100th ANNIVERSARY

AAOMS



AAOMS: A Century of Progress

The History of the Organization and the Contributions of its Members

1918-2018

Daniel M. Laskin, DDS, MS, Editor

Jolene Kremer, Associate Editor

AAOMS: A CENTURY OF PROGRESS – THE HISTORY OF THE ORGANIZATION AND THE CONTRIBUTIONS OF ITS MEMBERS

This history book is dedicated to those members of the American Association of Oral and Maxillofacial Surgeons who fought the battles locally, nationally and internationally over these 100 years to constantly improve the education and training of its practitioners and uphold the principles of quality patient care.

100th ANNIVERSARY

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CHAPTER ONE – 100-YEAR TIMELINE

Capturing a century's worth of important milestones of the oral and maxillofacial surgery specialty, the Association and its members.

100th ANNIVERSARY









100-YEAR TIMELINE · 1918-2018



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Timeline captures important milestones

In 1918, Dr. Menifee Howard of Denver, Colo., organized the first meeting of the American Society of Exodontists. He wanted to help create an organization that would meet the needs of dentists who were primarily interested in extractions and the use of anesthesia. He visited prominent exodontists to discuss the "urgent need" for a group that would benefit all in the specialty and serve the common good. His letter to potential members pointed out the obvious: "Perhaps also you have realized that it is the only branch of dentistry not organized." That letter and his personal visits served as a call to action when 29 professionals got together in the Auditorium Hotel in Chicago prior to the start of that year's National Dental Association convention. That week in August 1918, the American Society of Exodontists was born.

This 100-year timeline captures a century in the history of the specialty, the Association and its members – from 29 doctors founding the American Society of Exodontists in 1918 to the more than 9,000 oral and maxillofacial surgeons who were members of the American Association of Oral and Maxillofacial Surgeons in 2018.



1918

Twenty-nine dentists specializing in exodontia sign the founding charter of the American Society of Exodontists, which would eventually become the American Association of Oral and Maxillofacial Surgeons. **Menifee R. Howard** was elected Chairman, and **Joseph P. Henahan**, **George B. Winter** and **Arthur E. Smith** were appointed to draft the constitution and bylaws.

1919


Menifee R. Howard

The Society is formally recognized by the National Dental Association, what is now the American Dental Association. **A. Bromley Allen** is elected President of the Society. Other officers are **Menifee R. Howard** as President-Elect, **Joseph P. Henahan** as Vice President, **C.F.B. Stowell** as Secretary and **Frank W. Rounds** as Treasurer.

1920

The first Annual Meeting is held in Boston. Lectures include "Nitrous Oxide and Oxygen," "Chisel and Mallet in Exodontia" and "Higher Standards of Ethics in the Exodontia Specialty." The cost to attend the banquet and dinner-dance is $4.

1921

Following a spirited debate, the Society changes its name to the American Society of Oral Surgeons and Exodontists (ASOSE) to better reflect the practice of its membership.

1923


J.A. Heidbrink

ASOSE holds its first joint meeting with another organization, the National Society of Denture Prosthetists. Among the lectures the 95 attendees can attend is "The Administration of Nitrous Oxide Oxygen Anesthesia" by **J.A. Heidbrink** and **E.I. McKesson**, both of whom were manufacturers of anesthesia machines.

1926

"The Gies Report: Dental Education" is published with the recommendation that dental students have a hospital rotation to educate them and medical students about each other's profession. This recommendation is not implemented until 1963.



1926

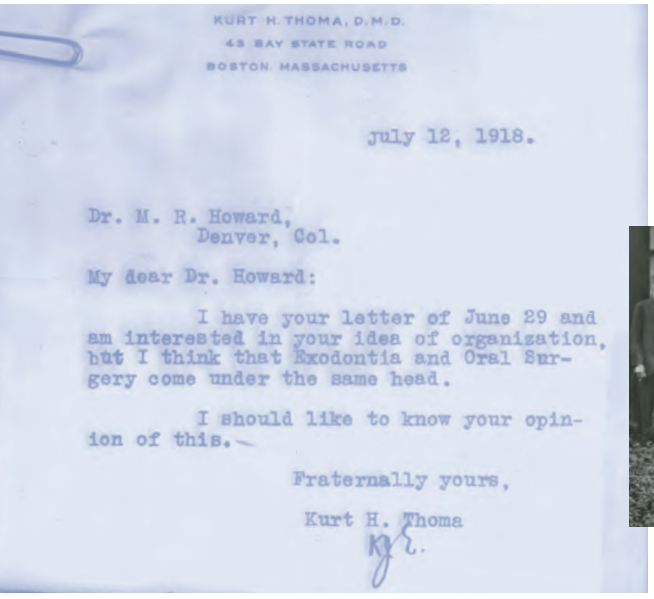
G.B. Winter publishes a classification of impacted mandibular third molars based on their inclination to the long axis of the second molar.

1928

To celebrate the 10th anniversary of the Society, a credo is chosen that is a quotation from Theodore Roosevelt: "Every man owes some of his time to the upbuilding of the profession to which he belongs."

1929

The ASOSE Publications Committee recommends consideration of an oral surgery journal.


KURT H. THOMA, D.M.D.
43 BAY STATE ROAD
BOSTON, MASSACHUSETTS

July 12, 1918.

Dr. M. R. Howard,
Denver, Col.

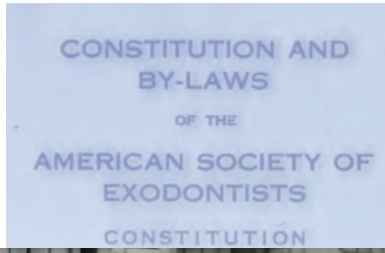
My dear Dr. Howard:

I have your letter of June 29 and am interested in your idea of organization, but I think that Exodontia and Oral Surgery come under the same head.

I should like to know your opinion of this.

Fraternally yours,

Kurt H. Thoma


CONSTITUTION AND BY-LAWS
OF THE
AMERICAN SOCIETY OF EXODONTISTS
CONSTITUTION





Official Program

of

The American Society of Oral Surgeons and Exodontists

Seventh Annual Meeting

September 18, 19, 1925

Brown Hotel



Louisville Kentucky

SECOND ANNUAL MEETING

OCTOBER 21, 1919

The meeting of the American Society of Exodontists convened in New Orleans, Louisiana, October 21, 1919. The meeting was called to order by Dr. J. P. Henahan, the Vice-President of the Association, President A. Brom Allen being absent.

The minuted of the preceding meetings were read and approved.

The annual reports of the Secretary and Treasurer were read and approved. The Society, acting as a committee of the whole, audited the books and approved the accounts.

It was moved and carried that the report of a special committee on the constitution consisting of Doctors Molt, Warren, and Harms be accepted. Moved and carried that the special committee on constitution be discharged.

Moved by Dr. Howard, seconded by Dr. Wahl, that the Constitution be accepted as revised by the special committee. The motion was carried unanimously.

Moved and carried that a committee be appointed to confer with the trustees of the National Dental Association to consider affiliation. The conference to be held October 22, 1919.

The election of officers for the year 1919-20 was held. The Nominating Committee, consisting of Dr. J. P. Wahl and Dr. M. R. Howard, recommended the following men:

Constitution and By-Laws

E. F. Seibert, *Chairman* . . . . . Boise, Idaho
Wilton W. Cogswell . . . . . Colorado Springs, Colo.
Hans W. Sorensen . . . . . San Francisco, Calif.
Harry E. Straub . . . . . Los Angeles, Calif.

Publication

Frederick F. Molt, *Chairman* . . . . . Chicago, Ill.
Boyd S. Gardner . . . . . Rochester, Minn.
Leroy M. S. Miner . . . . . Boston, Mass.
J. W. Seybold . . . . . Denver, Colo.
Joseph P. Wahl . . . . . New Orleans, La.

Oral Surgery Journal

Howard C. Miller, *Chairman* . . . . . Chicago, Ill.
G. Victor Boyko . . . . . Paterson, N. J.
A. L. Frew . . . . . Dallas, Tex.
J. Orton Goodsell . . . . . Saginaw, Mich.
A. Malcolm Smith, Jr. . . . . Tampa., Fla.

Educational

Walter F. Barry, *Chairman* . . . . . Newark, N. J.
Charles F. Brown . . . . . Denver, Colo.
Joseph P. Henahan . . . . . Hollywood, Calif.
Dudley T. King . . . . . Washington, D. C.
Earle H. Thomas . . . . . Chicago, Ill.

Research Commission

George B. Winter (1942), *Chairman* . . . . St. Louis, Mo.
Frank W. Rounds (1943) . . . . . Boston, Mass.
Howard C. Miller (1941) . . . . . Chicago, Ill.
Glenn J. Pell (1940) . . . . . Indianapolis, Ind.
J. A. Blue (1939) . . . . . Birmingham, Ala.

Insurance

E. C. Hume, *Chairman* . . . . . Louisville, Ky.
James R. Cameron . . . . . Philadelphia, Pa.
Daniel F. Lynch . . . . . Washington, D. C.
George F. Seeman . . . . . Nashville, Tenn.
Earle H. Thomas . . . . . Chicago, Ill.

Aims and Objects

Thomas Conner, *Chairman* . . . . . Atlanta, Ga.
Theodor Blum . . . . . New York, N. Y.
Oather A. Kelly . . . . . St. Louis, Mo.
A. P. Willliams . . . . . Louisville, Ky.

To Formulate Plans for National Board

James A. Blue, *Chairman* . . . . . Birmingham, Ala.
Aubrey L. Martin . . . . . Seattle, Wash.
Frederick F. Molt, ... Chicago Ill.
J. J. Ogden . . . . . Memphis, Tenn.

Transportation

L. A. Wandell, *Chairman* . . . . . Milwaukee, Wis.
H. E. Sanders . . . . . Louisville, Ky.
Frederick C. Thorold . . . . . Flint, Mich.
Royal E. Wight . . . . . Salt Lake City, Utah

Library Slide

Thomas Conner, *Chairman* . . . . . Atlanta, Ga.
Don H. Bellinger . . . . . Detroit, Mich.
Wilbur McL. Davis . . . . . Orlando, Fla.

1932

A report from the Committee to Formulate a National Board is presented to the ASOSE General Assembly.

1933

Glenn J. Pell and **G. Thaddeus Gregory** publish their classification of impacted mandibular third molars based on their angulation and the amount of space between the ramus and the distal aspect of the second molar.



Drs. Pell (left) and Gregory

1934

Sodium Pentothal is introduced by Abbott Laboratories.

1936



Harry M. McFarland recommends establishment of a certifying board in his ASOSE presidential address.

1936

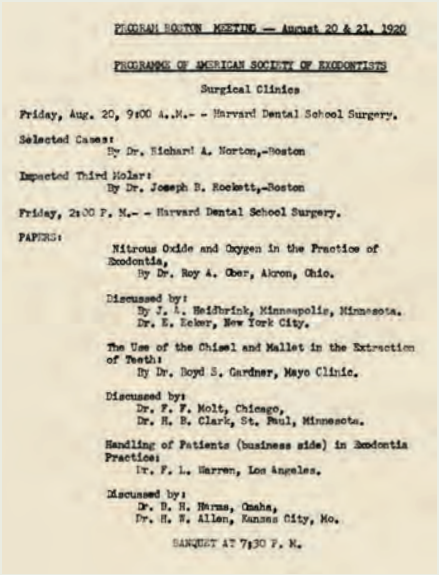


Leroy M.S. Miner is featured on the cover of Time magazine in his role as ADA President.

1939



A resolution is presented to the General Assembly to form the American Board of Oral Surgery and Exodontia. **James A. Blue** is appointed by the Executive Council to head a committee to form the proposed Board. However, it is not until 1946 that the Board is incorporated under the name American Board of Oral Surgery.



PROGRAM BOSTON MEETING — August 20 & 21, 1920

PROGRAMME OF AMERICAN SOCIETY OF EXODONTISTS

Surgical Clinics

Friday, Aug. 20, 9:00 A.M.- - Harvard Dental School Surgery.

Selected Cases:
By Dr. Richard A. Norton,-Boston

Impacted Third Molar:
By Dr. Joseph B. Hockett,-Boston

Friday, 2:00 P. M.- - Harvard Dental School Surgery.

PAPERS:

Nitrous Oxide and Oxygen in the Practice of Exodontia,
By Dr. Roy A. Ober, Akron, Ohio.

Discussed by:
By J. L. Heidbrink, Minneapolis, Minnesota.
Dr. E. Zeiler, New York City.

The Use of the Chisel and Mallet in the Extraction of Teeth:
By Dr. Boyd S. Gardner, Mayo Clinic.

Discussed by:
Dr. F. F. Holt, Chicago,
Dr. H. B. Clark, St. Paul, Minnesota.

Handling of Patients (business side) in Exodontia Practice:
Dr. F. L. Warren, Los Angeles.

Discussed by:
Dr. B. H. Burns, Omaha,
Dr. H. W. Allen, Kansas City, Mo.

BANQUET AT 7:30 P. M.

1940



Orlan K. Bullard publishes on the successful use of Sodium Pentothal for outpatient anesthesia.

1941

Weldon E. Bell discusses "Nitrous Oxide Premedication for Local Anesthesia" at the Annual Meeting in Houston. This is the first mention of this technique.



1942

ASOSE cancels its Annual Meeting as the nation focuses on World War II. This is the only time the Annual Meeting was canceled.

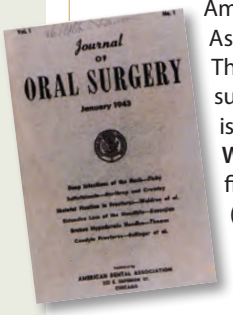
1943

On the 25th anniversary of its establishment, the American Society of Oral Surgeons and Exodontists changes its name to the American Society of Oral Surgeons (ASOS).

1943



The *Journal of Oral Surgery* publishes its first quarterly issue in January under the auspices of the American Dental Association. The initial annual subscription rate is $5. **Carl W. Waldron** is the first editor (1943-48).



1944



Chairman of the National Board of Dental Examiners **Leslie M. FitzGerald** recommends that ASOS go before the ADA and ask that it be authorized to sponsor and organize the American Board of Oral Surgery.



1946

The American Board of Oral Surgery is incorporated in Illinois and recognized by the ADA. **Leslie M. FitzGerald** is appointed Executive Secretary and Chairman of the Board of Directors.

1946

Sterling V. Mead is ADA President.

1947

The American Board of Oral Surgery begins its examinations. Sixty-three individuals are examined and 60 pass.

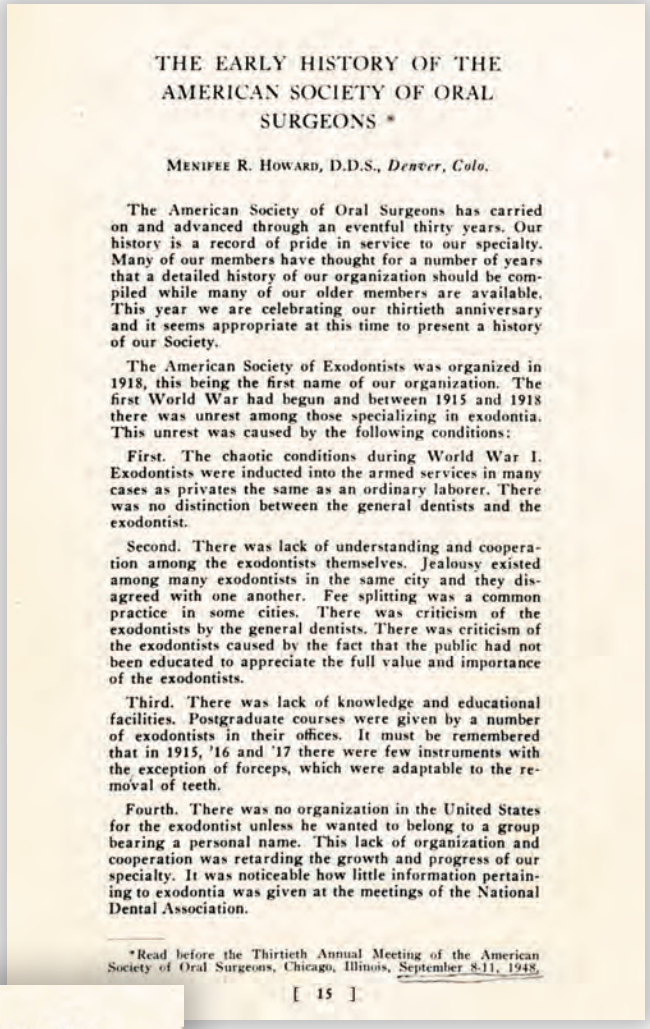
1947

The Pittsburgh Veterans Administration Hospital oral surgery residency program becomes the first to be accredited by the ADA.

1949



Joe Hall Morris describes the biphase external fixation splint for management of mandibular fractures.



THE EARLY HISTORY OF THE AMERICAN SOCIETY OF ORAL SURGEONS *

MENIFEE R. HOWARD, D.D.S., *Denver, Colo.*

The American Society of Oral Surgeons has carried on and advanced through an eventful thirty years. Our history is a record of pride in service to our specialty. Many of our members have thought for a number of years that a detailed history of our organization should be compiled while many of our older members are available. This year we are celebrating our thirtieth anniversary and it seems appropriate at this time to present a history of our Society.

The American Society of Exodontists was organized in 1918, this being the first name of our organization. The first World War had begun and between 1915 and 1918 there was unrest among those specializing in exodontia. This unrest was caused by the following conditions:

First. The chaotic conditions during World War I. Exodontists were inducted into the armed services in many cases as privates the same as an ordinary laborer. There was no distinction between the general dentists and the exodontist.

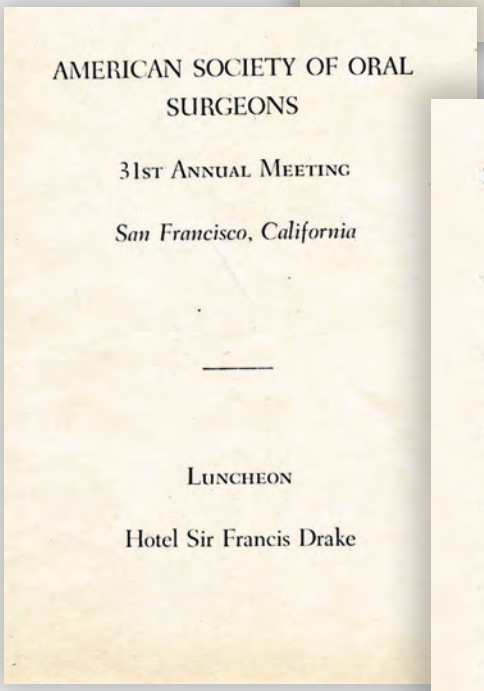
Second. There was lack of understanding and cooperation among the exodontists themselves. Jealousy existed among many exodontists in the same city and they disagreed with one another. Fee splitting was a common practice in some cities. There was criticism of the exodontists by the general dentists. There was criticism of the exodontists caused by the fact that the public had not been educated to appreciate the full value and importance of the exodontists.

Third. There was lack of knowledge and educational facilities. Postgraduate courses were given by a number of exodontists in their offices. It must be remembered that in 1915, '16 and '17 there were few instruments with the exception of forceps, which were adaptable to the removal of teeth.

Fourth. There was no organization in the United States for the exodontist unless he wanted to belong to a group bearing a personal name. This lack of organization and cooperation was retarding the growth and progress of our specialty. It was noticeable how little information pertaining to exodontia was given at the meetings of the National Dental Association.

*Read before the Thirtieth Annual Meeting of the American Society of Oral Surgeons, Chicago, Illinois, September 8-11, 1948.

[15]



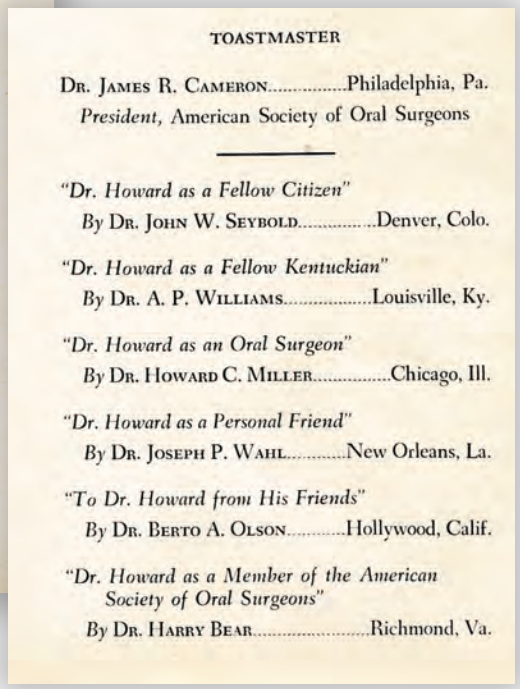
AMERICAN SOCIETY OF ORAL SURGEONS

31ST ANNUAL MEETING

San Francisco, California

LUNCHEON

Hotel Sir Francis Drake



TOASTMASTER

DR. JAMES R. CAMERON.....Philadelphia, Pa.
President, American Society of Oral Surgeons

"Dr. Howard as a Fellow Citizen"
By DR. JOHN W. SEYBOLD.....Denver, Colo.

"Dr. Howard as a Fellow Kentuckian"
By DR. A. P. WILLIAMS.....Louisville, Ky.

"Dr. Howard as an Oral Surgeon"
By DR. HOWARD C. MILLER.....Chicago, Ill.

"Dr. Howard as a Personal Friend"
By DR. JOSEPH P. WAHL.....New Orleans, La.

"To Dr. Howard from His Friends"
By DR. BERTO A. OLSON.....Hollywood, Calif.

"Dr. Howard as a Member of the American Society of Oral Surgeons"
By DR. HARRY BEAR.....Richmond, Va.

1950

Otolaryngology presents a resolution to the American Medical Association's House of Delegates restricting the specialty of oral surgery to care of the teeth. The ADA joins the American Society of Oral Surgeons in protesting the resolution.

1952

A special committee of the ADA meets with the American Medical Association Board of Trustees. The AMA admits it was an error for it to define a specialty of another profession. The AMA Board agrees with the definition of oral surgery passed by the ADA House of Delegates, which states: "Oral Surgery is the specialty of dentistry which deals with the diagnosis, surgical and adjunctive treatment of disease, injury and malformation of the mouth, jaws and their associated structures."

1952



Chalmers J. Lyons

The first **Chalmers J. Lyons** Memorial Lecture is given by his son **Richard Lyons**. Titled "Quo Vadis," the lecture presented a challenge to the specialty.

1953

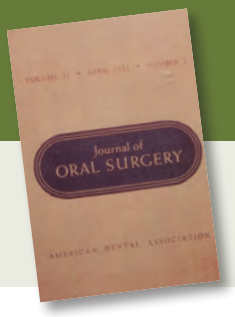


Adrian O. Hubbell (left) and **Harold W. Krogh** present the first university-sponsored course on intravenous anesthesia for the ambulatory dental patient at Tufts University in Boston.

1952

Fred A. Henny becomes Editor of the *Journal of Oral Surgery* (1952-64).





1953

Leslie M. FitzGerald is President of the ADA.

1953

The AMA House of Delegates refuses to rescind the derogatory oral surgery resolution it passed in 1950.

1953

The Annual Meeting in Houston is the first to include exhibits.

1953

Reed O. Dingman, who had been Editor of the *Journal of Oral Surgery* from 1949 to 1951, introduces a resolution at a meeting of the American Society of Plastic Surgeons condemning oral surgeons and their scope of practice. The resolution fails.



1954



Jack B. Caldwell

Jack B. Caldwell and **G.S. Letterman** introduce the extraoral bilateral vertical ramus osteotomy technique for the correction of mandibular prognathism. In 1970, **James M. Hebert, Jack M. Kent** and **Edward C. Hinds** modify the operation to be done intraorally.

1954



Edward C. Thompson introduces the technique of using a local anesthetic in conjunction with intravenous Sodium Pentothal anesthesia.

1954



Daniel F. Lynch is President of the ADA.

1956

The ASOS Committee on Graduate Training provides the first description of a three-year graduate program in oral surgery that includes an initial academic year devoted to biomedical science courses and a subsequent two years of clinical training.

1957

At a meeting of the American Society of Maxillofacial Surgeons, a resolution is passed similar to what **Reed O. Dingman** proposed unsuccessfully in 1953 at an American Society of Plastic Surgeons meeting. A copy of the resolution is sent to every hospital chief of surgery in the United States.

1956

Leslie M. FitzGerald is named Executive Director of the American Board of Oral Surgery, a position he holds through 1969.

1956

Bernerd C. Kingsbury is ADA President.



1958

The ASOS Committee on Graduate Training holds a conference leading to publication of the "Essentials of an Adequate Training Program in Oral Surgery."

1958

Elaine A. Stuebner becomes the first woman to complete training in oral and maxillofacial surgery. She later becomes the first woman certified by ABOS.



1959

ASOS establishes the Educational Foundation.



1959

The first *Newsletter*, a monthly ASOS publication, is distributed.



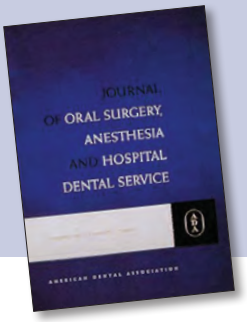
The ASOS headquarters is moved from Louisville to the American Hospital Association building in Chicago, and **Duke Trexler** is named the Executive Director.

1960

The Federal Employees Health Benefit Act is enacted. It provides for reimbursement for oral surgery procedures regardless of an oral surgeon's degree.

1960

The *Journal* changes its name from *Journal of Oral Surgery* to *Journal of Oral Surgery, Anesthesia, and Hospital Dental Service*.





1960

The ASOS headquarters is moved to the Palmolive Building in Chicago.

1961

The legislative body of ASOS is changed from a General Assembly to a House of Delegates.

1962

Edward Gilgan is named ASOS Executive Director, replacing **Duke Trexler**.

1962

ASOS affiliates with the International Association of Oral Surgeons.

1962

The House of Delegates holds its first meeting.

1963

Joel Berns publishes the first report on outpatient intravenous sedation in the *Journal of the Connecticut Dental Association*. He refers to it as "twilight sleep."

1964

Bulletin 36 of The Joint Commission on Accreditation of Hospitals indicates that oral surgeons can be full members of the medical staff and have the right to admit and discharge patients and to write appropriate orders as required.

1964



Philip J. Boyne reports on alveolar bone formation beneath a cellulose membrane and establishes the basis for guided bone regeneration.

1964

The ADA Council on Dental Education approves the creation of a Review Commission on Advanced Education in Oral Surgery, whose function will be to oversee the educational standards and develop specific procedures for accreditation of programs.

1964

Gene Malecki is named ASOS Executive Director, replacing **Edward Gilgan**.

1964

Robert F. Hall introduces the Surgairtome, a compressed-air or nitrogen-driven straight, high-speed, dental handpiece.



1965

John Paul North, Executive Director of the American College of Surgeons, affirms Bulletin 36 (from The Joint Commission in 1964) in an editorial in the ACS Bulletin.

1965

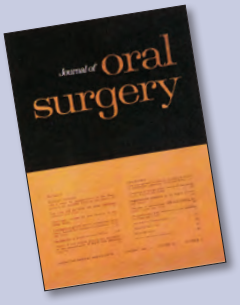
Eleanor Larson oversees ASOS after the departure of Executive Director **Gene Malecki** until a new Executive Director is appointed in 1966.

1965

The Review Commission on Advanced Education in Oral Surgery requires all residency programs to be a graduated three-year experience for accreditation.

1965

The *Journal* changes its name back to the *Journal of Oral Surgery.*



1966

Bernard J. Degen II is named ASOS Executive Director, replacing **Gene Malecki**.

1966



Hugo Obwegeser lectures on orthognathic surgery at the ASOS Comprehensive Conference on Oral Surgery in Washington, D.C., on June 20, and changes the future scope of American oral and maxillofacial surgery.

1967

The Southern California Society of Oral Surgeons initiates an office anesthesia evaluation program, which is adopted by ASOS in 1970.

1967

The first patient information pamphlet, titled "What About Oral Surgery," is published. It is sold to the membership for 3 cents each.

1968

Florida, Illinois, Ohio, Pennsylvania, Utah and Virginia are the first state societies to become official components of ASOS.

1968

Erwin F. Hunsuck modifies the bilateral sagittal split osteotomy by limiting the extent of the medial horizontal osteotomy.

1968



Fred A. Henny is President of the International Association of Oral Surgeons (IAOS).

1965

James R. Hayward becomes Editor of the *Journal of Oral Surgery* (1965-71).



1965



The *Newsletter* becomes a bimonthly publication, and **Daniel M. Laskin** is named editor.

1966

The House of Delegates establishes the concept of state component societies.



1966

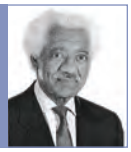
The AAOMS headquarters is moved from the Palmolive Building to the ADA Headquarters Building.

1966

William H. Ware publishes his article on the use of a rib graft as a growth center replacement for a damaged mandibular condyle.

1968

Harold W. Hargis coins the word "orthognathic" to describe the type of surgery done to correct jaw deformities.



1969



William H. Bell publishes the first of his experimental animal studies on revascularization and bone healing after orthognathic surgery involving the anterior maxillary osteotomy. In 1970, he publishes on the anterior mandibular osteotomy. He subsequently does similar studies on the posterior maxillary osteotomy (1971), the maxillary corticotomy (1972), the Le Fort I osteotomy (1975), the vertical ramus osteotomy (1976), the bilateral sagittal split osteotomy (1977), the one tooth dento-osseous segmental osteotomy (1978), the genioplasty (1988) and the segmental Le Fort I osteotomy (1995). These studies establish the safety of these operations and encourage their use by oral and maxillofacial surgeons.



1969

Daniel M. Laskin elaborates on the psychophysiologic theory of TMJ pain and introduces the term myofascial pain-dysfunction (MPD) syndrome into the literature.

1970




Drs. Archer (left) and Irby

Harry Archer and **William B. Irby** publish the "History of the Development of Oral Surgery in the United States."

1970

The Joint Commission on Accreditation of Hospitals anesthesia service standards are amended to indicate that dentists are as capable as physicians to provide anesthesia in the hospital.

1970

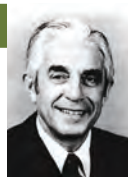
ASOS initiates a mandated, self-regulatory, nationwide office anesthesia evaluation program based on the Southern California Society of Oral Surgeons program created in 1967.

1971

The Oral Surgery Political Action Committee – later changed to the Oral and Maxillofacial Surgery Political Action Committee (OMSPAC) – is created.

OMSPAC
Oral and Maxillofacial Surgery Political Action

1971



Walter C. Guralnick introduces the concept of the dual-degree residency training program at Massachusetts General Hospital/Harvard Medical School later described in detail in an article published in the *Journal of Oral Surgery* in 1973.

1971

The geographic district system is established.

1971

The House of Delegates adopts a position on national health insurance that stresses that federal programs recognize the services that dentists are licensed to provide and that covered benefits be reimbursed the same as for physicians.

1972

The American Society of Anesthesiologists issues a positive statement regarding the training of oral and maxillofacial surgery residents.

1972



S. Elmer Bear

The House of Delegates establishes the position of Speaker. The first person to hold the position is **S. Elmer Bear** (1973-76) followed by **John Heiser** (1977-80), **Dewayne Briscoe** (1981-86), **Thomas J. Starshak** (1987-94), **J. Thomas Soliday** (1995-2002) and **Steven R. Nelson** (2003-).

1972



Edward C. Hinds

Edward C. Hinds and **Jack M. Kent** publish the first American book on orthognathic surgery (*Surgical Treatment of Developmental Jaw Deformities*).

1972

Daniel M. Laskin becomes Editor of the *Journal of Oral Surgery* (1972-2002).

1973



The ADA's House of Delegates permits ASOS members to announce themselves as practicing oral and maxillofacial surgery within the Principles of Ethics.

1973

The ASOS Committeeman of the Year Award is established.

1974

Robert Bruce MacIntosh describes the total mandibular subapical osteotomy.

1974



Leonard B. Kaban

Donald Leake is the first non-general surgeon admitted to the American College of Surgeons, followed by **Leonard B. Kaban** in 1980.

1975

The ASOS Committee on Graduate Education becomes the Committee on Residency Education and Training (CRET).

1975

Irwin A. Small introduces the mandibular staple bone plate for retention of a denture in patients with extremely atrophic lower jaws.



1975

A series of patient information pamphlets is offered to the membership.

1975

Robert B. Shira is President of the ADA.



1975

The name of the *Newsletter* is changed to the *Forum*.



1975

President Gerald Ford attends the ASOS President's reception at the Annual Meeting.



1976

A Forum on Residency Education is held, and the Oral and Maxillofacial Surgery In-Training Examination (OMSITE) is outlined.

1976

The American Board of Oral Surgery is renamed the American Board of Oral and Maxillofacial Surgery.

1976

Bernard Levine and **Richard Topazian** describe the intraoral inverted-L double oblique osteotomy of the mandibular ramus.



Richard Topazian



1978

The name American Society of Oral Surgeons is changed to the American Association of Oral and Maxillofacial Surgeons (AAOMS).



1977

The Joint Commission on Accreditation of Hospitals recognizes hospital dental departments in its standards.

1977

The Oral and Maxillofacial Surgery In-Training Examination is initiated.

1977

Bruce N. Epker publishes his modification of the bilateral sagittal split osteotomy, which involves maintenance of the masseter attachment to the mandibular ramus.



1977

Charles C. Alling reports on inferior alveolar nerve repositioning in the atrophic mandible.



1978

Joseph P. Cappuccio is President of the ADA.



1979

Philip Worthington conducts the first one-week course on microneurosurgery for oral and maxillofacial surgeons.

1979

M. Franklin Dolwick – in conjunction with **Richard W. Katzberg, Clyde A. Helms** and **David J. Bales** – introduces the use of arthrotomography for evaluation of the temporomandibular joint.

1979

William L. McCarty Jr. and William B. Farrar, a prosthodontist, describe the use of a discoplasty for treatment of internal derangements of the TMJ.

1979

I. Laurence Kerr is the ADA President.



1980

The House of Delegates approves a resolution designating a member who is board-certified as a "Fellow" of AAOMS.

1980

The House of Delegates amends AAOMS Bylaws to designate the Immediate Past President as an Officer of the Association. **Jack W. Gamble** becomes the first person to hold the office in 1981.

1980

Philip J. Boyne and **Randal A. James** show that elevation of the maxillary sinus membrane to create a space results in new bone formation and establishes the concept of the "sinus lift" for augmenting the atrophic posterior maxillary alveolar ridge.

1980

President Jimmy Carter signs into law amendments to Medicare recognizing oral and maxillofacial surgeons as providers of covered benefits they are licensed to provide.

1980



James B. Edwards is appointed Secretary of Energy by President Ronald Reagan.

1981

AAOMS purchases the *Journal of Oral Surgery* from the American Dental Association.



1981

The House of Delegates mandates that board certification be a requirement for representative leadership in AAOMS.

1982

The House of Delegates approves that the Association proceed to purchase a headquarters building.

1982

The name of the *Journal* is changed to the *Journal of Oral and Maxillofacial Surgery.*

1982

AAOMS establishes a Section on Education and a Section on Research.

1982



Dentistry is granted a seat on The Joint Commission on Accreditation of Hospitals governing board, and **Charles A. McCallum** is appointed as the ADA representative. The Joint Commission grants permission to qualified oral and maxillofacial surgeons to perform history and physical examinations, pending approval of their local affiliate hospital.

1982

The Educational Foundation is reorganized as an independently functioning allied organization of AAOMS.

1982

Per-Ingvar Brånemark gives his first course on implantology in the United States at the Gunderson Clinic in La Crosse, Wis.



1982

Jack N. Kent, James H. Quinn and **Michael F. Zide** publish their article on use of hydroxyapatite for alveolar ridge augmentation.

1983

The *Essentials of an Adequate Training Program in Oral Surgery* undergoes a major revision.

1983

Robert E. Marx publishes on the use of hyperbaric oxygen in the treatment of osteoradionecrosis.

1983

Daniel M. Laskin is President of IAOMS.

1983

Proplast is first used as a TMJ disc replacement.

1984

The House of Delegates approves a four-year $135 assessment for purchase of a headquarters.



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House Approves Purchase of Building

The 1984 House of Delegates in New York approved a recommendation from the Board of Trustees to purchase a building in the Chicago area. The building will serve as AAOMS headquarters and provide an investment return of non-dues revenue to support association programs and services. The house approved the withdrawal of up to $500,000 from the Reserve Fund for use in the acquisition of the headquarters building.

In taking the action, the house concurred that a building of sufficient size to realize eventual non-dues income could not be purchased without additional funding. By a two-thirds vote, the house approved that, effective in 1985, fellows and members be assessed up to $135 for each of four years (1985, 1986, 1987 and 1988). It was also recommended that an attempt be made to develop an innovative financing program that would help in the purchase and financing of the building.

Number of $1,000 Voluntary Contributions Can be Factor in Assessment Reduction

Fellows or members who voluntarily contribute $1,000 to the building fund by March 1, 1985 are to be exempt from the assessment and will be appropriately recognized on a special citation in the headquarters. Already a number of members, including the Board of Trustees and several non-dues-paying fellows (retired, life, and honorary) have voluntarily made a contribution. The remittance is to be made payable to AAOMS.

The house also approved that during the assessment period, any fellow or member whose membership is discontinued will be required, as a requisite for reinstatement or making application for membership or fellowship, to remit the amount of assessment for each year of non-fellowship or membership. Fifty percent of the assessment will be waived for fellows and members who are 62 years old and over as of September 15, 1984. Fifty percent of the subsequent yearly assessment is to be waived for fellows/members attaining the age of 62 on September 15 of 1985, 1986 or 1987, starting with the year after they reach that age. Any assessment obligation for future fellows and members is to be addressed by the 1985 house.

100 Dues Increase Approved to Support Marketing Programs

In another action, the house approved a dues increase of $102 effective in 1985 to support marketing programs of the association. The monies allocated to marketing programs are to: 1) improve the oral and maxillofacial surgeon's identity and establish the position of the specialty throughout the health care field, 2) achieve a balance between the supply of oral and maxillofacial surgeons and the demand for their services; 3) cultivate existing referral sources and develop new ones; and 4) seek maximum insurance coverage of procedures performed by oral and maxillofacial surgeons. The house has directed that an organized and funded program of communication be conducted with third parties, unions and corporations on the critical importance of standard of care to their beneficiaries, particularly in areas of TMJ, orthognathic surgery, impactions, implantology and pain control.

Existing public relations programs involving spokesperson training and placement and major continuing education programs will continue as in the past.

Establishment of Research Fund in Educational Foundation — AAOMS

Recognizing the importance of research in the specialty, the House of Delegates approved a withdrawal of $250,000 from the Reserve Fund, at the appropriate time, for establishment of a research fund in the Educational Foundation — AAOMS. In addition, a contribution of $25,000 will be included in the annual operating budget for this purpose. The Educational Foundation — AAOMS will consider a matching allocation of $250,000 on a one-time basis, in addition to $25,000 annually.

In other financial actions, the house approved a 1985 operational budget with revenue and expense of $1,778,950 as reflected in the 1984 annual report.

The house also acted on several committee recommendations and house resolutions that included:

Education

- A resolution regarding changes in the emphasis and structure of general practice residencies was referred to the Committee on Hospital Affairs and Committee on Residency Education and Training for study with instructions for a report and recommendations to be provided to the 1985 House of Delegates.

Membership

- Amended the bylaws to reduce the size of the Committee on Membership from six to three members, with appointments staggered so that no more than one fellow's term expires annually.
- Amended the bylaws to expand the qualifications for life membership. Previously the qualifications were thirty-five-paying years and reaching age 65, now fellows or members who have paid dues for thirty-five years are also eligible.

(Continued on page 2)

1985

The *Essentials of an Adequate Training Program* in Oral Surgery is adopted by the ADA Commission on Accreditation as "The Requirements for an Adequate Training Program in Oral and Maxillofacial Surgery."

1985

Under the leadership of **Philip Maloney**, the Educational Foundation establishes a research fund and initiates the Professional Excellence Enabled by Research (PEER) fund drive.

1985

The first series of *Surgical Updates* is produced.

1985

Robert E. Marx, Robert P. Johnson and **Stuart N. Kline** publish their study on the use of hyperbaric oxygen to prevent osteoradionecrosis following tooth extraction in irradiated patients.

1985

The first adverse reaction to a Proplast TMJ disc replacement is reported.

1985

The Board of Trustees establishes a Special Committee on Implantology and launches a marketing campaign that emphasizes implantology as an integral part of the scope of the specialty.

1986

AAOMS purchases the headquarters building in Rosemont, Ill.



1986

A landmark conference on the issue of expanded scope for the specialty recommends that the training be enhanced in three areas: facial esthetic surgery, resection and reconstruction in oral and maxillofacial surgery, and repair of cleft lip and palate.

1986

The residency applicant matching program is initiated.

1986

The length of the OMS residency program is increased from three to four years.

1987

The Educational Foundation of AAOMS changes its name to the Education and Research Foundation for Oral and Maxillofacial Surgery (ERFOMS).

1987

An invitational conference with 53 attendees from 24 countries is held in Tenerife in an attempt to define the scope of oral and maxillofacial surgery and the matter of degree. This was followed by a second invitational conference in Bermuda in 1988 that eventually led to a summary document titled "International Guidelines for Specialty Training and Education in Oral and Maxillofacial Surgery" adopted by IAOMS in 1992.

1987

Jay A. Anderson reports on the use of capnography for monitoring during outpatient general anesthesia.

1987

Ole T. Jensen and **David L. Nock** report on relocation of the inferior alveolar nerve to facilitate endosseous implant placement.

1988

AAOMS and ABOMS issue a joint statement recognizing that an MD certification can be a part of oral and maxillofacial surgery training.

1988

AAOMS initiates an anesthesia assistant program devoted to the education and testing of the office anesthesia team.

1988

The AAOMS Board of Trustees approves inclusion of cosmetic surgical corrections in the scope of the specialty.

1988



The AAOMS Mutual Insurance Company is incorporated in the state of Illinois as a risk retention group. **L. Jack Bolton** is named Chairman of the Board of Directors.

1988

Cynthia E. Winne is the first woman member of the House of Delegates.

1989

The Building of a Specialty: Oral and Maxillofacial Surgery in the United States is published as a supplement to the *Journal of Oral and Maxillofacial Surgery.*

1989

The American College of Surgeons recognizes oral and maxillofacial surgeons as participants in its Advanced Trauma Life Support course.

1989

Clyde H. Wilkes publishes his classification of internal derangements of the TMJ.

1989

The National Society of Oral and Maxillofacial Surgeons is formed.

1989



The **Donald B. Osbon** Award is established to recognize an outstanding OMS educator.

1990

The Education and Research Foundation for Oral and Maxillofacial Surgery (ERFOMS) changes its name to Oral and Maxillofacial Surgery Foundation.

1990

Larry M. Wolford and **Wilbur M. Davis Jr.** publish their modification of the bilateral sagittal split osteotomy involving splitting of the inferior border of the mandible.

1990



Leonard B. Kaban publishes the first book on pediatric oral and maxillofacial surgery.

1990

Joseph E. Van Sickels and **B.D. Tiner** describe their technique for fixation of the intraoral inverted-L osteotomy.

1990

ABOMS begins the recertification process and issues the first time-limited certificates.

1990

The AAOMS Bylaws are amended to state that maintenance of active membership requires fulfillment of an onsite office anesthesia evaluation.

1990



James R. Hupp directs the first AAOMS-sponsored surgical skills course on cosmetic surgery.

1991

M. Franklin Dolwick, with **Dorrit W. Nitzen** and **Garza Alejanero Martinez**, describe the use of arthrocentesis for treatment of internal derangements of the TMJ.

1992

Hurricane Iniki occurs during the Annual Meeting in Hawaii that is held in conjunction with the Japanese Society of Oral and Maxillofacial Surgeons.

1992

The Joint Commission on Accreditation of Hospitals approves oral and maxillofacial surgeons doing their own histories and physical examinations.

1992

Clinical Interest Groups on dental implants, anesthesia, TMJ and cosmetic maxillofacial surgery are established.

1992



Eric Dierks

Eric Dierks and **Bryce Potter** establish the first official fellowship in head and neck oncology.

1992

The name of the Section on Education is changed to the OMS Faculty Section.

1992

The first Implant Conference is held.

1992

The Section on Research is discontinued, and its functions are assumed by the Advisory Committee on Research and Technology Assessment.

1992



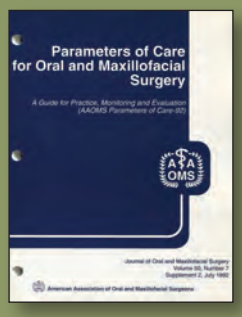
Robert V. Walker is President of IAOMS.

1992

AAOMS Mutual Insurance Company changes from a mutual to a stock company and repays the Association the start-up expenses and capital initially provided in 1988. It changes its name to AAOMS National.

1992

The culmination of work underway since 1986 by the Special Committee on Criteria and Standards of Care is published as the first edition of *Parameters of Care for Oral and Maxillofacial Surgery.*



1993

Barbara Moles serves as AAOMS Interim Executive Director for nine months after the departure of **Bernard J. Degen II** until **John (Jeff) Flood** is appointed Executive Director.

1993

The OMS Foundation Alliance is established.

1993

The second edition of *Oral and Maxillofacial Surgery Services in the Emergency Department*, prepared by the Committee on Hospital Affairs, is sent to every member of the American Academy of Emergency Medicine.

1993

The Annual Meeting is held in conjunction with the German Society of Oral and Maxillofacial Surgeons.

1993

Daniel M. Laskin is awarded the Norton M. Ross Award for Excellence in Clinical Research by the American Dental Association.

1993



AAOMS initiates a Third Molar Study with **Raymond P. White Jr.** as the project director.

1994

The House of Delegates votes unanimously that oral and maxillofacial surgery is and always will remain a specialty of dentistry.

1994

Barbara Moles is appointed Executive Director, replacing **John (Jeff) Flood**.

1994



Bruce N. Epker becomes the first American oral and maxillofacial surgeon to publish a book on esthetic surgery (*Esthethic Maxillofacial Surgery*).

1994

The first State Advocates Forum is held.

1994

The Resident Organization of AAOMS (ROAAOMS) is created.

1994

Oral and Maxillofacial Knowledge Update I (OMSKU I) is released.

1995

AAOMS Services, Inc. (ASI), the for-profit subsidiary of AAOMS, is incorporated.

1995

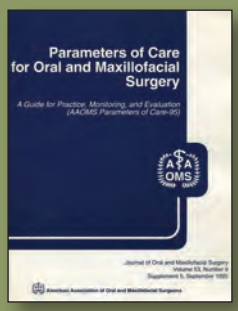
The Annual Meeting is held in Toronto, Canada, in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons.

1995

Louis M. Mercuri, Larry M. Wolford, Bruce Sanders and **R. Dean White** introduce the custom total TMJ prosthesis.

1995

The second edition of *Parameters of Care for Oral and Maxillofacial Surgery* is published, with patient assessment added as a core section and orthognathic surgery divided into two chapters (cleft/craniofacial and maxillofacial skeletal deformities).



1996

The Annual Meeting is held in conjunction with the Latin American Association of Oral and Maxillofacial Surgeons (ALACIBU).

1996

ABOMS celebrates its 50th anniversary.

1996

OMSPAC celebrates its 25th anniversary.

1996

The *Forum* becomes *AAOMS Today.*



1996

The Board of Trustees establishes the Special Committee on Diversity.

1996

Martin Chin reports on the use of distraction osteogenesis for vertical augmentation of the alveolar ridge.

1997

The House of Delegates approves a clinical study on third molars.

1997

The Robert V. Walker Society is established by the OMS Foundation.

1997

Robert C. Rinaldi is named AAOMS Executive Director, replacing **Barbara Moles**.

1997

David A. Whiston is ADA President.

1997

ABOMS offers its first recertification examination.

1997

ROAAOMS is granted two non-voting seats in the House of Delegates.

1998

The second edition of the AAOMS history, titled *The Building of a Specialty: Oral and Maxillofacial Surgery in the United States 1918-1989*, is published as a supplement to the *Journal of Oral and Maxillofacial Surgery*.



1999

AAOMS rebuts misconceptions about the safety of outpatient general anesthesia for oral surgery patients after a report is aired on the 60 Minutes television news program.

1999

The first AAOMS Day on the Hill is held.

1999

The Annual Meeting is held in conjunction with the British Association of Oral and Maxillofacial Surgeons.

1999

John F. Helfrick is IAOMS President.

1999



Lewis N. Estabrooks becomes Chairman of the Board of Directors of AAOMS National.

2000

The House of Delegates approves the development of the Faculty Educator Development Award (FEDA) in order to encourage young oral and maxillofacial surgeons to assume academic careers.

2000

Peter Quinn introduces his stock alloplastic TMJ prosthesis.

2000

AAOMS establishes National Facial Protection Month.



2000

The **Walter Lorenz** Memorial Library is officially opened at AAOMS headquarters with a dedication ceremony.





2001

The 9/11 disaster occurs at the same time as the Annual Meeting in Orlando. The Board of Trustees and the staff reorganize the program based on the clinicians who are already present, and the meeting continues.

2001

AAOMS National changes its name to OMS National Insurance Company (OMSNIC). Credit rating company A.M. Best issues it an "A" (Excellent) rating in recognition of its financial stability.

2001

The Outstanding Legislator of the Year Award and the Outstanding Fellow/Member Activist Award are established.

2001

The third edition of the *Parameters of Care* is published under the name *Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery*, featuring new addenda for pediatric OMS and a revised reference list categorized by topic.



2002

The House of Delegates approves that the chairman and vice chairman of ROAAOMS be ex-officio members of the House.

2002

The name of the Committeeman of the Year Award is changed to the Committee Person of the Year Award.

2003

Robert E. Marx reports the first cases of bisphosphonate-related osteonecrosis of the jaws in a letter to the editor of the *Journal of Oral and Maxillofacial Surgery.*

2003

J. Thomas Soliday is elected Speaker of the ADA House of Delegates.

2003

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 extends private contracting to podiatrists, dentists and optometrists, effective December 2003.

2003

Leon A. Assael becomes Editor of the *Journal of Oral and Maxillofacial Surgery* (2003-10).

2003

The Annual Meeting originally scheduled to be held in Canada in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons is moved to Orlando because of an outbreak of SARS in Toronto.



2004

AAOMS issues a statement promoting the qualifications of oral and maxillofacial surgeons to provide cosmetic surgery procedures after a campaign by some plastic surgeons questions their ability to perform such services.

2005

AAOMS hosts a Research Summit focusing on the identification of current technological and knowledge gaps affecting the specialty and the determination of specific research needs in the future. Later summits are named Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS).

2005

A resolution before the House of Delegates that the Board of Trustees be authorized to sell the headquarters building is rejected.

2005

The Annual Meeting is held in conjunction with the British Association of Oral and Maxillofacial Surgeons.

2005

The House of Delegates establishes a Resident Disaster Relief Fund following Hurricane Katrina.

2005

Francis P. DiPlacido Jr. is elected President of the Board of Directors of the Accreditation Association for Ambulatory Health Care (AAAHC).

2005

Robert M. Brandjord is ADA President.



2006

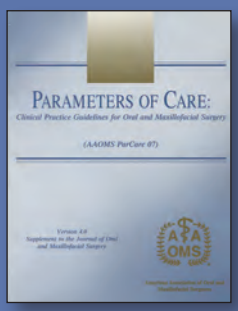
AAOMS issues a landmark position paper on Bisphosphonate-Related Osteonecrosis of the Jaw (BRONJ) after a link is discovered between the use of such anti-osteoporosis drugs and jaw necrosis.

2006

With the help of AAOMS, for the first time oral and maxillofacial surgeons serving in the military receive Incentive Special Pay equivalent to their medical colleagues.

2007

The fourth edition of the *Parameters of Care: Clinical Guidelines for Oral and Maxillofacial Surgery* is published with new diagnoses and procedures and expanded considerations for the pediatric patient.



2007

ROAAOMS distributes the first edition of the *OMS Reference Guide to Oral and Maxillofacial Surgery* to all residents.

2007

The Annual Meeting is held in Hawaii in conjunction with the Japanese Society of Oral and Maxillofacial Surgeons and the Korean Association of Oral and Maxillofacial Surgeons.

2008

The American College of Surgeons affirms that OMS services are an essential component of Level I through Level IV trauma centers.



2008

James Q. Swift is installed as President of ADEA.

2008

The Annual Meeting is held in Seattle in conjunction with the Chinese Society of Oral and Maxillofacial Surgeons.

2009

AAOMS issues an update of its position paper on BRONJ.

2009

The Annual Meeting is held in Toronto in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons. Research presented at the meeting links the repeal of the motorcycle helmet law to an increase in facial trauma.

2009



Ronald L. Tankersley is President of the ADA.

2009



Charles N. Bertolami is President of ADEA.

2009

The Oral and Maxillofacial Anesthesia Assistant Program is sunset and the Dental Anesthesia Assistant National Certification Examination (DAANCE) is launched.

2009

AAOMS adopts the tagline "Saving Faces/Changing Lives."

AAOMS
Saving Faces | Changing Lives®

2010

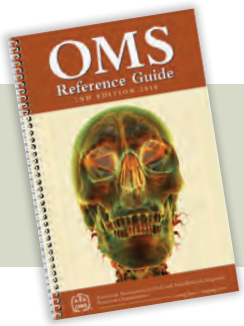
AAOMS hosts the Third Molar Multidisciplinary Conference, which includes participants from dental, medical, government and third-party organizations.

2010

Larry W. Nissen is IAOMS President.

2010

The second edition of the *OMS Reference Guide* is distributed to all residents.



2011

Leonard B. Kaban is awarded the Norton M. Ross Award for Excellence in Clinical Research by the American Dental Association.

2011

The House of Delegates undergoes computerization, with all materials related to business activities available only electronically.

2011

The Annual Meeting is held in conjunction with the Scandinavian Association of Oral and Maxillofacial Surgeons (SFOMK).

2011

James R. Hupp is appointed Editor of the *Journal of Oral and Maxillofacial Surgery.*

2012

A mobile app is available for the first time at the Annual Meeting that enables attendees to access sessions, a speaker index, speaker presentation materials, an itinerary builder and evaluation forms to obtain CE credits.



2012

The fifth edition of *Parameters of Care: Clinical Guidelines for Oral and Maxillofacial Surgery* is published with new sections on obstructive sleep apnea and nonodontogenic soft-tissue infections.



2012

The Task Force on Third Molar Research completes the "White Paper on Evidence-Based Third Molar Surgery."

2012



The American College of Surgeons establishes an OMS Section for double-degree oral and maxillofacial surgeons with **Ghali E. Ghali** as Chair.

2012



Mary A. Delsol is the first woman President of the American Board of Oral and Maxillofacial Surgery.

2013

ROAAOMS members of the House of Delegates are granted limited voting privileges.



2013

AAOMS initiates an Informational Campaign to familiarize the public about the scope of the specialty. A new tagline is introduced: "Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery."

2013

Daniel Lew publishes *A Historical Overview of the AAOMS*.



2013

An Annual Meeting preconference course is held on Cosmetic Facial Surgery.

2014

An update on the 2009 position paper on BRONJ is published, with renaming of the condition as MRONJ due to the discovery that other drugs can cause a similar condition.



2014

AAOMS establishes a Committee on Cleft, Craniofacial and Pediatric Oral and Maxillofacial Surgery and a Committee on Predoctoral Education and Training.

2014

James Q. Swift becomes Chairman of the Board of Directors of OMSNIC.



2015

The Board of Trustees holds a Summit on Women in Oral and Maxillofacial Surgery and subsequently establishes a Special Committee to continue working on this issue.

2015

AAOMS works with the American College of Surgeons to develop a pathway for eligible single-degree OMSs to apply for Fellowship.

2015

Janice S. Lee becomes Clinical Director of the Craniofacial Anomalies and Regeneration Section of the National Institute of Dental and Craniofacial Research.



2015

The Annual Meeting is held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons.

2015

A manual on suturing, developed as a supplement to the *Journal of Oral and Maxillofacial Surgery* by Editor **James R. Hupp**, is distributed to all second-year dental students.



2016

Scott Farrell is named AAOMS Executive Director, replacing **Robert Rinaldi**.

2016

The first class of single-degree oral and maxillofacial surgeons is welcomed into the American College of Surgeons.

2016

AAOMS issues the "White Paper on the Management of Third Molar Teeth," which presents evidence-based guidelines for managing impacted third molars and recommends that those teeth associated with disease, or at high risk of developing disease, be surgically managed.

2016

The AAOMS.org member website exceeds 314,000 annual visits.

2017

The Special Interest Group on Women is formed with **Stephanie J. Drew** as Chair (right), **Jennifer Woerner** as Vice-Chair (center) and **Jasjit Dillon** as Secretary.



2017

The name of the Committee on Residency Education and Training (CRET) is changed to the Committee on Education and Training (CET).

2017

The AAOMS Informational Campaign is honored with several national and international awards in recognition of its quality and effectiveness in conveying the message of OMS expertise and for promoting oral cancer awareness.

2017

The sixth edition of *Parameters of Care: AAOMS Guidelines for Oral and Maxillofacial Surgery* is published with sections on neurologic defects and surgical orthodontics.

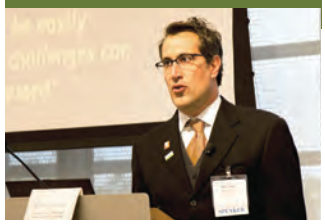


2017

The OMS Foundation becomes reintegrated within the structure of AAOMS.

2017

AAOMS sponsors an Anesthesia Patient Safety Conference where doctors representing a variety of specialties discuss proper education, anesthetic administration, identification of at-risk patients and emergency preparedness.



2017

A *Journal* supplement on implant dentistry is provided to all third-year dental students.



2018

Federal, state and city governments recognize AAOMS with centennial proclamations.

2018

AAOMS hosts its centennial Annual Meeting.

100th ANNIVERSARY
AAOMS



2018

The Journal of Oral and Maxillofacial Surgery celebrates its 75th anniversary.

2018

AAOMS Today is redesigned in a magazine-style format.



2018

The American College of Surgeons approves an OMS Advisory Council and a seat for OMS on the Board of Governors.

2018

Following two national surveys on consumer awareness of the specialty terminology, the Informational Campaign shifts back to using "oral and maxillofacial" instead of "oral and facial" to describe the specialty and its members.

2018

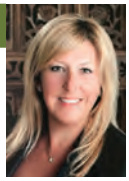
ROAAOMS celebrates its 25th anniversary.

2018

The Basic Emergency Airway Management (BEAM) program – the first of three modules of the National Simulation Program – is offered for the first time.



2018



Stephanie J. Drew is elected the 26th President of the American College of Oral and Maxillofacial Surgeons, the first woman to hold this position.

2018

Former Secretary of State and Chairman of the Joint Chiefs of Staff General Colin L. Powell is the Annual Meeting Keynote Lecture speaker.

2018

The Annual Meeting History Museum exhibits include a 100-year timeline, a time capsule to hold memories of the past and present, pictures of AAOMS Past Presidents, a display of historical artifacts, videos of interviews of Past Presidents and a member attendee signature banner.

CHAPTER TWO – CENTENNIAL YEAR

Recapping highlights of events, meetings, commemorations and publications of the once-in-a-lifetime celebration of the 100-year anniversary of the American Association of Oral and Maxillofacial Surgeons.

100th ANNIVERSARY



A ONCE-IN-A-LIFETIME CELEBRATION





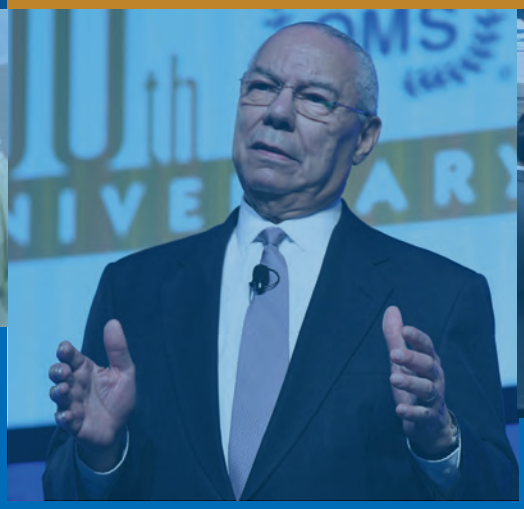




100th ANNIVERSARY

AAOMS









Annual Meeting honors 100 years of AAOMS

The American Association of Oral and Maxillofacial Surgeons marked its centennial with dozens of observances throughout 2018, culminating at the 100th AAOMS Annual Meeting in Chicago. It was only fitting that Chicago serve as the backdrop for this important anniversary because the city was where 29 doctors convened in 1918 to hold the first meeting of the American Society of Exodontists, the organization that later became AAOMS.

With a bustling History Museum full of displays and numerous sessions that touched on the specialty's storied past, the 100th AAOMS Annual Meeting provided a wealth of opportunity for attendees to appreciate and reflect on the Association's centennial.

CHICAGO

AAOMS 2018 ANNUAL MEETING 100TH ANNIVERSARY

Chicago

SAFETY AND INNOVATION FOR THE NEXT CENTURY



Annual Meeting

OCT. 8 – OCT. 13, 2018









The 2018 AAOMS Annual Meeting was a fitting tribute to the professional organization that has worked for a century to represent, support and advocate for oral and maxillofacial surgeons in the United States. With a bustling History Museum full of displays and numerous sessions that touched on the specialty's storied past, the 100th AAOMS Annual Meeting provided a wealth of opportunity for attendees to appreciate and reflect on the Association's centennial.

More than 4,200 fellows, members, residents and professional staff gathered in Chicago for the latest in clinical education and practice management sessions while being reminded of the specialty's important milestones.

With a robust schedule of historical offerings, educational programming, a vendor exhibition and social events, the 2018 AAOMS Annual Meeting was divided into two main venues.

Most educational sessions, the Exhibit Hall and History Museum were situated at McCormick Place, the largest convention center in the country. The Hilton Chicago – overlooking Grant Park, Lake Michigan and the Museum Campus on the city's historic Michigan Avenue – served as the Headquarters Hotel and host to the House of Delegates, Opening Ceremony, Welcome Reception and select educational sessions.

Appropriately, the meeting's overall theme was "Safety and Innovation for the Next Century." The planning for the more than 150 educational sessions was led by AAOMS's Committee on Continuing Education and Professional Development and the Committee on Practice Management and Professional Staff Development, with assistance from eight other AAOMS committees.



Annual Meeting

DAY 1: MONDAY, OCT. 8





> "It is a privilege to stand before you this morning at this historic centennial Annual Meeting and report on the activities of your Association during the past year. I have been sincerely honored to serve in this role, see our specialty grow and make advancements on many important projects."
>
> **– Dr. Brett Ferguson, 2017-18 AAOMS President**

In keeping with tradition at **Session I** of the **House of Delegates**, the President of the host state OMS society was asked to step to the podium to greet attendees. "It is my great pleasure to welcome you all to Chicago, and I'm especially honored to do so for the 100th anniversary of the American Association of Oral and Maxillofacial Surgeons," said Dr. Spiro Karras, President of the Illinois Society of OMS. "As members of this great organization, we're all truly blessed to be able to participate in this incredible profession. Our organization began as the American Society of Exodontists 100 years ago in this very city a mere two-and-a-half miles from here."

Dr. Brett Ferguson then delivered his **President's Address** to the gathering of 102 Delegates, AAOMS Officers, Trustees, guests and staff.

"It is a privilege to stand before you this morning at this historic centennial Annual Meeting and report on the activities of your Association during the past year," said Dr. Ferguson. "I have been sincerely honored to serve in this role, see our specialty grow and make advancements on many important projects."











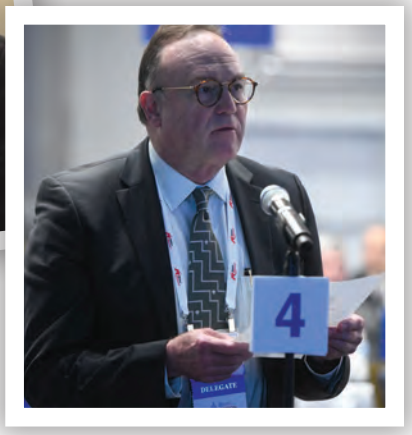
Dr. Ferguson shared summarized accomplishments and actions from his tenure as 2017-18 AAOMS President:

- Efforts to preserve the OMS delivery of anesthesia through a multi-tiered approach including 1) the launch of a Dental Anesthesia Incident Reporting System to collect and analyze anonymous information that will be vital for patient safety and advocacy efforts, 2) the National Simulation Program that allows participants to practice and master techniques and evaluate preparedness for office anesthesia emergencies and 3) publication of the ninth edition of AAOMS's *Office Anesthesia Evaluation Manual*.

- Successful advocacy efforts with the permanent repeal of the Independent Payment Advisory Board; reform to Flexible Spending Accounts and Health Savings Accounts and a repeal of the Medical Device Tax both passing in the House; and the introduction in both Houses of the Ensuring Lasting Smiles Act that would provide families health insurance coverage for medically necessary treatments related to birth defects.




4


4


2016 President's Address



- A member survey that found OMSs are mindful of the opioid epidemic and are taking steps to reduce opioid prescribing.
- The public-facing Informational Campaign change of the term "oral and facial surgeon" to "oral and maxillofacial surgeon" as well as the wide reach of television public service announcements and YouTube video advertisements.
- The results of the first year following the strategic alliance that brought the OMS Foundation back under the AAOMS umbrella – including new bylaws, improved financial strength, enhanced donor communications, a centennial tree to honor AAOMS's anniversary and a new Global Initiative for Volunteerism and Education (GIVE) program to provide stipends to residents to travel internationally with OMS teams to deliver healthcare to underserved populations.
- The creation of an OMS Advisory Council by the American College of Surgeons as well as an OMS seat on the College's Board of Governors, enhancing the specialty's voice and impact in the world's largest surgical organization.


























CHICAGO







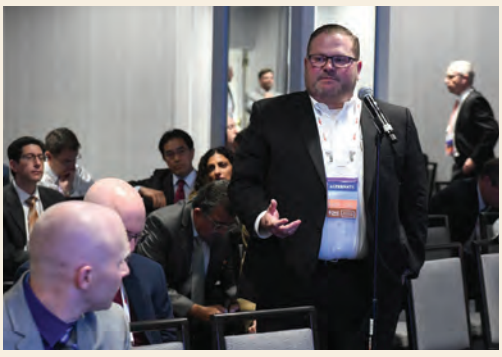
















Annual Meeting

DAY 2: TUESDAY, OCT. 9







Following District Caucus sessions in the morning to review Reference Committee reports, the **House of Delegates** convened for **Session II**. Among the resolutions approved that afternoon was the authorization for construction of an education and simulation center on the second floor of the AAOMS headquarters building in Rosemont, Ill. The OMS Institute for Education and Innovation would include anesthesia simulation labs and host certain meetings and events.














100th
ANNIVERSARY
AAOMS
AMERICAN ASSOCIATION
ORAL
HOUSE
OF
DELEGATES




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on Credentials


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Immediately following Session II, an **open forum** for AAOMS Officer and Trustee candidates was held to provide an opportunity for fellows and members to meet and request information from the candidates.





























Annual Meeting

DAY 3: WEDNESDAY, OCT. 10

The morning began with the third and final business session of the **2018 House of Delegates** that included:

- Officer and Trustee elections.
- Recognition of retiring Immediate Past President Dr. Douglas Fain, who put on a cowboy hat as he left the stage as the Delegates applauded him.
- Recognition of 2017-18 President Dr. Brett Ferguson: "My joy and pride at being selected to lead AAOMS – with the help and guidance from the House of Delegates and the Board of Trustees – was a singular achievement, and one that I will always remember as one of my life's best moments."
- The **Inaugural Address** outlining goals and priorities by 2018-19 President Dr. A. Thomas Indresano: "We have traveled so far and achieved so much for this specialty. We have forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare."



> "We have traveled so far and achieved so much for this specialty. We have forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare."
>
> **– Dr. A. Thomas Indresano, 2018-19 President**






100th
ANNIVERSARY







In the afternoon, so many wanted to hear the nine distinguished speakers at the two-hour **100 Years of AAOMS** session to learn about the formation of the specialty, advances in treatments and OMS involvement as the scope of practice evolved that the Hilton's Grand Ballroom became standing-room-only. Through a series of 15-minute presentations, notable speakers paid homage to the specialty's pioneers and reviewed a century of progress while taking a glimpse at the future and what innovations might occur.



"Initially, nitrous oxide inhalational agents were the drugs of choice. The old system had no oxygen attached to it. You had dials of light, medium, heavy and very heavy. That's how anesthesia was administered. In 1934, at an oral surgery meeting here in Chicago, there was the first discussion of the use of an intravenous agent (Pentothal) for doing dental extractions. We've progressed throughout the years in the development of safe office-based anesthesia, and we continue to advance our anesthetic skills."

– Dr. Stuart Lieblich
Development of the Office-based Anesthetic Model

"The stage was set for Hugo Obwegeser and his fateful visit to America in 1966. During that presentation to more than 500 members of our society, some of whom are here today, he mesmerized the crowd with his description of maxillary and mandibular procedures for the correction of dentofacial deformities. Stanley Behrman was quoted in a Time magazine article, 'American oral surgeons have never been so impressed.' So it was that for the next 70 years our profession was largely transfixed on orthognathic surgery. And it is what defines us as a profession in many, many ways."

– Dr. Bryan Bell
The Evolution of Orthognathic Surgery

"World War I was one of the catalysts advancing the management of maxillofacial trauma – a formation of teams of plastic surgeons, anesthesiologists and dental surgeons to manage the injuries. The specialty of oral surgery is strongly rooted in the management of facial trauma. Advancements in facial trauma continue to define the specialty, and oral and maxillofacial surgery continues to use the lessons of the past to fuel the advances of tomorrow."

– Dr. Patrick Louis
Advances in the Management of Maxillofacial Trauma





"Important from a historical perspective and the formation of the specialty was when we joined the world community and discovered through the International Association that there was more to oral and maxillofacial surgery than what happened in our offices and practices here in the states. Joining that world community was very important in terms of bringing things to America."

– Dr. R. Bruce Donoff
Formation of a Specialty and AAOMS

"The rise of the subspecialty of head and neck surgical oncology and reconstruction has truly disrupted other participating surgical specialties in this arena. And our specialty must embrace the innovator's dilemma to continue to reinvent itself to maintain the success in our subspecialty that we currently enjoy."

– Dr. Eric Carlson
The Rise of the Subspecialty of Head and Neck Surgical Oncology and Reconstruction

"We've come a long way from the days in which trepanation was done to decrease intracranial pressure. Now we can use fine endoscopes and resorbable plates and screws to treat these patients and monitor our outcomes in such a way that not only can we reduce intracranial pressure, but we can ensure a sound long-term cosmetic result."

– Dr. Pat Ricalde
The Management of Craniofacial Deformities

"It's very interesting that oral and maxillofacial surgeons really have been involved in the surgical and nonsurgical aspects of temporomandibular joint treatment. And from this, we learned a tremendous amount. It brought us to the era that we now find ourselves in with minimally invasive temporomandibular joint surgery using arthroscopic techniques as well as arthrocentesis."

– Dr. Louis Mercuri
Management of the Temporomandibular Joint

"If you look at the history of what we're doing, treatment planning hasn't changed. It's the same; we still have to examine our patients. The methods that we have for soft-tissue and hard-tissue grafting have not changed over time. We no longer have to rely on freehand methods to place the implants as we did a long time ago. Now, we can use navigation and tracking software to help us. The technological advances have been significant."

– Dr. Michael Block
Dental Implants: The Last 100 Years











The annual preconference **Anesthesia Update**, with the theme of Office-based Anesthesia – Past, Present and Future, drew nearly 500 attendees. The session focused on the history of anesthesia, the current anesthesia model and the future of the OMS team-based approach.



















During a full-day **Comprehensive Facial Rejuvenation** hands-on cadaveric workshop at Rush University Medical Center, OMS experts in the field of cosmetic surgery focused on procedures influencing facial esthetics.











Day 1 of the two-day **Beyond the Basics Coding Workshop** (Day 2 held Thursday) covered key healthcare reimbursement issues, coding guidelines, audit tips and managed care contracts. Both days included clinical case studies and OMS-specific procedural coding. Professional allied staff and OMSs also could choose from 33 Practice Management and Professional Staff Development sessions held Thursday, Friday and Saturday that addressed the day-to-day operations of the OMS practice.





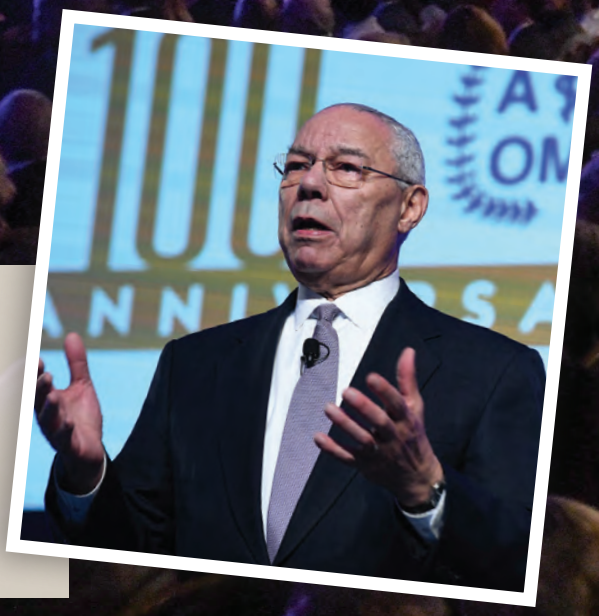
> "Remember your job as a leader – whether it's a couple of people in a dental office, a faculty meeting at one of the universities or a large Army organization, it's the same – you are the ones who get it done."
>
> **– General Colin L. Powell, USA (Ret.)**

Keynote Lecture

General Colin L. Powell, USA (Ret.) "Leadership: Taking Charge"

Every seat in the International Ballroom was filled – and the remaining crowd lined up along the walls – during the **Keynote Lecture by General Colin L. Powell, USA (Ret.),** who spoke on "Leadership: Taking Charge." The former Secretary of State and Chairman of the Joint Chiefs of Staff thanked the specialty for the service "provided to your fellow citizens over 100 years" and shared lessons he has learned about leadership. He recalled a story of a brigadier general and 100 horses being captured during the early days of the Civil War – and President Abraham Lincoln lamenting the loss of the horses more than the soldiers, commenting it was more difficult to replace them. Powell said a print version of the story was given to him in a frame the day he was promoted to brigadier general. This tale drew laughter from the audience.





"It reminds me, 'The only reason you're a leader is because you have followers' – horses, privates, maybe they're dental assistants in your offices. But it's the followers who are more important than you. Don't ever forget that."

– General Colin L. Powell, USA (Ret.)











At the **Opening Ceremony** that followed, two active-duty OMSs (Navy and Air Force) in full dress uniform presented the colors (with a representative of the Army Special Forces) while the Chicago teen vocal group Musicality sang the National Anthem. The **Awards Presentation** honored the history of AAOMS awards when all past recipients – with their names featured on the oversized projection stage screens – were asked to stand and be recognized as specific awards were presented throughout the ceremony.






100th
ANNIVERSARY
AAOMS







The **Meeting Dedication** – traditionally awarded to a respected colleague in the specialty – instead was awarded to all AAOMS fellows and members with these words from Speaker of the House and master of ceremonies Dr. Steven Nelson: "We thank all our fellows and members past and present for their commitment and dedication to both our Association and our specialty. You have advanced our specialty and shared its many benefits through your research findings, pro bono surgeries, mentoring of students, and diligent care of patients around the country and world."

"We thank all our fellows and members past and present for their commitment and dedication to both our Association and our specialty. You have advanced our specialty and shared its many benefits through your research findings, pro bono surgeries, mentoring of students, and diligent care of patients around the country and world."

– Dr. Steven Nelson, 2017-18 Speaker of the House and master of ceremonies







































The **Welcome Reception** – complete with "100 Years" displays, musicians and more than a dozen buffet tables – provided networking and socializing opportunities to connect with colleagues while enjoying food and beverages.









Annual Meeting

DAY 4: THURSDAY, OCT. 11


AAOMS
TIMELINE
1918-2018
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100th
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2018 AAOMS Annual Meeting


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1959
FACULTY
SPEAKER







The centerpiece of the centennial celebration – a 7,000-square-foot **AAOMS History Museum** – opened just outside the Exhibit Hall entrance. Among its displays:

- Dozens of historical **specialty artifacts,** including equipment such as decades-old surgical mallets, cheek retractors, blades, laryngoscopes, tongue clamps and nostril openers. Cases and displays presented such artifacts as an S.S. White portable dental chair with a patent date of 1895, an S.S. White cable-driven, motorized dental drill, the Irby Head Frame and the first arthroscope used to visualize the TMJ in the United States in the early 1970s.
- A sprawling 80-foot illustrated **historical timeline** chronicling the Association and specialty highlights, events and discoveries along with corresponding world historical milestones.
- An hour-long **video montage** featuring interviews with 34 Past Presidents.
- A **Wall of Presidents** with portraits of all of AAOMS's past leaders.
- A **Centennial Time Capsule** to collect member contributions of letters, photos and other small items.
- An oversized **Centennial Banner** for attendees to sign – that later was added to the time capsule.
- A member news **Publications Wall** featuring a sampling of newsletter and magazine covers from 1959 to 2018.
- A 13-foot wall displaying four government **proclamations** and 30 letters from allied organizations congratulating AAOMS on its centennial.
- A **Congratulations Wall** filled with messages honoring AAOMS's centennial from Annual Meeting exhibitors.


AAOMS TIMELINE
100th ANNIVERSARY
AAOMS PRESIDENTS
1918-2018


AAOMS


CONGRATULATIONS!


AAOMS
Daniel Law
1993-1994


100th ANNIVERSARY
AAOMS MEMBER NEWS PUBLICATIONS
through the years


LINE
100th ANNIVERSARY
AAOMS TIMELINE
1918-2018

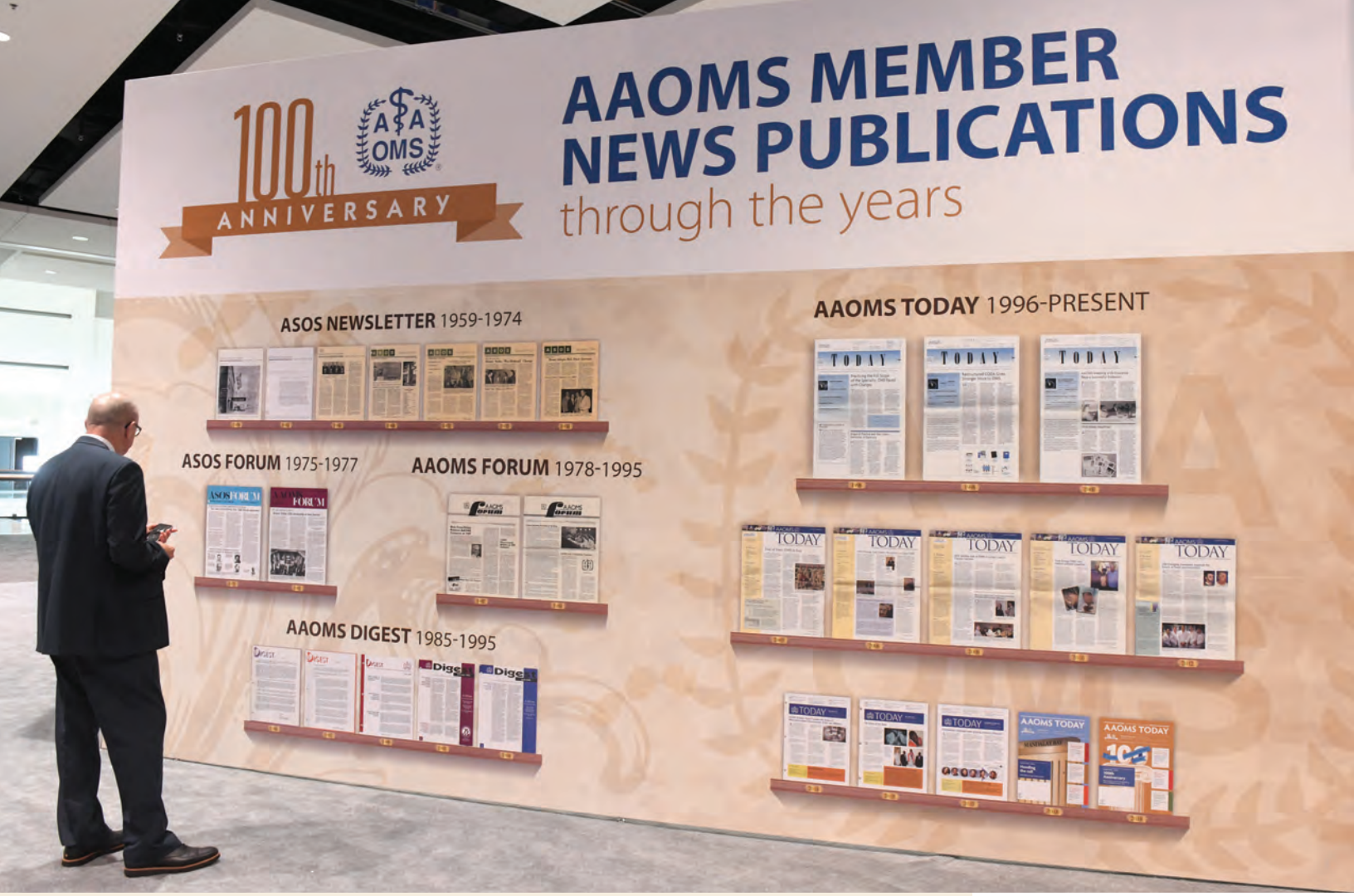

100th ANNIVERSARY
CONGRATULATIONS!


100th ANNIVERSARY


100th ANNIVERSARY
CONGRATULATIONS!


100th ANNIVERSARY


SIGNATURE WALL
Please add your name to the 100th Anniversary ba
that will be added to the AAOMS time capsule!
100th ANNIVERSARY


100th ANNIVERSARY
AAOMS MEMBER NEWS PUBLICATIONS
through the years
ASOS NEWSLETTER 1959-1974
ASOS FORUM 1975-1977
AAOMS FORUM 1978-1995
AAOMS DIGEST 1985-1995
AAOMS TODAY 1996-PRESENT


AAOMS PRESIDENTS
1918-2018
AAOMS MEMBER NEWS PUBLICATIONS
through the years

















A new educational platform – consisting of nine **clinical tracks** based on the OMS scope of practice – debuted at the meeting. Each track featured a large plenary session during which renowned speakers presented the newest evidence-based research before attendees split into five repeating breakout sessions. In recognition of the centennial celebration, each track included a historical review of the OMS practice area. Thursday's four tracks included:

- **Pediatric and cleft surgery** – Speakers remembered pioneers and peered at the future.

"Today, we're able to do predictably well cleft lip and palate repair primarily because we've learned from the experience of our forefathers."

– Dr. Timothy Turvey
Last 100 Years of Cleft and Craniofacial Surgery in OMS and Expectations for the Future





















- **Cosmetic and orthognathic surgery** – Speakers outlined the evolution of the surgical treatments from their inception to the state-of-the-art technological advances.

"What are the common threads that pioneer maxillofacial surgeons had in common? The first was a passion to solve clinical problems for their patients. The second was intense curiosity, imagination, individualist thinking on how to manage things, a confidence in their convictions after testing their theories in the lab and always preparing meticulously before going into the operating room – and then insisting on critical assessment of the results. Those are all very important lessons we can learn."

– Dr. Jeffrey Posnick
History of Orthognathic Surgery











- **Dental implants** – Speakers provided a 100-year historical perspective on implants and bone grafting.

"As we look back and look ahead, challenges still remain. We have to learn how to expand access to patient care to this sometimes very cost-intensive service that we offer and determine appropriate use of technology. And we should not give up; we should maintain our leadership in the surgical aspects of implant rehabilitation. I am confident, with our training and background, we are up to that task."

– Dr. Kenji Higuchi
A Historical Perspective on Implants over the 100 Years of AAOMS



















- **Trauma** – Speakers reviewed the history of facial trauma advances, including soft-tissue suspension, midface plate-and-screw fixation, intermaxillary mandible fixation, orbital reconstruction and open reduction.

"Around the World War II era, a lot of gadgetry was used to help take care of some facial fractures. External skeletal fixation had useful aspects for mandible fractures."

– Dr. Edward Ellis III
History: The First 100 Years and OMS as Leaders in Facial Trauma















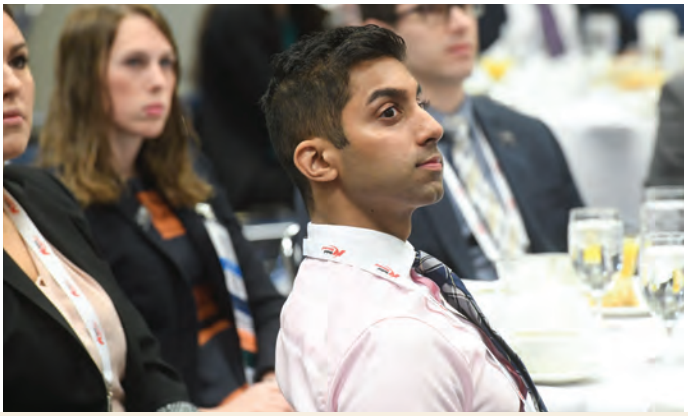




Each year, AAOMS Past Presidents gather for a **Past Presidents Lunch** during the Annual Meeting to welcome one new member to their ranks, share stories and – appropriate for 2018 – discuss the history of the Association and the OMS specialty.

















A two-hour panel Q&A session – **History of Residency Training Programs** – examined how programs have evolved over time through seven Association conferences on Graduate Training in Oral Surgery starting in 1958, when the minimal didactic and clinical requirements of a three-year program were first proposed:

- Preclinical sciences (anatomy, physiology, pathology, bacteriology and pharmacology) in the first year.
- Clinical experience in the evaluation, diagnosis and surgical treatment of diseases of the mouth and jaws in the second year.
- Primary operating responsibility in the third year, with experience in both outpatient and in-patient activities "desirable" and "rotations on anesthesiology, pathology and radiology can be used to advantage."

"Maintaining and improving the educational process for oral and maxillofacial surgeons was a primary concern for AAOMS."

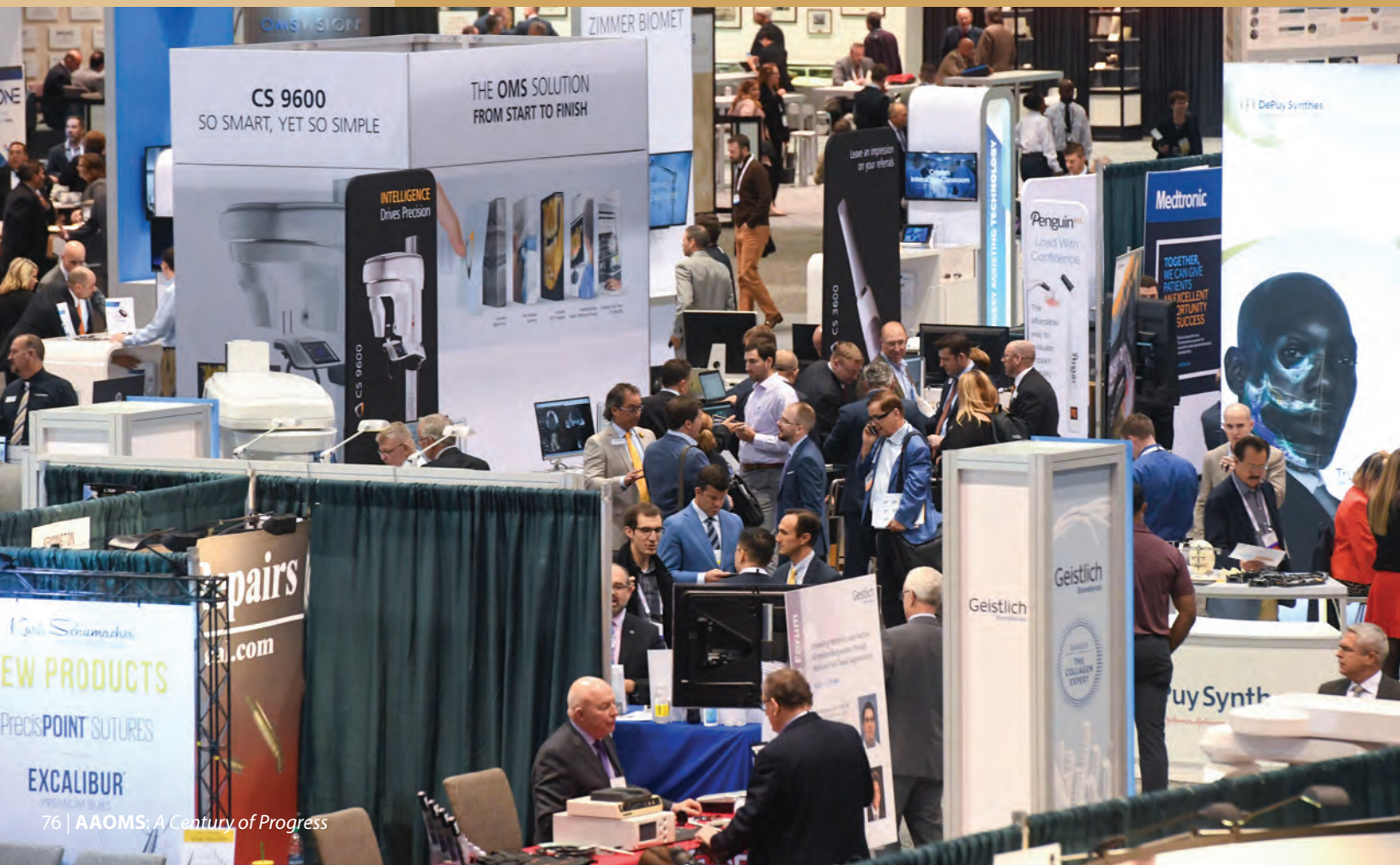
– Dr. Daniel Laskin
History of Residency Training Programs





CHICAGO
AAOMS 2018 ANNUAL MEETING 100TH ANNIVERSARY

Over at the **Exhibit Hall**, meeting attendees had the opportunity to visit with more than 200 vendors who were displaying their latest products and services.

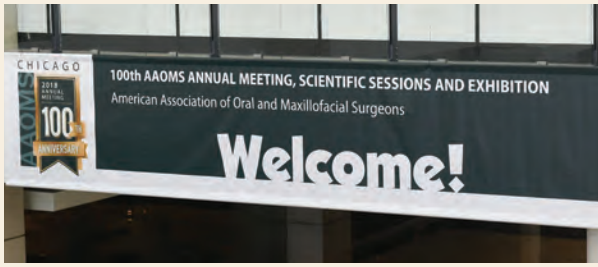



sas
Nobel Biocare
Member Pavilion






ASI Approved Programs


CHICAGO
100th AAOMS ANNUAL MEETING, SCIENTIFIC SESSIONS AND EXHIBITION
American Association of Oral and Maxillofacial Surgeons
Welcome!





Situated through the middle of the Exhibit Hall was the **Member Pavilion** consisting of booths that provided information on services and organizations that support AAOMS members. These included: AAOMS Advocacy, AAOMS Membership Services and CareerLine, AAOMS Product Resource Center, AAOMS Service Project, American Cleft Palate-Craniofacial Association, Dental Anesthesia Assistant National Certification Examination (DAANCE), Health Volunteers Overseas, International Association of Oral and Maxillofacial Surgeons, OMS Foundation, OMSNIC, OMSPAC, Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS) and Treloar & Heisel, Inc.













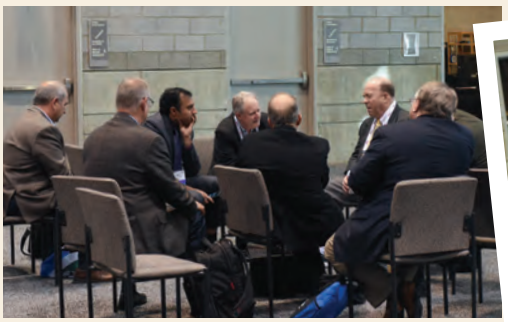

Let's
DENTAL ANESTHESIA ASSISTANT
dAANCE
National Certification Examination
For YOU
ANESTHESIA TEAM • For the
Have your dental anesthesia
assistants successfully completed
ambulatory



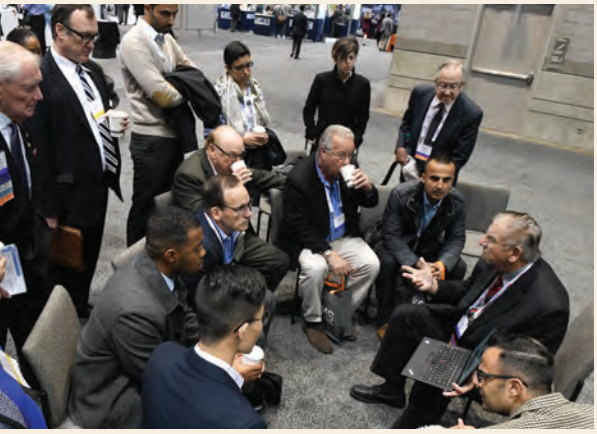

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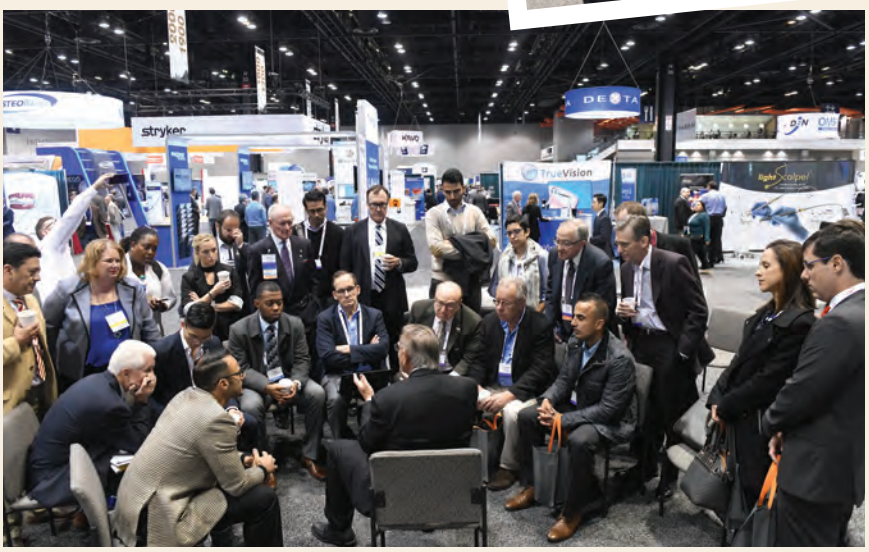

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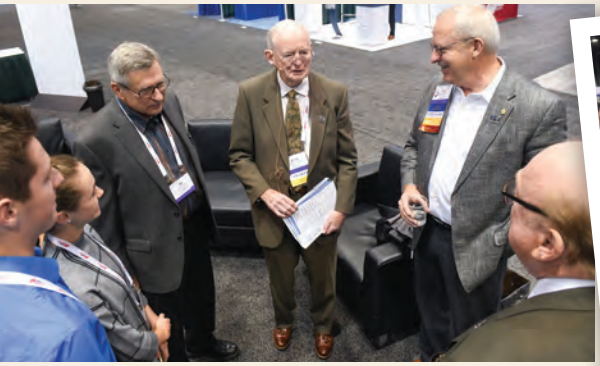






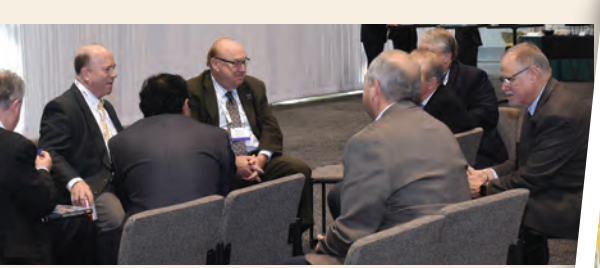



stryker
DENTA
TrueVision




SALVIN
Regenerative


AAOMS
Social Media Bar
AAOMS Social Media




SALVIN
Regenerative
Enhancing Care For Your Patients

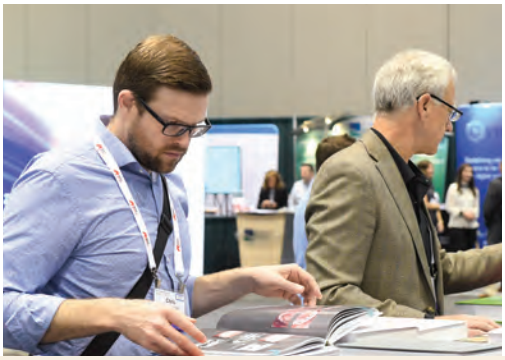
Among Exhibit Hall highlights:

- **AAOMS Learning Hub** – A Meet the Experts session was held each day, featuring an OMS legend who helped shape the specialty with innovative patient care and research. Speaking with attendees to discuss historical aspects of the specialty, current trends in clinical care and future innovations were:
  - **Dr. Michael Block**, who has served – since its inception – as Chair of the AAOMS Subcommittee on Dental Implant Education that plans the AAOMS Dental Implant Conference each year (Thursday).
  - **Dr. Robert Marx**, an expert in osteonecrosis of the jaws, including drugs and treatments, bone grafting without autogenous bone, osteoradionecrosis and radiated patients (Friday).
  - **Dr. Robert Bruce MacIntosh**, an expert on orthognathic and cleft surgery, temporomandibular joint surgery and management of malignant disease (Saturday).
- **AAOMS Service Project** – Attendees were invited to assemble hygiene kits and write a note of encouragement to their recipients for donation to the South Suburban Family Shelter. More than 1,000 hygiene kits were donated to the Chicago-area program that serves under-resourced communities.
- **AAOMS Social Media Bar** – Free one-on-one personalized consulting sessions and learning labs offered tips on how to take full advantage of social media sites and use the materials available through the AAOMS Informational Campaign to promote the specialty and its practices.
- **The Zone** – Attendees dropped off their completed Boston Bound and Exhibit Excursion game cards and sampled free smoothies, candies and longtime Chicago tradition Garrett popcorn.
- **AAOMS Services, Inc. (ASI)** – All in one spot in the Exhibit Hall, 18 of the ASI Approved Partners that make up the for-profit subsidiary of AAOMS were on hand to discuss practice financing, inventory management, payroll and human resources services.














CHICAGO
100

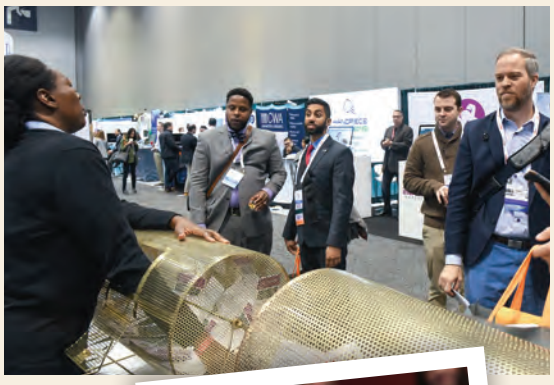

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Annual Meeting

DAY 5: FRIDAY, OCT. 12





Clinical tracks on Friday covered anesthesia, reconstruction, TMJ, and head and neck oncology (each with a historical review of the OMS practice area):

- **Anesthesia** – Focusing on the evolution of anesthetic management of the oral and maxillofacial surgery patient, speakers discussed past training methods and practice trends as well as guidelines to ensure continued best practices.

"Anesthesia training was an apprenticeship for many years, and this also was true in medicine and dentistry and nursing. By the 1920s, it became somewhat formalized in the office and possibly in the hospital, but the formalized training for oral and maxillofacial surgeons occurred in the 1930s."

– Dr. Andrew Herlich
Where We Were: History of Anesthesia in Oral and Maxillofacial Surgery

- **Nerve reconstruction** – The plenary session covered practice guidelines for the diagnosis and management of patients with trigeminal nerve injuries, with breakouts focused on injuries to the inferior alveolar nerve from dental implants or third molars, and techniques, treatments and neurosensory testing related to reconstruction.

"What it's all about for us is quality of life for these patients that we believe they deserve – they can't perform the activities of daily living. There are many of us who are passionate about this area, and research and progress in nerve reconstruction continues."

– Dr. Michael Miloro
The Use of a Nerve Allograft in Microneurosurgery











- **Head and neck oncology** – Faculty shared their views of the important milestones, including the development of accredited fellowships, the acquisition of members performing these services who obtained general surgery training, certification by ABOMS and the Certificate of Added Qualifications, the AAOMS Special Committee on Maxillofacial Oncology and Reconstructive Surgery and its periodic preconference sessions, and the surgical oncology and reconstruction section in the *Journal of Oral and Maxillofacial Surgery*.

"In 2008, Kademani et al. looked at oral and maxillofacial surgeons treating oral cancer and provided a preliminary report from the AAOMS Task Force on Oral Cancer. They provided information on three very important elements of this disruptive innovation within our specialty, including a historical review, a review of existing fellowships and, equally important, the strategic plan of AAOMS that promoted OMS involvement in oral cancer surgery."

– Dr. Eric Carlson
Evolution in U.S. OMS Training: Development of CAQ

- **TMJ** – The history of TMJ research and surgery were covered, including the objective of "creating space" and passive repositioning of the condyle in the 1950s, the concept of displacement of the TMJ disc in the 1970s, the introduction in the early 1980s (and 1992 removal from the market by the FDA) of alloplastic TMJ implants, followed by a renewed interest in autologous tissues and the introduction of TMJ arthroscopy and arthrocentesis as well as total joint replacement systems.

"We have made significant advancements in the field during the past 100 years but have only scratched the surface. The application of minimally invasive procedures has decreased the need for open surgery. Alloplastic total joints have provided solutions for the severe TMJ cases. However, there is still so much to learn. I think all the work to be done with stem cell research and so forth is going to make people – probably 20 to 50 years from now – think, 'Can you believe what those guys did in 2018?'"

– Dr. M. Franklin Dolwick
100 Years of TMJ Surgery





The **Chalmers J. Lyons Memorial Lecture**, a named lecture offered at every AAOMS Annual Meeting since 1952, looked to the future with its topic, "Pluripotent Stem Cells: Opening a New Avenue for Skeletal Regeneration."

During the introduction of speaker Dr. Paul Krebsbach, moderator Dr. Norman Betts explained that the Chalmers J. Lyons Academy of Oral and Maxillofacial Surgery – founded in 1927 – has sponsored the memorial lecture for 66 consecutive years with the purpose of providing AAOMS fellows and members with exposure to expansive, innovative or historically pertinent knowledge in the field: "You're going to hear something different today; that's what we're trying to do. Since induced pluripotent stem cells can be derived directly from adult tissues, they can be made in a patient-matched manner. In theory, this means individuals can have their own pluripotent stem cell line. This unlimited supply of autologous cells could be used to generate transplants without risk of immune rejection."

At the conclusion of his hour-long lecture, Dr. Krebsbach – Dean of the UCLA School of Dentistry – offered this observation: "With these methods, technologies and molecular understanding of genes to differentiate these cells, and by giving the right kind of growth factors and the right kind of environment, we can dictate what tissue it's going to turn into – a nerve, cardiomyocyte, cartilage or bone. And with these kind of processes and promise, we hope to regenerate tissues that are important to our patients that we serve. We can grow pluripotent stem cells – as the scientist or clinician – and dictate how these cells are going to differentiate. In fact, we can actually take cells from any tissue in the body and make them into a pluripotent stem cell and then make any tissue that we want. Pretty amazing."

"With these methods, technologies and molecular understanding of genes to differentiate these cells, and by giving the right kind of growth factors and the right kind of environment, we can dictate what tissue it's going to turn into – a nerve, cardiomyocyte, cartilage or bone."

Dr. Paul Krebsbach,
Dean of the UCLA School of Dentistry



Group leaders from the 2018 Clinical Trials Methods Course presented their proposals during the **Research Open Forum**, held biennially to address the results of the three-day course.

Leading individual discussions on research proposals were: Dr. Gary Bouloux, TMD/facial pain; Dr. Joseph Cillo Jr., dentoalveolar/anesthesia; Dr. Jasjit Dillon, pathology/reconstruction; and Dr. Michael Markiewicz, craniofacial trauma/orthognathic/facial deformities. Each presentation was followed by a question-and-answer period.



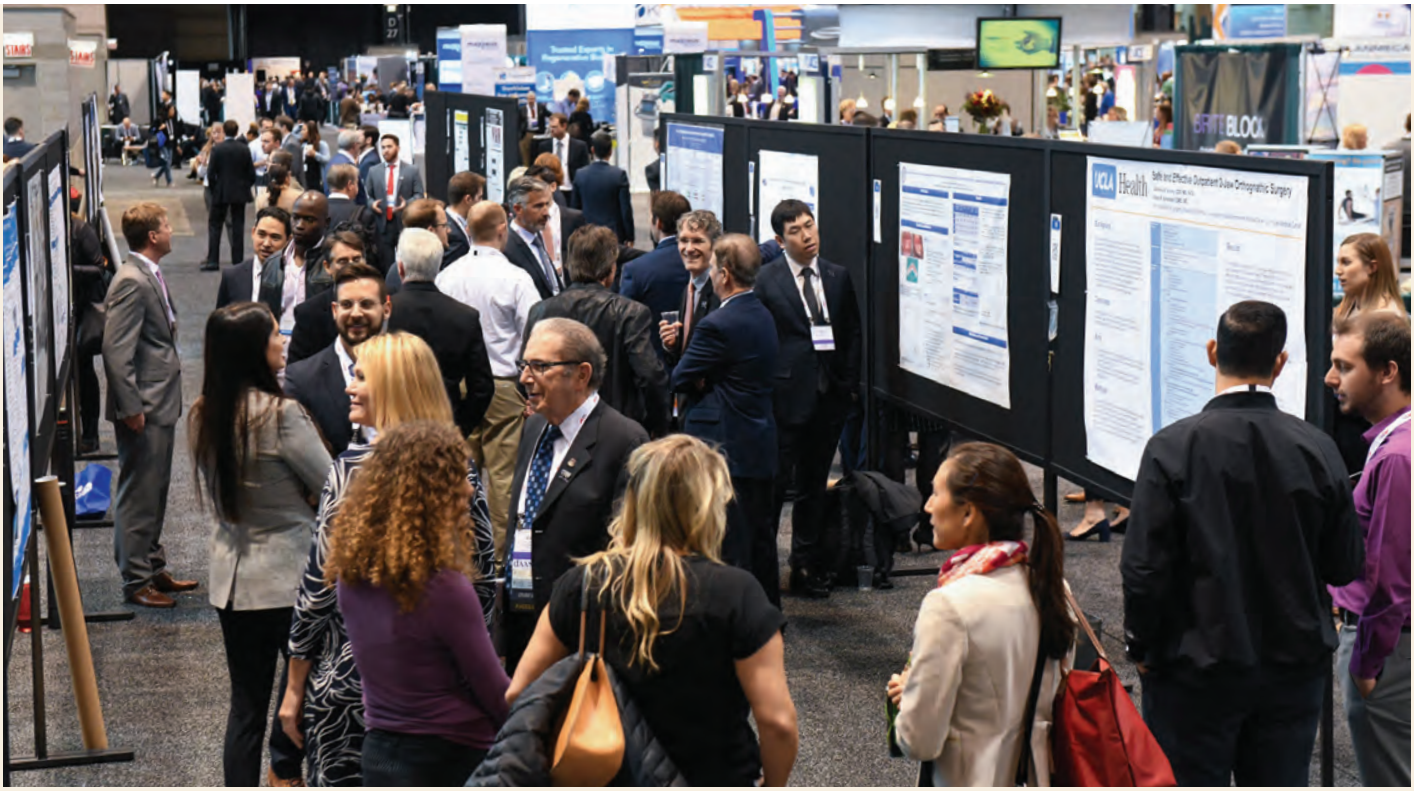




About 40 attendees gathered for an **American College of Surgeons Update**. In 2018, 46 OMSs were inducted in the College, bringing the total number of OMSs in the world's largest surgical organization to approximately 500. The speakers reviewed the advantages of joining the College, requirements for application and AAOMS's accomplishments, including single-degree OMSs gaining the opportunity to be inducted and the approval of an OMS advisory council and an OMS seat on the Board of Governors.

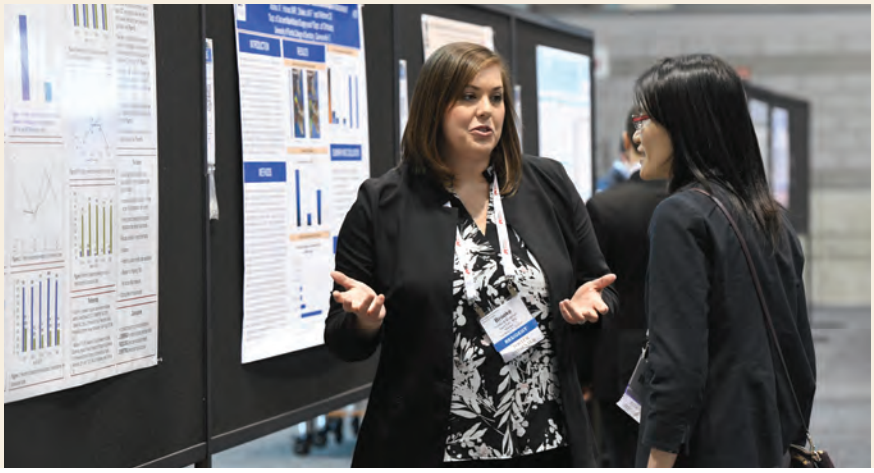
> "Every year that passes, we are getting stronger and more active and participating and contributing more in the College."
>
> **– Dr. George Kushner**

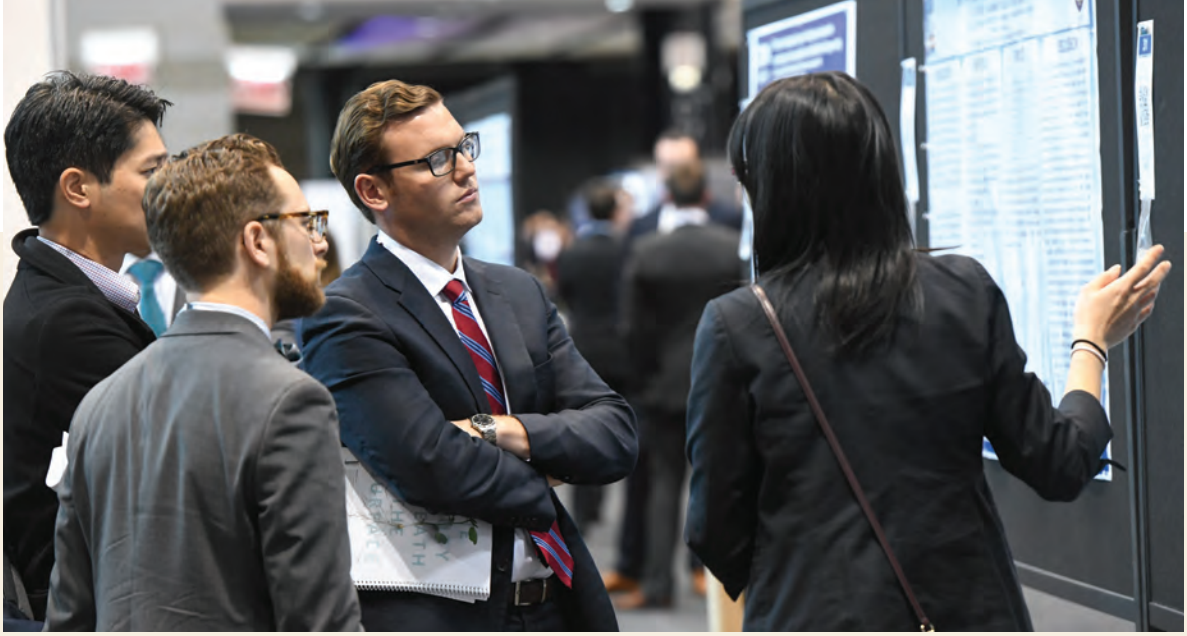
"Every year that passes, we are getting stronger and more active and participating and contributing more in the College," said Dr. George Kushner, one of the three speakers. "I just love to see the steady growth."

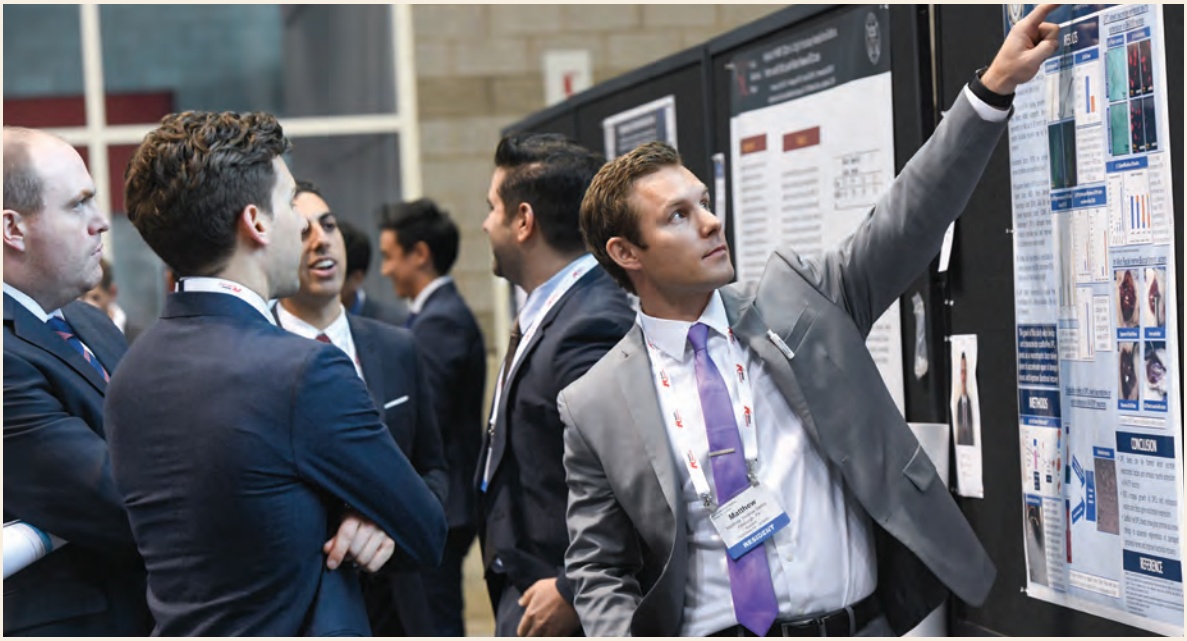


At the busy **Scientific Poster Session**, authors of 64 posters talked about their work with attendees and judges in the Exhibit Hall during an afternoon wine and cheese reception. Oral abstract sessions – each with six presentations – were held daily to correspond to the topics featured in the new clinical track format.















CENTENNIAL MEETING HIGHLIGHTS

Friday Snapshots



































The meeting's top social activity – the **President's Event** at the Art Institute of Chicago on Friday night – honored 2017-18 President Dr. Brett Ferguson and his family. Attendees enjoyed a lavish buffet, famous artwork and music from the CoverGirls, a violinist pop/rock revue group. About 1,200 enjoyed an evening of fun at one of the largest art museums in the country with access to top galleries. Iconic works of art include contemporary art by Jackson Pollock and Gerhard Richter and impressionist collections by famous artists Claude Monet, Vincent van Gogh and Georges Seurat.






PRITZK
GARDE

















































Annual Meeting

DAY 6: SATURDAY, OCT. 13





The new full-day schedule on the final day of the meeting offered Master Classes, team-based learning sessions, the World Café and the final **clinical track** of the meeting.

- **Dentoalveolar surgery** – The earliest area of surgery practiced by the specialty has seen major changes in the past 100 years – improvements in medical evaluation and management, imaging, local anesthetics, instrumentation and antibiotics; changes in the indications for tooth extraction, management of impacted third molars and preprosthetic surgery; and the introduction of coronectomy and dental implantology.

"Prior to 1963, for those of you who weren't around practicing at that time, we had two ways to take out third molars – chisels or a slow-speed handpiece, neither of which was really highly effective. Can you imagine, without a way to manage patients with sedation in the office, this was not a very happy procedure for patients to have someone pounding on them with a chisel to try to remove bone."

– Dr. Daniel Laskin
History of Dentoalveolar Surgery



At the first-ever **World Café**, attendees from 10 countries – including Spain, Qatar and Saudi Arabia – discussed in small groups their thoughts about how to treat cancer, craniofacial deformity and trauma cases. Attendees shared their recommendations for diagnostic workup for each case in their part of the world. Led by Dr. G.E. Ghali, individual group leaders wrote down ideas from the other group members and discussed them in the session.





Three one-hour **Master Class** sessions featured OMS experts discussing navigation, TMD, and how art and surgery are tied together through war.

"All forms of computer-assisted surgery are significantly more accurate and precise than freehand. Dynamic navigation is efficient, flexible and ergonomically superior. You should guide your implant placement in every patient, every implant, every time."

– Dr. Robert Emery
Master Class on Use of Navigation: Every Patient – Every Day

"In terms of TMD, it's really a description that encompasses so many different diagnoses and, therefore, so many different treatments that are appropriate. So one has to be a little cautious when you talk about a patient with TMD. It's an exceedingly complex disorder, and we have this algorithm that explains a little bit about some of the factors that play a role in TMD."

– Dr. Gary Bouloux
Master Class on the Current State-of-the-art for TMD Disorders

"As you celebrate the 100th anniversary of your Association, I'll talk about the development of the specialty in a cultural frame that is mainly described by the art. Periods in history and culture are always defined by the starts and ends of wars. The artists follow. Art and surgery developed after World War I. One image of a severe facial injury to a patient during the first World War was used almost 20 years later in a 1933 Scandinavian poster – talking to humanity and humanism – to show the injuries to warn against war."

– Dr. Rainer Schmelzeisen
Master Class on War-Face-Art-Surgery: Lessons Learned in Surgery and Art









During the **Anesthesia Assistants Skills Lab** – the second of two four-hour workshops (the first was held Friday) – the focus was on hands-on clinical training. Participants rotated through multiple stations that included airway management, intubation, venipuncture, defibrillation and preparation of emergency drugs.

Three **team-based learning** sessions filled out the afternoon schedule. The sessions covered anesthesia crisis planning, implant digital work flow and overseas surgery team programs.







CENTENNIAL MEETING HIGHLIGHTS

Saturday Snapshots










Boyd S. Gardner
James A. Blue
Joseph P. Wald
G. W. Christiansen
Leslie FitzGerald
Frank B. Hower
Sam H. Brock
Fred F. Pfeiffer
Fred A. Henny
Frank H. O'Halloran
Lyall O. Bishop
Charles A. McCallum
Daniel M. Laskin
Terry W. Slaughter
William R. Wallace



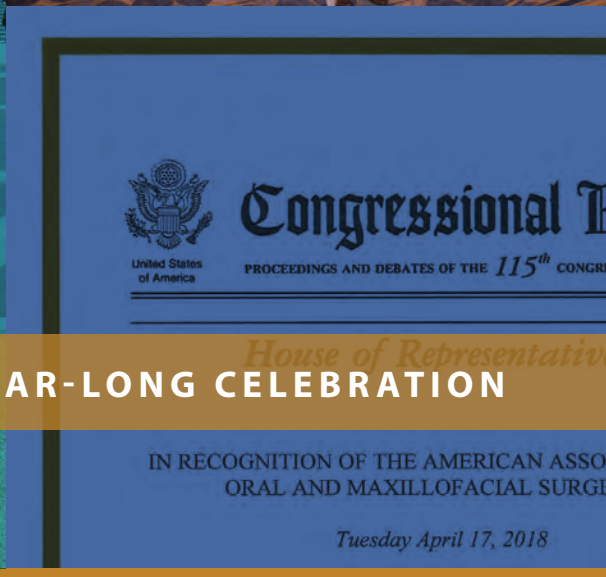

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AAOMS
2019 ANNUAL MEETING
100th ANNIVERSARY
100th ANNIVERSARY
American Association of Oral and Maxillofacial Surgeons
Oral and maxillofacial surgeons
The experts in face, mouth and jaw surgery


AAOMS
Thank you
for attending!
See you next year!
2019 AAOMS ANNUAL MEETING BOSTON
September 16-21, 2019
Boston, Mass.


100th ANNIVERSARY
AAOMS
SIGNATURE WALL
Please add your name to the 100th Anniversary banne
that will be added to the AAOMS time capsule!







2018

THE CENTENNIAL YEAR-LONG CELEBRATION

AAOMS's 100th anniversary was a year-long celebration – at every Association meeting, conference and course, and in every print and online publication. The AAOMS centennial was recognized by Congress and celebrated by dozens of allied organizations. At every turn, members were reminded of AAOMS history, how far the specialty has come since 1918, the growth the organization has achieved and the struggles it won through the years for its members to be recognized as oral and maxillofacial surgeons and as the surgical specialty of dentistry.


COMMEMORATIVE ISSUE

AAOMS TODAY

100th ANNIVERSARY

September/October 2018 | VOLUME 16, ISSUE 5

A publication of the American Association of Oral and Maxillofacial Surgeons

AAOMS CELEBRATING 100 YEARS 1918–2018

Meeting to celebrate history, look to future
Highlights include new educational format, History Museum, Keynote Address
page 18

COVER STORY | PAGE 8

100th Anniversary

Honoring the centennial by highlighting 100 ways AAOMS provides value

Reflecting on a momentous term as President
Dr. Brett Ferguson reviews AAOMS accomplishments during his term
page 4

Revisiting member dues, meeting costs and budget growth
Treasurer gives historical perspective on finances
page 12





100th Annual Meeting to honor history

The centennial celebration of the AAOMS Annual Meeting will take place in Chicago, Ill. – where it all began in 1918.

The Oct. 8-13 event is designed for everyone engaged in the specialty's past and present – practitioners, faculty, residents and professional allied staff.

Attendees from across the country and the world will unite to explore innovations that have taken place over the last 100 years, and discuss the latest industry trends, best practices and healthcare transformations that will guide the specialty into the future.

With a theme of "Safety and Innovation for the Next Century," the comprehensive educational program and exhibition is set to feature advances in clinical research, procedures and practice, including numerous opportunities to earn continuing education credits. This year's program extends through Saturday afternoon with team-based education sessions.

For more information about the Annual Meeting and to view the full meeting schedule, visit AAOMS.org/Chicago.

Celebrating 100 years

In 1918, 29 doctors got together to hold the first-ever meeting of the American Society of Exodontists – the organization that later evolved into AAOMS. One hundred years later, more than 4,000 attendees will gather to commemorate the past and explore new applications to achieve greater patient care and surgical outcomes while heightening the specialty's reputation and solidifying its future.

Sessions and exhibits highlighting AAOMS's history include:

- **100 years of AAOMS** – The one-time-only course on Oct. 10 will cover the entire history of the specialty. The course will discuss the evolution from exodontists to oral and maxillofacial surgeons while examining how the OMS scope of practice has grown over the last century.
- **History Museum** – The Exhibit Hall will unveil a commemorative history museum that will feature artifacts and displays related to oral and maxillofacial surgery.
- **Keepsake items** – A variety of items will be offer… the Annual Meeting. Attendees will receive a keepsa… pin honoring the centennial. Items also… available for purchase in the Exhibit Ha…
- **History book** – Photographs taken … the Annual Meeting will be included in … centennial history book that is celebrat… evolution of the specialty.
- **Centennial time capsule** – Attende… bring OMS-related letters and photogr… inclusion in the commemorative time c…
- **Centennial banner** – Attendees car… banner, which will be included in the c… time capsule.

Unveiling clinical education tracks

This year's Annual Meeting clinical education is mad… a series of nine tracks. Each track includes a large ple… session during which renowned speakers will lead a… through the latest evidence-based research. The ple… session will then split into five repeating breakout s… These interactive breakouts will allow for greater en… on the topic as well as the opportunity for question… answers. Also part of the new track layout are the abstract sessions dedicated to each clinical track topic.

AAOMS President Bert L. Ferguson invites members to attend the 100th AAOMS Annual Meeting in Chicago in October.





Specially designed for 2018 were 100th anniversary logos for AAOMS and the Annual Meeting. They were in widespread use on AAOMS letterhead, websites, emails and other print and electronic communications. A complimentary centennial keepsake lapel pin also was given to all registered Annual Meeting attendees.

A 4½-minute centennial video was produced and posted online (vimeo.com/268650014) and on an AAOMS.org history webpage featuring interviews with several AAOMS Past Presidents who recalled the specialty's evolvement and the development of AAOMS from an initial gathering of exodontists in 1918. The former Presidents also reflected on the growth of formal training and continuing education and looked forward to the specialty's promising future.







Centennial Year-Long Celebration

DENTAL IMPLANT CONFERENCE



The centennial year celebrations began at the close of the 99th AAOMS Annual Meeting in San Francisco. Just weeks later, the **Dental Implant Conference** in Chicago marked its 25th anniversary.

Approximately 1,400 doctors, their staff and referring dentists traveled to Chicago to learn from more than 30 speakers during seven preconference courses on Nov. 30 and two full days of general sessions on Dec. 1 and 2, 2017. Sessions covered topics ranging from implants in growing patients to the debate about grafts versus short implants. The two-day review course and skills lab were geared toward anesthesia assistants. For the first time, the conference also offered a simulcast registration option.



At the conference, the AAOMS Committee on Continuing Education and Professional Development's Subcommittee on Dental Implant Education received the Board of Trustees Special Citation Award for creating educational sessions on dental implants for the AAOMS Annual Meeting and the Dental Implant Conference for 25 years.

The subcommittee consisted of Drs. Michael S. Block (Chair), Bach T. Le, Jay P. Malmquist, Richard J. Martin, Craig M. Misch and Peter K. Moy. Dr. Block had been Chair of the subcommittee since its inception, and five members had been on the subcommittee for 10 years or more.





The conference – as always – not only catered to OMSs, but also the entire restorative team as well as referring dentists. All registrants were invited to attend the same sessions, collectively learning new innovations and hearing groundbreaking research. In addition, renowned leaders in implant dentistry from around the world and various specialties – not just oral and maxillofacial surgery – flocked to the Dental Implant Conference to share cutting-edge techniques and procedures suited for the entire implant team, bolstering the conference's impact.

"This meeting is team-oriented," said Dr. Block. "The program addresses surgical and restorative issues with the members of the team together in the same room. There is no surgical track. There is no restorative track. All clinicians hear the same material, so we are all on the same page."



















Centennial Year-Long Celebration

JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY (JOMS)

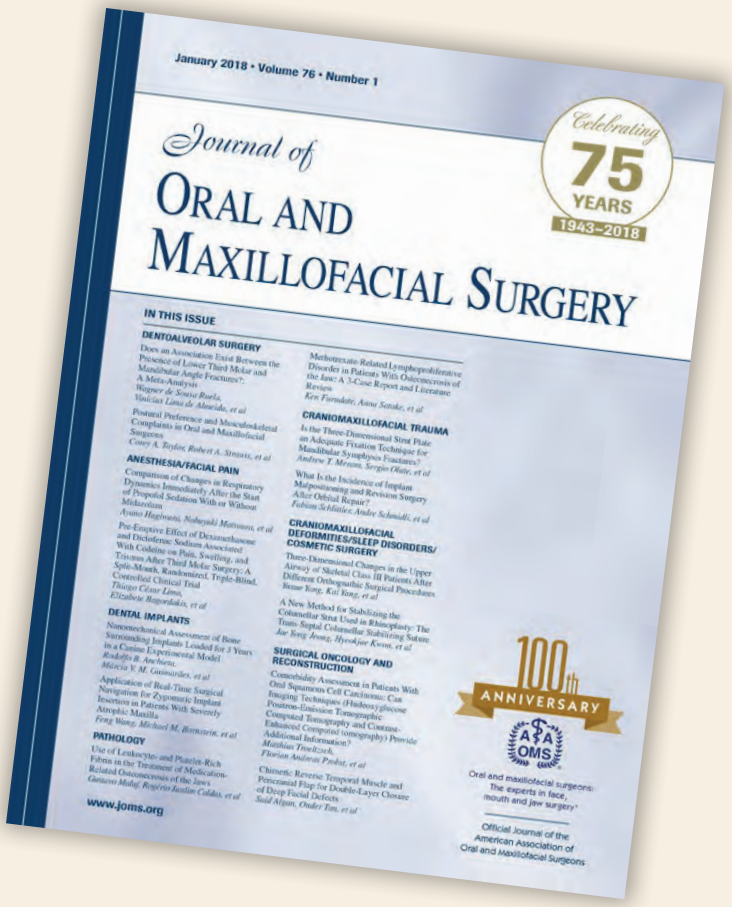
Beginning in January 2018, the *Journal of Oral and Maxillofacial Surgery (JOMS)* combined the celebration of its own 75th anniversary with AAOMS's 100th anniversary by publishing a series of clinical and nonclinical articles that were submitted by authors specially selected for their expertise in a particular area of oral and maxillofacial surgery. Each discussed the evolution of the area, with a particular focus on the past 100 years.

JOMS Editor-in-Chief Dr. James Hupp introduced the article series and wrote seven "Celebrating a Century"-themed editorials focusing on diversity, educators, volunteers, members, discoverers and innovators, professional staff and AAOMS/*JOMS*. Dr. Hupp wrote that it is notable that *JOMS* has reached its 75th year: "The *Journal* did not come by this success by happenstance. Decades of dedicated work by editorial board members and peer reviewers, as well as the staff of the *Journal*, AAOMS, and the publisher, have helped insure that timely quality submissions relevant to oral-maxillofacial surgery are revised and accepted for publication; they are then made available to readers in a highly readable format as rapidly as possible. The excellence of the *JOMS* over these 75 years has made it the 'go-to' publication for authors seeking to get their scientific and clinical findings in front of the largest numbers of readers in our specialty."

> The excellence of the *JOMS* over these 75 years has made it the 'go-to' publication for authors seeking to get their scientific and clinical findings in front of the largest numbers of readers in our specialty."
>
> **Dr. James Hupp, *JOMS* Editor -in-Chief**

The 75th Anniversary Contribution articles included:

- **January** – Dental Implants: The Last 100 Years, *by Dr. Michael S. Block*
- **February** – Oral/Head and Neck Oncologic and Reconstructive Surgery: The Creation of a Subspecialty in Oral and Maxillofacial Surgery, *by Dr. Eric R. Carlson*
- **March** – Management of Oral and Maxillofacial Infections, *by Drs. Elie M. Ferneini and Morton H. Goldberg*
- **April** – The Evolution of Microvascular and Microneurosurgical Maxillofacial Reconstruction, *by Drs. Michael R. Markiewicz and Michael Miloro*
- **May** – Providing Anesthesia in the Oral and Maxillofacial Surgery Office: A Look Back, Where We Are Now and a Look Ahead, *by Dr. Stuart Lieblich*
- **June** – The Development of Dual-Degree Programs in Oral and Maxillofacial Surgery: Celebrating the 75th Anniversary of the *Journal of Oral and Maxillofacial Surgery* and the 100th Anniversary of Our Specialty, *by Drs. R. Bruce Donoff and Maria J. Troulis*
- **July** – Advances in Imaging Over 100 Years: The Impact on Oral and Maxillofacial Surgery, *by Drs. Zachary S. Peacock and Deepak G. Krishnan*
- **August** – The Evolution of Oral and Maxillofacial Surgery Over the Past 100+ Years – With Special Emphasis on the Role of Fluoride and the High-Speed Handpiece, *by Dr. Brian Alpert*
- **September** – Oral and Maxillofacial Surgery Program Websites Under-Report Content Related to Resident Recruitment and Education, *by Drs. Kevin C. Lee, Sidney B. Eisig and Alia Koch*
- **October** – The History of the *Journal of Oral and Maxillofacial Surgery*, *by Dr. Daniel M. Laskin*
- **November** – Advancements in Maxillofacial Trauma: A Historical Perspective, *by Drs. Patrick J. Louis and Anthony B. Morlandt*
- **December** – A History of Orthognathic Surgery in North America, *by R. Bryan Bell*




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OMS FOUNDATION
Coming under AAOMS umbrella
AAOMS TODAY
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MANDALAY BAY
COVER STORY | PAGE 6
Heeding the call
OMSs help Las Vegas shooting victims
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A banner year
Day on the Hill memorable for AAOMS recognition, support for legislative issues


CELEBRATING THE CENTENNIAL
Honoring 100 years of AAOMS: Former Pre
Louis S. Bellinfante, DDS, of Cumming, Ga., has been an AAOMS Fellow since 1971. He served as a AAOMS Trustee from 1978 to 1981, Treasurer from 1982 to 1985 and was President in 1987-88, when the Association moved to its current Rosemont, Ill., headquarters. He has lectured on advanced orthognathic surgery and cosmetic surgery while accrediting ambulatory healthcare facilities. He is credited with helping direct the scope of the specialty toward cosmetic surgery. Dr. Bellinfante practices with Atlanta Oral and Facial Surgery.
Q What has changed the most in the specialty in your lifetime?
A The scope of who we are and what we do has changed tremendously. For example, for orthognathic surgery, when I started in 1966, we usually only operated on mandibles and retro-positioned them. We hardly ever brought them forward. That changed with Hugo Obwegeser, a Swiss OMS. During World War II, there was a dearth of European orthodontists to aid oral surgeons for the corrective treatment of facial deformities. To achieve corrective goals, simultaneous two-jaw surgeries in lieu of the traditional one-jaw surgery were performed. After the war, Dr. Obwegeser came to the United States and presented his and some of his European colleagues' amazing operations with 'jaw-dropping' results at Walter Reed Army Medical Center. It changed who we were and what were capable of performing.
CELEBRATING THE CENTENNIAL
Honoring 100 years of AAOMS: Former Pre
Michael C. Matzkin, DDS, of Boston, Mass., was AAOMS President in 1991-92. A member of the AAOMS Special Committee on the Centennial, he was an AAOMS Trustee from 1986 to 1989 after serving 10 years as a Delegate. From 1994 to 1996, he was Chair of the OMS Foundation.
Q What has changed the most in the specialty in your lifetime?
A Scope and diversity. When I became a member, there were no more than 10 to 15 women OMSs. Scope was limited to and practically ended with facial trauma. Surgery for the prognathic jaw was in its infancy. Office general anesthesia was basically nitrous oxide and/or Brevital.
Today, we see positive growth in the number of female OMSs, and Dr. Brett Ferguson, current President, is the first but still
CELEBRATING THE CENTENNIAL
Honoring 100 years of AAOMS: Former President
Daniel J. Daley Jr., DDS, MS
2014-15 AAOMS President
Dr. Daley of Wynnewood, Pa., has been an AAOMS Delegate, Trustee and chair of OMSPAC and the OMS Foundation. In 2016, he received the Torch Award for his exemplary service to the OMS Foundation.
Q What has changed the most in the specialty in your lifetime?
A Three things in particular come to mind. The first is the diversity of our membership and the role of women in every level of OMS. When I was a freshman dental student in 1966,
CELEBRATING THE CENTENNIAL
Honoring 100 years of AAOMS: Former Presid
Terry W. Slaughter, DDS, MSD
1977-78 AAOMS President
Dr. Slaughter of Salinas, Calif., was the first President to serve under the AAOMS designation. He was on many committees, including the Districting Committee that led to the Association's designated six Districts. Dr. Slaughter is credited with being the driving force to incorporate "maxillofacial" in the AAOMS name. He also was instrumental in the successful effort to achieve a seat on The Joint Commission on Accreditation of Hospitals. He served as President of the Northern California Society of Oral Surgeons and Western Society of OMS, on ADA and California Dental Association committees and the IADMS Executive Council. He received the 1980 AAOMS Distinguished Service Award.
Q What has changed the most in your practice lifetime?
A I view the changes in four categories: education, scope, anesthesia and hospital acceptance. Although I had a four-year residency that included courses in the medical school and training in physical evaluation, ASOS didn't embrace a three-year curriculum until 1972 and a four-year requirement until 1988. More dual-degree programs began to develop in the 1980s and '90s.
The scope of oral surgery as my career started was dentoalveolar and minor intraoral surgery in the office setting and facial trauma and infection, benign tumors and mandibular reconstruction in the hospital. The groundbreaking lectures by Dr. Hugo Obwegeser at Walter Reed Army Medical Center in 1966 and the reinforcement provided by the anatomic blood supply studies by Dr. William Bell of Parkland Hospital had a dramatic effect on the specialty's hospital practice scope. Orthognathic surgery involving LeFort I, II and III and two-jaw surgery were common as were bone augmentation of the maxilla and mandible with subsequent skin graft vestibuloplasties. Hospital presence and acceptance blossomed. Training and expansion into rhinoplasty, liposuction and the host of cosmetic procedures logically followed.
As the dual-degree programs progressed, facial, cleft lip and palate and oncologic surgery also became an acceptable segment of OMS. Privileges were seldom without a fight, but scope expansion occurred. The American College of Surgeons' acceptance and recognition is monumental for our specialty. Those responsible, including Dr. G.E. Ghali, deserve major credit.
The final scope change was initiated in 1982 when Prof. Bramwell presented his lectures on osseointegrated titanium implants at the University of Toronto. Oral surgery and dentistry had long searched for a successful dental implant and this treatment modality's meteoric advancement has had a profound impact, reducing hospital surgery while providing a tremendous increase in office practice and income. IV anesthesia, BP monitoring and EKG, pulse oximetry and capnography were not used when I started. These modalities were adopted and mandated. The training and mandated peer review started by the Southern California Society of OMS Surgeons in the early '70s was pioneering. These changes resulted in the formal training and certification of our staff.
The change from ASOS to AAOMS was significant because our new name is consistent with our training and identifies accepted medical terminology for the anatomic areas most prominently involved in our treatment. This change, introduced by me to the ASOS Board of Directors in 1972,
CELEBRATING THE CENTENNIAL
AAOMS Today editor reflects on Associatio
Daniel M. Laskin, DDS, MS
1976-77 AAOMS President
Dr. Laskin of Richmond, Va., is the longest-serving editor of a dental association newsletter. In 1966, he was named its first editor and continues to serve in that capacity.
Dr. Laskin also served as Editor-in-Chief of JOMS from 1972-2002. He is former President, Secretary-General and Executive Director of IAOMS. Honors he has received from AAOMS include the Distinguished Service Award, Donald B. Osbon Award for Outstanding Educator and Research Recognition Award. Accolades named after him include the AAOMS foundation's annual award for best journal article and AAOMS's outstanding predoctoral educator award.
Currently, Dr. Laskin is adjunct clinical professor and chair emeritus of OMS at Virginia Commonwealth University.
Q What has changed the most in the OMS specialty in your lifetime?
A There have been four major changes that have significantly altered the practice of our specialty. The most obvious is the scope of oral and maxillofacial surgery. When I first entered the specialty, we were still battling with our medical colleagues over the ability to do open reduction of mandibular fractures, and now we manage all forms of maxillofacial trauma.
I remember my experience in orthognathic surgery during my residency was limited to treating two cases of mandibular
CELEBRATING THE CENTENNIAL
Honoring 100 years of AAOMS: Former President
Frank A. Connor Jr., DDS
1988-89 AAOMS President
Dr. Connor practices in East Greenwich and Pawtucket, R.I. He is Chief of Dentistry and Oral and Maxillofacial Surgery at Rhode Island Hospital in Providence and Clinical Associate Professor of Surgery at Alpert Medical School at Brown University.
In addition, Dr. Connor has served on the examination committee of AAOMS and the Rhode Island State Board of Dental Examiners and was its chair from 2005-07. He also was chair of the Rhode Island Dental Foundation from 2001-16 and president of the Rhode Island Dental Association in 2009.
Q What has changed the most in the specialty in your lifetime?
A There are many things that have changed in oral and maxillofacial surgery. One of the most significant involves the ability of the oral and maxillofacial surgeon to practice the full scope of surgery without the approval of or interference from other surgical entities.
Today, our expertise is sought by many in the surgical community, especially in the fields of trauma, oncology and reconstructive surgery. That was not the case 50 years ago, and that has been the most significant change in my practice lifetime.
Changes to full-scope practice involved a long and arduous journey. There were several factors that allowed that to take
Q What advances will the specialty see in the next 100 years?
A The future is hard to predict, but the advances in medicine will be tremendous. Research involving genetic engineering and all its subsets will enable future oral and maxillofacial surgeons to replace diseased or injured segments of the face



Centennial Year-Long Celebration

AAOMS TODAY

The bimonthly member magazine, ***AAOMS Today***, unveiled a complete redesign starting with the January/February 2018 issue that featured more in-depth stories and graphics, a single-illustration cover, a comprehensive table of contents and color-coding of articles. The redesign was subsequently honored with the Apex Grand Award for most improved magazine.

To celebrate the centennial, each of the six issues featured an interview with an AAOMS Past President who shared his thoughts on the evolution, advancements and future of the specialty. Featured participants included Past Presidents Louis S. Belinfante (1987-88), Michael C. Matzkin (1991-92) Daniel J. Daley Jr. (2004-05), Terry W. Slaughter (1977-78), Daniel M. Laskin (1976-77) and Frank A. Connor Jr. (1988-89).

A **commemorative issue** was published in September/October to coincide with the Annual Meeting. At 96 pages and perfect-bound with "AAOMS TODAY Commemorative Issue" printed on the spine, it was the largest newsletter issue ever produced by AAOMS. The issue included more than 35 pages of centennial features: a cover story on 100 ways AAOMS provides value to its members; a comprehensive preview of the Annual Meeting and all of its centennial activities; a 14-page scrapbook of pictures from past Annual Meetings; a two-page photo tribute to all 100 Past Presidents; and regular columns focusing on historical aspects of the organization.

The 2018 Annual Meeting Advance and Final Programs also were designed to celebrate the centennial, including congratulatory ads, highlighting history-related educational sessions and events, and featuring "Did you know" historical trivia.





More than 50 residents from across the country attended the **Resident Transitions into Practice Conference: Preparing for Post-residency Life** in February that featured lectures on the importance and benefits of leadership roles in OMS and dental organizations, personal and private practice financial strategies, practice development, maximization of income through coding and liability insurance.

The conference focused on the essential non-clinical information for life in private versus academic versus corporate practice. Speakers also challenged attendees to consider how they might make their ideal practice scope a possibility, covering TMJ surgery and virtual surgical planning for orthognathic surgery to cosmetic surgery and head and neck oncology. ABOMS also shared updates on the board certification process.

RESIDENT TRANSITIONS INTO PRACTICE CONFERENCE: PREPARING FOR POST-RESIDENCY LIFE





EMERGING OMS LEADERS WORKSHOP

Those attending the two-day interactive **Emerging OMS Leaders Workshop** in March put their newfound skills instantly into action at a weekend of learning about their individual styles and exploring the virtues of exceptional leadership. Through case studies and exercises, attendees paired off or worked in small groups to practice leadership skills after self-assessments on personality types, change preferences, conflict modes and emotional intelligence.

Attendees included OMS faculty, private practitioners and residents as well as AAOMS Officers and Trustees. The goal of the workshop was to develop future leaders of the organization.

The AAOMS Special Committee on Emerging Leaders in OMS planned the workshop to focus on conflict resolution techniques, personal leadership styles, work-life balances, change management and emotionally intelligent leadership.









DAY ON THE HILL



In April, AAOMS members arrived in Washington, D.C., for the 18th annual **Day on the Hill** to all sorts of last-minute developments – making it one of the most dramatic and exciting times to participate in the grassroots advocacy event.

In a surprise announcement that opened the two-day event, U.S. Rep. Michael Burgess (R-Texas) honored AAOMS and its members by reading a declaration into the Congressional Record on the House floor to honor the Association's centennial.

Dr. Herbert D. Stith, Chair of the AAOMS Committee on Governmental Affairs, said Rep. Burgess's centennial declaration prompted him to consider the impact of AAOMS's advocacy efforts. "We really are doing something here," Dr. Stith said. "We're increasing our presence in our Capitol. More people know about us now than they did 40 or 50 years ago."

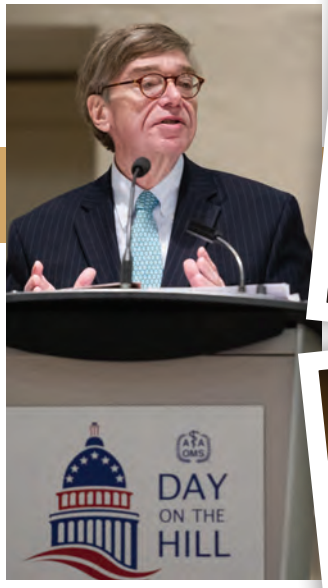
To prepare everyone for their visits, attendees were briefed on the four key 2018 AAOMS legislative priorities – student loan reform, coverage for craniofacial anomalies, flexible spending accounts/ health savings accounts expansion and prescription drug abuse issues. At the morning briefing before heading to appointments, attendees learned student loan reform and craniofacial anomalies issues were moving forward through the legislative process. Armed with talking points and leave-behind folders, attendees traveled to House and Senate offices and met with legislators and staff.






DAY
ON THE
HILL


DAY
ON THE
HILL


DAY
ON THE
HILL




















Remy





Centennial Year-Long Celebration

AAOMS REGIONAL AND STATE LEADERSHIP CONFERENCE



Nearly 60 regional and state representatives and executive staff gathered in April for the three-day **AAOMS Regional and State Leadership Conference**. Representatives shared their experiences with advocacy efforts, state activities and member engagement. Then a panel discussion addressed topics such as anesthesia, surprise billing, opioid prescribing and dental board engagement.



Allied organizations – including OMSNIC, OMSPAC, ABOMS and the OMS Foundation – presented reports, and AAOMS staff shared resources that can be of value to state and regional representatives. Each of the six Trustees also met with their District representatives.









Centennial Year-Long Celebration

CLINICAL TRIALS METHODS COURSE

About 75 OMSs – residents, fellows, faculty and private practitioners – attended the three-day **Clinical Trials Methods Course** in May to learn about clinical trial design, with a focus on Phase III studies, and then put their skills into action by developing proposals for randomized controlled trials.

Attendees were assigned to a group for proposal development before the course and held conference calls to select their topic. Course co-directors Drs. Sean P. Edwards and Michael Miloro invited speakers to address such topics as data management, patient selection, hypothesis testing, selection of outcome measures, informed consent and data safety monitoring. Lectures also covered regulatory compliance, statistical concepts, research ethics and errors.

The four groups then each met to develop and fine-tune their studies with the guidance of group leaders Drs. Gary Bouloux, Joseph Cillo Jr., Jasjit Dillon and Michael Markiewicz. Biostatisticians also helped with sample size and power calculations and provided feedback to ensure projects were feasible.

Finally, each group presented their plans in front of the faculty and had to answer questions, defend their proposals and be evaluated on the projects' strengths.

The research proposals (and group leaders) included:

- **Craniofacial Trauma / Orthognathic / Facial Deformities (Dr. Markiewicz)** – Does Exparel Affect Postoperative Opioid Use in Patients Undergoing BSSO?
- **Dentoalveolar / Anesthesia (Dr. Cillo)** – Cm3 Regeneration after Platelet Rich Fibrin (PRF) (CRAP)
- **Pathology / Reconstruction (Dr. Dillon)** – O-SNAP! Outcomes of Sensory Nerve Allograft Post-Reconstruction
- **TMD / Facial Pain (Dr. Bouloux)** – Does Liposomal Bupivacaine Reduce Postoperative Opiate Requirements Compared to Placebo Following Unilateral Custom TMJ Total Joint Replacement?

In the end, the TMD / facial pain group's project outscored that of the three other groups. All four groups subsequently presented their study designs and potential impact, budgets and funding sources during the Research Open Forum at the 2018 AAOMS Annual Meeting. Former participants have gone on to turn their proposals into funded and published studies.


Clinical Trials
Methods Course




1) Intrac (Nest) Orbit
2) Exparel (ortho)
3) BMP vs Not AIBG
4) OSA + ortho
5) Two-Flap vs Forlow

























Centennial Year-Long Celebration

FEDERAL, STATE AND CITY GOVERNMENTS HONOR AAOMS

Throughout the centennial year, **federal, state and city governments** honored AAOMS with congratulatory 100th anniversary messages.

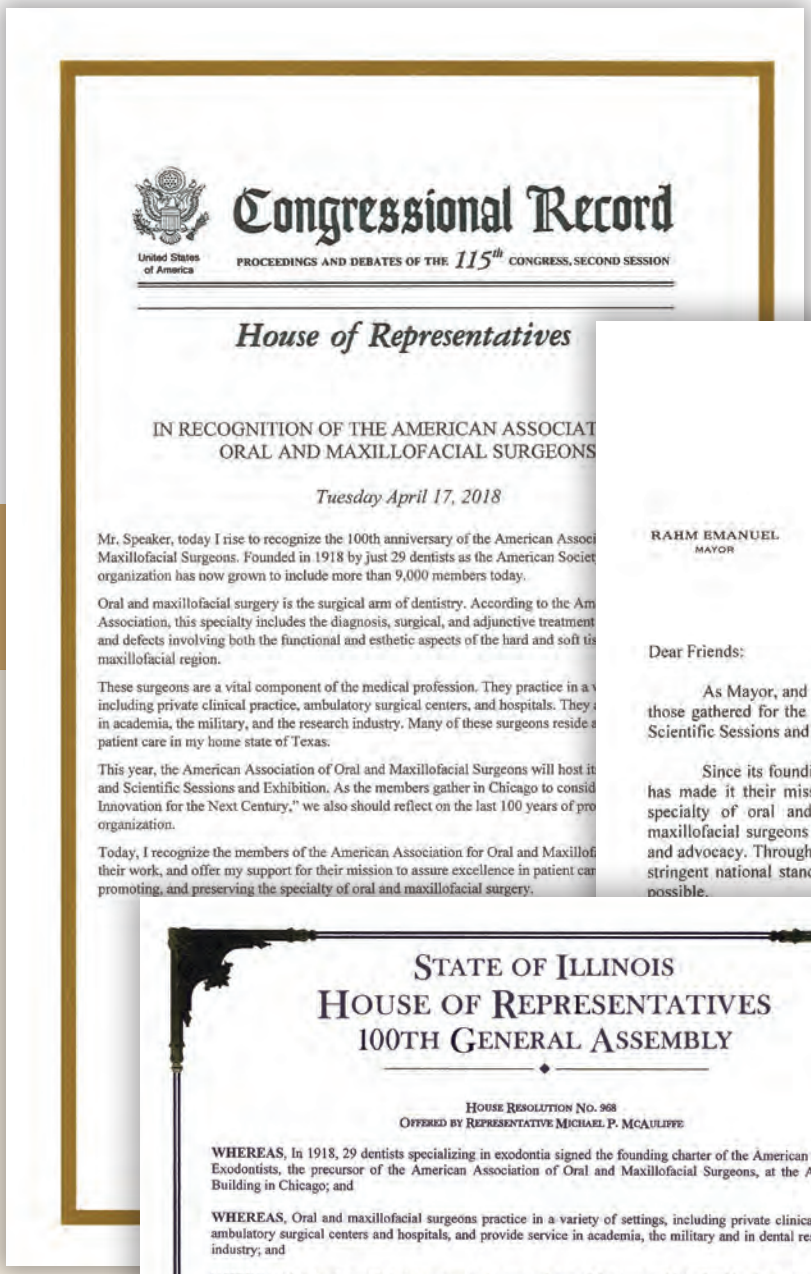
As part of the Congressional Record of the House of Representatives Second Session of the 115th Congress – U.S. Rep. Michael Burgess (R-Texas) honored AAOMS and its members by reading a declaration into the Congressional Record on the House floor to honor the Association's centennial (YouTube.com/watch?v=ElNwS2gxHyU).

"Mr. Speaker, today I rise to recognize the 100th anniversary of AAOMS," Burgess said in an address broadcast on C-SPAN. He announced that OMSs "are a vital component of the medical profession" and "we also should reflect on the last 100 years of progress led by this organization." In conclusion, he offered his support for the "mission to assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery."

As part of the State of Illinois House of Representatives 100th General Assembly, Rep. Michael McAuliffe (R-Chicago) offered House Resolution 968 to congratulate AAOMS "on its 100th anniversary and on its continued dedication to patient care." A copy of his resolution was presented to the AAOMS Board of Trustees in April.

In Chicago, the site for the Annual Meeting, Mayor Rahm Emanuel extended greetings to all those in attendance and offered congratulations for the 100th anniversary. He commended AAOMS for its "continued work in assuring excellence in patient care." His letter was printed in the Annual Meeting Final Program.





Congressional Record

United States of America

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, SECOND SESSION

House of Representatives

IN RECOGNITION OF THE AMERICAN ASSOCIAT
ORAL AND MAXILLOFACIAL SURGEONS

Tuesday April 17, 2018

Mr. Speaker, today I rise to recognize the 100th anniversary of the American Associ
Maxillofacial Surgeons. Founded in 1918 by just 29 dentists as the American Societ
organization has now grown to include more than 9,000 members today.

Oral and maxillofacial surgery is the surgical arm of dentistry. According to the Am
Association, this specialty includes the diagnosis, surgical, and adjunctive treatment
and defects involving both the functional and esthetic aspects of the hard and soft tis
maxillofacial region.

These surgeons are a vital component of the medical profession. They practice in a v
including private clinical practice, ambulatory surgical centers, and hospitals. They
in academia, the military, and the research industry. Many of these surgeons reside
patient care in my home state of Texas.

This year, the American Association of Oral and Maxillofacial Surgeons will host it
and Scientific Sessions and Exhibition. As the members gather in Chicago to consid
Innovation for the Next Century," we also should reflect on the last 100 years of pro
organization.

Today, I recognize the members of the American Association for Oral and Maxillof
their work, and offer my support for their mission to assure excellence in patient car
promoting, and preserving the specialty of oral and maxillofacial surgery.

OFFICE OF THE MAYOR
CITY OF CHICAGO

RAHM EMANUEL
MAYOR

October 8, 2018

Dear Friends:

As Mayor, and on behalf of the City of Chicago, I am pleased to extend warm greetings to all those gathered for the American Association of Oral and Maxillofacial Surgeons Annual Meeting, Scientific Sessions and Exhibition, and offer sincere congratulations on your 100th Anniversary.

Since its founding, the American Association of Oral and Maxillofacial Surgeons (AAOMS) has made it their mission to advance patient care by advancing, promoting, and preserving the specialty of oral and maxillofacial surgery. AAOMS represents more than 9,000 oral and maxillofacial surgeons in the United States and supports its members through education, research, and advocacy. Through their continued efforts to advance the profession of dentistry and by meeting stringent national standards AAOMS has helped to ensure that patients will receive the best care possible.

d Innovation for the Next Century, brings together more
twork, learn and inspire while celebrating the 100th
ne hundred educational sessions and two hundred vendors
nd professional allied staff the tools needed to grow and
nce will also feature a history museum that celebrates the
far oral surgery has come and where it can go. I commend
xillofacial Surgeons for their continued work in assuring

ut and discussing what's new and changing, you will take
everything Chicago has to offer. An exciting variety of
museums accented by our iconic skyline, incredible
Chicago one of the world's greatest cities.

informative event and submit my best wishes for much

Sincerely,

Emanuel

Mayor

State of Illinois
House of Representatives
100th General Assembly

House Resolution No. 968
Offered by Representative Michael P. McAuliffe

WHEREAS, In 1918, 29 dentists specializing in exodontia signed the founding charter of the American Society of Exodontists, the precursor of the American Association of Oral and Maxillofacial Surgeons, at the Auditorium Building in Chicago; and

WHEREAS, Oral and maxillofacial surgeons practice in a variety of settings, including private clinical practice, ambulatory surgical centers and hospitals, and provide service in academia, the military and in dental research and industry; and

WHEREAS, Oral and maxillofacial surgery is the surgical arm of dentistry and is defined by the American Dental Association as the specialty which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region; and

WHEREAS, The American Association of Oral and Maxillofacial Surgeons seeks to assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery, and the skill and professionalism of its members; and

WHEREAS, The American Association of Oral and Maxillofacial Surgeons represents more than 9,000 members across the nation; and

WHEREAS, The American Association of Oral and Maxillofacial Surgeons is headquartered in Rosemont; and

WHEREAS, The 100th Annual Meeting and Scientific Sessions and Exhibition of the American Association of Oral and Maxillofacial Surgeons will be held October 8-13, 2018 at McCormick Place in Chicago, under the theme of "Safety and Innovation for the Next Century"; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we congratulate the American Association of Oral and Maxillofacial Surgeons on its 100th anniversary and on its continued dedication to patient care; and be it further

RESOLVED, That a suitable copy of this resolution be presented to the American Association of Oral and Maxillofacial Surgeons as a symbol of our respect and esteem.

Adopted by the House of Representatives on April 10, 2018.

Timothy D. Mapes
Timothy D. Mapes
Clerk of the House

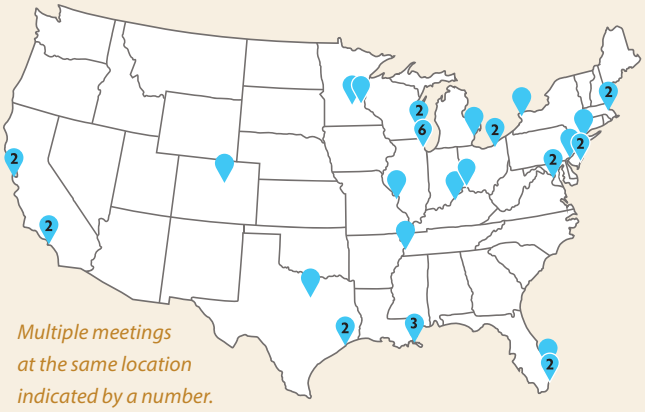
Michael J. Madigan
Michael J. Madigan
Speaker of the House

CHAPTER THREE – COMMEMORATIONS

Remembering 100 years of Annual Meetings as well as recognizing those bestowed with Association awards and those who served as its leaders.

100th ANNIVERSARY

[1918-58]
Annual Meeting locations

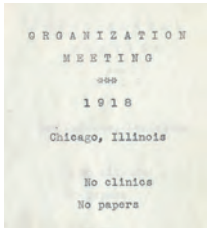


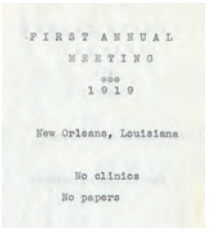
Multiple meetings at the same location indicated by a number.

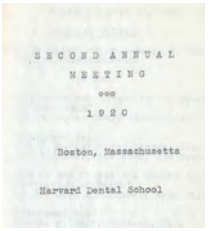
1918 Chicago, Ill.
1919 New Orleans, La.
1920 Boston, Mass.
1921 Milwaukee, Wis.
1922 Los Angeles, Calif.
1923 Cleveland, Ohio
1924 Dallas, Texas
1925 Louisville, Ky.
1926 Philadelphia, Pa.
1927 Detroit, Mich.
1928 Minneapolis, Minn.
1929 Washington, D.C.
1930 Denver, Colo.
1931 Memphis, Tenn.
1932 Buffalo, N.Y.
1933 Chicago, Ill.
1934 St. Paul, Minn.
1935 New Orleans, La.
1936 San Francisco, Calif.
1937 Atlantic City, N.J.
1938 St. Louis, Mo.
1939 Milwaukee, Wis.
1940 Cleveland, Ohio
1941 Houston, Texas
1942 Meeting canceled because of World War II
1943 Cincinnati, Ohio
1944 Chicago, Ill.
1946 Chicago, Ill. (February)
1946 Miami Beach, Fla. (October)
1947 Boston, Mass.
1948 Chicago, Ill.
1949 San Francisco, Calif.
1950 Atlantic City, N.J.
1951 Washington, D.C.
1952 New Orleans, La.
1953 Houston, Texas
1954 Hollywood, Fla.
1955 Los Angeles, Calif.
1956 New York City, N.Y.
1957 Miami Beach, Fla.
1958 Chicago, Ill.

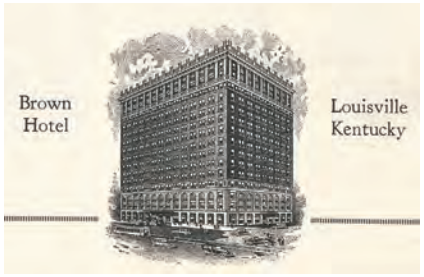



































HOTEL JEFFERSON
CONVENTION HEADQUARTERS





HOTEL CARTER


TEXAS STATE HOTEL


NETHERLAND PLAZA
Convention Headquarters




THE COPLEY PLAZA
BOSTON, MASS.
Convention Headquarters






RITZ-CARLTON HOTEL
Convention Headquarters


Headquarters: Wardman Park Hotel, Washington, D. C.


HOLLYWOOD BEACH HOTEL
Meeting Headquarters


The Ambassador Hotel
Meeting Headquarters
Los Angeles, California
October 11-14, 1955







[1959-68]
Annual Meeting locations

1959 New York, N.Y.
1960 Phoenix, Ariz.
1961 New York, N.Y., and cruise ship to Bermuda
1962 New Orleans, La.
1963 Miami Beach, Fla.
1964 Las Vegas, Nev.
1965 Denver, Colo.
1966 Chicago, Ill.
1967 Atlantic City, N.J.
1968 New York, N.Y.

























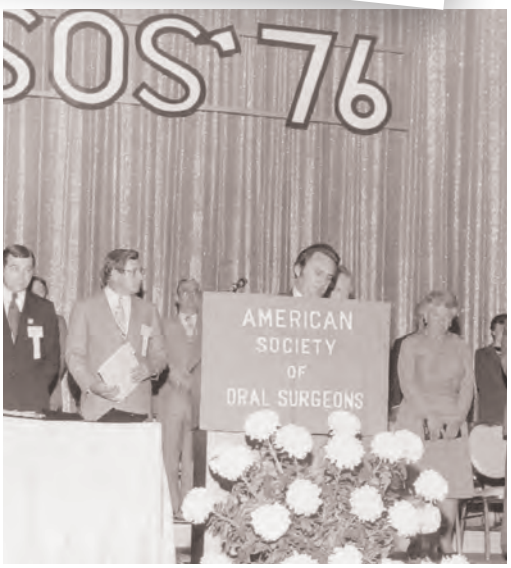


[1969-76]
Annual Meeting locations

1969 San Francisco, Calif.
1970 Miami Beach, Fla.
1971 Washington, D.C.
1972 Houston, Texas
1973 Atlanta, Ga.
1974 Las Vegas, Nev.
1975 Washington, D.C.
1976 New York, N.Y.
























OS'75

[1977-85]
Annual Meeting locations

1977 San Francisco, Calif.
1978 Chicago, Ill.
1979 New Orleans, La.
1980 San Francisco, Calif.
1981 Washington, D.C.
1982 Atlanta, Ga.
1983 Las Vegas, Nev.
1984 New York, N.Y.
1985 Washington, D.C.














THE NEW YORK HILTON
AT ROCKEFELLER CENTER


AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS



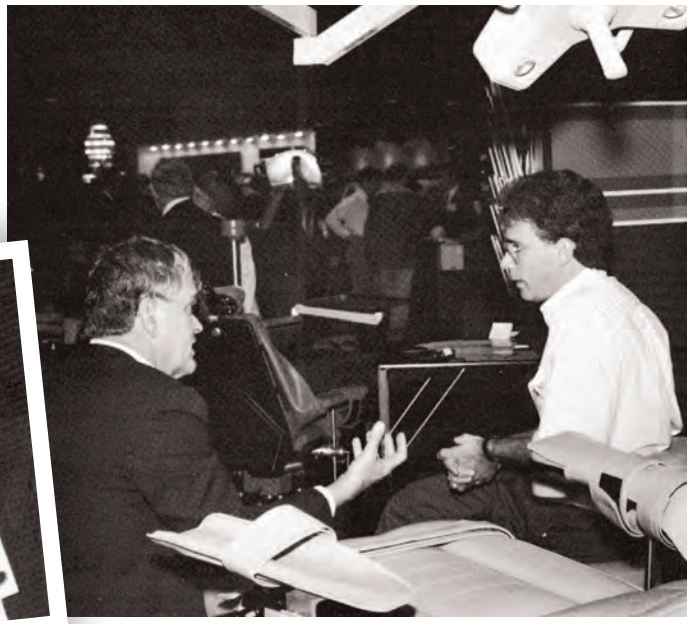

Current OMS Media Coverage





[1986-94]
Annual Meeting locations

1986 New Orleans, La.
1987 Anaheim, Calif.
1988 Boston, Mass.
1989 San Francisco, Calif.
1990 New Orleans, La.
1991 Chicago, Ill.
1992 Honolulu, Hawaii
1993 Orlando, Fla.
1994 Denver, Colo.









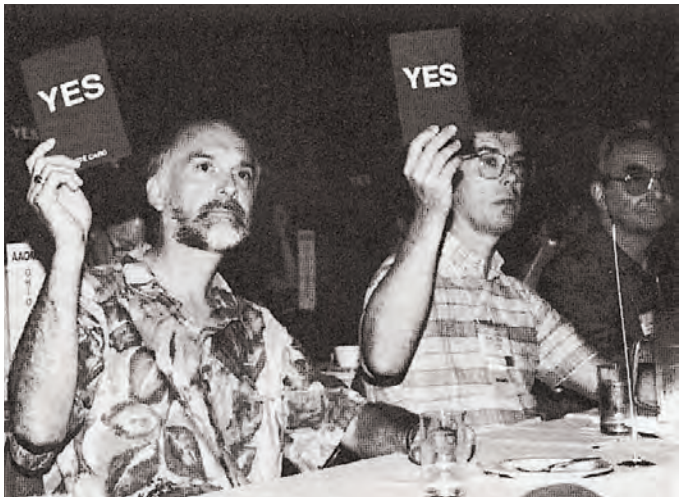




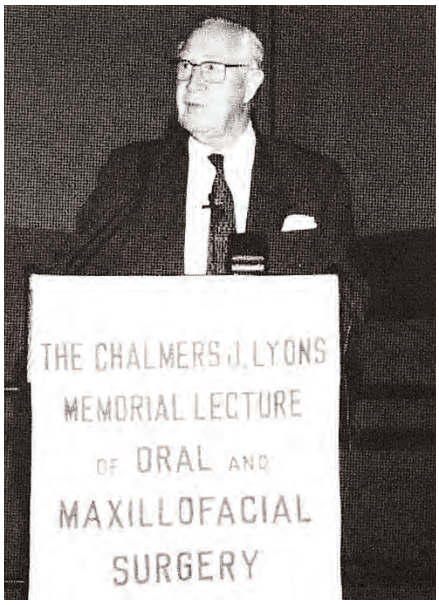







YES
YES




THE CHALMERS J. LYONS
MEMORIAL LECTURE
OF ORAL AND
MAXILLOFACIAL
SURGERY


4

[1995-2003]
Annual Meeting locations

1995 Toronto, Ontario
1996 Miami Beach, Fla.
1997 Seattle, Wash.
1998 New Orleans, La.
1999 Boston, Mass.
2000 San Francisco, Calif.
2001 Orlando, Fla.
2002 Chicago, Ill.
2003 Orlando, Fla.






















ALLODEX
E-MERGE
CTION SYSTEM






bicon
Experience the Savings with AAOMS and ASI Approved Partners.
CareCredit

[2004]






















san francisco
AAOMS 2004








4









[2005]

























Boston 2005

AAOMS | BAOMS

























[2006]



















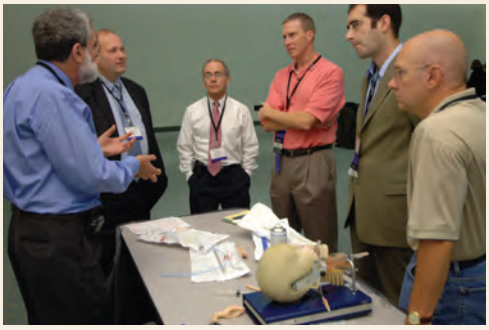


AAOMS San Diego06

























[2007]






American
Association
of Oral and
Maxillofacial
Surgeons










American
Association
of Oral and
Maxillofacial
Surgeons









AAOMS Hawaii '07
AAOMS ~ JSOMS ~ KAOMS

















[2008]

















seattle 2008
AAOMS 90th Annual Meeting
Scientific Sessions & Exhibition















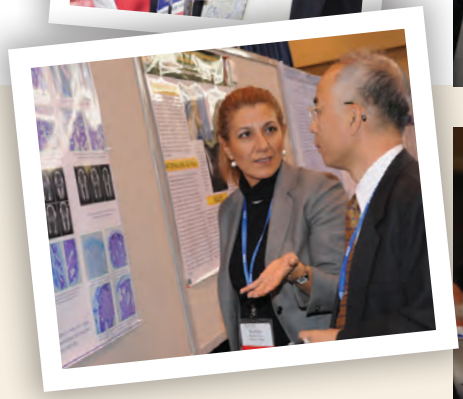


[2009]





















TORONTO 2009
AAOMS | CAOMS 91ST ANNUAL MEETING














[2010]


NO
NO
NO
NO








HOUSE


CHICAGO
2010
ANNUAL MEETING




10th
ANNIVERSARY

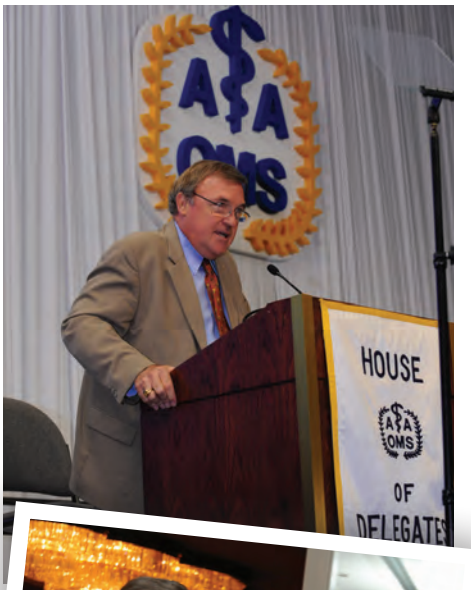




CHICAGO 2010 ANNUAL MEETING





















[2011]






DELEGATE
OMSF MEMBER










THANK YOU!
THANK YOU!
Welcome!
Information Desk


SPEAKER



PHILADELPHIA

AAOMS 2011 ANNUAL MEETING



















[2012]


TRUSTEE
DEPOSIT
BALLOT
HERE
SAN DIEGO
AAOMS
2012
ANNUAL MEETING




DISTRICT II
MID ATLANTIC
4






3











SAN DIEGO
AAOMS
2012
ANNUAL MEETING



















[2013]


Member Pavilion


2013
ANNUAL MEETING








DISTRICT III
SOUTHEASTERN






VOTING BOOTH 2
VOTING BOOTH 3
VOTING BOOTH 4











ORLANDO
AAOMS 2013 ANNUAL MEETING

















[2014]























HONOLULU
AAOMS 2014 ANNUAL MEETING













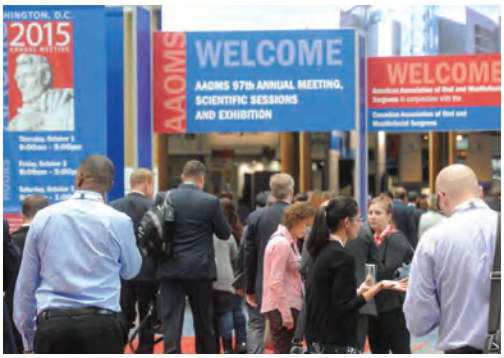








[2015]


2015
AAOMS
WELCOME
AAOMS 97th ANNUAL MEETING,
SCIENTIFIC SESSIONS
AND EXHIBITION
WELCOME

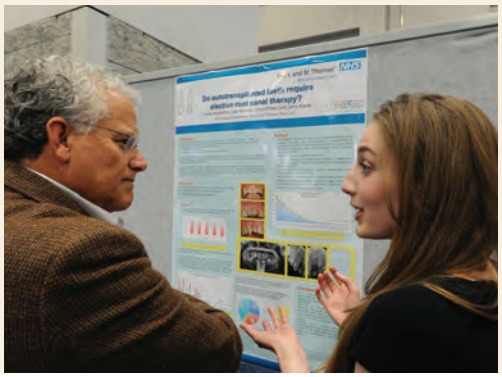


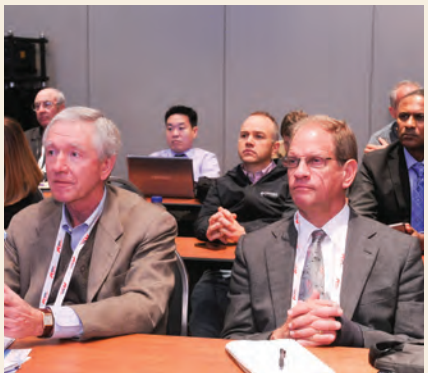


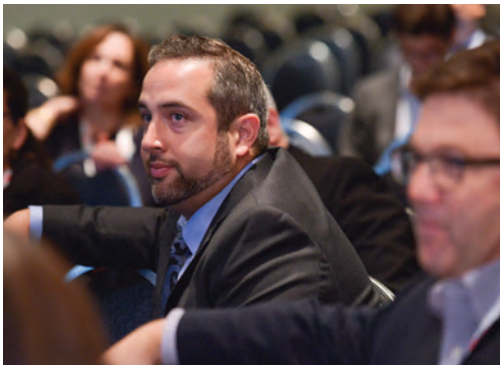










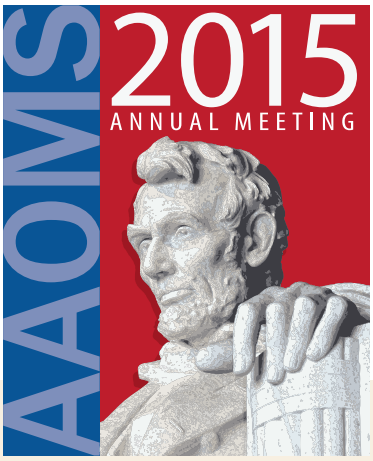








WASHINGTON, D.C.













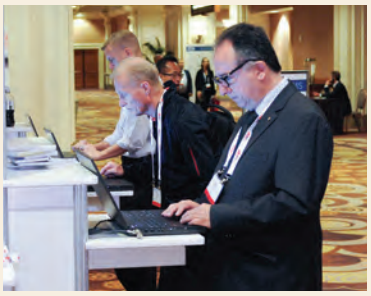






[2016]


AAOMS
2016
LAS VEGAS




3




LAS VEGAS
2016
ANNUAL MEETING




LAS VEGAS
2016






3


AAOMS
HOUSE
OF

LAS VEGAS


AAOMS
2016
ANNUAL MEETING
WELCOME
TO Fabulous
LAS VEGAS
NEVADA


LAS VEGAS
AAOMS
2016
ANNUAL MEETING












3



[2017]










Product Resource Center
Patient Information
Product Resource Center
1700










AAOMS
2017
ANNUAL MEETING




2017



SAN FRANCISCO
AAOMS 2017
ANNUAL MEETING

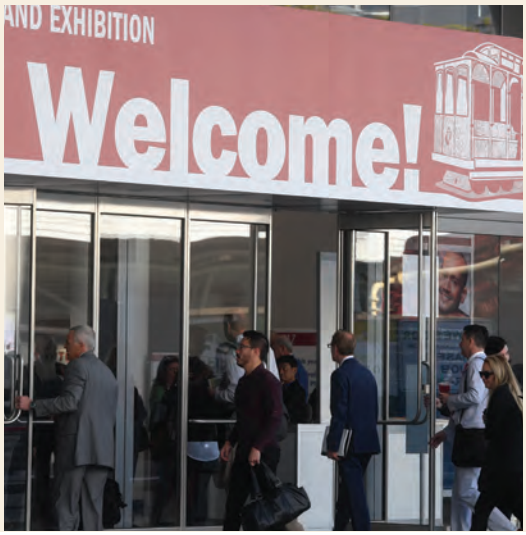















A. Bromley Allen
1918 - 1919


Menifee R. Howard
1919 - 1920


Frank L. Warren
1920 - 1921


Fred F. Molt
1921 - 1922


Joseph P. Henahan
1922 - 1923


Boyd S. Gardner
1923 - 1924


James A. Blue
1924 - 1925


Joseph P. Wahl
1925 - 1926


Roy S. Hopkinson
1926 - 1927


Earle H. Thomas
1927 - 1928


Elmer C. Hume
1928 - 1929


Frank W. Rounds
1929 - 1930


Harry Bear
1930 - 1931


Ernest W. Browning
1931 - 1932


Athol L. Frew
1932 - 1933


L. Frew
1932 - 1933


Aubrey L. Martin
1934 - 1935


Harry M. McFarland
1935 - 1936


Albert P. Williams
1936 - 1937


Thomas Conner
1937 - 1938


J. Holden Beckwith
1938 - 1939


Theodor Blum
1939 - 1940


G. W. Christiansen
1940 - 1941


Leslie FitzGerald
1941 - 1943


Frank B. Hower
1943 - 1944


Sam H. Brock
1944 - 1945


Van B. Dalton
1945 - 1946


Glenn J. Pell
1946 - 1947


Vernor H. Eman
1947 - 1948


James R. Cameron
1948 - 1949

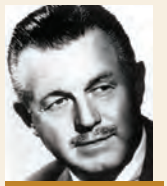

Berto A. Olson
1949 -1950


Horace L. Cartee
1950 - 1951

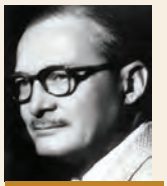

William T. Ewing
1951 - 1952


David C. McRimmon
1952 - 1953


Don H. Bellinger
1953 - 1954


Stanley Rice
1954 - 1955


Harry M. Seldin
1955 - 1956


G. Thaddeus Gregory
1956 - 1957


W. Talbot Foster
1957 - 1958


Fred F. Pfeier
1958 - 1959

Fred A. Henny
1959 - 1960

Frank H. O'Halloran
1960 - 1961

Lyall O. Bishop
1961- 1962

Edward C. Thompson
1962 - 1963

John S. McQuade
1963 - 1964

Daniel F. Lynch
1964 - 1965

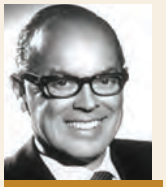
Robert B. Shira
1965 - 1966

LeRoy W. Peterson
1966 - 1967

Philip J. Sheridan
1967 - 1968

James R. Hayward
1968 - 1969


S. Elmer Bear
1969 - 1970


Bernerd C. Kingsbury
1970 - 1971

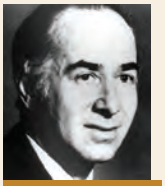

J. Leon Schwartz
1971 - 1972


Robert V. Walker
1972 - 1973


Victor H. Frank
1973 - 1974


Joseph F. Karpinski
1974 - 1975

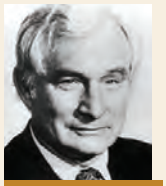

Charles A. McCallum
1975 - 1976

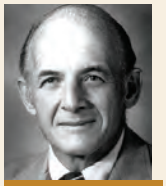

Daniel M. Laskin
1976 - 1977


Terry W. Slaughter
1977 - 1978


William R. Wallace
1978 - 1979


Jack W. Gamble
1979 -1980

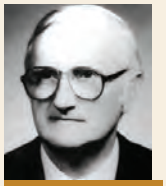

John A. Babett
1980 - 1981


Gilbert S. Small
1981 - 1982

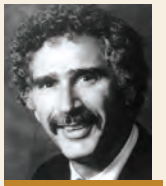

Eugene Friedman
1982 - 1983


Anthony L. Checchio
1983 - 1984


William E. Hall
1984 - 1985


Philip L. Maloney
1985 - 1986


Markell W. Kohn
1986 - 1987


Louis S. Belinfante
1987 - 1988


Francis A. Connor, Jr.
1988 - 1989


Gerald Laboda
1989 - 1990

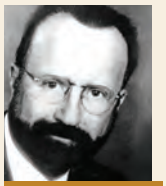

Robert R. Keen
1990 - 1991


Michael C. Matzkin
1991- 1992


Ronald B. Marks
1992 - 1993


Daniel Lew
1993 - 1994

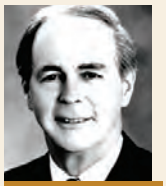

Thomas P. Osborn
1994 - 1995


Edmund I. Parnes
1995 - 1996


Kent Cohenour
1996 - 1997


Richard J. Simeone
1997 - 1998


David A. Bussard
1998 - 1999


Donald F. Booth
1999 - 2000


Francis P. DiPlacido
2000 - 2001


Boyd J. Tomasetti
2001 - 2002


Larry W. Nissen
2002 - 2003

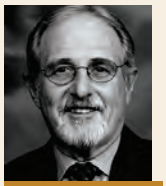

Elgan P. Stamper
2003 - 2004


Daniel J. Daley, Jr.
2004 - 2005


Jay P. Malmquist
2005 - 2006


W. Mark Tucker
2006 - 2007


Lee D. Pollan
2007 - 2008


R. Lynn White
2008 - 2009

Ira D. Cheifetz
2009 -2010

Larry J. Moore
2010 - 2011

Arthur C. Jee
2011 - 2012

Miro A. Pavelka
2012 - 2013

Eric T. Geist
2013 - 2014

William J. Nelson
2014 - 2015

Louis K. Rafetto
2015 - 2016

Douglas W. Fain
2016 - 2017

Brett L. Ferguson
2017 - 2018

Considered the organization's most prestigious award, the AAOMS Annual Meeting Dedication honors a respected colleague or group.

1951 Harry Bear

Dr. Bear was a charter member of the American Society of Exodontists when it was established in 1918 and became a member of the Board of Censors (later, the Executive Council) when officers were elected at the second meeting in 1919. He was President of the then-named American Society of Oral Surgeons in 1930-31 and subsequently served as Secretary of the organization from 1932 until 1950.

1952 Charter Members of the Society

There were 29 charter members of what was originally called the American Society of Exodontists in 1918. They included Drs. A. Bromley Allen, Harry Bear, C.F.B. Henehan, Menifee R. Howard, Frank W. Rounds, Arthur E. Smith, Joseph P. Wahl and George B. Winter. Eight of the 29 charter members subsequently served as President of the Society.

1969 Leslie M. FitzGerald

Dr. FitzGerald, who was then Chairman of the National Board of Dental Examiners, recommended in 1944 that the American Society of Oral Surgeons ask the American Dental Association Council on Dental Education for the authority to organize and sponsor the American Board of Oral Surgery. This was granted by the ADA House of Delegates, and the Board was incorporated in 1946. Dr. FitzGerald became a Director of the Board in 1946 and served as Executive Secretary from 1952 until 1969.

1971 James R. Cameron

Dr. Cameron established one of the first hospital departments of oral surgery in 1916. He was ASOS President in 1949. From 1951-55, he was President of the American Board of Oral Surgeons. He also served as President of the American Society for Advancement of General Anesthesia in Dentistry. He was an outspoken advocate of ASOS and the specialty in various confrontations with the American Medical Association and The Joint Commission on Accreditation of Hospitals.

1973 Simon P. Hullihen

Dr. Hullihen, of Wheeling, W.Va., has been recognized as the first person in the United States to limit his practice to oral surgery. Among the conditions that he treated were infections, tumors, jaw fractures, cleft lip and palate, and trigeminal neuralgia. He is also the first person to have reported a case involving what is now referred to as orthognathic surgery – a mandibular osteotomy to correct an anterior open bite. To honor his memory, the citizens of Wheeling erected a monument in 1857 and, in 1974, the University of West Virginia School of Dentistry and the West Virginia Society of Oral Surgeons established the annual Hullihen Memorial Lecture.

1976 Harry M. Seldin

Dr. Seldin was an outstanding educator and humanitarian. He had an interest in outpatient general anesthesia and taught the subject at the NYU School of Dentistry. His textbook *Practical Anesthesia for Dental and Oral Surgery* was prominent for many years. He helped found the dental school at Hebrew University and the Harry M. Seldin Center for Oral and Maxillofacial Surgery at the Government Hospital in Haifa. In 1956, Dr. Seldin served as President of ASOS.

1977 Sanford M. Moose

Dr. Moose contributed to the specialty as both an educator and a clinician. For many years, he was Clinical Professor of Oral Surgery at the College of Physicians and Surgeons in San Francisco and also was active in the graduate training program at Letterman Army Hospital, for which he received the Distinguished Civilian Service Award. He was a pioneer in orthognathic surgery, describing the treatment of mandibular prognathism via a bilateral intraoral subcondylar osteotomy in 1945. In 1969, he received the William J. Gies Foundation Award from ASOS.

1978 Daniel F. Lynch

Dr. Lynch was a major contributor to the advancement of the specialty in hospital affairs as well as in anesthesia and pain control. His location in Washington, D.C., led to knowledge of legislative issues and a close relationship with members of Congress. He was President of the American Dental Association in 1954, ASOS President in 1965 and President of the American Dental Society of Anesthesiology from 1969 to 1971. In 1972, he received the William J. Gies Foundation Award.

1979 P. Earle Williams

Dr. Williams served as the second residency program director at the University of Texas/Southwestern Medical School and Parkland Hospital from 1947-56. From 1959-60, he was President of the American Board of Oral Surgery. Other leadership positions that he held include First Vice President of the American Dental Association, President of the American College of Dentists and President of the Texas Dental Association. He also was a goodwill ambassador for the specialty, serving as a master of ceremonies or speaker before countless organizations in 45 states.

1982 S. Elmer Bear

Dr. Bear is the son of Dr. Harry Bear, to whom the Annual Meeting was dedicated in 1951, thus making them the only father-son combination to ever receive the same AAOMS award. In addition to serving as President of ASOS in 1970, he was the first Speaker of the House of Delegates (1973-76), Chair of the Oral Surgery Political Action Committee (1974-76) and Chair of the AAOMS Educational Foundation (1977-78). He was the recipient of the ASOS Distinguished Service Award in 1974 and the William J. Gies Foundation Award in 1978. The Foundation Torch Award was bestowed upon him posthumously in 1985.

1983 Lyall O. Bishop

Dr. Bishop played many roles in advancing the specialty on local, state, national and international levels. He was President of the California Dental Association (CDA) and worked actively with the California Dental Service on insurance issues involving oral and maxillofacial surgery. The CDA honored him with its Distinguished Service Award in 1974. Nationally, he was a Founding Fellow of the International College of Dentists. The House of Delegates was implemented during his term as ASOS President in 1962, and he was a member of the first Board of Trustees of the Educational Foundation in 1960. He received the William J. Gies Foundation Award in 1973. Internationally, he was involved in the early discussions that led to formation of IAOMS.

1984 Fred A. Henny

Dr. Henny, Editor of the *Journal of Oral Surgery* from 1952-65 and ASOS President in 1960, played a large role in resolving the various confrontations with the American Medical Association over the definition and scope of the specialty. His interest in research and improving the contribution of the specialty led him to organize a National Research Workshop in 1961. He also promoted the establishment of the Educational Foundation. In 1976, he was President of ABOMS. He was the first recipient of the Distinguished Service Award in 1970 and received the William J. Gies Foundation Award in 1977. He was actively involved in establishment of IAOMS and was President in 1968.

1985 Adrian O. Hubbell

Dr. Hubbell was a pioneer in the development of outpatient intravenous general anesthesia, being the first to use Pentothal regularly for oral surgery procedures. He also was involved in the clinical trials of Brevital. He designed the first arm-board and arm-restraining equipment for dental chairs and the first syringe-holding device for intravenous anesthesia. He later developed the Hubbell Injector (also referred to as the Hubbell Bubble) to accommodate the intermittent anesthetic surge technique that he used.

1987 Robert V. Walker

Dr. Walker's accomplishments reflect his leadership and work in education and research. In addition to being President of the American Board of Oral Surgery in 1969 and President of ASOS in 1972-73, he was actively involved in many of the ongoing negotiations with the American Medical Association and related organizations regarding matters of degree and scope of practice issues. As an educator, he was able to encourage many of his trainees to assume positions in academia from which they ultimately become program directors and department chairs. Among the awards he received from AAOMS were the William J. Gies Foundation Award in 1976, the Distinguished Service Award in 1981 and the Donald B. Osbon Award for Outstanding Educator in 1990.

1988 Robert B. Shira

Dr. Shira's life's work included service to the military, dental education and organized dentistry. In 1966, he served as President of ASOS. From 1967-73, he was editor of *Oral Surgery, Oral Medicine and Oral Pathology*. In 1971, he retired as a Major General in the Army Dental Corps to become Dean of the Tufts University School of Dentistry. In 1975, he was President of the American Dental Association, from which he subsequently received the ADA Distinguished Service Award. In 1974-75, he was President of the American Board of Oral Surgery. In 1974, he was honored with the William J. Gies Foundation Award.

1989 Jack W. Gamble

Dr. Gamble was an administrator, educator and practitioner. From 1961-66, he was Chief of Oral Surgery at the National Institutes of Health and he headed the Public Health Service Hospital in Seattle from 1976-77. He later was clinical professor of oral and maxillofacial surgery at the Louisiana State University School of Dentistry and directed the oral and maxillofacial surgery residency program at the LSU School of Medicine in Shreveport. He was AAOMS President in 1980 and received the Distinguished Service Award and the William J. Gies Foundation Award.

1991 Daniel M. Laskin

Dr. Laskin's many contributions to the specialty involved education and research as well as communication. As an educator, he served as Chair of the Oral and Maxillofacial Surgery departments at three institutions (University of Illinois, Cook County Hospital and Virginia Commonwealth University) and received the Donald B. Osbon Award for Outstanding Educator in 1991. His many years of research on temporomandibular disorders led to him receiving the AAOMS Research Recognition Award in 1978. He has served as editor of the AAOMS newsletter (*Forum, AAOMS Today*) since 1965 and was editor of the *Journal of Oral and Maxillofacial Surgery* from 1972-2002. He was President of ASOS in 1977 and the American Dental Society of Anesthesiology from 1977-79. He received the Distinguished Service Award in 1972 and the William J. Gies Foundation Award in 1979.

1992 Bernard J. Degen II

Bernie Degen served as AAOMS Executive Director from 1966-93, except for a seven-month leave of absence in 1981 to serve as Chief of Staff to the U.S. Secretary of Energy (and oral and maxillofacial surgeon) James B. Edwards. During his tenure, the organization grew from approximately 1,500 members and a staff of four to a membership of over 6,000 and a staff of 45. In 1987, AAOMS moved into its own headquarters building in Rosemont. Over the years, attendance and exhibitors at the Annual Meeting increased exponentially. He was made an Honorary Fellow in 1976, and he received the Distinguished Service Award in 1979.

1994 W. Howard Davis

Dr. Davis contributed to the specialty as both a skilled practitioner and an educator. He was clinical professor at the Southern California School of Dentistry and associate professor at both the Loma Linda University School of Dentistry and the Charles R. Drew Postgraduate Medical School. His interest in self-regulation for safety in outpatient general anesthesia led to his role in the development of the Southern California Society of Oral Surgeons Office Anesthesia Evaluation Program, which was also adopted by ASOS in 1971. Dr. Davis is the author of a handbook on skin graft vestibuloplasty.

1995 James R. Hayward

Dr. Hayward was Chair of the Department of Oral and Maxillofacial Surgery at the University of Michigan School of Dentistry from 1952-82. He was President of the American Board of Oral Surgery in 1963 and served as President of ASOS in 1969. Before his presidential term, Dr. Hayward played an important role in negotiations with the American College of Surgeons and the American Society of Plastic Surgeons regarding their challenge to the hospital practice of oral surgery. From 1965-71, he served as editor of the *Journal of Oral Surgery*. He received the William J. Gies Foundation Award in 1975 and the Distinguished Service Award in 1990.

1996 Kurt H. Thoma

Dr. Thoma excelled as a teacher, practitioner and author. Born in Switzerland, he came to Boston to study at Harvard Dental School – where he graduated in 1911. During his subsequent career, he published about 300 articles as well as textbooks on local anesthesia, oral roentgenology, oral infections, oral diagnosis, oral pathology and oral surgery. He is known as the founder of the American Board of Oral Pathology. He was the Editor of the *Oral Surgery, Oral Medicine and Oral Pathology* journal for 22 years. He also served as a consultant for the U.S. Public Health Service, Veterans Affairs, Walter Reed Army Medical Center and Armed Forces Institute of Pathology. He was program director at Massachusetts General Hospital from 1943-48 and the Boston University Goldman School of Graduate Dentistry from 1956-68. Dr. Thoma was the first recipient of the William J. Gies Foundation Award in 1966.

1997 Gustav O. Kruger

Dr. Kruger trained at Johns Hopkins Hospital and the Mayo Clinic. Subsequently during World War II, he was Chief Oral Surgeon In the U.S. Army 10th General Hospital in the Pacific Theater of Operations, serving in Fiji, New Zealand and the CBI Theatre along the Burma Road. He later was offered the position as the first full-time chairman of the Oral Surgery Department of Georgetown University Dental School, which he held from 1948 until 1982. He subsequently was Associate Dean of the Dental School. He authored the *Textbook of Oral and Maxillofacial Surgery* as well as published over 60 articles on various aspects of oral surgery. He served as President of the American Board of Oral Surgery in 1963-64. Dr. Kruger was appointed Oral Surgeon to the President during the Johnson Administration.

1998 Charles A. McCallum

Dr. McCallum spent his entire professional career at the University of Alabama at Birmingham, starting with his OMS training, becoming a member of the OMS faculty and eventually Chair of the department, Dean of the Dental School, Vice President for Health Affairs and University President in 1987 – a position he relinquished in 1993 to continue as Distinguished Professor in the Department of Oral and Maxillofacial Surgery. He was President of ABOS in 1971 and ASOS in 1976. When the ADA was granted a seat on The Joint Commission on Accreditation of Hospitals, he was the first appointed Commissioner and he served as Chairman of the Board from 1986-88. He is the recipient of the Distinguished Service Award in 1976, the William J. Gies Foundation Award in 1980 and the Foundation Torch Award in 1987.

1999 Daniel J. Holland

Dr. Holland's early career in the specialty was interrupted by World War II, where he served as a Major in the Dental Corps and Chief of the Section of Oral and Maxillofacial Surgery in the Sixth General Hospital. He received the Bronze Star, the Merit Service Medal, the Order of the Crown of Italy, the Order of St. George and the Cross of Malta for his participation in the liberation of southern Italy. He subsequently served as Chair of the Oral Surgery Department at Tufts University School of Dental Medicine. Dr. Holland was President of the Massachusetts Dental Society in 1956 and President of ABOS in 1961. He published over 50 articles on oral and maxillofacial surgery, co-edited four textbooks and for several years was the associate editor of the *Journal of Oral Surgery, Oral Medicine and Oral Pathology*.

2002 Randi Andresen and Anne-Marie Rogowski

Randi Andresen joined the ASOS staff in 1968 as an educational affairs secretary. She was promoted to educational programs and services administrator in the mid-1970s, a position she held for more than 25 years, then saw her title changed to Associate Executive Director, Advanced Education and Professional Affairs. Ms. Andresen was made an Honorary Fellow in 1993.

Anne-Marie Rogowski joined the ASOS staff in 1970. After three years working on the membership directory, publication orders and receptionist duties, she was named secretary to the Executive Director. Her role expanded to include duties with the executive staff, the Board of Trustees and the House of Delegates. In the latter role, she was affectionately known as the "House Mother." Later, her official title was changed to Director, Administration. Ms. Rogowski was made an Honorary Fellow in 1997.

2003 Richard J. Simeone

Dr. Simeone's career was dedicated to organized dentistry and oral and maxillofacial surgery. He was actively involved with AAOMS and the ADA on the local, state and national levels. He served as both a Delegate to the ADA and the AAOMS House of Delegates. He was elected to the AAOMS Board of Trustees in 1989 and was President in 1998. He was actively involved with OMSPAC and served a term as Chair.

2004 Thomas J. Starshak

Dr. Starshak's first involvement with AAOMS was as a member of the Constitution and Bylaws Committee from 1969-73. He then was the first Trustee elected from District IV when AAOMS changed to the district representation system. In 1986, he was elected Speaker of the House of Delegates, a position that he held for eight years. He became a Certified Professional Parliamentarian of the American Institute of Parliamentarians and a Professional Registered Parliamentarian of the National Association of Parliamentarians. His knowledge enabled him to introduce many changes that improved the functions of the House. He received the Distinguished Service Award in 1994.

2005 Philip L. Maloney

Dr. Maloney's academic career included being Professor of Oral and Maxillofacial Surgery at Tufts University School of Dental Medicine and Director of the Department of Dentistry and Oral Surgery at Boston City Hospital, where he specialized in trauma management. He became an AAOMS Trustee in 1980 and was President in 1986. In 1982, he introduced the concept of developing an endowed fund to support research in the specialty then joined with the Educational Foundation in 1984 to establish the PEER campaign, which raised over $5 million. Dr. Maloney was the recipient of the AAOMS Distinguished Service Award, the William J. Gies Foundation Award, the Donald B. Osborn Award for Outstanding Educator and the OMS Foundation Torch Award. In 1995, the Philip L. Maloney Trauma Lecture was inaugurated at the Annual Meeting.

2006 Federal Services (USA, USAF, USN, U.S. Marines)

The oral and maxillofacial surgery members of the armed forces were honored for having played a major role in the management of head and neck injuries in every major conflict in which the United States has been involved, making them indispensable in the battlefield surgical units and military hospitals. The meeting dedication honored all who have contributed over the years for their compassion, courage and inspiring acts of service. Lt. Col. David M. Smith, DDS, MD (U.S. Air Force), Col. Larry J. Hanson, DDS (U.S. Army), and Commander Milan J. Jugan, DMD (U.S. Navy and Marines), accepted the award on behalf of their comrades.

2007 Charles W. Norwood

Dr. Norwood served as a member of Congress from 1995-2007 following a career as a dentist in Augusta, Ga. During his time in Congress, he was an advocate for a patient's bill of rights aimed at giving people better access to healthcare. He played a key role in working with the FDA in 2002 to reestablish the production of Brevital and later played an instrumental role in the enactment of legislation to require general anesthesia coverage under the TRICARE program for certain patients undergoing dental procedures. In 2002, he was the first recipient of the AAOMS Legislator of the Year Award.

2008 OMS Faculty Members

The 90th AAOMS Annual Meeting was dedicated to the more than 700 OMS faculty members – 350 of whom dedicate their full-time career to the training of future oral and maxillofacial surgeons. In bestowing the honor, it was noted that: "Their objective is nothing short of ensuring that oral and maxillofacial surgery continues to be the premier dental specialty and that its practitioners remain the best and most highly trained surgeons of any dental or medical specialty."

2009 OMS Foundation

The OMS Foundation – celebrating its 50th anniversary – was honored it for its promotion of research and education in the specialty. As the fundraising and fund-granting agency of the Association, it had enabled research in the specialty to continue at times when funding from national agencies was diminished. One of its major campaigns, Professional Excellence Enabled by Research (PEER), brought in more than $5 million from member and allied industry contributions. The Foundation also has played a major role in education in the specialty through support of the Faculty Educator Development Awards.

2011 Lionel Gold

Dr. Gold – board-certified in both oral and maxillofacial surgery and oral pathology – served as head of the Oral and Maxillofacial Surgery Training Program at Thomas Jefferson University Hospital as well as Associate Professor of Pathology and Director of the oral pathology biopsy service at the University of Pennsylvania Hospital. His background also enabled him to contribute many articles and book chapters in which he was able to integrate the diagnostic and therapeutic aspects of various pathologic conditions. For many years, he was the section editor for pathology for the *Journal of Oral and Maxillofacial Surgery*. Dr. Gold also served as a member of the Board of Directors of the OMS Foundation and was President of ABOMS in 1987.

2012 AAOMS Past Presidents

All of AAOMS's Past Presidents were honored for their countless hours of meetings, conference calls, travel and time away from the office and family. Their diversity of backgrounds and special interests made each President unique in his contributions. That diversity – combined with their devotion to oral and maxillofacial surgery – led to creativity in the specialty and enabled it to remain in the forefront of patient management and healthcare delivery.

2013 Frances (Frank) DiPlacido Jr.

Dr. DiPlacido showed his abilities as an administrator and organizer when – during his term as AAOMS President – the Annual Meeting being held in Orlando was interrupted by the disastrous events of 9/11. He and the staff were able to modify the lectures and other events accordingly so the meeting could continue.
Dr. DiPlacido also was a great humanitarian, founding the project New Faces for Honduras in conjunction with CURE International and making many trips to the country to provide oral and maxillofacial services. He was an active office surveyor for the Accreditation Association for Ambulatory Health Care and served a term as President of the organization.

2014 Walter C. Guralnick

Dr. Guralnick is recognized as one of the fathers of modern oral and maxillofacial surgery, having introduced the concept of the dual-degree residency training program at Massachusetts General Hospital/Harvard Medical School in 1971 and describing it in detail in an article published in the *Journal of Oral Surgery* in 1973. His awards from AAOMS include the the William J. Gies Foundation Award in 1987, Committeeman of the Year Award in 1978 as the first Chair of the Committee on Residency Education and Training (CRET), and the Donald B. Osbon Award for Outstanding Educator in 1992. During his time on CRET, he fostered and implemented the Oral and Maxillofacial Surgery In-service Training Examination (OMSITE). In 2005, he became the only dentist to be awarded the Harvard Medal for extraordinary service to the University.

2015 Robert Bruce MacIntosh

Dr. MacIntoch's career included private practice, teaching and education, surgical innovation, humanitarian outreach and international ambassador leadership. His publications and presentations in preprosthetic, orthognathic, temporomandibular joint and cleft and reconstructive surgery have had a profound impact on the specialty. His efforts in oncologic surgery spearheaded the changes that have occurred in the specialty over the past 20 years. He has promoted volunteerism and has been a constant participant with Health Volunteers Overseas and Healing the Children. He served as President of ABOMS in 1998 and received the Donald B. Osbon Award for Outstanding Educator in 2002.

2016 Robert C. Rinaldi

Dr. Rinaldi served as AAOMS Executive Director from 1997-2016, marking a period of advancements in the specialty and an increase in membership and staff. In addition to overseeing function of the headquarters, he served in an advisory capacity to the Board of Trustees during their meetings, worked with the Speaker during the House of Delegates and led a staff of more than 60 individuals. He also played an active role in interactions with allied dental and medical organizations, healthcare agencies and corporate supporters in achieving the goals of the Association. He was made an Honorary Fellow in 2006.

2017 William H. Bell

Dr. Bell began his groundbreaking series of animal experiments on the vascular anatomy and wound healing associated with maxillary and mandibular osteotomies in 1970, thus providing a biologic basis for orthognathic surgery. Over the next 20 years, he published more than 150 reports on the subject in various journals and textbooks – including *Surgical Correction of Dentofacial Deformities*, co-edited with Drs. William Proffit and Raymond White Jr. In the 1990s, Dr. Bell developed novel intraoral devices for distraction osteogenesis of the mandible and maxilla as well as a clinical protocol and latency period defined by his animal studies. He also was involved in promoting virtual planning, accelerated orthodontic therapy and the surgery first approach to orthognathic surgery. He received the OMS Foundation Research Recognition Award in 1977 and the William J. Gies Foundation Award in 1984.

2018 AAOMS Fellows and Members

In celebration of its 100-year anniversary, the Association honored the AAOMS fellows and members who – over the past century – helped the specialty of oral and maxillofacial surgery make a significant impact on patient management and healthcare through education, research, advocacy and humanitarianism. Through the totality of their dedication and commitment, the specialty has maintained its high standards of education, training and patient care.

R.V. Walker Distinguished Service Award

Originally called the Distinguished Service Award and renamed to honor AAOMS Past President and JOMS Associate Editor Robert V. Walker, recipients are recognized for making a significant contribution to the OMS specialty.

1970	Fred A. Henny
1972	Daniel M. Laskin
1974	S. Elmer Bear
1975	Lester H. Steinholtz
1976	Charles A. McCallum
1979	Bernard J. Degan II
1980	Terry W. Slaughter
1981	Robert V. Walker
1982	Jack W. Gamble
1986	William R. Wallace
1987	Anthony L. Checchio
1988	Robert B. Jans
1989	Philip L. Maloney
1990	James R. Hayward
1993	John F. Helfrick
1994	Thomas J. Starshak
1995	Louis S. Belinfante
1997	Herbert B. Dolinsky
1999	David A. Whiston
2003	Raymond P. White Jr.
2005	Michael S. Block
2006	Randolph B. Malloy
2007	Robert M. Brandjord
2008	OMS National Insurance Company
2009	Charles L. Cuttino
2010	J. Thomas Soliday
2012	G.E. Ghali
2013	Larry W. Nissen
2014	Douglas P. Sinn
2015	James Q. Swift
2016	James E. Bertz
2017	Thomas B. Dodson
2018	Bruce N. Epker

Past AAOMS Directors / Trustees who did not serve as President

Honoring those past Directors and Trustees who helped guide the Association with their leadership.

Charles C. Alling
Leon A. Assael
Edward U. Austin
P.H. Bennett
G. Victor Boyko
DeWayne L. Brisco
C.H. Burmeister
Lawrence J. Busino
Nelson P. Castellano
Richard A. Crinzi
Vincent E. DiFabio
Alan L. Felsenfeld
Lanny R. Garvar
Joseph E. Grodjesk
Merle L. Hale
Gerald E. Hanson
Nicholas T. Hallick
B.H. Harms
Irwin T. Hyatt
F.W. Jordan
Dan W. Kaspar
Oather A. Kelly
Theodore A. Kiersch
Gerard F. Koorbusch
Paul M. Lambert
Robert E. Lauer
Ell L. Lee
Ralston I. Lewis
Robert T. Lindner
Roderick L. Lister
Howard I. Mark
Leo L. Nassimbene
Joseph F. Piecuch
Floyd W. Pillars
James H. Quinn
William C. Randall
Ralph B. Rode
Donald L. Seago
J.W. Seybold
James E. Skaggs
Thomas J. Skiba
Edwin W. Slade
Arthur E. Smith
Wayne H. Speer
Thomas J. Starshak
C.F. Stowell
Howard R. Strauss
Hugh B. Tilson
Dan E. Tolman
Bradford M. Towne
S. James Vamvas
William W. Weiss Jr.
John G. Whinery
P. Earle Williams
Henry C. Windell
Harold E. Young
Harold J. Zubrow

Presidential Achievement Award

Recognizes AAOMS fellows and members for important long-standing contributions to the OMS specialty through clinical, academic, research or public service activities.

1997	Philip T. Fleuchaus
1997	Howard I. Mark
1998	Dan E. Tolman
1999	Thomas W. Quinn
2000	Lionel Gold
2000	Martin Stern
2001	L. Jack Bolton
2001	Edwin D. Joy Jr.
2002	Richard M. Nelson
2003	Lanny R. Garvar
2003	J. David Johnson Jr.
2004	Alan H. Kaye
2004	Stuart N. Kline
2005	John J. Caulfield
2005	John J. Lytle
2006	Samuel E. Molind
2006	Mark E. Wohlford
2007	Stephen B. Milam
2007	Paul G. Sims
2008	Robert L. Coles
2008	David E. Frost
2009	Alan E. Deegan
2009	Wayne E. Tipps
2010	Gerald Gelfand
2010	Jerry L. Halpern
2011	Carroll S. Gallagher
2011	Stephen H. Troyer
2012	Gerard F. Koorbusch
2012	Mark J. Steinberg
2013	Colin S. Bell
2013	B.D. Tiner
2014	Eric R. Carlson
2014	John N. Kent
2015	Joseph I. Helman
2015	R. Dean White
2016	Eric J. Dierks
2016	Thomas P. Williams
2017	James M. Boyle
2017	Daniel J. Gesek
2018	David W. Todd

AAOMS Speakers of the House

Established in 1972, the Speaker's duty is to preside at all sessions of the House of Delegates.

Elmer Bear 1973-76
John H. Heiser 1977-80
Dewayne L. Briscoe 1981-86
Thomas J. Starshak 1987-94
J. Thomas Soliday 1995-2002
Steven R. Nelson 2003-

Honorary Fellowship Award

Recognizes non-members who have made distinguished contributions to the OMS specialty.

1958	Harold Hillenbrand
1958	Lon W. Morrey
1959	Alvin B. Coxwell
1960	Hamilton B.G. Robinson
1960	Oscar P. Snyder
1961	Gen. Joseph Bernier
1961	Terence G. Ward
1962	Gerald H. Leatherman
1963	Nguyen Van Tho
1966	Francis A. Arnold
1966	Jerome Hiniker
1967	Bissell B. Palmer
1967	Francis J. Reichmann
1968	Reginald Sullens
1968	Joseph Volker
1970	John E. Fauber
1970	Edward C. Rafetto
1971	Hal M. Christensen
1971	Wilbur D. Mills
1973	Harry Sicher
1976	John M. Coady
1976	Bernard J. Degen II
1977	John D. Porterfield
1978	John C. Greene
1980	Seymour L. Nash
1985	Rudolph Fries
1985	Wilfried Schilli
1986	John F. Daly
1989	John D. Gray
1989	Walter Lorenz
1990	Enrique Muller
1993	Randi V. Andresen
1994	B.J. Lorenz
1994	Barbara Moles
1995	Per-Ingvar Brånemark
1997	Anne-Marie A. Rogowski
1997	John L. Williams
1998	Paul J. Stoelinga
1998	Michael J.C. Wake
1999	Kanichi Seto
2000	John C. Lowry
2001	David Vaughan
2004	Hugo L. Obwegeser
2006	Robert C. Rinaldi
2008	Rolf Ewers
2010	Andrew Herlich
2011	Gary R. Parker
2012	Caroline Lee
2012	Kishore Nayak
2015	Scott C. Farrell
2015	David B. Hoyt
2016	Janice K. Teplitz
2017	Karin K. Wittich
2018	Christopher Robinson

Committee Person of the Year Award

Recognizes a member of a standing or special committee who has provided outstanding service to AAOMS in the year preceding each Annual Meeting.

1973	Howard I. Mark	*Hospital Affairs*
1974	Howard S. Glaser	*Membership*
1975	I. Lawrence Kerr	*Legislation*
1976	Raymond P. White Jr.	*Scientific Sessions*
1977	William E. Hall	*Professional Conduct*
1978	Walter C. Guralnick	*Residency Education and Training*
1979	Stanley J. Behrman	*Public Information*
1980	Joseph E. Grodjesk	*Membership*
1981	Victor C. Matukas	*Scientific Sessions*
1982	Edwin D. Joy	*Public Information*
1983	Gerald Laboda	*Practice*
1984	David F. Kelly	*Residency Education and Training*
1985	Robert E. Lauer	*Long Range Planning*
1986	Donald S. Dana	*Practice*
1987	John P.W. Kelly	*Residency Education and Training*
1988	Lewis N. Estabrooks	*Health Care Programs*
1989	John F. Helfrick	*Standards of Care and Criteria*
1990	Bejan Iranpour	*Scientific Sessions*
1991	Lanny R. Garvar	*Health Care Programs*
1992	Steven M. Roser	*OMSITE Committee*
1993	Larry W. Nissen	*OMS Professional and Allied Staff*
1994	William C. Donlon	*Hospital Affairs*
1995	Marvin J. Ladov	*Public Information*
1996	Howard R. Strauss	*Professional Conduct*
1997	Michael S. Block	*Implant Education*
1998	James W. Thatcher	*Practice Management*
1999	Richard H. Haug	*Parameters of Care*
2000	Paul G. Sims	*Anesthesia*
2001	M. Anthony Pogrel	*Continuing Education*
2002	Michael T. Duffy	*Membership*
2003	Michael J. Stronczek	*Anesthesia*
2004	Arthur C. Jee	*Continuing Education and Professional Development*
2005	David J. Moyer	*Anesthesia*
2006	Jeffrey D. Stone	*Health Care and Advocacy*
2007	Louis K. Rafetto	*Continuing Education and Professional Development*
2008	Brent T. Garrison	*Practice Management and Professional and Allied Staff*
2009	Richard W. Joseph	*Publication and Professional Communications*
2010	Timothy S. Shahbazian	*Health Care and Advocacy*
2011	Richard C. Robert	*Practice Management and Professional and Allied Staff*
2012	Eric R. Carlson	*Parameters of Care*
2013	Anthony M. Spina	*Health Care and Advocacy*
2014	David M. Grogan	*Continuing Education and Professional Development*
2015	Vincent J. Perciaccante	*Residency Education and Training*
2016	Jeffrey Carter	*Cone Beam Computerized Tomography Indications in the OMS Practice*
2017	James E. Mercer	*Health Care Programs*
2018	David C. Stanton	*Education and Training*

Board of Trustees Citation Award

Recognizes individuals or a group of AAOMS, or an outside entity, for significant long-standing contributions to the OMS specialty.

2007	Donald P. Lewis
2008	Leon A. Assael
2013	J. Thomas Soliday
2017	Alejandro Roisentul
2017	Mark E. Wong
2017	Members of the CCEPD Subcommittee on Dental Implant Conferences: Michael S. Block, Bach T. Lee, Jay P. Malmquist, Richard J. Martin, Craig M. Misch, Peter K. Moy

Danial M. Laskin Award for Outstanding Predoctoral Educator

Recognizes outstanding predoctoral educators in the specialty.

2001	Santo Cataudella
2002	James A. Giglio
2003	Lathe L. Bowen
2004	Richard A. Smith
2005	Thomas W. Jones
2006	Harold W. Hargis
2007	Roger E. Alexander
2008	Michael T. Goupil
2009	Michael E. O'Brien
2010	Matthew J. Dennis
2011	Daniel L. Orr II
2012	Allen F. Fielding
2013	Frederick T. Moore
2014	John W. Mooney
2015	Gregory K. Spackman
2016	O. Ross Beirne
2017	Ruben Figueroa
2018	Dean M. DeLuke

Donald B. Osbon Award

Recognizes an outstanding faculty member of an OMS residency program who has exemplified the higher ideals of an educator.

1989	Donald B. Osbon
1990	Robert V. Walker
1991	Daniel M. Laskin
1992	Walter C. Guralnick
1993	Bruce N. Epker
1994	Bill C. Terry
1995	Robert E. Marx
1996	Larry W. Peterson
1997	Raymond J. Fonseca
1998	John F. Helfrick
1999	Brian Alpert
2000	Philip L. Maloney
2001	Victor J. Matukas
2002	Robert Bruce MacIntosh
2003	Timothy A. Turvey
2004	Leonard B. Kaban
2005	A. Thomas Indresano
2006	Stuart N. Kline
2007	Richard H. Haug
2008	Richard H. Finn
2009	Leon A. Assael
2010	John P. W. Kelly
2011	Peter D. Quinn
2012	Edward Ellis III
2013	M. Franklin Dolwick
2014	Kirk L. Fridrich
2015	Peter D. Waite
2017	Joseph E. Van Sickels
2018	John R. Zuniga

Humanitarian Award for Fellows and Members

Recognizes fellows and members who have donated substantial time and effort within their local community or on a global basis, resulting in an improvement in the quality of life for the public.

1998	Lawrence T. Herman
1998	John B. Roberson
1999	John E. Feeney
1999	J. Thomas Soliday
2000	Eric R. Carlson
2000	Roger M. Hehn
2002	Peter F. Steinhauer
2006	Howard I. Mark
2007	Max E. Murrison
2008	Barry Steinberg
2009	Francis P. DiPlacido
2010	Michael C. Matzkin
2010	Randolph C. Robinson
2011	Roderick W. Lewin
2011	Steven M. Roser
2012	David W. Cunning
2012	Roy A. Himelfarb
2013	Gary R. Parker
2014	Jeffrey S. Dean
2015	Timothy S. Bartholomew
2016	John J. Dann
2017	Shahid R. Aziz
2017	Robert Bruce MacIntosh
2018	Jerry L. Halpern
2018	David C. Hoffman

Humanitarian Award for Residents

Recognizes residents for their participation in community leadership and volunteer projects that are not a regular part of their residency training program.

2003	Brown "Skip" Harris III
2004	Gregory V. Sarka
2005	Frank E. Farbod
2006	Matthew E. Dudziak
2006	Frankie M. Gomez
2006	Christopher J. Haggerty
2006	Robert M. Laughlin
2006	Waheed Mohammed
2006	Christopher W. Steen
2008	Grant B. McGann
2011	Payam Afzali
2013	Robert N. Sharobiem
2018	Abagail Estella
2018	Patrick D. Christopher

Clinical Research Award

Recognizes fellows and members who are engaged in clinical research that fosters innovations or new diagnostic and therapeutic interventions applicable to the clinical practice of oral and maxillofacial surgery.

2015	Edward Ellis III
2016	Thomas B. Dodson
2017	Leonard B. Kaban
2018	Deepak G. Krishnan

Faculty Educator Development Award (FEDA)

Recipients commit to serving in a full-time faculty position for six years after they are selected for this award, which encourages OMSs to continue their careers in academia.

2002	Bernard J. Costello	*University of Pittsburgh*
2002	Larry L. Cunningham Jr.	*University of Kentucky*
2002	Janice S. Lee	*University of California-San Francisco*
2002	Ramon L. Ruiz	*University of North Carolina*
2003	Tara L. Aghaloo	*University of California-Los Angeles*
2003	Kenneth E. Fleischer	*New York University-Bellevue Hospital*
2003	Jon D. Perenack	*Louisiana State University-New Orleans*
2004	Deepak Kademani	*Mayo Medical Center*
2004	Jessica J. Lee	*University of Washington*
2004	Teresa A. Morgan	*University of Iowa Hospitals and Clinics*
2004	Paul S. Tiwana	*University of Louisville*
2004	Brent B. Ward	*University of Michigan*
2005	John F. Caccamese Jr.	*University of Maryland*
2005	Tirbod Fattahi	*University of Florida-Jacksonville*
2005	Brian L. Schmidt	*University of California-San Francisco*
2006	Shahid R. Aziz	*University of Medicine and Dentistry of New Jersey*
2006	Kamal F. Busaidy	*University of Texas-Houston*
2006	Rui P. Fernandes	*University of Florida-Jacksonville*
2006	Harry Papadopoulos	*University of Tennessee-Memphis*
2007	Radhika Chigurupati	*University of California-San Francisco*
2007	Joseph E. Cillo Jr.	*Allegheny General Hospital*
2007	Erik W. Evans	*Ohio State University*
2007	Carlos R. Ibanez	*University of Connecticut Health Center*
2007	MaryAnn C. Sabino	*University of Minnesota*
2007	Martin B. Steed	*Emory University*
2008	Brian T. Bast	*University of California-San Francisco*
2008	Ron Caloss Jr.	*University of Mississippi Medical Center*
2008	Sean P. Edwards	*University of Michigan*
2009	Kevin Arce	*Oregon Health & Science University*
2009	Pamela J. Hughes	*University of Minnesota*
2009	Deepak G. Krishnan	*University of Cincinnati*
2009	Gary Warburton	*University of Maryland-Baltimore*
2010	Shelly Abramowicz	*Mass. General Hospital/ Harvard University*
2010	Jasjit K. Dillon	*University of Washington*
2010	Antonia Kolokythas	*University of Illinois-Chicago*
2011	Luis G. Vega	*University of Florida-Jacksonville*
2011	Shawn A. McClure Nova	*Southeastern University*
2011	Daniel J. Meara	*Christiana Care Health System*
2011	Julie Ann Smith	*Oregon Health & Science University*
2012	Joli C. Chou	*University of Pennsylvania*
2012	Marci H. Levine	*New York University*
2012	Zachary S. Peacock	*Mass. General Hospital/ Harvard School of Dental Medicine*
2012	Adam T. Schaefer	*Vanderbilt University Medical Center*
2013	Beom-June B. Kim	*Louisiana State University-New Orleans*
2013	Chan M. Park	*University of the Pacific*
2013	Jason E. Portnof	*Nova Southeastern University*
2013	Jennifer E. Woerner	*Louisiana State University Shreveport*
2014	Donita U. Dyalram	*University of Maryland*
2014	Eric J. Granquist	*University of Pennsylvania*
2015	Carlos A. Ramirez	*St. John Providence Hospital*
2015	Anthony B.P. Morlandt	*University of Alabama at Birmingham*
2015	Jayini S. Thakker	*Loma Linda University*
2016	Srinivasa R. Chandra	*University of Washington School of Dentistry*
2016	Hany A. Eman	*Ohio State University*
2016	Neeraj H. Panchal	*University of Pennsylvania Medical Center*
2017	Michael R. Markiewicz	*University of Illinois - Chicago*
2017	Carolyn Dicus Brookes	*Froedtert and Medical College of Wisconsin*
2017	Mohammed Kamel Qaisi	*John H. Stroger Jr. Hospital of Cook County*
2017	Ryan J. C. Mirchel	*University of Cincinnati*
2018	Andrea B. Burke	*University of Washington*
2018	Paul D. Deitrick	*Temple University*
2018	Courtney A. Jatana	*Ohio State University*
2018	Leonel Perez Jr.	*Walter Reed National Military Medical Center*
2018	Andrew M. Read-Fuller	*Texas A&M University*

John F. Freihaut Political Activist Award

Recognizes fellows and members, state OMS societies, state dental associations or groups of individuals for their grassroots efforts and support of legislative issues at the state and federal level that benefit oral and maxillofacial surgery.

2002	Thomas J. Skiba
2003	Virginia Society of OMS
2004	Connecticut Society of OMS
2005	California Association of OMS Legislative Committee and its Chair, Jeffry E. Persons
2006	John F. Freihaut
2007	David A. Bitonti
2008	Paul G. Sims
2009	Richard A. Crinzi
2010	Michael A. Menis
2011	Vincent E. DiFabio
2012	Kathy A. Banks
2013	Gerald Gelfand
2014	Roger P. Byrne
2015	Timothy B. Durtsche
2016	Lionel M. Candelaria
2017	Eugene D'Amico
2018	Charles A. Crago

Outstanding Legislator of the Year Award

Recognizes legislators from the state and federal levels for contributions to legislation that positively affects the OMS specialty.

2002	U.S. Rep. Charles W. Norwood (R-Ga.)
2003	U.S. Sen. Ron Wyden (D-Ore.)
2004	State Assemblyman Samuel M. Aanestad (R-Calif.)
2004	U.S. Sen. Charles E. Grassley (R-Iowa)
2005	U.S. Rep. Sue W. Kelly (R-N.Y.)
2006	U.S. Sen. Kay Bailey Hutchinson (R-Texas)
2007	U.S. Sen. Jon Kyl (R-Ariz.)
2008	U.S. Rep. Carolyn McCarthy (D-N.Y.)
2009	U.S. Rep. William J. Pascrell Jr. (D-N.J.)
2010	U.S. Rep. Eric I. Cantor (R-Va.)
2011	U.S. Sen. Mark Kirk (R-Ill.)
2012	U.S. Rep. Dave Reichert (R-Wash.)
2013	U.S. Rep. Erik Paulsen (R-Minn.)
2014	U.S. Rep. Michael C. Burgess (R-Texas)
2015	U.S. Rep. Ron Kind (D-Wis.)
2016	U.S. Rep. Eric Swalwell (D-Calif.)
2017	U.S. Rep. Jackie Walorski (R-Ind.)
2018	U.S. Rep. Earl L. Carter (R-Ga.)

OMSPAC Fundraiser of the Year

Recognizes extraordinary state OMSPAC Chairs for their efforts on behalf of the organization.

2007	Bruce Huberman (N.J.) Victor Nannini (N.Y.)
2008	Eric Geist (La.)
2009	Regional Pennsylvania Chairs James Adams John Ciabattoni Richard Clark Martin Eichner
2010	Jeffrey Wallen (S.C.)
2011	Charles Crago (N.D.)
2012	Robert Pfeffle (Ala.)
2013	Randall Stastny (Ohio)
2014	Steven Roser (Ga.)
2015	Eugene D'Amico (Del.)
2016	Julia Plevnia (Colo.)
2017	Christopher French (Minn.)
2018	David Fenton (Conn.)

William J. Gies Foundation Award

Named for Dr. William J. Gies, a Columbia University biochemist who was acknowledged as an authority in dental education, the award recognizes the distinguished achievements of OMS educators.

1966	Kurt Thoma
1967	Harold Krogh
1968	James R. Cameron
1969	Sanford Moose
1969	Robert Ivy
1970	Sterling V. Mead
1971	Leslie FitzGerald
1972	Daniel F. Lynch
1973	Lyall O. Bishop
1974	Robert B. Shira
1975	James R. Hayward
1976	Robert V. Walker
1977	Fred A. Henny
1978	S. Elmer Bear
1979	Daniel M. Laskin
1980	Charles A. McCallum
1981	Irving Meyer
1982	Marvin E. Revzin
1983	William R. Wallace
1984	William H. Bell
1985	Jack W. Gamble
1986	John N. Kent
1987	Walter C. Guralnick
1988	Philip L. Maloney
1989	John F. Helfrick
1990	Larry M. Wolford
1991	Morton H. Goldberg
1992	Bruce N. Epker
1993	R. Bruce Donoff
1994	Douglas P. Sinn
1995	Robert E. Marx
1996	Charles C. Alling
1997	Edwin D. Joy Jr.
1998	Bejan Iranpour
1999	Robert D. Marciani
2002	Raymond P. White Jr.
2003	Larry J. Peterson
2004	Edward Ellis III
2005	Richard W. DeChamplain
2006	Steven M. Roser
2007	G.E. Ghali
2008	O. Ross Berine
2009	M. Anthony Pogrel
2010	Louis G. Mecuri
2011	James Q. Swift
2012	John R. Zuniga
2013	Peter D. Waite
2014	Thomas B. Dodson
2015	J.W. Hudson
2016	Mark W. Ochs
2017	Joseph E. Van Sickels
2018	George Obeid

Special Honorary Fellowship Award

Recognizes OMSs from other countries who have served as ambassadors and leaders of their organizations with a one-year honorary fellowship.

BAOMS – British Association of Oral and Maxillofacial Surgeons
BAOS – British Association of Oral Surgeons
IAOMS – International Association of OMS

2003	John Langdon	*BAOMS*
2004	David Barnard	*BAOMS*
2005	Brian Avery	*BAOMS*
2006	Peter Ward Booth	*BAOMS*
2007	Nabil Samman	*IAOMS*
2008	David Patton	*BAOMS*
2008	Andrew Brown	*BAOMS*
2009	Barrie Evans	*BAOMS*
2010	Marie Morton	*BAOMS*
2011	Robert Woodwards	*BAOMS*
2012	Iain Hutchinson	*BAOMS*
2013	Mark McGurk	*BAOMS*
2014	Ilanko Ilankovan	*BAOMS*
2015	James S. Brown	*BAOMS*
2016	Peter Brennan	*BAOMS*
2017	M. Stephen Dover	*BAOMS*
2017	Tara Renton	*BAOS*
2018	Ian Martin	*BAOMS*

Resident Scientific Award

Recognizes OMS residents for the scientific quality of manuscripts submitted for judging.

2008	Emily Van Heukelom	2013	Chi Viet
2008	Basem Jamal	2014	Carolyn Dicus Brookes
2009	Elda Fisher	2014	Kamran Dastoury
2009	Emily Van Heukelom	2014	Chi Viet
2009	Waheed Mohamed	2015	Varun Arya
2010	Rabie Shanti	2015	Chi Viet
2010	Srinivas Susarla	2016	Pouya Vakilian
2011	Rachel Garaas	2016	Chi Viet
2011	Srinivas Susarla	2017	James Phero
2011	Chi Viet	2017	Ashish Sharma
2012	Carolyn Dicus Brookes	2018	Brian Christensen
2012	Hany Emam	2018	Rodney Nishimoto
2012	Chi Viet	2018	Keith Sonneveld
2013	Carolyn Dicus Brookes		

Media Award for Excellence in Reporting of OMS Issues

Recognizes a member of the print or electronic media whose work has significantly contributed to the education of the public about the OMS specialty.

2007	Stephanie Riggs
2008	Daniel Connolly
2010	David Olson
2013	Scott Pelley

Chalmers J. Lyons Memorial Lecturer

Named for Dr. Chalmers J. Lyons, a training program director at the University of Michigan Hospital in whose honor the C.J. Lyons Academy was founded, the lecture is presented each year at the AAOMS Annual Meeting in his honor.

1952	Richard Lyons	1985	Hugo Obwegeser
1953	Arthur Curtis	1986	Barry Wyke
1954	Varattad Kazanjian	1987	Donald Trunkey
1955	Kurt Thoma	1988	Bruce N. Epker
1956	Paul Dumke	1989	Per-Ingvar Brånemark
1957	Leonard Himler	1990	Jean-Francois Tulasne
1958	Jerome Corm	1991	Harold C. Slavkin
1959	L. Corson Reid	1992	John P. Craven
1960	James R. Cameron	1993	A. Harri Reddi
1961	Guenter Corssen	1994	Jens J. Pindborg
1962	Terence Ward	1995	Michael R. Harrison
1963	Bertram Cohen	1996	David E. Poswillo
1964	J. Orton Goodsell	1997	Daniel Buser
1965	William A. Cook	1998	John Wozney
1966	Harold Hillenbrand	1999	Otto Kriens
1967	William Walsh	2000	Judah Folkman
1968	Robert B. Shira	2002	Catherine Verfaillie
1969	Marshal R. Urist	2003	John Costerton State
1970	Harold Hillenbrand	2004	Heinz-Otto Peitgen
1971	Leonard Shulman	2005	Theodore Friedman
1972	Gerald D. Allen	2006	Leroy Hood
1973	Harold C. Slavkin	2007	James Baker
1974	Irwin Small	2008	Karl Grammar
1975	Fred A. Henny	2009	Bruce Baum
1976	Robert V. Walker	2010	Michael Merzenich
1977	Robert Ricketts	2011	Eva Feldman
1978	Terry Fuller	2012	Joseph Zwischenberger
1979	Meyer Leonard	2013	Gloria Nusse
1980	Ian T. Jackson	2014	Qingfeng Li
1981	James A. McNamara	2015	Henning Schiephake
1982	Carl T. Brighton	2016	Robert Bartlett
1983	Helene Matras	2017	Martin Blaser
1984	Harry Schwartz	2018	Paul Krebsbach

Gerald E. Hanson Outstanding Service Award (given by the OMS Foundation)

Named for Dr. Gerald Hanson, who spearheaded an innovative annual OMS Foundation giving campaign and served as its Chair from 2005-07, this award recognizes advocates whose support for the OMS Foundation demonstrates extraordinary stewardship.

2001	Ryland Traynham	2010	Anthony M. Spina
2004	James A. Davis	2011	Joseph F. Piecuch
2004	James Q. Swift	2012	Eugene M. D'Amico III
2006	Richard C. Ziegler	2013	Richard A. Crinzi
2007	Thomas B. Dodson	2015	W. Frederick Stephens
2008	Thomas J. Skiba	2018	Daniel and Adaline Klemmedson
2009	John N. Santin		

OMS Foundation Torch Award

Recognizes individuals who have made significant contributions and/or provided exemplary service in fostering the purposes of the OMS Foundation.

1984	Fred A. Henny
1985	S. Elmer Bear
1987	Charles A. McCallum
1989	Philip T. Fleuchaus
1991	Walter Lorenz
1992	Philip L. Maloney
1993	John Daly
1994	Robert V. Walker
1997	Robert R. Keen
1998	Madelyn B. Donoff
1999	James F. Kelly
2000	Bernard C. Pecaro
2004	Ethan Jackson
2006	Raymond P. White Jr.
2007	Stephen B. Milam
2008	Gerald E. Hanson
2009	Thomas J. Skiba
2010	Robert D. Marciani
2011	Gerald Laboda
2012	Steven L. Mourning
2013	OMS Foundation Alliance
2014	James A. Davis Jr.
2015	David E. Frost
2016	Daniel J. Daley Jr.
2017	Thomas W. Braun
2018	Anthony M. Spina

OMS Foundation Research Recognition Award

Recognizes those who have developed significant, impactful scientific contributions that have led to a better understanding of basic disease processes and improvement of care related to disorders of the maxillofacial region.

1975	Philip J. Boyne
1976	David E. Poswillo
1977	William H. Bell
1978	Daniel M. Laskin
1979	Edward J. Driscoll
1982	John M. Gregg
1983	James A. MacNamara Jr.
1984	John N. Kent
1985	James F. Kelly
1985	Irwin A. Small
1988	R. Bruce Donoff
1989	Robert E. Marx
1990	Raymond J. Fonseca
1991	H. David Hall
1992	Leonard B. Kaban
1993	M. Franklin Dolwick
1997	Edward Ellis III
1998	William R. Profitt
1999	Per-Ingvar Brånemark
2001	Stephen B. Milam
2002	John R. Zuniga
2003	Raymond P. White Jr.
2004	Stephen E. Feinberg
2005	Rolf Ewers
2006	Joseph E. Van Sickels
2007	Charles N. Bertolami
2008	Ceib Phillips
2009	Louis G. Mercuri
2009	Michael S. Block
2010	R. Gilbert Triplett
2011	Vivek Shetty
2012	M. Anthony Pogrel
2013	James Q. Swift
2014	Alan S. Herford
2015	Timothy A. Turvey
2016	Richard H. Haug
2017	Gary F. Bouloux
2018	Brian L. Schmidt

OMS Foundation Daniel M. Laskin Award

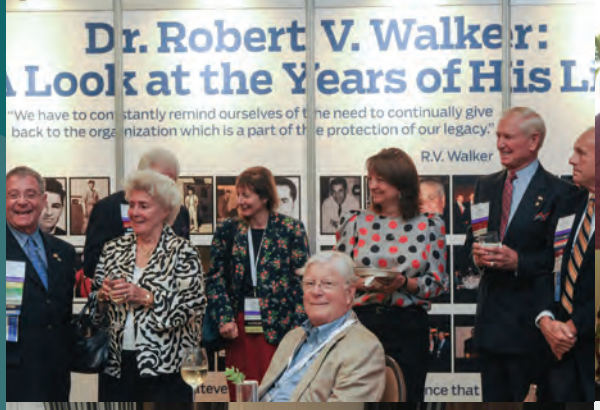
Recognizes the author(s) of the most outstanding article published in the Journal of Oral and Maxillofacial Surgery *during the previous year.*

1995	Edward Ellis III
1996	Suzanne Brumer, April Holman, David Pasta, William Ware
1997	Daniel Buser, Karl Dula, Hans Peter Hirt, Robert K. Schenk
1998	John R. Zuniga, Ning Chen, Ceib Phillips
1999	Troy A. Alton, Kenneth M. Hargreaves, Mark T. Roszkowski, James Q. Swift
2000	Per-Ingvar Brånemark, Gosta Granstrom, Anders Tjellstrom
2001	Edward Ellis III, Gaylord Throckmorton
2002	Michael K. Rollert, A. Omar Abubaker
2003	George H. Blakey III, Robert D. Marciani, Richard H. Haug, Ceib Phillips, Steven Offenbacher, Tarunjeet Pabla, Raymond P. White Jr., Phoebus N. Madianos
2004	David H. Perrott, Judy P. Yuen, Randi V. Andresen, Thomas B. Dodson
2005	Salvatore L. Ruggiero, Bhoomi Mehrotra, Tracey J. Rosenberg, Stephen L. Engroff
2006	Phillip J. Boyne, Leslie C. Lilly, Robert E. Marx, Peter K. Moy, Myron Nevins, Daniel B. Spagnoli, R. Gilbert Triplett
2007	Arthur K. Adamo, Thomas R. Flynn, Catherine Hayes, Richard A. Kraut, Michael H. Levi, Rabie M. Shanti, Norman Trieger
2008	R. Bryan Bell, Eric J. Dierks, William H. Long, Timothy M. Osborn, Bryce E. Potter
2009	Vivek Shetty, Kathryn Atchison, Richard D. Leathers, Edward E. Black, Cory Zigler, Thomas H. Belin
2010	Felice S. O'Ryan, Sam F. Khoury, Wendy P. Liao, Myo M. Han, Rita L. Hui, Daniel C. Martin, David Baer, Donald R. Liberty, Joan C. Lo
2011	Vincent J. Perciaccante, John W. Carey, Srinivas M. Susarla, Thomas B. Dodson
2012	Matthew Cozin, Bradley M. Pinker, Kimberley Soleimani, Jeremy M. Zuniga, Stephen C. Dadaian, Serge Cremers, Regina Landesberg, Srikala Raghavan
2013	Alan S. Herford, Mei Lu, Amanda N. Buxton, JoAnne Kim, Jennifer L. Henkin, Philip J. Boyne, Joseph M. Caruso, Kitichai Rungcharassaeng, Jie Hong
2014	Scott B. Boyd, Arthur S. Walters, Yanna Song, Lily Wang
2015	Dana T. Tang, Ceib Phillips, William R. Profitt, Lorne D. Koroluk, Raymond P. White Jr.
2016	Alix Pianka, Thomas Knösel, Florian Andreas Probst, Timothy Woodlock, Sven Otto, Michael Ehrenfeld, Matthias Troeltzsch
2017	Reginald H.B. Goodday, Susan E. Bourque, Pember B. Edwards
2018	Gary F. Bouloux, Joli C. Chou, Deepak G. Krishnan, Tara L. Aghaloo, Nora Kahenasa, Julie Ann Smith, Helen E. Giannakopoulos

CHAPTER FOUR – ALLIED ORGANIZATIONS

Recognizing the history and milestones of the OMS Foundation, the American Board of Oral and Maxillofacial Surgery (ABOMS), the OMS National Insurance Company (OMSNIC) and the Oral and Maxillofacial Surgery Political Action Committee (OMSPAC).

100th ANNIVERSARY









ALLIED ORGANIZATIONS

100th ANNIVERSARY

AAOMS

Allied organizations enhance and strengthen AAOMS and its goals.

OMS FOUNDATION

AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY

OMSNIC
DEFENDING THE SPECIALTY

OMSPAC
OUR SPECIALTY'S VOICE IN WASHINGTON

A Shared History: AAOMS's Allied Organizations

AAOMS has been a thriving and vital organization this past century, thanks in part to its allied organizations that work together toward similar purposes: the OMS Foundation, the American Board of Oral and Maxillofacial Surgery (ABOMS), the OMS National Insurance Company (OMSNIC) and the Oral and Maxillofacial Surgery Political Action Committee (OMSPAC). The milestones of these allied organizations are directly tied to the history of the American Association of Oral and Maxillofacial Surgeons.

OMS Foundation

Oral and Maxillofacial Surgery Foundation

The Educational Foundation of ASOS – now known as the OMS Foundation – was founded in 1959. It was established by an action of the General Assembly of the American Society of Oral Surgeons to develop an educational program for members of the society and the public. The Torch – "a source of enlightenment, inspiration and guidance" – was adopted as the Foundation's symbol.

> *Throughout its existence, the OMS Foundation has focused on education and research to support the future of oral and maxillofacial surgery and plans to continue to build on its legacy.*

The first meeting of the Board of Trustees of the Foundation was held in October 1960. Founding Board Members were Lyle O. Bishop, Fred A. Henny, Karl Klicka (Executive Director of the Hospital Planning Council for Metropolitan Chicago), Frank H. O'Halloran, Edward C. Thompson, Fred H. Pfeiffer, William Springer (Congressman from Illinois), Elton L. Newton (President of the Hoosier Petroleum Company), and Duke. C. Trexler (Executive Director of the American Society of Oral Surgeons). Dr. Henny was elected the first Chairman of the Foundation Board.

A fund drive was launched at the time the Foundation was organized, with a goal of $25,000. The Mid-Atlantic Society of Oral Surgeons made the first donation of $1,000, and Harry Seldin made the first individual contribution of $100.

Over the next 20 years, the Foundation initiated a number of fundraising drives and events. The funds raised supported a number of early projects, including: the first International Conference on Oral Surgery and a Research in Oral Surgery conference; development of patient information materials; a residency emergency loan program; financial support for a resident to serve on the SS Hope hospital ship; and underwriting the first OMSITE examination.

In 1977, the Foundation began its support of television public service announcement (PSAs) and continued support for a Film and Traveling Exhibit. Seven PSAs were funded from 1978 to 1985.

In 1978, the name of the Foundation was changed to the Educational Foundation of AAOMS following the name change of ASOS.



Trustees of the Educational Foundation in 1961.

Focus on research

In 1982, the concept of developing an Endowed Research Fund was introduced to the AAOMS Board of Trustees by Dr. Philip L. Maloney. The initial plan called for a $2 million Endowed Research Fund generated half by the membership and half by allied industry. The AAOMS Board then petitioned the Foundation to join it in establishing the Endowed Research Fund within the OMS Foundation structure. PEER, Professional Excellence Enabled by Research, was the acronym adopted for the fund drive. Phillip T. Fleuchaus was elected the National Chairman. In 1986, the membership campaign had gathered almost $1 million in pledges to allow the solicitation of industry partners. Walter Lorenz gave $500,000 and pledged an additional $500,000 to the Foundation if it raised a total of $2 million from the membership. Dr. Fleuchaus recognized the potential of this concept and raised the goal from $2 million to $5 million, and this was achieved. The PEER campaign concluded in 1998, exceeding $5 million.

In 1983, the Fred A. Henny Fellowship was established to provide funding for research. The Foundation Torch Award also was initiated, with Dr. Henny the inaugural recipient in 1984.

The bylaws had stated that all fellows and members of AAOMS are automatically members of the Foundation. A bylaw change in 1985 restricted membership to those fellows and members who had pledged $1,000 to the Foundation and/or had made a voluntary $35 contribution via the AAOMS dues statement. The initial voluntary gift was raised several times through the years until it was rolled into the Annual Fund in 2015.

In 1987, the Educational Foundation was renamed the Education and Research Foundation for Oral and Maxillofacial Surgery (ERFOMS).

Goals of the Foundation

In 1990, the Board voted to officially change the name of the Education and Research Foundation for Oral and Maxillofacial Surgery to the Oral and Maxillofacial Surgery Foundation. The Board also adopted the Foundation's mission statement and goals. The mission of the Foundation was the continued improvement of patient care through education and research. The main goals of the Foundation were to advance and improve education; foster and support research; convey an understanding of the specialty to the public; and ensure the Foundation's organizational and financial stability.

In 1992, it was determined that the Foundation would be the fundraising and fund-granting agency for research in the specialty. The Foundation Committee on Research met initially in 1990, and the first grants from the Research Fund Project were awarded in 1992.

Living History Videos were taped in 1993, featuring Walter C. Guralnick, James R. Hayward, Daniel M. Laskin, Charles A. McCallum, Robert B. Shira and Robert V. Walker sharing their OMS experiences.

The Ambassadors Group was formed in 1993, and its main responsibility was to represent the Foundation at state and regional meetings. That year, The OMS Foundation Alliance also was established.

In 1994, in recognition of Dr. Laskin's more than 20 years as Editor of the *Journal of Oral and Maxillofacial Surgery*, the AAOMS Board contributed $10,000 to the Foundation to establish the Daniel M. Laskin Award – presented annually to recognize the authors of the most outstanding *JOMS* article.

In 1995, under the leadership of Robert Kean, a 40 and 5 campaign encouraged AAOMS members to contribute to the research fund by making a pledge of $500 each year for five years upon reaching their 40th birthday. That year, the Fellowship Fund received a pledge of $300,000 from Howmedica/Leibinger, putting it over the $1 million mark.

The Foundation in 1996 unveiled a new planned giving program – the R.V. Walker Society – to highlight individuals who make a planned gift of at least $10,000. The Society hosted its first meeting and reception at the 1997 AAOMS Annual Meeting.

Research, giving, faculty

In 1997, the Foundation established a Resident Research Award as part of the research endowment fund and established the OMSF International Fellowship.

In 1998, the Foundation funded the Multicenter Trial of Third Molar Patient Management Study, under the direction of Raymond White Jr. as principal investigator, with an initial pledge of $2 million over five years. This study generated data on management of patients with asymptomatic third molars. The study generated more than 130 abstracts and peer-reviewed articles.

In 1999, past Foundation Chair Bernard C. Pecaro issued a challenge: If membership in the R.V. Walker Society reached 150, he would increase his personal gift commitment by $1 million. The Pecaro Challenge was successful and resulted in 42 new Society members.

In 1999, both the AAOMS and Foundation Boards approved a Faculty Educator Development Award (FEDA). By 2018, there have been 166 FEDA awards granted.

In 2002, the Foundation initiated a major gift campaign to raise $2.5 million. The campaign ended in 2004, raising a total of $3.4 million from members, societies and corporations.

Foundation endeavors since 2004

The Foundation developed or supported many other programs and awards since 2004:

- Launched the Research and Education can Advance your Practice (REAP) fundraising program in 2005.
- Created two new awards in 2005: the Zimmer Research Support Grant and the Synthes Award.
- Extended free Foundation membership to residents in 2006.
- Conducted a survey in 2008 of previous grant recipients and learned 18 researchers were able to leverage the $790,000 they received into $15.82 million in additional research funds.
- Celebrated its 50th anniversary in 2009 with the 91st AAOMS Annual Meeting dedicated in its honor and acknowledged challenges met by members for contributions, upgraded pledges and new R.V. Walker Society members.
- Accepted a $1 million check in 2010 from the estate of Gerald Hanson, who helped develop the REAP campaign.
- Benefited from a successful challenge made in 2014 by Torch Award recipient James A. Davis Jr. to double his $50,000 donation if 10 individuals would join him in donating $50,000.
- Partnered in 2014 with AAOMS in supporting the newly created Practice Based Research Network. The first study was "Postoperative outcomes in the management of third molar extractions via a large multi-center study" – with more than 60 OMSs participating.
- Supported the OMS Research Summit {later called Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS)} and the Clinical Trials Methods Course.

In 2015, the Foundation Board developed a new vision and updated mission statement, launched the Annual Fund and redesigned the website. Then in 2016, the Foundation and AAOMS Boards began a discussion of the opportunities to share resources, eliminate redundancies and tap into AAOMS resources and expertise. This strategic alliance would allow the Foundation to officially move under the umbrella of the AAOMS parent organization. During the 2017 Annual Meeting, the House of Delegates adopted resolutions for a stronger collaboration with the goals of: ensuring research remains a priority; improving credibility with membership; focusing on efficient and effective staffing; and hiring a development director.

Throughout its existence, the OMS Foundation has focused on education and research to support the future of oral and maxillofacial surgery and plans to continue to build on its legacy.

OMS Foundation Chairs

Guiding the organization toward achieving its mission, vision and goals.

1959-76	Fred A. Henny
1977-78	S. Elmer Bear
1979-80	Charles A. McCallum
1981-82	James B. Edwards
1983-85	John F. Daly
1986-87	John D. Gray
1988-89	Robert V. Walker
1990-91	R. Bruce Donoff
1992-94	Douglas P. Sinn
1995-96	Michael C. Matzkin
1997-98	Bernard C. Pecaro
1999-2000	Gerald Laboda
2001-02	Ethan Jackson
2003-04	Thomas W. Braun
2005-06	Gerald E. Hanson
2007-08	Markell W. Kohn
2009-10	David E. Frost
2011-12	James A. Davis
2013-14	Daniel J. Daley
2015-16	Thomas B. Dodson
2017-19	Kathy A. Banks

ABOMS

American Board of Oral and Maxillofacial Surgery

The American Board of Oral and Maxillofacial Surgery evolved for two main purposes. The first was the development of a meaningful benchmark to assure the public and credentialing agencies that the surgeon was well-trained and has adequate knowledge, experience and judgment. The second was to assure that the candidate for certification was administered a fair, comprehensive and equitable examination.

> *'ABOMS continues to work to fulfill its mission: To assure the public of safe and optimal care through the development and maintenance of high standards of certification and recertification of Diplomates in the specialty.'*

The early years

In 1928, the American Society of Oral Surgeons and Exodontists (ASOSE) proposed to "formulate standards of specialty practice." A national board was called for in 1932 by ASOSE President Harry McFarland. However, It was not until 1940 that a "Board" was established consisting of Athol Frew of Dallas, Frank Hower of Louisville, Aubrey Martin of Seattle, Howard Miller of Chicago and Frank Rounds of Boston. In April 1946, the Board was approved by the American Dental Association Council on Dental Education, the ADA House of Delegates and the American Society of Oral Surgeons (ASOS). The first meeting was conducted on May 25, 1946, with a seven-member Board of Directors: James Cameron, Leslie FitzGerald, Athol Frew, Frank Hower, Aubrey Martin, Howard Miller and Carl Waldron.

At the time, there were two pathways to Board certification: surgeons who had restricted their practice over the last 15 years were to be grandfathered, and the others were required to write a 3,000-word word thesis, submit five case reports and undergo an onsite visit by an examiner, if requested.

Leslie FitzGerald of Dubuque, Iowa, was appointed the first Executive Secretary as well as a Director of the Board. He served for the next two decades as a Director, Executive Secretary and Consultant.

The Board of Directors was initially appointed by ASOS. Starting in 1971, they were appointed by the Board and then in 1985, new members of the Board of Directors were nominated by the advisory/examination committee and voted on by the AAOMS House of Delegates.

Examiners and examinations

The examiners were originally chosen by the Board of Directors. Later, they were chosen in large part upon the recommendations of regional consultants. The expansion of the scope of practice has driven the selection process, with examiners now appointed based on their practice type, expertise and interests. The members of the examination committee are evaluated yearly by the Board of Directors based on the quality of their written examination question submissions, the oral examination cases submitted as well as the timely submission of these materials. The usual length of service is six years.



ABOMS Board of Directors and Examination Committee in 1960.

The content of the oral examination has changed according to the scope of practice and the expansion of training. Early examinations were constituted by the individual examiners bringing their own cases for the examination, and they would determine if the candidate passed or failed his or her portion of the examination. Over time, a standardized examination blueprint was developed. In 1976, testing sections were defined as management of the hospitalized patient, surgical techniques, treatment of infections, anesthesia, intraoral surgery and pathology.

Although the content has varied, four sections that all carry equal weight have continued to be maintained. The 2018 examination blueprint included:

- Section I – dentoalveolar surgery, temporomandibular joint surgery and facial pain, maxillofacial infections and implant surgery
- Section II – dentofacial deformities, facial esthetic surgery, obstructive sleep apnea and maxillofacial trauma
- Section III – pathology, reconstruction, cleft lip and palate repair and microsurgical repair
- Section IV – outpatient anesthesia, perioperative medical management of the adult and pediatric patient and the management of postoperative pain

A turning point in standardization of the examination and its grading was undertaken by the Board in 1999 when Dr. Mary Lunz, a psychometrician, recommended several measures that allowed the oral examination to follow current psychometric principles:

- Multiple data points were collated for determining a passing grade.
- Examiners were rotated, splitting up the two-person teams that previously had examined together for the entire week.
- A case difficulty factor was added to the examiner difficulty factor (which was instituted in 1983).

In 2008 – in a further effort to ensure that each candidate received an equitable evaluation – the oral examination was moved to a testing center in Dallas.

During the 1960s and 1970s, the written and oral examinations were given at the same time, and their scores were combined on an equal basis for determination of pass/fail. Subjects that had been included in the oral examination were moved to the written examination (i.e., laboratory values, histopathology, basic science) to satisfy the goal of better utilization of time and resources for each examination.

In 1983, the written examination became a qualifying examination taken prior to the oral examination. In 1991 – to further establish the validity of the written examination – John Bower was engaged to apply the psychometric principles of criterion referencing and equating to the questions. Questions submitted by the examination committee were improved during an item writer's workshop. Each new question was pre-tested to ensure its accuracy and validity before it was included. Starting in 2004, the examination was given entirely on the computer and was offered at regional testing centers throughout the country.

Recertification process

The origin of the Board recertification requirement and examination is related to the recommendation of the American Board of Medical Specialties in 1973 that all specialties of medicine recertify. The Board began discussion of a recertification process in 1968, formally approved it in 1978 and began awarding time-limited certificates in 1990. Initially, recertification candidates only had to submit documentation of continuing education, case reports, letters of recommendation and proof of licensure.

ABOMS PRESIDENTS


Howard Miller
1946-50


James Cameron
1951-55


Don Bellinger
1955-56


J. Orton Goodsell
1956-57


Thomas Connor
1958-59


P. Earle Williams
1959-60


Daniel Holland
1960-61


Athol Few
1961-62


James Hayward
1962-63


Gustav Kruger
1963-64


J. Lorenz Jones
1964-65


Donald Cooksey
1965-66


Claude LaDow
1966-67


R. Quentin Royer
1967-68


O. Lee Ricker
1968-69


R.V. Walker
1969-70


Charles McCallum
1970-71


Lowell McKelvey
1971-72


Jack Caldwell
1972-73


Harold Boyer
1973-74


Robert Shira
1974-75


Fred Henny
1975-76


Phillip T. Fleuchaus
1976-77


Thomas Quinn
1977-78


Marvin Revzin
1978-79


Irving Meyer
1979-80


Dan Brannin
1980-81


Frank Pavel
1981-82


Phillip Boyne
1982-83


Charles Alling III
1983-84


John Lytle
1984-85


Bill Terry
1985-86


Lionel Gold
1986-87


John Kent
1987-88


Robert Huntington
1988-89

The first recertification examination was given in 1997. The content of the examination was developed by the examination committee and was clinically oriented. There was a core knowledge component and modules that could be chosen based on the candidate's practice experience and interests. The first applicant to take the recertification exam was Leon David, who had served as ABOMS President in 1989-90. The recertification process was renamed and reorganized in 2005 to become Certification Maintenance.

In 2018, there were 5,365 active Diplomates and 2,087 with retired status. ABOMS continues to work to fulfill its mission: "To assure the public of safe and optimal care through the development and maintenance of high standards of certification and recertification of Diplomates in the specialty."

ABOMS PRESIDENTS


Leon Davis
1989-90


James Bertz
1990-91


Donald Hagy
1991-92


Leete Jackson III
1992-93


Douglas Sinn
1993-94


J. David Allen
1994-95


John Kelly
1995-96


Thomas Braun
1996-97


Thomas Williams
1997-98


Robert Bruce MacIntosh
1998-99


Paul Danielson
1999-2000


R. Dean White
2000-01


David Frost
2001-02


James Hupp
2002-03


Edward Ellis III
2003-04


James Swift
2004-05


William Nelson
2005-06


Kirk Fridrich
2006-07


Eric Geist
2007-08


B.D. Tiner
2008-09


Stuart Lieblich
2009-10


Mark Wong
2010-11


Mary Delsol
2011-12


Wayne Atebara
2012-13


G.E. Ghali
2013-14


Peter Larsen
2014-15


Colin Bell
2015-16


Richard Burton
2016-17


Mark Zajkowski
2017-18

OMSNIC

OMS National Insurance Company

In 1978, many members of the American Association of Oral and Maxillofacial Surgeons were insured through the American Dental Association's sponsored professional liability program. That year, the ADA's program changed to a three-tiered rating system, leaving OMSs paying the highest premiums. The AAOMS House of Delegates appointed the Committee on Practice to study the professional liability insurance issue and develop recommendations. After unsuccessful efforts to change the ADA-sponsored program, the Committee on Practice considered a separate OMS professional liability program.

"OMSNIC has handled 14,000 claims for OMSs. Its record of success in cases taken to verdict is 94 percent favorable. It insures over 5,000 AAOMS members, representing over 80 percent of AAOMS members eligible for such insurance."

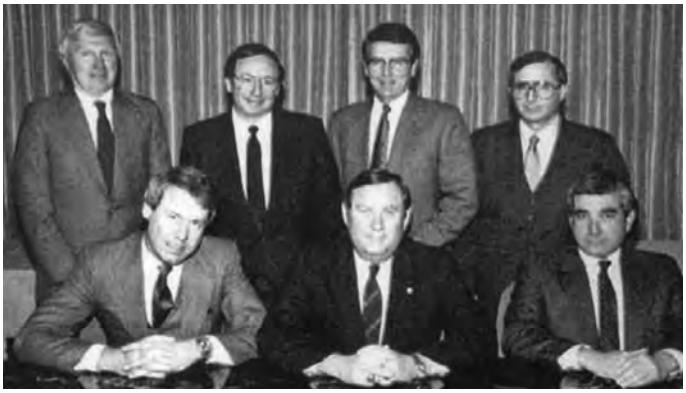
In 1983, AAOMS started an endorsed professional liability insurance program for its members with The St. Paul Fire and Marine Insurance Company. At the height of its popularity, the program insured approximately 3,100 members. From 1984 to 1987, the malpractice insurance industry was in a "hard" market characterized by dramatically increasing rates, reduced coverage and overall disinterest by companies in taking on additional policyholders. St. Paul increased OMS rates annually by 63, 106, 49 and 111 percent during those four years. The ability of OMSs to afford or even obtain professional liability insurance had reached a crisis.

The Committee on Professional Liability and Insurance (formerly the Committee on Practice) went back to the idea of forming an OMS-owned and operated professional liability insurance company. In 1986, Congress had passed and President Ronald Reagan signed into law the federal Liability Risk Retention Act – providing for the formation of "risk retention groups" to insure the common liability exposure (i.e., risk of loss) of a well-defined group, such as OMSs. These groups were, for all intents and purposes, insurance companies and would need to be licensed by and formally regulated in only one state but could operate in all states and the District of Columbia. This new law was the catalyst AAOMS needed.

The House of Delegates approved the new approach, and the formation process of AAOMS Mutual commenced. The new company was to have an independent board of directors. The AAOMS Board of Trustees slated the first AAOMS Mutual Board of Directors: Drs. L. Jack Bolton (Chair), J. David Allen, Alan E. Deegan, Lewis N. Estabrooks, Harold S. Firfer, Jeffrey S. Topf and William W. Weiss.

AAOMS Mutual Insurance Company

In 1987, AAOMS appointed a special task force consisting of Drs. Weiss and Topf (who subsequently served as the company's treasurer for 27 years), along with a trio of consultants and additional help from then-Vice President Gerald Laboda. A recommendation was formally made and approved by the Association's House of Delegates to form a free-standing risk retention group, with start-up support from AAOMS. AAOMS Mutual Insurance Company was designated to provide the first $150,000 of professional liability coverage, with St. Paul to act as the direct excess carrier, taking on the coverage layer above $150,000.



Members of the AAOMS Mutual Insurance Board in 1988.

OMSNIC
DEFENDING THE SPECIALTY

With the promise to repay in full with interest if successful, AAOMS provided AAOMS Mutual financial support: $1.065 million in start-up expenses; a $400,000 guaranty fund note; and a $1.6 million irrevocable letter of credit. An additional $600,000 guaranty fund note was issued in 1989. All support was repaid, with interest, by AAOMS Mutual by 1992.

In 1988, the Illinois Insurance Department granted a certificate of authority to AAOMS Mutual, which issued its first professional liability insurance policy to its then-Chair Jack Bolton. The program was marketed through about 30 specialized independent agents, each with an assigned geographic territory.
An essential element to the future success of AAOMS Mutual was its plan for capital formation to ultimately replace the start-up capital provided by AAOMS.
As each oral and maxillofacial surgeon joined the program, he or she was required to make a three-year capital commitment, making each insured a part owner of the company so he or she could collectively control his or her own destiny.

On its one-year anniversary, AAOMS Mutual issued a policy to its 1,000th policyholder. In 1990, AAOMS Mutual offered policies at a higher limit along with rate reductions averaging 13 percent. OMSNIC's rates in 2018 were less than when the company began business.

Becoming a company run by OMSs

In 1990, the Board of Directors initiated a major shift to make it a company directly run by OMSs by bringing most third-party services in-house, opening a new office within the AAOMS headquarters building in Rosemont, Ill., and appointing Harold Firfer its first CEO.

The new company also emphasized risk management education for its policyholders under the initial leadership of Alan "Duke" Deegan.

In 1992, the company became independent of St. Paul, could provide limits as high as $5 million, converted from a mutual to a stock company, changed its name to AAOMS National and voted to end the AAOMS representation agreement. The capital of the Company was converted into individual shares of Preferred Stock at an initial value of $100 per share. Each policyholder-owner of AAOMS National also received a single Common Share of stock valued at $1, used for the purpose of voting at Shareholders meetings. Each policyholder was (and still is) required to be an owner of both a Common Share and one or more Preferred Shares.

In 2001, shareholders agreed to change the company name to OMS National Insurance Company – OMSNIC – and unveiled a new corporate logo with a corporate motto: "Defending the Specialty."

Three leaders in the OMS specialty have served as Chair of OMSNIC's Board of Directors since the Company was formed: L. Jack Bolton (1988-98); Lewis N. Estabrooks (1999-2013); and James Q. Swift (2014-).

OMSNIC has handled 14,000 claims for OMSs. Its record of success in cases taken to verdict is 94 percent favorable. It insures over 5,000 AAOMS members, representing over 80 percent of AAOMS members eligible for such insurance.

OMSPAC

Oral and Maxillofacial Surgery Political Action Committee

During the late 1960s – with the advent of Medicare and Medicaid and all the changes in the federal government's role in healthcare delivery and the role of Congress in determining their future – oral and maxillofacial surgeons decided it was time to take action.

During the 1971 House of Delegates at the Annual Meeting in Washington, D.C., the Pennsylvania and California Societies of Oral Surgeons presented a resolution for the American Society of Oral Surgeons "to arrange a modus operandi for the acquisition of voluntary contributions of $45 from the membership for the purpose of supporting legislative and insurance objectives in the interest of equitable delivery of oral surgery care to the American public." This action subsequently led to the formation of the Oral Surgery Political Action Committee (OSPAC), the Association's political fund and one of the earliest PACs in the United States.

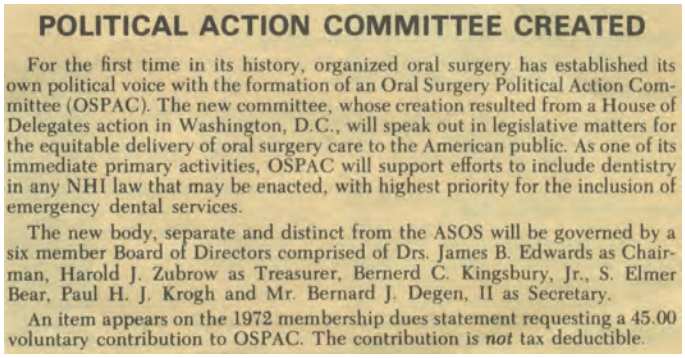
> *OMSPAC continues its work as an integral component of AAOMS, seeing that the legislative concerns of oral and maxillofacial surgeons and their patients are monitored and addressed.*

The original six-member Board – consisting of former South Carolina Governor and Secretary of Energy James B. Edwards, Harold J. Zubrow, Paul H.J. Krogh, Bernerd C. Kingsbury, S. Elmer Bear and ASOS Executive Director Bernard J. Degen II – fostered the development of OSPAC and worked to secure the support of the membership. That first year, 61 percent of the membership voluntarily contributed to OSPAC – raising $30,000. Contribution rates did not fall below 50 percent throughout the 1970s.

By the time new campaign financing legislation known as the Federal Election Campaign Act (FECA) – which sought greater regulation of campaign contributions – took effect in 1973, the number of organized PACs in the United States had grown to about 1,100. All of these PACs, including OSPAC, were required to register with the newly created Federal Elections Committee.

In 1978, OSPAC became the Oral and Maxillofacial Surgery Political Action Committee (OMSPAC) in keeping with the Association's name change. OMSPAC continues to protect the specialty by helping elect federal candidates who support the specialty, oral and maxillofacial surgeons and their patients.

OMSPAC works to engage and educate the membership in order to raise awareness of how the government affects the practice of oral and maxillofacial surgery. These efforts include sponsoring or co-sponsoring forums with elected officials at national meetings, the development of informational materials (such as the OMSPAC Bulletin, the ImPACt e-news and OMSPAC website) and hosting educational breakfasts for state society officers. OMSPAC also supports AAOMS's advocacy efforts by supporting the Association's annual Congressional fly-in, AAOMS Day on the Hill and providing the funding for three residents to participate in this event. OMSPAC also assists AAOMS by contributing toward the Association's federal lobbying efforts and a team of Washington, D.C.-based lobbyists.



POLITICAL ACTION COMMITTEE CREATED

For the first time in its history, organized oral surgery has established its own political voice with the formation of an Oral Surgery Political Action Committee (OSPAC). The new committee, whose creation resulted from a House of Delegates action in Washington, D.C., will speak out in legislative matters for the equitable delivery of oral surgery care to the American public. As one of its immediate primary activities, OSPAC will support efforts to include dentistry in any NHI law that may be enacted, with highest priority for the inclusion of emergency dental services.

The new body, separate and distinct from the ASOS will be governed by a six member Board of Directors comprised of Drs. James B. Edwards as Chairman, Harold J. Zubrow as Treasurer, Bernerd C. Kingsbury, Jr., S. Elmer Bear, Paul H. J. Krogh and Mr. Bernard J. Degen, II as Secretary.

An item appears on the 1972 membership dues statement requesting a 45.00 voluntary contribution to OSPAC. The contribution is *not* tax deductible.

ASOS Newsletter announcing creation of OSPAC in November 1971.

OMSPAC
OUR SPECIALTY'S VOICE IN WASHINGTON

Member involvement

OMSPAC could not complete its mission without the support of the state OMSPAC Chairs, a group of in-state representatives formed in 1986 who provide fundraising assistance and guidance to the OMSPAC Board of Directors on candidates who should receive OMSPAC support. In 2007, OMSPAC created the Fundraiser of the Year award to honor outstanding OMSPAC Chairs.

OMSPAC raises approximately $490,000 annually and contributes approximately $450,000 to federal candidates. This places OMSPAC among the top 20 contributing healthcare provider PACs in the nation, the second largest contributing dental PAC in the country and the only PAC solely representing the interests of OMSs. More than $5 million have been contributed to federal candidates since OMSPAC's creation, with a 90 percent election rate. As a nonpartisan organization, OMSPAC considers contribution requests to candidates based on a variety of criteria including committee assignment, but most importantly, support of the specialty. Annually, more than 70 OMSs deliver OMSPAC contributions to federal candidates at fundraisers, OMS office tours or one-on-one meetings.

Federal- and state-level activities

In 1999, the first AAOMS Day on the Hill was held in Washington, D.C. This OMSPAC-supported event has helped bring about legislative success such as 1) incorporating a provision within the Medicare Prescription Drug, Improvement and Modernization Act of 2003 so OMSs could opt out of Medicare and 2) legislation championed by AAOMS and enacted in 2006 to require military OMSs to receive special-level pay commensurate to their medical colleagues of equal service.

In 1999, OMSPAC began hosting a breakfast for State Society Chairpersons at the AAOMS Annual Meeting. In 2003, the invitation list to this breakfast was expanded and became known as the OMSPAC Advocacy Breakfast. In 2005, the event was renamed the AAOMS Advocacy Breakfast. Invitees include key advocacy leaders within the Association.

OMSPAC continues its work as an integral component of AAOMS, seeing that the legislative concerns of oral and maxillofacial surgeons and their patients are monitored and addressed.

OMSPAC Board Chairs

Recognizes extraordinary state OMSPAC Chairs for their efforts on behalf of the organization.

1971-73	James B. Edwards
1974-75	S. Elmer Bear
1976	Paul H.J. Krogh
1977-78	Bernerd C. Kingsbury Jr.
1979	Harold J. Zubrow
1980-81	Allan C. Levey
1982-83	James R. Peltier
1984	Robert E. Huntington
1985	Howard I. Mark
1986	I. Lawrence Kerr
1987-88	Richard J. Simeone
1989	John E. Sullivan
1990	John J. Yurosko
1991-92	Homer L. Ash
1993	Edward R. Noble
1994	Ross W. Prout
1995	Thomas M. Weil
1996	Samuel E. Molind
1997	Daniel J. Daley Jr.
1998	Philip B. Peters
1999	Phillip N. Wheat
2000	Donald L. Gossett
2001	Jeffry E. Persons
2002	Barry C. Stacey
2003	Terry D. Cisler
2004	Douglas W. Fain
2005	Gerald Gelfand
2006	Michael J. Hunter
2007	Vincent E. DiFabio
2008	Michael A. Menis
2009	Colin S. Bell
2010	Daniel J. Klemmedson
2011	David E. Prindiville
2012	Eugene M. D'Amico III
2013	Lawrence R. Chewning Jr.
2014	Jeffrey S. McBride
2015	Thomas M. Keane Jr.
2016	Murray K. Jacobs
2017	Joel M. Friedman
2018	Harry Y. Canter Jr.

CHAPTER FIVE – A LOOK FORWARD

Predicting the future changes in the organization and specialty with thoughts from the 2017-18 AAOMS Officers and Trustees.

100th ANNIVERSARY

What are the changes that will happen in our organization and specialty in the next 100 years? The 2017-18 AAOMS Officers and Board of Trustees respond to offer "A Look Forward."



Brett L. Ferguson, DDS, FACS
2017-18 AAOMS President

The next century will allow substantial change in the delivery of medicine/dentistry/OMS to our patients. A generalized approach to disease that we see now will be replaced by what I will refer to as "Precision Medicine" methodology. Specifically, the approach will be to look at the molecular level and expand to the genomic level. The new concept will be to prevent disease as opposed to treating disease.

Health technology informatics will evolve from the Electronic Medical Record to where the record will encompass population studies in the treatment of disease states and should involve physiologic monitoring. The monitoring will involve medicine-pharmacotherapeutics and the study of the microbiome and related alteration strategies. We will have therapeutic devices looking in situ at physiologic monitoring and should have health informatics that define clinical support algorithms for various pathologies. Clinical trials then would not be needed for medical treatment decisions – as population studies/EMR from worldwide sites can be data-mined for optimal treatment strategies based on race/gender/environment and previous immunizations.

Robotics, genomics and personalized medicine will allow new reconstructive strategies, and we will no longer have to cut out a body part to reconstruct a defective area but rather have stem-cell mediated tissue/organ growth and can then grow a replacement organ/structure – to even include teeth!



A. Thomas Indresano, DMD, FACS
2017-18 AAOMS President-Elect

The changes in our specialty will be based on new technology. Office practice will rely on automation, robotics and training of technicians. The office OMS will be essentially a diagnostician and a team leader. The removal of teeth one would hope will be unnecessary, but I conceive it being performed by robots. The biggest advance will be the development of a completely safe anesthetic agent that can be used without complication. The replacement of teeth will be so simple that many will choose complete prosthetics for cosmetics – eliminating the need for orthodontics. Hygienists will be able to maintain the peri-implant regions.

In OR practice, the advances in safe anesthetics will minimize the need for anesthesiologists and rely on machine management. Machines with very high success rates also will manage resuscitation. Advances in genetic management will all but eliminate the need for surgery to correct deformities. Cancers and other tumors will be completely controlled – if not eliminated – medically. Trauma will still require surgical management but with reconstruction of damaged elements being manufactured onsite to suit the patient.

Specialties and subspecialties will reorganize due to increased competition. Will there always be an AAOMS? We would like to hope so – to advocate for our members in the healthcare arena.



Victor L. Nannini, DDS, FACS
2017-18 AAOMS Vice President

As a member of the AAOMS Board of Trustees, our job is to plan and predict the next three years for our organization. To look ahead to the next 100 is daunting indeed. I will do my best to answer the question. In the past 100 years, we have seen so much incredible innovation, so much war and destruction, economic booms and depressions, and technology advances that are exponentially increasing. There is no reason to think that the next 100 years will not have this and more.

Undoubtedly, robotics, the genetic engineering of soft and hard tissue, the possibility of altering fetal development to avoid cleft lip and palate, skeletal deformities, head and neck cancer and even the development of third molars may come to fruition. And while that may seem very bad for our specialty, I have no doubt that we will prevail and adapt to all these changes just as we have done over the past 100 years.

The adaptation of our organization to improve our communication and respond to our members needs will be our primary concern. It will be a very interesting time.



Douglas W. Fain, DDS, MD, FACS
2017-18 AAOMS Immediate Past President

The practice of oral and maxillofacial surgery will always need human contact, and AAOMS will still keep such human contact in the forefront of its mission. It also will still require advocacy, at which AAOMS has always excelled, and it will continue to maintain this function.

These necessities will be more evident in the future as the two payers (the government and the merged private carriers) attempt to keep reimbursement low. AAOMS will be the pre-eminent voice in dental and head and neck healthcare as oral and maxillofacial surgeons absorb the smaller specialties of head and neck oncology, periodontics and dental anesthesia. They will make a formidable group of practitioners in the care of soft- and hard-tissue maladies of the head, neck and oral cavity.



J. David Johnson Jr., DDS
2017-18 AAOMS Treasurer

My hometown – Oak Ridge, Tenn. – is the site of the Oak Ridge National Laboratory (ORNL). At ORNL, leading scientists from around the world advance such manifold fields as PET scanning and other imaging technologies, robotics, 3D printing, parallel computing/artificial intelligence, the spallation neutron source, genomics and regenerative medicine.

It is exciting to contemplate preventative treatments that precede the development of signs and symptoms of disease, minimally invasive and more accurate procedures using digital technology and robotics, microsurgery and nanotechnology, advances in radiotherapy and immunotherapy, and tissue engineering. But listening to various ORNL experts relate each of their visions for the future convinces me that I cannot possibly conceptualize the true scope of oral and maxillofacial surgery in 100 years.

Nonetheless, I have confidence that our specialty will remain relevant and necessary, at the forefront of the surgical disciplines. This conviction comes from my experience of working with today's oral and maxillofacial surgery leaders as well as my involvement with young oral and maxillofacial surgeons and oral and maxillofacial surgery residents. Their ongoing commitment to research and to the best, most advanced patient care is the path to our future.



Steven R. Nelson, DDS, MS
2017-18 AAOMS Speaker, House of Delegates

The next century will see amazing transformations for our specialty and Association. As our nation experiences a declining population, increased patient life span and medical advances, fewer OMSs will be required to deliver care. Procedures commonly performed today will become rare occurrences. Many syndromes will no longer exist due to gene modification. Intrauterine procedures will treat non-syndromic cleft lip and palate. Third molars will be "edited" out via crisper or newer technology. Dental implants will become obsolete as we generate teeth "in vivo" via stem-cell advancements. 3D non-radiation imaging will become commonplace in the office setting. Anesthesia advances will develop new forms of safe administration and immediate recovery, providing no postoperative cognitive decline.

AAOMS remains important in the lives of our members as we continue to advocate on their behalf to protect our specialty. Meetings will be virtual for both CE and the House of Delegates. However, we will continue to provide the most advanced, current and clinically relevant hands-on courses and emergency management team training courses. I am confident AAOMS will continually provide the leadership, education and research support to lead our specialty into the future.



Scott Farrell, MBA, CPA
2017-18 AAOMS Board Secretary and Executive Director

To look at the future of AAOMS requires a look to the past. The small group of exodontists who gathered in 1918 to found what eventually would become AAOMS never could have imagined the transformation of oral and maxillofacial surgery or the organization that supports these surgeons.

The House of Delegates and Board of Trustees – as well as committees and task forces – have provided the leadership and foresight to launch many ground-breaking initiatives and set the path for AAOMS. It is truly awe-inspiring to think of the impact on the specialty and our membership as a result of OMS research, our journal, strategic alliances, our advocacy successes, the cutting-edge education and training, the Informational Campaign, and the support for faculty and residents.

In the decades ahead, members can be confident AAOMS will provide the support for whatever the future holds. It is an honor to have served in a leadership position for this great specialty.



David Shafer, DMD
2017-18 AAOMS Trustee, District I (Northeastern)

When I completed my residency 30 years ago, we thought the state-of-the-art in orthognathic surgery was planning surgery by tracing cephalometric radiographs on acetate paper, fixing our osteotomies with wires and placing our patients in intermaxillary fixation for six weeks. Since then, we have incorporated new technologies, procedures and indications for the surgery using techniques we could not imagine 30 years ago – including virtual digital planning, 3D-printed fixation plates and aligner-based orthodontics.

As a full-time educator who has dedicated my career to the next generation of OMSs, I am impressed daily by their energy, innovation and, especially, willingness to question and improve upon established ways of approaching patient care. This new generation understands and uses technologies like robotics and artificial intelligence. Most importantly, they have trained in an environment of evidence-based patient care. They are also a more racially, gender and ethnically diverse group than who I trained with, thereby leading to a greater understanding of the healthcare needs of an increasingly diverse population.

With all this in mind, what I can say with certainty about our specialty is that these and future residents will not stand by idly but will work hard to achieve and create their own future. They will build upon and challenge what we leave them by innovating in ways we cannot imagine.



Paul J. Schwartz, DMD
2017-18 AAOMS Trustee, District II (Middle Atlantic)

I recall in grade school, when asked a similar question about the distant future, that I imagined a time with effortless space travel and flying cars. I cannot help but think of that often-asked interview question: Where do you see yourself in five years? Envisioning the next 100 years is indeed an interesting proposition.

I am hopeful that our profession will be able to capitalize on the current advances in personalized medicine, genetic engineering and immunology to design vaccines and treatment modalities to effectively treat all of our current maladies. I suspect the common causes of oral disease will be controlled, eliminating the need for most common dentoalveolar surgery. Genetic modification will serve to eliminate congenial facial deformities and clefts. Immunology will enable personalized, targeted treatment of neoplastic disease. Perhaps we will be able to prevent the onset of disease to the point we can extend the average lifespan by decades.

It would indeed be virtuous to advance so far as a profession as to put ourselves out of business. Until then, I will keep patiently waiting for the flying cars.



Robert S. Clark, DMD
2017-18 AAOMS Trustee, District III (Southeastern)

The next 100 years will continue to see advances in technology moving into everyday practice.

Advances in surgical guidance will continue and robotics/artificial intelligence will have an impact via radiographic diagnosis, robotic anesthesia delivery and possibly robotic surgery. Telehealth will increase to some extent, but I feel its impact will be less than in other areas of healthcare delivery. I doubt midlevel providers will impact oral and maxillofacial surgeons to any great degree.

There will be a continued split in practice location between the office- and hospital-based surgeons. It will be important for AAOMS to engage these groups and ensure both groups see the value of each other's work. AAOMS will need to continue to engage with multiple medical and dental groups to protect and sustain our practice models. Advocacy at the federal and state levels will continue to be important.

Some of the greatest changes may occur in practice style and healthcare financing. The trend toward corporate ownership of practices may spell the end of the owner/surgeon. I doubt dental benefits can continue in their current form with low maximums that have not appreciably changed since the '70s. Appropriate reimbursement pressures will increase particularly in governmental programs.



J. David Morrison, DMD
2017-18 AAOMS Trustee, District IV (Great Lakes)

AAOMS as an organization over the next 100 years will continue to be relevant and a leader in advocacy, education, patient safety, innovation, research and member support. These areas have been prioritized and will continue to be addressed in the organization's Strategic Plan.

As the next 100 years move forward, resident training and OMS member continuing education will become more standardized, easily accessible with collaboration commonplace – all available virtually in an interactive platform. Surgical treatment technological advances will allow complex surgical cases to be simulated prior to being performed, ultimately improving surgical outcomes and patient safety.

Advances in regenerative medicine will most likely make therapeutic use of biologics routine. Gene therapy advances may allow many cancers/tumors to be treated as targeted therapy to the extent that many surgical procedures performed today may become obsolete. Continued innovation will allow a patient's innate repair mechanisms to be enhanced and utilized in traumatic wound repair, allowing quicker functional restoration and improved cost effectiveness.

Anesthesia delivery, long a hallmark of OMS practice, will continue to become safer with delivery systems becoming more miniaturized with easy voice control command delivery. Sedation levels will be more precisely controlled with continued monitoring and pharmacologic advances.

AAOMS will continue its tradition of leading from the front as we enter our second century of service for the specialty.



B.D. Tiner, DDS, MD, FACS
2017-18 AAOMS Trustee, District V (Midwestern)

The changes we observed in oral and maxillofacial surgery during our first 100 years will be dwarfed by the changes we will experience in our next 100 years. Technology will continue to be transformative in the way we train and practice as surgeons. The concept of minimally invasive surgery will continue to expand with the development of new and more sophisticated surgical robots. Patient safety will be enhanced due to reduced risk and improved patient outcomes.

3D bio-printing will allow for printing of hard and soft tissues derived from the cells of our patients aiding in the development of personalized medicine. Artificial intelligence will continue to expand and make the diagnosis and treatment of diseases and anomalies of the maxillofacial region more accurate and precise. Virtual reality and augmented reality will continue to expand and aid in the training of our OMS residents and allow inexperienced surgeons to rehearse procedures on patient-specific simulations. This technology will also allow inexperienced surgeons to connect remotely with experienced specialist surgeons to provide support and expertise for complex surgical procedures.

We have exciting times to look forward to as we begin our second century.



Mark A. Egbert, DDS, FACS
2017-18 AAOMS Trustee, District VI (Western)

In the next 100 years, oral and maxillofacial surgeons will see a continued amalgamation of advanced imaging, ever-faster computing, 3D printing, augmented reality, robotics and bioengineering. Automation will continue to be implemented, dramatically reducing human error. Human involvement will continue, but mainly through providing the vision and controlling the direction of healthcare advances.

Understanding of the human genome and basic cellular and biochemical processes of normal function, wound healing and disease states will progress. These advances will allow for ever-more sophisticated and elegant interventions and cures. Many clinical conditions that require surgery today will be managed by less invasive or non-surgical means. Individualized care and targeted therapies will become the norm. New pathogens will arise, yet innovation will prevail. Aging will continue to be slowed, and perplexing ethical dilemmas will continue to emerge.

Through it all, AAOMS will remain relevant by providing collective advocacy and resources for OMSs navigating the changing healthcare world. By providing a rich continuing education environment, AAOMS will continue to introduce and disseminate new ideas, treatments and technologies. Continuing to fund and support education and research, AAOMS – through its collective knowledge and creativity – will stimulate innovation and ultimately contribute to improving the human condition.

CHAPTER SIX – CONTRIBUTORS & SOURCES

Thanking the many who helped craft this keepsake history book.

100th ANNIVERSARY

Thanks to the many contributors and sources for* AAOMS: A Century of Progress – The History of the Organization and the Contributions of its Members.** ***Many oral and maxillofacial surgeons and affiliate organization leaders were integral to the creation of this keepsake book by submitting historical information, writing earlier history publications and serving on AAOMS history committees.

AAOMS staff – with the technical and creative expertise provided by professional photographers, copy editors and graphic designers – also helped assemble this one-of-a-kind history book.

We hope these pages capture the important moments in both words and pictures to honor and celebrate the 100-year anniversary of the American Association of Oral and Maxillofacial Surgeons.

– Dr. Daniel M. Laskin, Editor
– Jolene Kremer, Associate Editor

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AAOMS Staff

Heidi Bonfield
Julie Carr
Wendy Dudan
Sandy Guenther
Samantha Jones
Caroline Lee
Barbara Moles
Kimberly Molley
Shannon Murray
Amanda Nasello
Victoria Rappatta
Anne-Marie Rogowski
Sarah Trotto
Olivia Walker

Technical and Creative Services

Diane Blackburn, 3D - Desktop Design by Diane
Jaime Campanelli, JLC Photography
GES event management company
Erin Granzow, Reflections Photography
Jeff Kuczora, copy editing
Julie and Kerry Petertil, Petertil Design Partners
Les Kamens, The Photo Group
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Sources

A Historical Overview of the AAOMS. Daniel Lew, MA, DDS. 2013.

AAOMS Board of Trustees Actions, 1996-2014.

ASOS Newsletter (1959-74); *ASOS Forum* (1975-77); *AAOMS Forum* (1978-85); *AAOMS Digest* (1985-95); *AAOMS Today* (1996-2018);

The American Board of Oral and Maxillofacial Surgery: A History. Robert Bruce MacIntosh, DDS, and John P.W. Kelly, DMD, MD. 2010

The building of a specialty: Oral and maxillofacial surgery in the United States. Daniel M. Laskin (Ed.). Supplement to the *Journal of Oral and Maxillofacial Surgery*. Vol 47(suppl 2):1, 1989.

The building of a specialty: Oral and maxillofacial surgery in the United States, 1918-1998. Daniel M. Laskin (Ed.). Supplement to the *Journal of Oral and Maxillofacial Surgery*. Vol 56(suppl 3):1, 1998.

Journal of Oral and Maxillofacial Surgery (JOMS). History-related articles, editorials and letters. Various authors. 1982-2018.

OMSNIC Monitor. OMSNIC celebrates 25th anniversary. Vol 24:2, 2013.

American Association of Oral and Maxillofacial Surgeons
9700 W. Bryn Mawr Avenue
Rosemont, Illinois 60018

AAOMS.org