

**Proximal View**

**THE SONICK BOOM**



Dr. Michael Sonick

*Dr. Michael Sonick, Diplomate - The American Board of Periodontology, 1047 Old Post Road, Fairfield CT 06824. Email : boomerden@aol.com*

At the recent India International Dental Congress I had registered for a daylong restorative dentistry course. Since I was already overexposed to restorative dentistry at the last moment I walked into a daylong periodontology course conducted by Dr. Michael Sonick. I was immediately impressed by his presentation, his documentation of cases & his racy style of speaking. I requested him to spend some time for the interview. He agreed & elaborated his views on a variety of topics & also answered some pointed questions. Read on.

**☞ Do you feel that cosmetic & aesthetic dentistry is being overemphasized in dental deliberations?**

I do not think so. It was a need of dentistry that was unmet for many years. Probably there is more excitement than ever before because for many years there were no cosmetic dentistry deliberations. I am glad that Cosmetic Dentistry is now being emphasized throughout the world. I have been interested in cosmetic dentistry since my graduation from dental school in 1979. I was always baffled when dentists did not emphasize cosmetic dentistry. Why do dentistry that is not cosmetic? Cosmetic dentistry should be part and parcel of ALL dentistry.



*In spite of a long day, Dr. Sonick took out time to answer many questions.*

**☞ Do you feel that the dental trade exerts undue influence on dental deliberations?**

A lot of speakers promote the products of a particular company. But I don't see speakers who do promote a particular companies products aggressively unduly influence the state of affairs in dentistry. Everybody knows that the speakers are compensated. However, it would be better if all speakers disclose their affiliation.

**☞ Do you feel that restorative dentists need some more training in perio?**

Yes I do. Periodontology is the cornerstone of dentistry. It is the foundation with which the restorative dentistry rests. We were taught in dental school that the periodontal treatment should precede restorative treatment. Restorative dentists should be well trained in periodontal diagnosis,

treatment planning and treatment.

**Some tips to GDP's who wish to initiate higher end perio in their clinics:**

I would recommend that any GP who wishes to elevate their standards of care become a perennial student. I find that photographing almost everything I do is very helpful in assessing my own progress.

**Some tips to dentists who wish to initiate implantology in their practices:**

There are many wonderful courses on this topic. Find a doctor who will mentor you and spend as much time as possible visiting and working with that doctor. Watch closely and ask plenty of questions.

**☞ Changes in perio thinking with the advent of implants?**

Implants have revolutionized periodontal treatment. In the past we were more inclined to do any treatment possible to save the tooth. Today, we no longer have to do heroic periodontics in all cases if we are to restore the dentition. Implants now give us another arrow in our quiver.

**☞ State of implantology 5**

**years from now:** Implantology will continue to grow. Currently, in the USA, the rate of growth is 18% a year. This means that the numbers of implants placed will double every 5 years. Presently, 90% of the implants are placed by periodontists and oral surgeons. In the future, more GPs will be involved in the surgical placement of dental implants. GPs will continue to refer to periodontists and oral surgeons, but may do the more straightforward cases themselves. The lack of bone will not be an impediment to implant care. Newer & quicker ways to regenerate bone utilizing growth factors, allografts, membranes etc. will be in place to help enhance regeneration.

**☞ Do you feel that a person afflicted with periodontitis would be more prone to perimplantitis also?**

No. Threaded titanium implants are relatively resistant to peri-implantitis. I don't think periodontitis is a contraindication for implants. In my experience in treating patients with implants for the past 21 years, I have found that

## Proximal View

implants preserve the bone around them, even in the presence of active periodontal disease and bone loss around teeth. I have many cases where the implants are still stable and have plenty of bone adjacent to teeth, which have lost plenty of bone.

**Q Do you feel that the periodontal utopia of complete periodontal regeneration can ever be achieved?**

At this point of time no. It is very hard to generate periodontal ligament adjacent to teeth. We are very good at regenerating bone for the placement of implants. We are not that successful at regenerating bone around teeth.

**Q How do you maintain a rapport with your referring GDP's?**

For me, continuing education has been the key. Our practice has three different study clubs. At one club, we invite nationally known speakers to lecture. The second club is for the education of dental hygienists. We work directly with the dental hygienists of the GPs with whom we work.

We also have a third club that is directed primarily at treatment planning. I believe in more interdisciplinary treatment planning. These study clubs help to breed cordial relationships amongst my referring GPs. Additionally the dentists learn and become more successful at presenting the treatment to patients as well as performing more ideal dental care.

**Q A few tips for GDP's to institute a good recall system:**

Most important is to educate the patients regarding the importance of routine prophylaxis. Inform them that by keeping teeth clean routinely it will save them money time & discomfort of having the treatment later. Stress the long-term benefits of routine prophylaxis: better dental health, improved systemic health, fresher breath, preservation of bone, less future dental care and hence financial savings. It is a win/win for everyone.

**Q The role of auxiliary staff & dental hygienists in patient education:**

In our office most of the patient education comes from the dental hygiene room. Most of the patients undergo SRP prior to perio treatment. They are given oral hygiene instructions at every prophylaxis visit. Our dental assistants are also trained in hygiene & they also inform & train the patient. Oral hygiene is emphasized at every visit

**Q State of periodontology 5 years from now:**

Hopefully there will be resurgence in periodontology. GDP's will diagnose & treating & referring more perio patients. Our patients certainly need this.

**Q Your views on Indian dental surgeons:**

I was last here 10 years ago. I have always been impressed by the enthusiasm of Indian dentists for learning & knowledge. In the last 10 years there has been a tremendous growth in knowledge base & quality of treatment in India. The enthusiasm of the Indian dentist for growth has not been abated.

**Q How much time do you spend in continuing education activities?**

Our practice gives 36 days of CE every year. We have in house live surgical programs. We bring in nationally known speakers. I also educate the dentists with whom I work. Additionally I travel about once a month to teach.

**Q In your practice do you perform the prosthetic aspects of implantology also:**

I do not usually perform any prosthetics except when teaching.

**Q Interesting anecdotes from your speaking career:**

I once found myself in front of a group of dentists in France whom I had lectured two on three previous occasions. The problem was that I was told that this was a "new" group and I



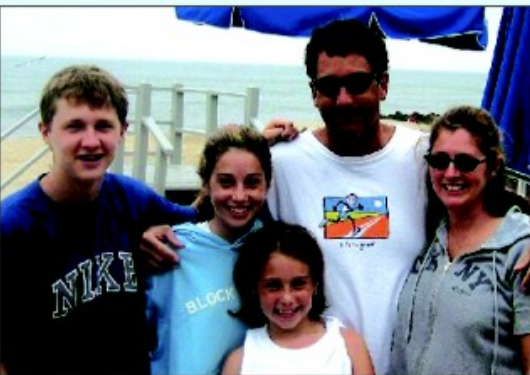
*Dr Sonick at work doing surgery in his office with Dr William MacDonnell, his anesthesiologist*

had not prepared new material for them. This was during the era of projected slides and carousels projectors. I had to give a 6-hour lecture with nothing more than a piece of paper and a black marker. It made me stretch and I developed some new very useful skills.

**GETTING PERSONAL**

**Q Your favorite Indian dish:** I love all Indian food, especially the Nan and tandoori prepared foods, especially the chicken.

**Q An ideal working day:** I like to rise early, around 5:30 AM, meditate and stretch for 30 minutes, followed by an hour of exercise with my wife and friends. After breakfast and showering I arrive at the office at 8 AM, have a staff meeting and perform surgery for the morning. It is best if



*Jason, Becky, Jenn, Mike and Carole Sonick on vacation on Block Island.*

## Proximal View

my anesthesiologist is there for there is less stress when the patients are sedated. I am also fortunate to have worked with the same anesthesiologist for 20 years, Dr Bill MacDonnell and it fun to operate when he is present. The afternoon is usually spent with lighter procedures and consultations. The evening may include dinner with colleagues or a lecture and study club meeting.

**An ideal Sunday:** I like to arise early on weekends and get my workout in before the family gets up. I then return



*Dr Sonick and his staff at their annual New York City Staff Party*

home refreshed to cook them breakfast, followed by a relaxing day with the family, perhaps a walk with my wife, children and dogs on the beach or a jaunt in the woods.

**Your strengths:** My strength is probably my ability to not panic during chaos and the ability to work hard and focus on the tasks at hand.

**Your weaknesses:** I can be impatient and intolerant. I frequently expect other people to share the same point of view and philosophy as myself. I am working on this one though. I also tend to be a bit of a workaholic.

**Your favorite vacation spot:** My family has been vacationing on Block Island, Small Island off the coast of New England for the past 15 years. It has a year round

population of 800 people and beautiful beaches. There is very little to do except to relax and no traffic lights. It is my most favorite 2 weeks of the year. We relax with family, nature and eat great food.

**Your favorite music:** I love all music, especially jazz. I have been playing piano since my youth.

**Your wife's contribution to your career:** My wife is my best friend. I am fortunate to have Carole not only as a friend but also as a partner in practice. Carole runs my teaching center and coordinates all of my lecture venues. She has over 15 years experience in implant and dental laboratory sales. We work together as a team.

**Your philosophy of life:** Live with passion and do everything to the fullest. I attempt to stay connected spiritually and give back through my work.

**When are you returning to India again for lecturing?** Are you inviting me? I love India and would love to return to visit and to teach. I have made many friends here and have nothing but warm feelings for your country and its people.

**Your comments on DENTISTRY TODAY (INDIA):** - *DENTISTRY TODAY (INDIA)* takes a pretty broad based approach to the practice of dentistry. From dental economics; practice managements; research; psychology etc. I have spent the last few days reading back articles of *DENTISTRY TODAY (INDIA)*. I must say, I was quite impressed. You have great articles which cover many areas of dentistry. I also like your international guest spots.

**Your suggestions for improvement of DENTISTRY TODAY (INDIA):** Keep doing what you are doing. I know the amount of work it takes into writing and publishing. You are doing a fantastic job and are to be commended for your efforts. I look forward to seeing you progress and prosper in the future. All the best to you and to the dentists of India. You have much to be proud of.

**Acknowledgements:** - Dr. Veerendra Darakh wishes to acknowledge the help of **Dr. Ratnadeep Patil & Dr. Kumarswamy** for their help in conducting this interview