It is the goal of the modern restorative dentist to accept a patient at any stage of dental disease, damage or atrophy and with health permitting, restore that patient to normal contour, comfort, health, function and esthetics.” When this quote was first articulated in 1977 it was aspirational; however, today it has become reality.

The time has come to build on this reality, our innovative history, and our legal victories. The American Academy of Implant Dentistry (AAID) must establish multiple residency programs in comprehensive oral implantology. These full-time training programs will complete the ultimate educational foundation for the specialty of Implant Dentistry. The AAID sponsored Comprehensive Oral Implantology Residency Training (COIRT) will be full-time, noncommercial, 3-year university affiliated programs which will have a core curriculum containing the full scope of current clinical implantology, the complete Natural Implant Restoration in Stable Alveolar Bone (NIRISAB) philosophy, and will enable those who complete program to treat patients from initial consult through final restorations using open architecture and office-based digital technology. Shorter training tracts will also be provided for credentialed surgeons who desire additional training in implant dentistry.

The COIRT will train residents to offer choices to patients, from implant supported dentures to full restoration using the NIRISAB philosophy. The NIRISAB philosophy was created in 2004 from a collection of procedures and concepts that radically differ from what is traditionally taught in implantology. These procedures have been clinically developed over a 50-year period by a number of our members. These have resulted in many favorable clinical results that have not previously been accomplished. The following are utilized:

- Planning is done to re-establish natural bone dimensions
- Most surgeries are done using IV sedation
- All implant surgical procedures are done in medical-level surgical asepsis
- No full flap elevation for implant placements
- Most implant placements are done utilizing bone manipulation
- Little or no removal of bone during implant placements
- Drills are used minimally
- Elimination of re-entry procedures
- Implants exit bone at same height as natural roots and within circumference of original roots
- Routine creation of stable gingiva at time of implant placements
- Many vertical corrections are achieved with vascularized osteotomies
- Maximum utilization of remote incisions for augmentations
- Routine utilization of sinus augmentations combined with simultaneous restoration of posterior maxillary alveolar dimensions
- Frequent utilization of inferior alveolar nerve lateralization
- Avoidance of use of cantilever restorations
- In-office fabrication of crowns and bridges
- Results which restore natural alveolar dimensions and gingiva
- Restorations which restore natural crown dimensions and esthetics

The successful utilization of these procedures has made the aspirational goals of 1977 attainable in 2019. When COIRT becomes the standard for dental implant education, it will result in millions of future patients receiving more effective dental implant care, with reduced complications and with the probability of reduced costs.

As we continue our successful legal pathway toward 100% state board recognition of our specialty, we will be committing the AAID to develop and support the education and clinical training necessary for the specialty of implant dentistry. The AAID will be able to acknowledge that it not only created implantology in North America, but it also led the fight for ultimate specialty training. The AAID will also be protecting the field of dental implantology from the dangers associated with the over commercialization of dental implant education. It is time for the AAID to continue moving forward and in doing so, the AAID will be educating the leaders of tomorrow.

Hilt Tatum, Jr, DDS

DOI: 10.1563/aaid-joi-D-Editorial.4501