Lectures Available for Study Clubs and Dental Societies.
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Contemporary Common Sense Periodontics- Back to Basics

Recession, Abrasion, Abfraction and Erosion
Minimizing Risk

Contemporary Common Sense Periodontics
   An update for the DENTAL HYGIENIST
The State of the Art – The Standard of Care”

Achieving Dental Excellence.
Interdisciplinary Treatment, Facilitated by – PAO
(“Periodontally Accelerated Osteogenic Orthodontics”).

The Periodontal/Orthodontic/Interface.

Contemporary Controversies in Periodontal Therapy.

Interactive Treatment Planning.

Essential records for comprehensive treatment planning

*Details of each course are listed below*
“Contemporary Common Sense Periodontics-
Back to Basics
The State of the Art – The Standard of Care”

“ Evidence Based, Clinically Oriented
Non-controversial, Periodontal Overview”

We live in a rapidly changing technological world with new innovation occurring in all disciplines of Dentistry. Relative to Periodontics and Implant Dentistry, many of these changes are valuable, some may be confusing, and some may be of minimal clinical value. Indeed, some are highly controversial.

This presentation is based on defining the current state of the Art relative to Contemporary Periodontal Therapy - From Early to Advanced Periodontal Disease treatment and management. The role of Implantology will be addressed relative to Interdisciplinary Treatment Planning.

The presentation is intended for all members of the clinical dental team, including the laboratory technician.

Topics will include:

- Examination, Diagnosis, Treatment Planning and Treatment sequencing relative to Periodontal Therapy
- Non-surgical Periodontal therapy, including Scaling, Root Planing, Adjunctive Chemo-therapeutic agents (Fibers, Gels, Chips, Rinses, Tablets, Fluoride therapy); ‘One session Full Mouth Debridement versus Multi-session Full Mouth Debridement.
- Surgical Periodontal therapy emphasizing Regenerative Periodontal Therapy, appropriate grafting agents, (Autografts, Heterografts and Allografts).
- Periodontal Maintenance Therapy including Preventative Interventions.
- Applying New Innovations In Periodontics to Clinical Practice, including the impact of Stress and Smoking on Periodontal Pathogenesis and Periodontal Healing; Lasers; Esthetics and
Adjunctive Periodontal Procedures to facilitate Orthodontic Therapy.

Afternoon Session: Interactive Treatment Planning (Case/s heavy on moderate to advanced Periodontitis, with emphasis on regenerative therapy.)

Target Audience: Restorative Dentist, Dental Hygienist, Prosthodontist.

Relative to the Implant Dentistry, (if requested):

- The Impact of Existing Periodontal Pathology on the long-term prognosis of Dental Implants.
- Maintenance of Dental Implants, both professional and patient centered
- Dental Implants and Occlusion
- Immediate Loading of Dental Implants in the edentulous and partially edentulous case.
- Esthetics and Implant Dentistry

Review the Current Clinical Implant Literature as it pertains to the Clinical practice of Contemporary Implant Dentistry.
“Recession, Abrasion, Abfraction and Erosion Minimizing Risk”

Understanding the inter-dependency for ideal esthetics, function, longevity and durability.

“Evidence Based, Clinically oriented Non-controversial, Periodontal Overview”

The learning objective of this program will be to acquaint the audience with complexities and controversies regarding the topics of Abfraction, Gingival Recession, Cervical Tooth Erosion and Maintenance of Interdental Papillae.

Topics will include:

- Definitions and application of the Miller Classification of Gingival Recession
- Contemporary thought on the treatment of Gingival Recession.
- Discussion on the “Abfraction” lesion: Myth or reality
- Gingival Recession as a complication of Orthodontic Problems and Orthodontic Treatment: Prevention and Treatment.
- Discussion on the complex issue of Interdental Gingival Papilla.
  Etiology of the loss of Interdental Papillary Tissue.
  Limitations regarding regeneration of the Interdental Papilla.
  Role of the papilla in maintaining esthetic integrity of the smile.

Target Audience: Restorative Dentist, Dental Hygienist, Prosthodontist.
“Contemporary Common Sense Periodontics”  
An update for the DENTAL HYGIENIST  
The State of the Art – The Standard of Care”

“Evidence Based, Clinically oriented  
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- Examination, Diagnosis, Treatment Planning and Treatment sequencing relative to Periodontal Therapy
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- Periodontal Maintenance Therapy including Preventative Interventions.
- Applying New Innovations In Periodontics to Clinical Practice, including the impact of Stress and Smoking on Periodontal Pathogenesis and Periodontal Healing; Lasers; Esthetics and Adjunctive Periodontal Procedures to facilitate Orthodontic Therapy.
- Periodontally Accelerated Osteogenic Orthodontics.
- Recession/Abfraction/Abrasion and Erosion.
Afternoon Session-Hand’s On::
A  Clinical Photography.
B  Interactive Treatment Planning (Case/s heavy on moderate to advanced Periodontitis, with emphasis on regenerative therapy.)

Target Audience: Dental Hygienist.

Relative to the Implant Dentistry, (if requested):

- The Impact of Existing Periodontal Pathology on the long-term prognosis of Dental Implants.
- Maintenance of Dental Implants, both professional and patient centered
- Dental Implants and Occlusion
- Immediate Loading of Dental Implants in the edentulous and partially edentulous case.
- Esthetics and Implant Dentistry

Review the Current Clinical Implant Literature as it pertains to the Clinical practice of Contemporary Implant Dentistry.
Achieving Dental Excellence.

Interdisciplinary Treatment, Facilitated by - **PAO**
(“Periodontally Accelerated Osteogenic Orthodontics”).

**“ Evidence Based, Clinically oriented 
Non-controversial, Overview”**

PAOO, an emerging technology, combines surgical periodontal therapy with orthodontic treatment, enabling dentists to minimize potential risk factors associated with orthodontic therapy. Favorably positioned teeth, plus an enhanced muco-gingival complex, facilitates ideal esthetic, restorative and reconstructive dental treatment.

Patients with malocclusion, mutilated occlusion, or patients in need of Comprehensive Dental Rehabilitation, frequently require Orthodontic Treatment, in order to obtain a predictable, esthetic and functional treatment outcome. Many of these patients also present with moderate to advanced Periodontitis and/or Gingival Recession. They therefore, also require Periodontal and corrective Muco-gingival treatment, for treatment of existing periodontal conditions. However, these patients perceive the orthodontic treatment time of 2-3 years as a strong hindrance to undergoing ideal rehabilitative dental treatment.

By combining the prescribed Periodontal Surgical Care, plus PAOO, plus Orthodontic treatment, patients are more willing to accept comprehensive dental care.

PAOO significantly decreases or eliminates the following potential complications of adult Orthodontic Treatment:

- Gingival Recession
- Apical Root Resorption
- Relapse
- Time required for comprehensive orthodontic therapy can be reduced by 60-75%.
- Poor facial profiles

Five major positive facets of PAOO are, well documented in the literature. These include:

1. Less gingival recession, and where recession is present, adjunctive and prophylactic treatment of the recession sites prior to implementing Orthodontic Treatment
2. Greater Orthodontic stability post treatment
3. Less apical resorption
4. Predictable and definitive periodontal and muco-gingival treatment, where indicated.
5. Comprehensive Orthodontic treatment in approximately 6-9 months.

Program will include:

- Background
- Concepts of PAOO
- Limitations and Complications of Orthodontic Treatment
- Gingival recession; Root resorption; Extended Orthodontic Treatment Time;
- Logistics of executing multi-disciplinary treatment
- Adjunctive Surgical procedures to facilitate Orthodontic Treatment
- Representative clinical cases
- Evidence
- Comprehensive Treatment Planning Concepts and Applications
- Skeletal Anchorage to Facilitate Tooth Movement.
- Summary

**AFTERNOON HANDS-ON SESSION:**

A  Clinical Photography

B  Group Inter-active treatment plan.

**Target Audience: Restorative Dentist, Dental Hygienist, Prosthodontist, Lab. Technician**
“The Periodontal/Orthodontic/Interface”.

This program is oriented towards the clinical orthodontist as well as the orthodontic resident in training.

The Muco-gingival Interface:
- Potential problem prevention
- Existing problem treatment
Impactions
Hyperplasic and Hypoplastic Gingival Tissues
Root Resorption
Fiberotomy
Frenectomy
Root proximity relationships and problems
Replacement of Missing Teeth.

**Target audience: Orthodontists/Periodontists**
“Contemporary Controversies in Periodontal Therapy”.

This program is oriented towards the general dentist, hygienist and clinical support staff”.

- Adjunctive topical chemotherapeutics.
- Adjunctive systemic Antibiotic Therapy
- Laser New Periodontal Attachment (LANAP)
- Abrasion/Erosion/Abfraction/Erosion
- Surgical Periodontal Therapy vs. Non-surgical Therapy relative for long-term predictability.
- Tooth versus Implant
- Occlusion

*Target audience: Restorative Dentist/Dental Assistant/Dental Hygienists/Dental Specialists.*
Interactive Treatment Planning.

Two programs are available: The first participation program is designed for all members of the dental team. A second program is available for hygienists only, utilizing a complex periodontal patient, with minimal restorative requirements. The history of a patient requiring, and having completed complex interdisciplinary care is utilized as the teaching module.

**Program Protocol:** The following information is initially presented to the group:
1. Patient’s biography and background information.
2. Patient’s medical and dental history.
3. Patient’s chief complaint/s, and treatment expectations
4. Comprehensive extra/intra oral examination data, as well as dental and periodontal charts.
5. Clinical **photographs**, including a short didactic and hands on module reviewing the value of simple yet predictable clinical photography.
6. Occlusal data including articulated pre-treatment study casts of the case.
7. Any other information relevant to this complex interdisciplinary treatment case.

At this point in the program, the group is divided into sub-groups of 8-10 persons. Each group will be given a set of radiographs, chartings, study casts and photographs, and will then comprehensively treatment plan the presented case. Each group may be given a different parameter to influence their treatment planning. For example, one group might treatment plan with no limitations,( including no financial), for ideal treatment. A second group may treatment plan with financial limitations, yet striving for ideal comprehensive care; perhaps the case would be phased over a 2-3 year span. Yet another group might treatment plan, with limitations relative to orthodontic treatment, while a fourth group may treatment plan with significant medical considerations taken into account. Each sub-group elects a spokesperson, who would then present their group’s treatment plan to the entire group.

Finally, I will present to the group the actual treatment provided, including any limitations to our treatment provided, what we would do differently, and problems that have occurred following treatment.

**Target audience: Restorative Dentist/ Dental Assistant/ Dental Hygienists/ Dental Specialists.**
**Essential records for comprehensive treatment planning**

(Or: Do you want to treat more big cases confidently?)

**Comprehensive care requires comprehensive data.**

This program will address the seven elements necessary to establish an appropriate diagnosis and treatment plan, which in turn will enable the practitioner to confidently ‘handle’ the ‘bigger case’ and thus derive more satisfaction from Comprehensive Dentistry.

These include, but are not limited to:

1. Adequate medical and dental histories
2. Dental and Periodontal charting
3. Articulated study casts
4. Appropriate, yet simple clinical photographs
5. Diagnostic wax up
6. Interdisciplinary consultation

**Target audience: Restorative Dentist/ Dental Assistant/ Dental Hygienists/ Dental Specialist/ Laboratory technician..**
Testimonials

“Colin, your presentation of PAOO gets better every year! KUDOS!” VB, General dentist.

“The program met my expectation. Well Done! “ RW, General dentist

“What an absolutely stimulating program you gave us on Saturday; well organized, great slides and photography and thought provoking commentary. This was the best new idea I have seen over the past ten years.” JD, Orthodontist

“Just a note to let you know I really enjoyed the presentation last night. It was very informative and interesting.” LP, General dentist.

WOW! – opened my eyes to the ortho/perio/recession dilemma KM, hygienist

“Best dinner meeting I’ve been to for ages. Really got me thinking” TL, Periodontist

The information is much appreciated and well presented HE, General Dentist

“The program exceeded my expectation” Great presentation. Something actually new” WW. General Dentist
Colin Richman, DMD
1305 Hembree Rd., Ste. 104
Ruswell, GA 30076


Dear Colin;

I'm writing to express my appreciation for your excellent presentation to the perio and ortho residents and faculty on March 27th at the Medical College of Georgia. Everyone who was in attendance benefited from your expertise in the area of long term outcomes for accelerated tooth movement. It is especially rewarding that Dr. Deleon is interested in the process. I hope we can do some patients with your direction.

Please be expecting a letter from me in the near future with information on reestablishing your consultant status with us. I look forward to having you on board, and thank you again for sharing your innovative ideas with us.

Sincerely,

Glenn I. Maze, DDS
Director: Advanced Ed. Periodontics
February 14, 2007

Dear Sir:

It is with the greatest pleasure that I write this recommendation for Dr. Collin Richman. On February 8, 2007 he gave an excellent presentation to our dental study club. During his three hour lecture he presented a plethora of complex cases, and demonstrated a superior knowledge of wound healing. The cases consistently displayed pride in his work, a meticulous attention to detail, and superior treatment skills. His superlative effort made him an invaluable asset to the study club, and earned him the highest accolades from the members.

Dr. Richman’s intellectual acumen and amicable personality will allow him to enhance the knowledge any group that he might lecture to. It is therefore with the greatest pleasure that I give him this recommendation.

Respectfully yours,

Ben Hanson, D.D.S., M.Sc.
To: Dr. Colin Richman

Re: Seattle Study Club Lecture/Presentation Oct. 12, 2007

Dear Colin,

A tremendous “thanks” to you for the wonderful program you put on for Accelerated Dental Studies this past Friday. I have already had numerous comments as to the quality and integrity of your subject matter. The genesis of your material is that these types of programs are difficult to find for our members and I feel you have provided a most needed service to all of our members. The fundamental teamwork concepts that you presented and reviewed with the members helped them clarify and redirect the mission of the member’s respective practices.

I am taking the liberty to copy Michael Cohen with this note as he needs to be aware of the material you have to present. Your information should be a necessary foundation for every entry-level study club in the Seattle Study Club network. It will also serve other clubs as well as a “refresher” tutor for the foundational concepts many club members tend to lose with time and practice maturity.

I look forward to seeing you and Tom in the future as we grow our clubs together for the good of all.

Respectfully,

Phillip L. Parham, Jr., DMD, MS
Dental Implants & Periodontal Care, PC
June 13, 2006

Dr. Colin Richman
1305 Hembree Rd., Suite 104
Roswell, Georgia 30076

Dear Colin,

What an absolutely stimulating program you gave us on Saturday; well organized, great slides and photography and thought provoking commentary. This was the best new idea I have seen over the past ten years. I have checked on the Wilkodontics schedule and October 2006 looks good.

Thanks Again,

John
Mini CV- Colin Richman, DMD

EDUCATION:
Born and educated, Johannesburg, South Africa,
Dental Degree, Johannesburg, South Africa,
Post-Graduate Dental Degree, London England; and Johannesburg, South Africa.
Graduate Periodontics, University of Connecticut
Faculty Emory Dental School before closing,
Currently, Assistant Clinical Professor, Medical College of Georgia
Currently, Private Practice of Periodontics and Dental Implants, Roswell, Georgia

AWARDS:
Diplomate, American Board of Periodontology,
Honorable fellow; Georgia Dental Association.
Member, Pierre Fouchard Academy.
Director: Seattle Study Club of Atlanta.

LECTURES AND PRESENTATIONS:
Presented over 160 courses, in the US and abroad.