/about/governance/resources.

PRACTICE MANAGEMENT



Review cyberthreat safety tips

With the rise in data breaches and cyberthreats in healthcare, practice owners and managers should take preventive steps to protect their data and patient information. AAOMS recommends using multifactor authentication, password management, vulnerability scanning tools, antivirus software and cybersecurity training. Visit AAOMS.org/Cybersecurity for more information, including a list of AAOMS cybersecurity webinars, AAOMS On the Go podcasts and *AAOMS Today* articles.

COMMUNICATIONS



Listen to new episodes about OMS specialty in AAOMS on the Go podcasts



AAOMS On the Go is the award-winning member-facing podcast for OMSs and anyone interested in the specialty.

Podcasts feature conversations on a variety of topics related to the specialty and Association initiatives. Members can access episodes at AAOMS.org/Podcast or on any of the popular listening platforms: Apple Podcasts, iHeart, Pandora, Podcast Mirror, Spotify or TuneIn.

Among the new episodes are:

- **Regulatory and Legal Changes Impacting Noncompete Agreements** – Arindam Kar, JD, explains

the evolving landscape of regulatory changes that impact noncompete agreements.

- **Custom Orthognathic Surgery from Conventional to MIOS** – Dr. Felix Amarista discusses the progression from traditional methods to innovative techniques in minimally invasive orthognathic surgery (MIOS).
- **Insights on Current Drug Shortages: An Update for OMSs** – Tessa Zeto of ACE SOUTHERN shares insights on drug shortages and what OMSs can do to address them.

ONLINE CE



Complete MATE Act courses

AAOMS is offering complimentary courses targeted toward the eight hours required by the Medication Access and Training Expansion (MATE) Act for members until the end of 2025. More information on the MATE Act requirements and eligible webinars can be found at CEonline.AAOMS.org/MATEAct.

ONLINE CE



Register for November webinars

AAOMS will present a two-part Dental Implant Clinical Webinar series in November.

On Nov. 11 at 6 p.m. CST, James C. Melville, DDS, FACS, will present *Allogenic Bone Grafts for Dental Implants: Science and Techniques*.

On Nov. 28 at 6 p.m. CST, Robert W. Emery III, DDS, will present on *Dynamic Navigation Systems for the Complete Digital Workflow From Planning to Placement to Final Impression*.

To register and find other educational offerings, visit AAOMS.org/Webinars. Questions? Contact ceonline@aaoms.org.

ANESTHESIA



Become an OBEAM facilitator

AAOMS is looking for fellows or members to share their time and knowledge as facilitators of Office-Based Emergency Airway Management (OBEAM) sessions while helping others strengthen their emergency preparedness. Opportunities are available both at AAOMS headquarters in Rosemont, Ill., and at off-site locations throughout the country. Multiple 2025 dates remain open. Facilitators can earn CE credit, receive an honorarium, refine their leadership skills, network with peers and engage with AAOMS members. Visit AAOMS.org/Simulation to learn more. Questions? Email jscofield@aaoms.org.

MEMBERSHIP



Member Spotlight seeks stories

AAOMS members are invited to share their knowledge and life experiences by participating in the Member Spotlight. This digital profile on AAOMS.org highlights the diverse talents and accomplishments of AAOMS members both inside and outside the practice.

Visit AAOMS.org/MemberSpotlight to view current and previous participants and download the application. Forward the completed application and a photo to membership@aaoms.org.

ONLINE CE



Utilize transcript feature

A transcript feature automatically stores credit earned through AAOMS CE Online and allows users to upload externally earned CE. The tool provides a convenient and accurate transcript process. Visit CEonline.AAOMS.org/my-dashboard to learn more.

ONLINE CE



Hone coding, billing skills

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance that can be accessed immediately through AAOMS.org/CEonline. Courses include:

- Basic Coding for OMS
- Beyond the Basics Coding for OMS – Online
- Coding for Implants and Bone Grafts
- ICD-10-CM for OMS
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for OMS
- OMS Billing

COMMUNICATIONS



Sign up for AAOMS emails

Members who do not receive AAOMS emails may have removed themselves from the email distribution list. To receive AAOMS emails, which detail the latest news and alerts affecting the Association and the specialty, these members must resubscribe. Visit AAOMS.org/Subscribe and select “All communications” or choose among individual topics:

- AAOMS Advantage
- Educational offerings
- Important member alerts
- Member benefits and opportunities
- OMS advocacy and government affairs
- Other regular newsletters (e.g., Faculty E-News, Resident E-News)
- President’s letters

PUBLICATIONS



Magazine requesting stories

AAOMS Today Editor James R. Hupp, DMD, MD, JD, MBA, FACS, would like to feature more OMSs and their personal stories in upcoming issues of the award-winning member magazine. Know of someone who fits any of the topics below? Email communications@aaoms.org.

- **Ironman athletes** – Looking for OMSs who have completed Ironman triathlons.
- **Families of OMSs** – Looking for families with multiple generations of OMSs.
- **Careers before residency** – Looking for OMS residents who had non-healthcare careers (e.g., teacher, engineer, skilled laborer) before entering residency.
- **Interesting hobbies** – Looking for OMSs who enjoy unusual or creative pastimes.
- **Unique patient stories** – Looking for impactful stories about ground-breaking procedures and life-changing surgeries.



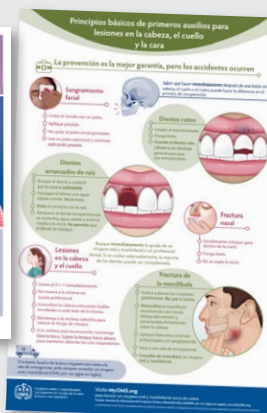
Tap into complimentary resources to promote practice, educate patients

Members have access to over 300 complimentary promotional materials as part of the national AAOMS Informational Campaign. The award-winning campaign features a wide range of resources, including:

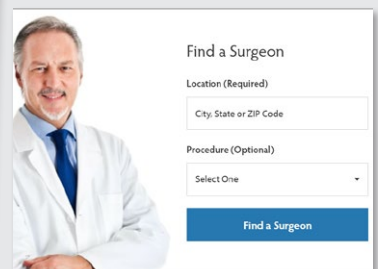
- **Podcasts** – The award-winning public-facing podcast OMS Voices: An AAOMS Podcast regularly releases episodes on topics such as dental implants, MRONJ, jaw surgery and bone grafts. OMSs can download these episodes and embed them on their websites to help patients understand the procedures they might need. New episodes include:
 - **Genioplasty vs. Corrective Jaw Surgery: Choosing the Right Path for Facial Harmony** – Drs. Paul M. Ciuci and Brian B. Farrell explain the differences between two types of surgery and how to choose which a patient needs.
 - **Milestones Met: Healthy Teeth Set** – Dr. Jasjit Dillon and AAOMS President Dr. J. David Morrison discuss the new AAOMS children's oral health Milestones campaign.
 - **Impact of Tobacco, Alcohol, and Marijuana on Pre and Post-Surgical Outcomes** – Dr. Kathryn Powell discusses how utilizing certain substances can increase risk of anesthesia complications in surgery.



- **Videos** – An expansive library of AAOMS-produced videos is available for members to download and use at no cost on their websites and social media. These videos include patient testimonial videos, animated explainer videos, promotional videos, PSAs, educational videos and OMS Experts videos.
- **Infographics** – Covering the entire OMS scope of practice, this series of 24 infographics offer a way to communicate statistics and information visually. Members can download the PDFs to use on their websites and social media. All the infographics also are available in Spanish.
- **Ads and fliers** – Downloadable ads and fliers can help members promote their practice to other dental professionals and potential patients.
- **MyOMS.org Find a Surgeon** – The Find a Surgeon search tool on MyOMS.org helps connect potential patients to providers. Keeping profile information current allows patients to easily find an OMS. Visit AAOMS.org/Login and click MyOMS.org Directory Profile to update information.



Visit AAOMS.org/InfoCampaign to learn more and access these complimentary resources.



ONLINE CE



Save on bundled coding webinars

AAOMS offers some of its most popular coding and billing webinars in bundles priced at \$495 each, a savings of more than 35 percent over buying them individually. Each bundle includes three webinars:

- **Common OMS Coding Questions Answered** – Learn about anesthesia coding, mastering modifiers, and coding for orthognathic surgery and OSA.
- **Master OMS Reimbursements** – Gain an understanding of contracting and credentialing, medical and dental coordination of benefits and non-covered services, and strategies for efficient claim processing.

Visit AAOMS.org/CEonline to learn more.

ONLINE CE



Explore various CE types

AAOMS members have access to a curated selection of top courses designed to enhance knowledge and skills. Formats include:

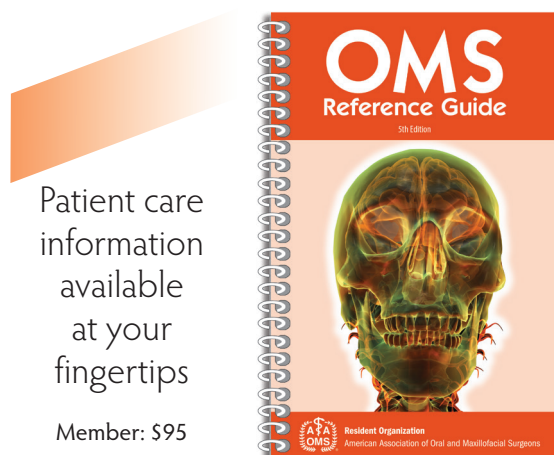
- **Bite-Sized Wisdom** – These micro-CE sessions are 30 minutes or less and are designed for on-the-go learning. Most courses cost \$25.
- **Podcast CE** – Complimentary CE credit is now available for select podcasts from the AAOMS On the Go podcast library, which also is available to members at no cost.
- **Free Quarterly Course** – Each quarter, AAOMS selects a course from its on-demand library for members to enjoy at no cost.

Visit AAOMS.org/CEonline to learn more.

Secure OMS Reference Guide, 5th Edition

Find answers for questions that arise during treatments. Updates to the 5th edition include:

- Revised dental implant information
- Current medical procedure images
- Dozens of updated graphics and charts



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Member: \$95



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Latest editions!

Promote consistent training across the surgical team

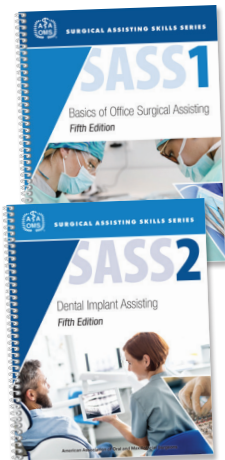
Surgical Assisting Skills Series (SASS)

SASS 1: Basics of Office Surgical Assisting, 5th Edition, offers both new staff and seasoned team members solid reference material. Updates cover local anesthetics and prophylactic regimens.

©2023

SASS 2: Dental Implant Assisting, 5th Edition, provides information on implant dentistry, identifying treatment components. Updates include the Implant Treatment Coordinator description and responsibilities, preoperative setup checklists and implant osseointegration information. ©2023

Member: \$90 each or bundle for \$170



AAOMSstore.com



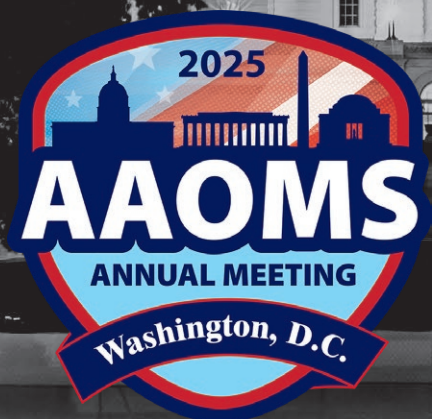
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AAOMS Opportunities

2025

Sept. 15–20

107th AAOMS Annual Meeting, Scientific Sessions and Exhibition

Walter E. Washington Convention Center in Washington, D.C., with on-demand access
AAOMS.org/AnnualMeeting

Oct. 18 and Dec. 4

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation
 AAOMS headquarters in Rosemont, Ill.
AAOMS.org/OBEAM

Dec. 4–6

Dental Implant Conference

Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online
AAOMS.org/DIC

2026

Feb. 7 and March 7

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation
 AAOMS headquarters in Rosemont, Ill.
AAOMS.org/OBEAM

Feb. 28–March 1

Clinical and Scientific Innovations for Oral and Maxillofacial Surgery

Daniel M. Laskin Institute for OMS Education and Innovation
 AAOMS headquarters in Rosemont, Ill.
AAOMS.org/CSIOMS

Feb. 28–March 1

Anesthesia Assistants Review Course

The Westin Nashville in Nashville, Tenn.
AAOMS.org/AARC

March 17–18

Day on the Hill

Grand Hyatt Washington Hotel in Washington, D.C.
AAOMS.org/DayontheHill

April 11–12

Educational Weekend

Wyndham Grand Orlando Resort Bonnet Creek in Orlando, Fla.
AAOMS.org/EduWeekend

Regional & State Society Meetings

The following regional and state society meetings were planned as of press time. Each meeting website is listed for updates.

2025

Oct. 24–26

Florida Society of OMS Fall Meeting

Waldorf Astoria Orlando in Orlando, Fla.
FSOMS.org

Nov. 7–9

North Carolina Society of OMS Annual Meeting

Omni Grove Park Inn in Asheville, N.C.
NC-OMS.org



Dr. Yates receives ACPA award



Dr. Yates

David M. Yates, DMD, MD, FACS, received the 2025 Emerging Leader Award from the American Cleft Palate Craniofacial Association. As Division Chief of Cranial and Facial Surgery at El Paso Children's Hospital, Dr. Yates has played a

pivotal role in advancing complex craniofacial surgical care in the region. He leads the craniofacial clinics at both El Paso Children's Hospital and Providence Memorial Hospital while maintaining his partnership at High Desert Oral and Facial Surgery. Dr. Yates also established a cleft care clinic at Hospital De La Familia in Juárez, Mexico.

Dr. Ferneini honored by CSDA



Dr. Ferneini

Elie M. Ferneini, DMD, MD, MHS, FACS, received the Horace Hayden Award from the Connecticut State Dental Society. The Horace Hayden Award recognizes contributions to the interests of dentistry and dental health. Dr.

Ferneini is currently Associate Clinical Professor of Oral and Maxillofacial Surgery at the University of Connecticut and operates a private practice in Cheshire, Conn.

Dr. Hupp speaks at Vanderbilt



Dr. Hupp

James R. Hupp, DMD, MD, JD, MBA, FACS, was the Keynote Speaker for the 2025 H. David Hall Lecture Series at Vanderbilt University in Nashville, Tenn. Established in 2001, the lecture series allows the profession's top clinicians and

academicians to share their knowledge with residents, faculty, alumni and community colleagues. Dr. Hupp's lecture was titled Reflections on Clinical Practice and Residency Training.

Dr. Kalenderian awarded fellowship



Dr. Kalenderian

Elsbeth Kalenderian, DDS, MPH, has been named a fellow of the Pierre Fauchard Academy. This organization awards fellowships to fewer than 1 percent of dentists internationally. Fellows are selected based on contributions

to dental literature as well as service to the profession and the general community. Dr. Kalenderian is Dean and Professor at the Marquette University School of Dentistry and has previously served on faculty at Academic Centre for Dentistry Amsterdam; University of California, San Francisco; and Harvard School of Dental Medicine.

continued on next page



Dr. Carlson accepts leadership role



Dr. Carlson

Eric R. Carlson, DMD, MD, EdM, FACS, has accepted the position of Associate Dean for Faculty Development and Affairs at the University of Toledo College of Medicine and Life Sciences. In this role, he is responsible for the professional

development of 1,100 clinical and basic science faculty in 19 departments. He is a Professor of Surgery and practices oral and maxillofacial surgery at the University of Toledo Medical Center. From 2002 to 2025, Dr. Carlson served as Chair of the Department of Oral and Maxillofacial Surgery at the University of Tennessee in Knoxville.

Dr. Edwards named president of NYSDA



Dr. Edwards

Maurice L. Edwards, DMD, was sworn in as the President of the New York State Dental Association in May – making him the 145th President of the organization and the first Black president in its history. Dr. Edwards runs a

private practice in Manhattan and holds faculty positions in the Department of Oral and Maxillofacial Surgery at New York University College of Dentistry and the Department of Otolaryngology at Mount Sinai and Mount Sinai West Medical Center's Oral and Maxillofacial Surgery sections. He also serves on the ADA House of Delegates.

To submit member news, email communications@aaoms.org.



AAOMS National Simulation Program

Office-Based Emergency Airway Management (OBEAM) Module

Sign up to participate in advanced simulation training of anesthesia techniques through intensive, real-life experiences.

Upcoming sessions:

- **Sept. 18 and 19** at Annual Meeting in Washington, D.C.: 8 a.m., 10:30 a.m. and 1:30 p.m.
- **Sept. 20** at Annual Meeting in Washington, D.C.: 8 a.m. and 10:30 a.m.
- **Oct. 18** at AAOMS headquarters in Rosemont, Ill.: 8 a.m., 11 a.m. and 2 p.m.
- **Dec. 4** at AAOMS headquarters in Rosemont, Ill.: 8 a.m., 11 a.m. and 2 p.m.



Encounter
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airway
experiences

Visit AAOMS.org/OBEAM to view the schedule and register

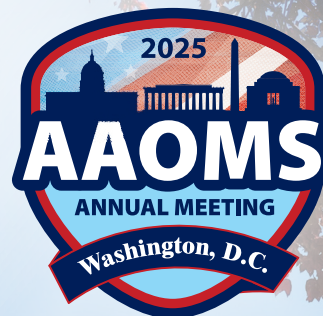
The Patients We Serve

AAOMS Annual Meeting

Held in conjunction with the Canadian
Association of Oral and Maxillofacial Surgeons

Sept. 17 – 20 | Washington, D.C.

Offered in-person and with on-demand access



**Join your
colleagues**

AAOMS.org/AnnualMeeting

Every Gift Counts: Find the Best Way to Give!

There are many meaningful and simple ways
to support the OMS Foundation:

- Honor a mentor with a tribute gift.
- Support year-round with a monthly gift.
- Contribute to donor-advised funds.
- Join the R.V. Walker Society.



[Learn more at OMSFoundation.org](https://OMSFoundation.org)

Faculty Positions

Massachusetts

Boston University OMS invites applications for a full-time position for resident and student education in an outpatient setting with no call or major surgery responsibilities. Interested candidates should contact Pushkar Mehra at pmehra@bu.edu.

Massachusetts

Boston University OMS invites applications for a full-time position. Applicants must have fellowship training in oncological surgery. A competitive salary and generous benefits package are available. Interested candidates should contact Pushkar Mehra at pmehra@bu.edu.

New Jersey

The Department of Oral and Maxillofacial Surgery is searching for a full-time faculty member at the rank of Assistant, Associate or Full Professor, Non-Tenure Track. Responsibilities will include staffing of predoctoral and resident clinics, involvement with the didactic teaching program and participation in the intramural faculty practice, including on-call activity, at our teaching hospital. Requirements for this position include, but are not limited to, dental degree and surgical training from a CODA approved residency training program and ABOMS eligibility/certification. The candidate must be licensed to practice dentistry in New Jersey. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey and is located on the Newark Campus of Rutgers Health, along with the New Jersey Medical School, Graduate School of Biomedical Sciences, School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an Affirmative Action/Equal Opportunity employer. All final candidates will be required to successfully pass a criminal background check and have valid NJ license prior to beginning employment. Interested candidates should apply online at <https://jobs.rutgers.edu/postings/246952>. Any additional questions can be directed to: Vincent B. Ziccardi, DDS, MD, FACS, Professor and Chair Department of Oral and Maxillofacial Surgery, 110 Bergen St., Room B-854 Newark, NJ 07103-2400, 973-972-7462, ziccarb@sdm.rutgers.edu.

New York

The Department of Oral and Maxillofacial Surgery at the University at Buffalo invites applications for two full-time faculty positions; one will be a broad scope trained OMFS (i.e.: interests in TMJ, cosmetic, dental implant, dentoalveolar and/or trauma surgery), and the other requires fellowship training in head and neck and microvascular reconstructive surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. These positions are both clinical and academic, and candidates should have an interest in building and fostering a practice and conducting research. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Fellowship training required for head and neck position. Candidates must have ABOMS Diplomate or Candidate status. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu. The University at Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

New York

Part-time Attending Position at One Brooklyn Health System, Brooklyn, N.Y. Supervision of OMS residents in dental center, OR, teaching, call for ABOMS. Salaried position. Contact Dr. Keith Murtagh at kmurtagh@bhmcny.org.

Ohio

University Hospitals Cleveland Medical Center invites applicants for a full-time faculty position in oral and maxillofacial surgery. Opportunity Highlights: Excellence in teaching should be demonstrated with evidence of scholarly activity, including clinical pursuits and research. Responsibilities for the position include clinical and didactic teaching of residents and dental students, scholarly activity, research and service. A specific emphasis in trauma surgery, TMJ surgery and orthognathic surgery is desirable. The University Hospitals Health System includes 18 hospitals throughout Northeast Ohio as well as the UH Cleveland Medical Center, adjacent to the campus of Case Western Reserve University. Compensation is highly competitive, with productivity incentives, travel and clinical support teams available. Qualifications: Candidates must be American board-certified or an active candidate for board certification. Qualifications for this position include completion of accredited oral and maxillofacial surgery residency

program. Active Ohio dental license. Interested applicants should submit a curriculum vitae to: Andy Bailey, MHA, FACHE, University Hospitals, andrew.bailey@uhhospitals.org.

Fellowships Non-CODA

Calgary

Every year the Calgary OMFS section accepts one fellow for a year-long advanced orthognathic fellowship. The fellow will gain extensive exposure to the consultation, diagnostic and treatment planning processes, and surgical correction of dentofacial disorders, maxillofacial pathology and TMJ disorders. The fellow will participate in approximately 250 orthognathic surgeries with our teaching faculty, with a significant volume of reconstruction, total joint replacements and full-arch implant rehabilitation. Salary expectations >\$100k/year. Please forward your curriculum vitae, letter of intent and 2-3 letters of recommendation to graham.cobb@albertahealthservices.ca. southcalgaryoralsurgery.com/education.

Michigan

The University of Michigan offers a one-year OMS fellowship providing extensive experience in TMJ and orthognathic surgery, new technologies, team-based care, and research. Applicants must be Michigan license-eligible. Contact saronovi@med.umich.edu and kendahl@med.umich.edu.

Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2026-27: Sponsored by the Oral Facial Surgery Institute (ofsinstitute.com) and accredited by the Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 S. New Ballas Rd., Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email lacyw@ofsinstitute.com or visit our website at ofsinstitute.com.



Missouri (St. Louis)

The ORIGINAL Saint Louis Oral and Maxillofacial Surgery Fellowship, founded by Dr. Michael W. Noble and Dr. Patrick R. Morris in 2005 is back for 2025-2026. Now sponsored by Maxillofacial Oral Surgery And Implant Center (MOSAIC), while still operating at Mercy Medical Center and additionally at the nationally recognized Washington University and Barnes Hospital/ Siteman Cancer Center. This advanced program is a year of hospital and outpatient based surgical care in state-of-the-art facilities. Several hospital based, regionally dominant, oral and maxillofacial surgeons have joined the team to expand the original full-scope emphasis. Complex implantology, bone grafting and total jaw reconstruction will now be performed with a digital workflow to prosthetic completion, with board certified Prosthodontists involved in treatment. FULL facial cosmetic surgery, TMJ arthroscopy, joint replacement and orthognathic surgery will also be a focus. Candidates must have completed an accredited OMS residency, Missouri/Illinois dental and/or medical license is required. Salary, benefits and continuing education allowance are included. Internural practice opportunities may allow significant salary enhancement. Please address curriculum vitae and letters of interest to Program Director, Dr. Patrick Morris, Attention: Scott Graham at Scott@mosaicimplant.com, visit our website at www.mosaicimplant.com.

Oregon

The Head and Neck Institute (HNI) offers a 12-month fellowship in advanced craniomaxillofacial and trauma surgery. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore., and covers advanced training in head and neck surgery, maxillofacial trauma, airway management, sleep surgery (upper airway stimulation) and craniofacial surgery. More detailed information about our fellowship can be found at head-neck.com/hn-institute/craniofacialtraumafellowship. If interested, please inquire at chenga@head-neck.com.

Available Positions

Alabama/Georgia

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, four-surgeon practice located near Birmingham, Ala. Emphasis on dentoalveolar, dental implants, bone grafting, pathology and some orthognathic. Limited trauma call. CV to kplante@oms360.com.

Arizona

Looking for an excellent opportunity to join a unique, long-standing, successful and respected, busy oral surgery practice with a focus on wisdom teeth and implants but with the potential for whatever is desired? Experienced and dependable staff. A partner wishing to matriculate to ownership is desired. Seeking a motivated, full-time and personable candidate who is a Diplomate of ABOMS or has ABOMS candidate status. Actively growing area of Northwest Phoenix. Wonderful area to practice and raise a family. Competitive salary/benefits. Send inquiries to mdallard2017@gmail.com.

Arizona

Well-established, busy, OMS-owned, two-office practice in the Phoenix area seeking a skilled, personable associate or partner. Please send resume to peter739@gmail.com.

California

Well-respected, busy and established oral surgery practice in search of a Diplomate of ABOMS or OMS who has ABOMS candidate status. Must be a motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area. Our office provides a full scope of oral and maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have California license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to apply.oralurgery@gmail.com.

California

Rare opportunity! Bay Area, Marin County, respected solo practitioner looking for a Diplomate of ABOMS or one who has ABOMS candidate status oral and maxillofacial surgeon for a full-time position, unless part-time at this point is preferred. This arrangement will lead to a partner position and potential buyout situation. All traditional aspects of oral surgery are currently being performed. This is a two-site practice, with each office located in a conveniently desirable area of Marin County. This practice enjoys a committed loyal referral base. Please email classifieds@aaoms.org attention AAOMS Box A-0430.

Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in Southeast Coastal Florida looking for a graduating resident, board-certified or board eligible associate with an opportunity for partnership. The area is rapidly growing, and our associate will have a full schedule in a short time. The area is nice for raising a family and the associate will have a lucrative practice. Send resume, CV or inquiries to AAOMS classified Box A-07302024.

Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in Tampa Bay area. We provide close contact with our robust referral base and regularly provide CE courses as part of our study club. State-of-the-art offices with CBCT, digital impression scanner, operating rooms and full anesthesia equipment and other state-of-the-art technology. Perform a full scope of OMS procedures with a heavy emphasis on dental implants and dentoalveolar surgeries, full-arch teeth-in-a-day implant-supported fixed prosthesis treatment, zygomatic and pterygoid implants, soft- and hard-tissue grafting, reconstructive and orthognathic surgeries, facial plastic and cosmetic surgeries (willing to teach), office-based IV sedation and general anesthesia. Searching for a motivated, hardworking and personable OMS for associate position leading to partnership. Very competitive salary and bonus structure plus a comprehensive benefit package. We are in a nice area for raising a family and at the same time the associate will have a lucrative practice. Please send CV to facial97@gmail.com.

Illinois

Full-scope private OMS in Lake County seeking an OMS associate leading to partnership. Must be a Diplomate of ABOMS or have ABOMS candidate status. Excellent compensation and benefits. Paid Level 1 hospital call and opportunity for FACS. Third molars, implants, orthognathic surgery and full facial trauma. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0311.

Michigan

Seeking a dedicated oral and maxillofacial surgeon with Diplomate or Candidate ABOMS status for our thriving practice in southeast Michigan. Join our state-of-the-art facility with digital workflow, laser surgery and in-house surgical center. Enjoy a supportive team, excellent work-life balance, competitive compensation, production-based incentives and partnership potential. We focus on full-scope surgery, including dentoalveolar, implant, TMJ, orthognathic, cosmetic and trauma. Located near Ann Arbor, Detroit and East Lansing, with great schools and affordable cost of living. Send inquiries/resumes to dreidson@truformfaces.com.

Available Positions

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Michigan

A well-respected OMS practice in southwest Michigan searching for an oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status for a full-time position. Our practice was established over 40 years ago and has grown to be the premier oral surgery practice in Southwest Michigan. We are a full-scope practice, which allows you to guide how you want to practice oral and maxillofacial surgery. We have four surgeons, two offices and a strong referral base. Southwest Michigan is known for its beautiful inland lakes, ski slopes, walking/hiking/ biking trails, hunting and fishing. Each season has something to offer the outdoor enthusiast! We are about a 40-minute drive from Lake Michigan beaches including South Haven and St. Joseph. Academics are important to this location as well. Kalamazoo is home to Western Michigan University and the distinguished Kalamazoo College, a private liberal arts university with an outstanding reputation for academics. We are also home to the Stryker Corporation, Pfizer, Bronson Health Group and Borgess Hospital. The most impressive thing about Southwest Michigan is our community. It offers a great family atmosphere and a wonderful place to raise a family. Kalamazoo is a smaller community which offers a lower cost of living, affordable housing and ease of travel from home to the office and the hospital. This is a great location to perfect your career in oral and maxillofacial surgery. For additional information please email at dwilson@kaloms.com.

Minnesota

Excellent opportunity for an OMS with ABOMS Diplomate or Candidate status in the northeast Minneapolis/St. Paul suburbs. We're ready to add a third surgeon following the unexpected loss of a partner – expect a full schedule immediately. Our three modern offices feature CBCT, EMR and intraoral scanners. We're supported by outstanding clinical and business teams. Our practice also hosts the region's only Seattle Study Club chapter, with doctor and hygiene groups. For information, please contact jmorch@truenorthoralsurgery.com. We appreciate your interest and look forward to connecting.

New Jersey

A well-established and respected OMS practice with two locations in central New Jersey (close to New York City and Philadelphia – with their illustrious educational, cultural and recreational offerings), seeking a well-trained, highly-motivated candidate with excellent surgical and interpersonal skills for full-time and part-time associate positions with partnership track. Board-certified or active candidate for board certification preferred. There is an opportunity for full-scope

practice at both locations. Both office locations are state-of-the-art, modern and well-equipped facilities. We offer a competitive compensation package with great benefits. Please email CV to dr.edkozlovsky@gmail.com.

New York

Join an OMFS practice as a full partner. This practice had two surgeons and two offices. One recently retired. Both offices are located in the suburbs of Rochester, N.Y. Can attend at University of Rochester Department of OMFS. Contact omfseric@aol.com. 585-223-1200. 6800 Pittsford-Palmyra Road, Suite 120, Fairport, NY 14450.

New York

All County Oral Surgery is currently looking for an Oral Surgeon to join our growing team! We are looking for a surgeon that will provide comprehensive patient care and that wants to advance their career with a competitive opportunity. Current opportunity will predominantly be for New Hyde Park and Jericho locations. The right candidate will have opportunity to join partnership, will receive medical benefits and potential to join retirement plan. All County has 6 locations and will continue to grow; the surgeon will provide care in every location and will work with a professional team. If you enjoy being part of a great team with exponential growth while making a difference in the lives of others, then we want to talk to you! Contact Amy O'Keefe, 631-752-1033 x504 or amy@acomfs.com.

North Dakota

Face & Jaw Surgery Center is offering an outstanding opportunity for an oral surgeon who is a Diplomate or ABOMS or has candidate status to join our busy six-doctor practice as an associate with the option for early partnership. We operate out of five state-of-the-art facilities with the latest technology. Face & Jaw has a broad and dedicated referral base already established for the new surgeon. \$100,000 signing bonus plus full benefits. Starting salary \$500,000 with earning potential up to \$1,000,000. Please email CV/inquiries to pcaarlson@faceandjawsurgery.com.

Ohio

Thriving private practice in Central Ohio is seeking a full-time oral and maxillofacial surgeon to join our two-surgeon, three-location team. This is an immediate associateship opportunity with a clear and defined path to equal partnership. We have a robust referral base, state-of-the-art facilities and a highly trained, dedicated staff focused on delivering outstanding patient care. Generous salary and benefits package to include 401(k) with employer contributions, malpractice insurance,

continuing education and relocation assistance if needed. The ideal candidate is self-motivated, hardworking and personable with a commitment to clinical excellence and team collaboration. For more information or to apply, please contact: ericac@nwofs.com.

Ohio

Outstanding opportunity to join a growing and productive PRIVATE PRACTICE on the west side of Cleveland. We are searching for an associate/ employee who has Diplomate or Candidate ABOMS status to join our practice. We have multiple locations and are on staff at local hospitals. Our practice focuses on excellent patient care in broad scope oral and maxillofacial oral surgery. Most of the surgeons are primarily office-based, but there is ample opportunity for hospital-based surgery. The new associate/employee will be eligible for an exceptional salary/benefits/sign on bonus package. Minimum salary of \$450k and/or net collection percentage of up to 38 percent. Earning potential of \$750k to \$1 million annually. All of the offices are a quick drive from downtown and conveniently located to Cleveland Hopkins International Airport, bordered by Lake Erie on the North and Cleveland Metroparks on the East. Residents can boat, fish and swim on Lake Erie and take advantage of all the Metroparks have to offer. Contact jeffrey@cleoms.com.

Ohio

Medina Oral Surgeons, a busy, 3-office, doctor-owned practice is looking for board-eligible/ certified OMFS associate for full-equity partnership opportunity. Practice emphasis is office-based dentoalveolar and implant procedures. Excellent pay/exceptional benefits. Please email CV to: hazarley@medinaoralsurgeon.com.

Ohio

Excellent opportunity in Cincinnati, Ohio, for a motivated surgeon. We are a two-doctor, three-office practice concentrating on dentoalveolar and implant surgery. A full-scope practice is available if desired. The applicant must be a BE/BC OMS with a strong work ethic and excellent patient skills. We are offering a full-time associateship leading to an early partnership in a highly profitable suburban practice. Signing bonus is available for the right candidate. Please email Tammy at t.smithson@tboms.com to apply or for more information.

Oregon

Two-doctor practice needs energetic, patient-focused, personable oral and maxillofacial surgeon to join our busy, well-established practice as associate/future partner who is a Diplomate of ABOMS or has ABOMS candidate status. We have



two locations in the beautiful southern Oregon Cascades. This is a city that functions as a hub for regional healthcare. Hiking, camping, golfing, skiing, whitewater rafting/kayaking, hunting and fishing are all available here in abundance. Position is available immediately. Generous salary and benefits package to include 401(k), malpractice insurance, continuing ed and relocation assistance. Please contact alicer@aomsurgery.com.

Pennsylvania

Multi-location group adding associate. Thriving eastern Pennsylvania OMS practice within easy driving distance to New York City, Philadelphia and the Poconos looking for associate. Flexible options from part time to partnership track. Full scope of OMS practiced with a focus on patient care. Very competitive base salary and benefits. Ideal location for metro or rural living. Contact us via email at cburgess@valleyoralsurgery.com if you would like to learn more about this opportunity.

Tennessee

Full- or part-time surgeon needed for a high-volume, full-scope practice in Jackson and East Memphis, Tenn. The practice is privately owned and will not sell to equity. This practice has a very high income potential and quick opportunity for partnership. For more information, please contact Matthew McLaughlin at mclaughmw@gmail.com or 615-418-0301.

Texas (North Houston)

Opportunity for a pathway to partnership with an established and well-respected, doctor-owned (non-DSO) oral surgery group practice located north of Houston, Texas. We are seeking a Diplomate or Candidate of ABOMS or recent graduate candidate. The practice consists of eight board-certified oral surgeons who practice the full scope of OMS in six offices. Serving the area for over 45 years, the practice has successfully grown by maintaining long-standing referral relationships and providing excellent care to the patients in our communities. The city and suburbs are experiencing incredible growth and are great places to live and raise a family. We offer a competitive base compensation and bonus package, 401(k), family medical insurance, malpractice insurance, CE allowance and generous paid vacation. Contact our Practice Administrator, Donna Kotsios, at dkotsios@nwoms.net.

Texas (Houston)

Excellent opportunity to join a vibrant single doctor practice in a growing area of southeast Houston. Beautiful well equipped and maintained free standing 4400 sq ft facility near a memorial Hermann hospital. This makes it easy to incorporate a part-time hospital based practice into a busy

office based practice. There is a solid referral base stemming from a long-standing Seattle study club and many other referrals from surrounding communities. The practice is ready to expand with very little marketing effort. Our staff is well trained, experienced and committed to providing the highest level of compassionate patient care and is motivated to grow the practice. Starting compensation is competitive, with negotiable early buy in opportunity. Mentorship and study club relationships are a big plus. If interested please email Frank Frishkey at frishkey@sbcglobal.net or call directly – 281-455-5824.

Virginia

Exciting opportunity to join an established, self-owned group practice. Primary office in Charlottesville (home of the University of Virginia) with a satellite office in Culpeper. One-year associateship with clear terms to partnership thereafter. Applicants must be a Diplomate of ABOMS or have ABOMS candidate status. Seeking applicants who are dedicated to maintaining the strong referral network across central Virginia. Excellent work-life balance with majority dentoalveolar surgery and minimal hospital call. Candidate to start as soon as possible. For more information, please email resume to ldelbridge@cvofs.com.

Practices for Sale

Florida

Own a thriving OMFS practice in a prime coastal location! This 3,100+ sq. ft. facility has four fully equipped operatories, new CBCT, and \$1MM+ revenue on four days/week. Real estate available for purchase. Excellent opportunity with great growth potential! Reply to classifieds@aaoms.org, attention: AAOMS Classified Box S-0321.

New Mexico

Are you looking to own a well-established, highly profitable OMS practice located in a prime area of Albuquerque? Look no further! This is a unique opportunity to acquire a successful 1,950 sq. ft. OMS practice with a solid referral base. The provider is ready to retire and is willing to stick around if wanted. This modern updated practice has a great support staff, 48 percent office overhead, \$1.9 million in collections, Carestream PMS, CS9300 CBCT and excellent cash flow for any buyer. Contact: Scott Graham (scott@omspracticesales.com) for more information.

New York

Solo practice in desirable Lower Westchester County. Office-based dentoalveolar and implant surgery. Three treatment rooms, CBCT, integrated EMR. Motivated seller, will facilitate smooth transition. Please email classifieds@aaoms.org attention AAOMS Box S-031025.

New York

Complete Oral Surgery Equipment for two operating rooms, one consultation follow-up room, an N2O/O2 delivery system, ceiling-mounted lights on track, PA X-rays, hand instruments, implant drills and equipment, monitoring systems, etc. Please contact Dr. M. B. Rad at 518-369-6624 for detailed information. The equipment is located in the Albany, N.Y., area.

New York

Long-established Westchester County, N.Y., solo practice. Two locations with Dexis/Panorex CBCT. Integrated computer system (WinOMS). Strong referral base emphasis on dentoalveolar surgery, bone grafts, implants, oral pathology/medicine, TMJ and general anesthesia. Willing to stay for smooth transition. Please email classifieds@aaoms.org attention AAOMS Box S-0321.

New York (Western)

Elevate your career and lifestyle with a highly profitable oral maxillofacial surgery practice in upstate New York's tranquil countryside. Boasting low competition and a high volume of implant procedures, this solo practitioner office promises not just success, but a life enriched with outdoor adventures –boating, fishing, hiking, skiing right at your doorstep. Operating with a stellar \$3.1 million in production over 4.5 days per week, it offers an unparalleled balance of work and play. Transition seamlessly, available immediately up to two years. Don't miss this rare chance to own not just a practice but a dream lifestyle. Act now! Visit westernnyoms.com for more details. Your future awaits!

Oklahoma

Two-provider, two-location OMS practice for immediate sale in the greater Oklahoma City area. Practice has diverse revenue sources and has capacity for growth in both locations. Both locations have been in operation for many years and have strong referral sources. Sellers are willing to stay on for a reasonable period to ensure auspicious practice goodwill transfer and buyer effectively matriculates into working the practice. Buyer will have a full schedule as soon as they want it. Please send inquiries to austin.leavitt@omsp.com.



Practices for Sale

continued from previous page

Virginia

2400 sq. ft. fully equipped and stocked OMFS office space digital workflow in underserved high-end market. Third molars/implants booked three months out. \$1.7M last two years on four-day work week. Available immediately. Williamsburg, Va. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box S-0424.

Washington

Near mountains of Washington, OMS practice purchase opportunity. Gorgeous building, increasing trends, growing community. Three workdays/week average produces ~\$3.1M, outstanding growth potential. Digital. Four large surgical suites, certified anesthesia machines, four operatories. Contact NDP for information.

Practice Transitions

New York

Long-established Westchester County, N.Y., solo practice. Two locations with Dexis/Panorex CBCT. Integrated computer system (WinOMS). Strong referral base emphasis on dentoalveolar surgery, bone grafts, implants, oral pathology/medicine, TMJ and general anesthesia. Willing to stay for smooth transition. Please email classifieds@aaoms.org attention AAOMS Box S-0321.

New York

Modern, established, private dentoalveolar practice (potential full-scope) in midtown Manhattan seeks half-/full-time associate for fast-track partnership. Ideal opportunity to maintain a stable presence in the city. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0124.

Classified Advertising Deadlines

Jan/Feb 2026 issue: Nov. 7, 2025

Mar/Apr 2026 issue: Jan. 9, 2026

May/June 2026 issue: March 6, 2026

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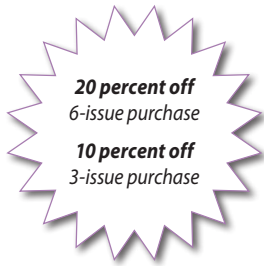


AAOMS Faculty Classified Advertising Order Form

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☐ **This is a confidential ad.**

Contact only the following staff members
with questions:



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**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

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Every 40 words thereafter: additional \$300

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☐ Position Available

☐ Practice for Sale

☐ Position Wanted

☐ Practice Transitions

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☐ **This is a confidential ad.**

Contact only the following staff members
with questions:

☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General / Fellowship Classified Ad Costs:

1-40 words: \$300 41-80 words: \$600

81-120 words: \$900 121-160 words: \$1,200

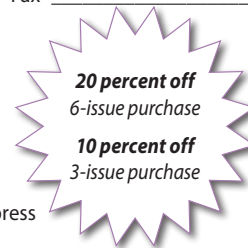
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