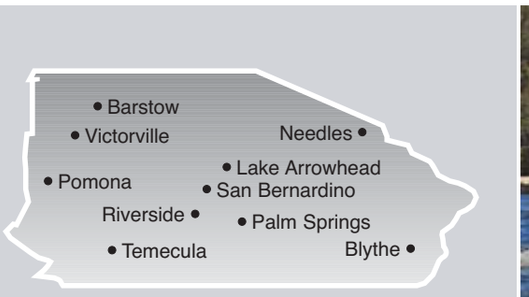


Tri-County Dental Society Since 1908

# BULLETIN

*Proudly supporting the dentists in Riverside, San Bernardino and eastern Los Angeles Counties*

JUL/AUG 2012 Volume 59 No 4


*From East to West, TCDS Hospitality is the Best*

# In This Issue...



## Mission Statement...

It is the mission of the TCDS to be the recognized source for serving the needs and issues of its members and the dental community.

**Featured TCDS City**

Riverside

*Featured TCDS City – Lake Arrowhead*

*Dr. Guy Giacopuzzi, a former editor of the TCDS Bulletin, commutes to his Lake Arrowhead office.*

**Featured Cover Photo**

*Featured Cover Photo – Dr. Doug Kaylor, shown with Executive Director Penny Gage, is a major reason why Tri-County Dental Society hosts a Hospitality Suite during CDA Presents. Dr. Kaylor practices in Needles, one of our eastern most communities and approximately 3.5 hours from the TCDS office. The Hospitality Suite provides a place for him to come and meet the leadership of Tri-County and take advantage of some of the benefits we offer, which may not be possible during a normal workweek. For more photos of the Hospitality Suite, go to page 11.*

*Presidential Message...*

Kenneth T. Harrison, DDS

**At a Glance...** Bad day at the office? Let Rock & Roll rekindle your dental spirit. Take a summer cruise down memory lane.

# I'm Just Talking...Like A Rock

Ok, so you're driving home from an unusually taxing day at your dental office. After all of these years in the practice of dentistry, those devilish thoughts are once again dancing through your head. You know, those days when you wonder if, then glumly agree that you may be the worst dentist in the entire state of California. No other dental professionals could possibly have as many demanding problem patients, irritable staff members, inefficient supply companies and poor lab services. You ponder, "If only I had the magic touch like those other dentists down the street." You are certain that those other "skilled dentists" don't have to deal with the heavy pile of issues that swamped your office boat today. This day, was truly a miserable grueling marathon in the world of dentistry.

Driving on, you continue feeling sorry for yourself and lamenting your bad luck when out of nowhere a tiny ray of hope from Bob Seger beams from your radio's oldies station. Your car is filled with a hint of promise for the next day, and possibly, for the rest of your career. Let's cruise down memory lane, matching this familiar melody to Bob's wonderful lyrics:

*Stood there boldly*
*Sweatin' in the sun*
*Felt like a million*
*Felt like number one*
*The height of summer*
*I'd never felt that strong*
***Like a rock***

*I was eighteen*
*Didn't have a care*
*Working for peanuts*
*Not a dime to spare*
*But I was lean and*
*Solid everywhere*
***Like a rock***

So, as you are creeping home in the ever present So Cal traffic, your mind slowly ambles back in time.

Remember those days in your office when you did indeed feel like number one? Remember that little girl's smile, the home made valentine, the warm hand shake and thank you from that Dad, the wink from the little old grandma? (whom you wished were 40 years younger.) Maybe you weren't exactly eighteen but you were certainly much younger than you feel today, and we all recall working for peanuts without a dime to spare. Listen to Bob:

*My hands were steady*
*My eyes were clear and bright*
*My walk had purpose*
*My steps were quick and light*
*And I held firmly*
*To what I felt was right*
***Like a rock***

*Like a rock, I was strong as I could be*
*Like a rock, nothin' ever got to me*
*Like a rock, I was something to see*
***Like a rock***

Oh how we all covet those days: steady hands, clear and bright eyes, a strong quick light purposeful walk, and holding firmly to what we thought was right. I know, you thought that this song was only about selling Chevy Trucks! Au contrer mon ami, it's about the big picture of life and a little stroll through the history of your dental career. Tell us more Mr. Seger:

*And I stood arrow straight*
*Unencumbered by the weight*
*Of all these hustlers and their schemes*
*I stood proud, I stood tall*
*High above it all*
*I still believed in my dreams*

You're still driving home. Remember how tall and straight you used to stand? You can almost feel the weight now from all of dentistry's hustlers and their schemes: dental supply companies, dental management companies, fly by night money management guru's, insurance plans (HMOs, PPOs, Oh knows, and all the other yo-yos) that help insurance companies build tall buildings while taking full advantage of providers, and of course those

*Continued on page 4*

investments that are "too good to pass up doctor." Don't let any of these hustlers take away any more of your dreams. Now Bob sings my favorite verse:

*Twenty years now*
*Where'd they go?*
*Twenty years*
*I don't know*
*Sit and I wonder sometimes*
*Where they've gone*

It doesn't matter if you've practiced 5, 10, 20 or 30 plus years. Where have they gone? Looking back it all passed in a flash. So, let's forget about those miserably tough days. Let's commit to focusing on the kid's smiles and your patient's warm appreciation. Let's cherish how hard our team members work for us. And, let's be grateful for the opportunity to practice our trade, because it will all be gone far too soon. Hey, watch the road, you're still driving:

*And sometimes late at night*
*When I'm bathed in the firelight*
*The moon comes callin' a ghostly white*
*And I recall*
*I recall*

*Like a rock, standin' arrow straight*
*Like a rock, chargin' from the gate*
*Like a rock, carryin' the weight*
***Like a rock***

Why is that driver in the car in the next lane gawking at you with such concern? Oh, perhaps it's because you're now singing at the top of your lungs and smiling widely as you continue to drift back into the past. Continuing on, you're only a mile from home. You're sitting up arrow straight in the car. You recall feeling like a million, feeling like number one. Finally, you begin to forget about today and prepare to charge from the gate on tomorrow and tomorrow's tomorrow. You can still believe in your dreams---and you do feel **"Like a rock."**

Congratulations to Bob Seger who was inducted into the Songwriters Hall of Fame on June 14, 2012.

I will again offset my ramblings with a few more words of wisdom from one of my hero's when I was growing up: Coach John Wooden. These great quotes apply to life as well as our lives in the world of dentistry.

` *"If you're not making mistakes, then you're not doing anything. I'm positive that a doer makes mistakes."*

*"Adversity is the state in which man most easily becomes acquainted with himself, being espe cially free of admirers then."*

*"Success is never final, failure is never fatal. It's courage that counts."*

I wish you peace, courage and car-loads of summer fun. KTH

## TCDS Membership Status Report

| | |
|---|---|
| Active/Recent | 1,351 |
| Life Active | 82 |
| Life Retired | 149 |
| Retired | 33 |
| Post Grad | 35 |
| Faculty | 54 |
| Disabled | 11 |
| Military/Public Health | 5 |
| Provisional | 146 |
| Hardship | 5 |
| Pending Applications | 15 |
| **TOTAL** | **1,886** |

## Toll-Free Numbers

| | |
|---|---|
| ADA | (800) 621-8099 |
| CDA | (800) 736-8702 |
| CDA Member Resource Center | (866) CDA-SMILE (866) 232-7645) |
| Practice Support Center | (866) 323-6362 |
| TDIC | (800) 733-0634 |
| TDICIS | (800) 733-0633 |
| TCDS | (800) 287-8237 |
| Denti-Cal Referral | (800) 322-6384 |

*Editorial...*

*Daniel N. Jenkins, DDS, FICD*
*AADE Certified Dental Editor*

***At a Glance...*** *Dental Anestheslogy should become a specialty in denistry for better care for our patients.*

# Well...aren't you special?

Six hundred ninety million results were what I got when I googled the word "specialist." With so many "specialists" out there…what makes them so special?

One day I had a young man walk into my office and announce that he was offering his services as an auto detailer, (as opposed to a car wash boy). He asked my associate what kind of car he had. Bob told him, "a Toyota Camry." The detailer responded, "OH! That's great! I specialize in Camrys." He asked my receptionist the same question and when she told him she drove a Chevy; he said he also specialized in Chevys. He asked me and I told him he needed to leave…although I was tempted to tell him I drive a Lamborghini. I don't, but I just wanted to see the look on his face and tell me he also specializes in Lamborghinis.

While there seems to be a disturbing difference between dentistry's meaning of being a specialist and what the common use of it is in the business world, I do feel we should maintain what we have held. In dentistry, if you specialize, it means you don't do anything else. If you are an orthodontist, it means you are not providing crowns. Although, I have run across various specialists that have on occasion done this!

Perhaps one reason for restricting the specialties to their area of expertise is to help the general dentists feel comfortable in providing them with a patient that will be returning for their other general dentistry treatment? I would imagine that if a general dentist ran into trouble with patients returning with all their restorative work being finished by the specialist to whom they referred their patient, the general dentist would soon cease referring and attempt to do the more difficult procedures on their own. As a result, the specialist would have a decrease in referrals, the patient might have less than ideal care, and the general dentist might have problems when the patient has problems with the treatment provided if the general dentist has not been properly trained.

Dentistry today has nine specialties. In 1929, Orthodontics became the first dental specialty. The specialties of Oral and Maxillofacial Surgery, Oral and Maxillofacial Pathology, Dental Public Health, Endodontics, Oral and Maxillofacial Radiology, Periodontics, Prosthodontics, and Pediatric Dentistry have followed. From time to time there are other areas that have sought recognition as a specialty: Implantology, TMJ (TMD, TMJD, CMD) Disorders, Special Needs Dentistry, Oral Biology, Forensic Odontology, Geriatric Dentistry, Oral Medicine, Veterinary Dentistry, and Dental Anesthesiology.

There are various requirements for becoming a specialty in dentistry. The politics of it requires a united front from those seeking the status. For some of the areas I listed above, I know of various philosophies in those groups that would not agree on a common treatment philosophy. That alone would cause a difficulty in achieving a united front.

In this issue of our Bulletin, I have included an appeal for the specialization of Dental Anesthesiology. While I know of no dissention against this becoming a specialty, I thought it appropriate that one of my fellow dentist editors, Dan Orr II, from the Nevada Dental Association, present his points for making Dental Anesthesiology a specialty. I would imagine those general dentists who have already been grandfathered in to provide general anesthesia would be concerned about the laws being changed to mandate a Dental Anesthesiologist be present at any time general anesthesia is used. If that was to be presented to the legislature, I am sure the Oral and Maxillofacial Surgeons organization would lobby very hard against it. I of course invite any other discussion on this from our members.

In general dentistry, I have had many patients express that they would like to be "put out" for their dental work. I was trained in IV sedation in dental school. I used IV sedation for many years without any problems. But…all it took was for a dentist in Orange County to overdose three patients, after taking a weekend course, for my liability insurance to skyrocket and lead to my decision to cease providing IV sedation.

I have considered having a Dental Anesthesiologist come in for some procedures. When I discussed this with patients, they always ask if the person coming in is a "specialist." In reality, they are not! They are general dentists who have taken extra training in a special program. Patients are used to the idea that the person putting them to sleep is an anesthesiologist…a specialist. They want to be put to sleep, but they also want the assurance that the person putting them to sleep is a specialist - and will also wake them up!

# Have You Ever Wanted to Reach Out to the World?

***At a Glance...*** *Volunteer dentistry in Vietnam can be altruistic and fun.*

*Oariona Lowe, DDS*

One of my passions in life is to support regions in need of oral health care and education—around the world and within our borders. I had the wonderful opportunity to join a group of dentists and other volunteer workers that traveled to Vietnam in April to provide dental care to special needs children and to the nuns that care for them.

In January, I was contacted by Dr. Phil JK to join his group. Phil's group collaborated with Rescue Humanity, which is a non-profit organization dedicated to providing individuals and communities with education, housing, health, dental, optical care, and support for the underprivileged. Most of the children we treated were deaf and blind. Some children had Down's syndrome, others were developmentally delayed, born with birth defects, or had some form of cerebral palsy.

Our dental team, which was made up of three general dentists, one orthodontist, myself (the pediatric dentist), one RDA, and a dental hygienist, treated over 220 kids. Two engineers and a financial advisor were also part of our group. We trained them, along with several nuns, to be our dental assistants. They were quick learners and did a terrific job! Our dental hygienist, Christine, directed and gave oral hygiene instructions to the nuns who would instruct the children on how to brush and floss. The nuns that cared for these children were also their teachers.

It was quite amazing, but many of the children that were seen had pretty good dentition. This was probably due, in part, to their diet which was free of many damaging carbohydrates and sugar laden foods. Sweets are not affordable. Many of the children have never had a soda pop or tasted an ice cream cone. There were, of course, a percentage of kids that had a mouthful of cavities and some that required sedation or general anesthesia. All in all, the outcome of our treatment was very positive.

We were in Vietnam for 11 days. Conveniences were arranged by Ms. Lea H. and her husband. The nuns at the Convent provided food for us and a local dentist in the city of Buon Me Thuot graciously offered to share his office with us to treat the children. Nu-Smile Crowns, Henry Schein and Plak Smakers kindly donated pediatric crowns, dental supplies, and toothbrushes for our trip.

One of the funniest stories that I'd like to share is that I kept asking my first patient to open her mouth so I could treat her. She kept her mouth closed and would turn

away from me. My dental assistant engineer eventually said to me, "Doctor, she cannot understand you. Remember, she is deaf." After this we started using sign language and made a special effort to communicate with all the kids—especially the blind ones. I knew that I made a difference when one of the nuns I treated told me at dinner one evening that I made her teeth white and spent a lot of extra time and care to make her comfortable. She knew that the treatment provided was not easy, and that I was doing my best for her.

Riding a scooter is the most popular form of transportation for the Vietnamese. Scooters were everywhere and there were thousands of them. Outdoor ramps from the streets were provided for scooter access to hotel lobbies, shops, and dental offices. The average age of the population ranges from 25-45 years old. The country is very young and growing.

The mission trip to Vietnam was a very rewarding experience, a journey of which many of us could only dream.

# Dental X-Rays and Meningiomas

***At a Glance...*** *Response to a study in "Cancer" about dental x-rays causing cancer.*

*Guy Giacopuzzi, DDS*

In the April 2012 online journal Cancer, a study claims a correlation between people who recalled receiving frequent dental x-rays and later developing a benign meningioma.

So what about the new study? Like so many things in the liberal media, anytime the status quo can be challenged, they take a swipe at it—and this is no exception. Let's try to look at the facts first.

If x-rays are involved in this study, it causes a benign tumor, and not a malignant cancer. This is the first place that many media outlets took journalistic license, calling it cancer, when it was, in fact, not. Secondly, the study shows correlation, not cause. Correlational studies are weak, need further repetition, and are considered in the profession to be "pioneer," meaning there might be something there, and there might not be. Let's examine this further.

You can do a correlational study looking at the drinking of water and death. Everyone who drinks water dies. Everyone. Now on the surface you might say oh that's stupid, but that's all a correlational study is; it states there could be a relationship. Whether or not the supposed cause is tied to the effect is an entire other issue. But media moguls rarely understand the quality of science, much less the type of study on which they are reporting. A study is a study in their eyes. And if a study relates fluoride to cancer, or x-rays to tumors, it must be true because it's a study, right? I can make a big case for the licensure of science-health editors in our media, but I doubt they'd ever submit to it.

There are other problems. The study has the problem of the "reporting bias" of the subjects involved. You've got to think about this for a moment, and put yourself in the shoes of a patient with a brain tumor. You're in a study, and you're asked if you've ever had dental x-rays. Do you think you might answer a bit more enthusiastically compared to a non-brain tumor "control" patient who asked a similar question? Do you think that your recall might be a bit more intense than that of the control patient, who has no idea what the researcher is looking for? There isn't an easy way to "double blind" this aspect of the study, save researching dental records, which I doubt they bothered to do.

There's another "bias," that no one really wants to talk about—the bias of physicians against dentists. Yes, I used the word "against." We get blamed for a lot of things by physicians. A case in point is the issue of endocarditis supposedly induced by dental procedures. The mechanism is a bacteremia (momentary "shot" of bacteria in the bloodstream) caused by having your teeth cleaned. We know having your teeth cleaned causes bacteremias. We also know that brushing and flossing can do the same thing, along with getting a small cut or other minor trauma. What we're unsure of is whether the bacteremia is the cause of infected heart valves. But most physicians insist it is, and if you present with an endocarditis diagnosis, the question will be, "Have you been to a dentist anytime in the last year?" If you answer "Yes," they say, "Well, that's what did it." (Oh, yes...the real science here says otherwise, but who cares about reality when you can blame someone else?)

One last little piece of info… if you take the term "meningioma" and do a search on it, you'll find the incidence of this tumor is the same in Eastern countries as it is in the West. What is that again? Yep, it's the same...and, that number, worldwide, is somewhere between 2 and 7/100,000 over a lifetime. Yes, there are places where it has a higher incidence....Scandinavia, and Africa. (And we all know how those Africans are addicted to dental x-rays, don't we?) And yes, there's a genetic predilection for the tumor, too. If you do a search on "meningioma" and "incidence" you won't find much on dental x-rays as a cause. However, you will find age and genetics as the major predictors of the tumor.

So, that leaves us with, at best, an "initial" study, with a suggestion that x-rays might make it worse. But just for a moment, let's take the position that there is a risk of meningioma with dental x-rays, even though it's in the neighborhood of <5/100,000 per lifetime. Look at a recent full x-ray exam I just performed in my office on April 11, 2012.

A 23 year-old male presents, not having been to a dentist in years. I do a visual exam, and I find one tooth that needs a filling. But when I take a full set of x-rays, I find 9 more that I could not see visually. All of the "radiographically found" nine were deep; at least five of them

*Continued on page 8*

*Dental X-Rays.. continued from page 7*

could turn into root canal treatments given a year or two more. So, here's the choices...get a major dental infection, or take a very slight chance on a benign, usually treatable, brain tumor.

Life isn't kind to us, and there are a myriad of risks involved in just getting up in the morning, much less venturing outside. But living in 2012 is probably safer, medically and dentally at least, than living in 1950. Dental imaging continues to use less radiation, and give more diagnostically than ever before. It gives the doctor vision into your body and allows him/her to see into you and know. And, knowing is everything.

## Nominating Committee Selects Slate for 2013

As required by the Tri-County Dental Society Bylaws, the Nominating Committee is presenting its recommendations for the officers to serve on the board of directors for 2013. The committee, headed by Dr. Gerald M. Middleton, presents the following slate:

| | |
|---|---|
| President: | Jeffrey D. Lloyd |
| President-Elect: | Arthur D. Gage |
| Vice President: | Douglas M. Brown |
| Secretary-Treasurer: | Evangelos Rossopoulos |
| Director: | Thomas J. Clonch |
| Director: | Wayne S. Nakamura |
| Director at Large: | Michael J. Clapper |

Other board members who remain on the board are:
Kenneth T. Harrison, Immediate Past President
Vijaya R. Cherukuri, Director
David A. Roecker, Director
Gerald M. Middleton, CDA Trustee
Narendra G. Vyas, CDA Trustee
Daniel N. Jenkins, Editor
Steven W. Friedrichsen, Dean, WUHS/CDM
Charles J. Goodacre, Dean, LLU/SD

Additional nominations for officers and directors may be made by an active, dual or life member of the Society, provided such nomination is supported by the endorsing signatures of 15 active, dual or life members and received in the Tri-County Dental Society office by August 10. Candidates nominated for an office or to serve as a director, if unopposed, shall be declared elected at the close of the 30-day nominating period and will take office on January 1, 2013. In contested elections, voting will be held by mail ballot.

## SJVC Dental Hygiene Class of 2012 Donates to GKAS

The 2012 Dental Hygiene Class of San Joaquin Valley College in Rancho Cucamonga donated $300 from fundraising events to Tri-County Dental Society's Give Kids A Smile. Dana Joaquin, class member, was credited for encouraging her classmates to become involved in community outreach, including GKAS events. Accepting the check on behalf of Tri-County Dental Society was Monica Chavez, GKAS Coordinator. The money was deposited into the TCDS Donor Advised Fund at the CDA Foundation.

## Dr. Masuhr celebrates 50 years in dentistry

Friends and family are celebrating Dr. James R. Masuhr's 50th Anniversary as a practicing general dentist. Dr. Masuhr, a TCDS member since 2008, has maintained dental licenses both in the state of California as well as Wisconsin. He graduated from Marquette School of Dentistry in 1962 and was fortunate to open his private practice soon after. Dr Masuhr moved from Wisconsin to the San Diego area in 1985 obtaining his license to practice in California.

He opened his private practice in La Mesa in 1985 and maintained that practice until 2006. He and his wife moved to Sun City and opened his current practice where he continues a full schedule. When asked about practicing as long as he has he is known to say, "I am going to keep on practicing until I get it right."

He has been affiliated with Case de las Campanas senior facility in Rancho Bernardo and on staff at Menifee Valley Hospital. Dr. Masuhr also makes house calls to meet the patient where they are. He has been proud of maintaining a solo practice all these years, watching his patients grow and have families of their own move through his practice.

He and his wife, Carole, married 52 years, have enjoyed their growing family of four children, four grandchildren and one great grandson. As he and his family quietly reflect over the past 50 years, they also look forward to him being blessed with great health to continue to improve his patients' quality of life through better oral health.

## Dr. Sirotnik's Photos Featured in Press-Enterprise

The solar eclipse photograph taken by TCDS member Dr. Robert Sirotnik, Riverside, was featured on front page of the local section of the May 22 edition of the Riverside Press-Enterprise. He shot the image of the solar eclipse with a Canon 1D4 using a 100-400 lens through an exposed x-ray film filter on a tripod at 6:38 p.m. in the Canyon Crest area of Riverside on Sunday, May 21.

Only two days later, two photographs he took at the March Field Museum Air Show were printed in the Press-Enterprise's Local Extra Section.

# Dental Dote: COMMUNICATION

Upon my release from dental school (and deep in debt), I headed for the Deep South where there were lots of counties the government listed as critical shortage areas for dentists. My purpose, of course, was to allow the government to pay off my student loans!

After finding an associateship in a small coal mining town in Tennessee, I soon learned to speak the language with a good enough Southern accent that people started to accept me. I thought I was catching on to the various terms: the restroom was called the "outback," (because it was out back behind the building), and when someone asked you to "carry" them to the store they meant you only had to take them in your car..Not lift them onto your shoulders!

One day I thought a female patient was getting much too personal with me when she kept complaining that her husband had just "really wore me out last night." I was at a loss for words as how to respond to what I felt was very private information between her and her husband!

After listening to her complaints and trying to figure out how all this related to what I could do for her, I realized the term to "wear someone out" was to beat them up! He had knocked one of her crowns off and she wanted me to cement it back in! We had finally communicated. -- dnj



## Welcome New Members

Deepak G. Bondade, DDS
General Practitioner
UCLA, 1981
3167 North Garey Ave., Pomona, CA 91767
909-596-7700

Jung-Wei Chen, DDS
General Practitioner
Taipei Medical College, China, 1996
LLUSD, Pediatric Dentistry Department
11092 Anderson St., PH 3301, Loma Linda, CA 92350
909-558-4690

Cristina M. Gutierrez, DDS
General Practitioner
University of the Philippines, Philippines, 1986
20266 Carrey Rd., Walnut, CA 91789
909-598-2763

Thomas J. Holtman, DDS
General Practitioner
USC, 2001
No Practice Address Available

Sarah S. Kim, DDS
Pediatric Dentist
LLUSD, 2007
Lincoln Hospital, New York, 2009 (GPR)
St. Barnabas Hospital, New York, 2011 (Pedo)
12821 Main St., Hesperia, CA 92345
760-947-5435

Sarah L. Pou, DDS
General Practitioner
Universidad Latinoamericana A C, Mexico, 1990
Universidad La Salle, Mexico, 2011
No Practice Address Available

Catrina F. Rodriguez, DDS
General Practitioner
LLU/SD, 1999
University of Philippines, Philippines, 2003
No Practice Address Available

Robert C. Stockdale, DDS
Orthodontist
LLUSD, 1981
LLUSD, 1990 (Ortho)
1380 El Sobrante Rd., Corona, CA 92879
951.788.8557




# Hospitality Suite

Tri-County Dental Society

Since 1908





Welcome




# Survival of the fittest - How does your team measure up?

***At a Glance…*** *Your office team should run like a high performance sports team. They can excel and coach each other.*

*David G. Milligan, Salt Dental Practice Management*

I have always enjoyed watching sports. As a youngster, I started watching "The Wide World of Sports." It was the thrill of victory and the agony of defeat that kept me engaged. My grandmother and I would trade off. If I watched Laurence Welk with her, then she would watch "The Wide World of Sports" with me. I remember watching one Sunday when a ski jumper slipped and fell just before the end of the 90 meter hill. Fortunately, he didn't die. He did, however, suffer a major concussion. On any given Sunday, he could see himself on the opening of the show crashing over and over, and right after his crash, the announcer word say "…and the agony of defeat." It didn't seem fair that he had worked so hard for his team and this is how he is remembered. The sad fact is it happens in our dental offices as well. If we make a mistake, patients talk about it over and over.

Whether football or dental, high functioning teams must all be fit enough to meet expectations or the entire team suffers. In 1987, I had the opportunity of meeting a retired 33 year-old pro football player. This guy was healthy and in remarkable shape. He ran 5 miles a day and trained as if he were still playing football. So why wasn't he? After playing ball in a small college and not being recognized for his talents, his only hope was to be given the opportunity to try out for the pros. That chance finally came with the Chicago Bears. In two of the eight years he played, he led the team in interceptions. In the off season, before the beginning of his eighth year, while recovering from a knee sprain, he met his new head coach Mike Ditka. One week later he was traded to the Buffalo Bills where he sat out most of the season. One year later, at the ripe old age of 33, he retired. Mike Ditka took the Bears to the Super Bowl that year because he made sure every player on his team was highly trained and capable.

In the two stories, both athletes were ready to sacrifice their bodies for the team and eventually both did. In every organization at any given moment, everyone must be ready to sacrifice for the team. Thank goodness when we talk about sacrificing for the team in dentistry, we are talking about covering for someone who is sick or maybe working late or stepping away from our egos and asking for help. What does it take to be a team player? As a leader, your team must know what your expectations are. In the current environment, if your team is not a high functioning, talented group, you may not survive. In Price Pritchett's book, The Team Members Hand Book for Team Work, he talks about what it takes to have a great team. Here are a few of the points from the book.

**High quality communication**

It's not enough for the right hand to know what the left is doing. The right hand needs to know what the left intends to do. People need a keen sense of what's planned if they are to execute with precision. There is no hope of orchestrating a coordinated team effort unless good communication precedes action.

**Bring talent to the team.**

Teams need talent. The more of it you bring to the group, the more you can contribute. Build your skills and, in a very real sense, you are building the team. You can't have a high-powered team with low-talent people. Practice your talents working to be the absolute best at them.

**Play your position**

Dig up all the details on your assignment. Nail every bit of it down so you will remember it. Then play your position. It's tough to achieve a coordinated team effort when people leave their stations…stray into someone else's area…or get sloppy and let things slip through the cracks.

**Turn diversity to the team's advantage**

Don't sideline the person that is different, whether that person happens to be you, or somebody else. All too often people pull themselves out of play. Maybe because they feel like they don't fit in. Or, maybe because they look, think, or act different from the rest of the bunch. Do your part to help the team identify, and benefit from, diversity.

**Back up others who need help**

The best way to put a safety net under the team's performance is to back each other up. Anybody can make a mistake, get overloaded, or need a helping hand. The question is will you be in a position to cover for your teammates?

*Continued on page 14*

*Survival of the Fittest.. continued from page 13*

**Practice**

It's one thing to show up for work every day and do your job. But it's another thing to show up for practice. To drill. To rehearse. To run through everything time after time, watching the people perform as a team and pushing for better performance.

**Be prepared to sacrifice for the team.**

The struggle of "me versus we" is not a stranger to team members. You can expect occasional conflict between your selfish interests and what's best for the team. Personal sacrifice is part of the price you pay for membership in the group…for team support when you need it…and, most importantly, for the trust of your teammates.

**Help new teammates make entry.**

People come, people go. Turnover can be hard on teamwork. It makes sense to help people succeed, to take pains to keep them. You and your teammates play a key role in this process. Too often, when a newcomer fails to make it in the team, it's because the team failed the person.

**Play down yourself and build up others.**

You'll never build the team by acting like a big shot—you do it by building up your teammates. Play the game in such a way that your presence makes the others perform at a high level. Be a cheerleader. Offer encouragement. Catch them doing things right.

**Help drive discipline into the group.**

In high performance teams, the players police themselves. The people don't rely on somebody else – for instance, the boss or whoever is in charge –to the crack the whip. Team members show superb self-discipline. Individuals hold themselves, and each other, accountable for topnotch results.

**Make sure you make a difference.**

Just having your name on the roster doesn't mean you're earning your keep. Making a difference takes more than just showing up, doing only enough to get by or going through the motions. Staying busy is no big deal either. You need to do what counts. Often the top performer isn't the most talented person on the team, but the person who puts out the most effort.

**Give attention to group process.**

Things still go wrong when people work together in groups. And even when things are going right, a sharp eye can often find ways for them to go a lot better. Pay attention to what's going on inside your group, and you'll see problems that need fixing.

**Help create a climate of trust.**

The "growing season" for trust is when people are being tested – in matters big or small. Only then do you get a chance to really prove anything. Will you keep your word? Do you honor your commitments? Are you consistent? Do you play fair? Can others count on you to "be there"—hanging tough under fire, helping out when they need you, putting yourself at risk for the sake of the team?

**Be a good sport.**

Have a sense of fair play. Show respect for others, rather than putting them down, finding fault, or promoting yourself at their expense. Humility fits into the picture, too. Don't brag or get a big head when you do well. Be big enough to ask for help when you need it; admit your mistakes, and say "I'm sorry" when appropriate. Learn to take criticism without taking it personally.

**Great teams take effort.**

Take time to work on your practice regularly to build teamwork and strengthen your results. It does not matter if you are running the ball for a touchdown or building a strong dental practice, if the people around you feel that they are a part of team, you will all achieve your goals.

*For more information please visit Salt Dental Practice Management at www.saltdpm.com where you can download a list of questions to help you build your team.*

## Contact Your Dental Society Staff

*(951) 787-9700 or (800) 287-8237*

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# Pain and Anxiety are Not a Joke

***At a Glance…*** *History and logic dictates ADA HOD delegates should vote to make Dental Anesthesiology a specialty in dentistry.*

*Daniel L. Orr II, DDS, PhD, JD, MD*

In 1985, the American Dental Society of Anesthesiology (ADSA) Past President Oral and Maxillofacial Surgeon (OMS) Norman Trieger quoted findings from the National Institute of Dental Research in his paper, The Specialty of Anesthesiology in Dentistry. "It is one of history's ironies that the dental profession continues to bear the onus of pain in many people's minds when, in fact, it was the dental profession that pioneered the development and use of the first effective anesthetics."[i]

Many dentists are weary of the profession being the genesis of ubiquitous comedy skits. Audiences routinely roar visceral approval about the "funny" aspects of others dealing with the anxiety, pain, and suffering popularly associated with dentistry. As reported in JADA, humorists from Mark Twain, to W.C. Fields, to Bob Hope, to Bill Cosby, to Steve Martin, and even an animated Nemo, have dental material ready to go prn.[ii] Only a small percentage of practicing dentists avail themselves of advanced techniques that render even the most challenging patient's anxiety, pain, and suffering a non-issue.

One hundred years ago, Edgar "Painless" Parker was the target of organized dentistry's criticism in part for his then controversial advocacy for the routine administration of local anesthesia. According to Dr. Parker, a main reason patients avoided the dentist was fear of pain.[iii] Even now, the Center for Disease Control and Prevention,[iv] the U.S. Surgeon General,[v] the ADA,[vi] and others, have all confirmed that Dr. Parker's opinion that millions upon millions of potential patients fearfully avoid dentistry is still valid. 2012 research continues to document that: "…dental anxiety…should never be downplayed."[vii]

In 1983, ADSA Founding Member OMS Morgan Allison recalled the work required to establish the ADSA with a "…cautious American Dental Association, disinterested American Association of Dental Schools, an antagonistic American Association of Oral Surgery, and an aloof and condescending American Society of Anesthesiologists (ASA)." Well, nothing much has changed and anesthesia in dentistry has not progressed as anticipated. With regard to the ADA, certainly at times it is good to proceed cautiously, but does dentistry's enthusiastically accepted gift to the world really deserve more scrutiny before dentistry itself fully incorporates it? Even veterinary medicine has a specialty in anesthesiology. We all love our pets, but do animals deserve more anesthesia expertise than humans?

Dentist anesthesiologists have greatly profited all the health professions, even if for only a relatively small number of fortuitous dental patients at the end of the day. In the 1970's, students at USC Dental School learned advanced pain control techniques from new USC Professor and Dentist Anesthesiologist (DA) Stanley Malamed. We did not realize how lucky we were at USC to have someone so uniquely qualified to teach control of anxiety and pain. A significant majority of dental schools still do not have dedicated DA professors. Dr. Malamed's local anesthesia continuing education courses continue to draw standing room only audiences of graduate dentists to this day, evidencing dentists are generally not taught other than the most basic levels of pain control in dental school.

The founding purposes of the ADSA included fostering a greater quality and quantity of anesthesia education at both undergraduate and the graduate levels. Volume 1, number 1 of the ADSA News emphatically mentioned the establishment of a specialty to advance these purposes…three times in the first three paragraphs.

The motivation for the establishment of the ADSA and a specialty in 1953 is informative. Dentistry was then, as it is now, under constant scrutiny, and cyclical attack, with regards to the provision of anesthesia. For instance, in 1983, serious misinformation about anesthesiology in dentistry was promulgated by two 20/20 programs, resulting in even more unwarranted patient anxiety across the country. 20/20 investigators and much of the lay public were surprised that anesthesiology was not deemed important enough by the ADA to be a specialty, particularly since National Institutes of Health had recommended specialty status in 1972.[ix]

Dentistry has always needed articulate anesthesiology trained spokespersons to respond to such diatribe. Until 1950, dentists trained in anesthesiology were accepted as unrestricted members of the ASA, thus providing the profession a recognized forum from which to opine. When the ASA affiliation was rescinded, planning for another authoritative society, the ADSA, had to begin immediately so that dentistry's interests were effectively proffered from a bona fide anesthesia entity.

Today, dentistry needs that representation more than ever. For the most part, U.S. dentistry has been fortunate to survive sensational media assaults and, sadly, regular criticism from sister professions, such as the American Association of Nurse Anesthetists, which actually ques-

*Continued on page 16*

tioned dentistry's competence in the administration of $N_2O/O_2$.[x]

Since 2000, the not so surprising growth of groups such as the Dental Organization for Conscious Sedation (DOCS) has graphically demonstrated the overwhelming need and demand for advanced pain control in dentistry.

OMS has effectively developed and defended its own singularly successful office-based team anesthesia model. Anesthesia in OMS is well-founded, safe, and universally appreciated by dentistry's patients. Anesthesia in dentistry, including any future specialty, will stand to a degree on the shoulders of the OMS archetype. For this reason at least, those who practice the OMS paradigm should be qualified as sub-specialists, if you will, without the requirement of two or more years of anesthesiology residency training. In 1977, ADSA President OMS Daniel Laskin's support for the specialty effort was based in part on the logical inclusion of OMS within the specialty's structure. [xi]

But, anesthesia in dentistry needs to be much more than the safe administration of local anesthesia, N2O/O2, p.o. Rx's, or the OMS office-based niche in order to meet the needs and demands of an ever more sophisticated and complex patient population.

Dentistry introduced safe, reproducible, anesthesia to the world in 1844. Dentists have provided thousands of anesthetics in fora such as the Civil War,[xii] World Wars I and II,[xiii] Korea, and Viet Nam. Dentists have directed cardiac anesthesia units and chaired anesthesia residencies. When President Grover Cleveland needed surgery, dentist Ferdinand Hasbrouck was chosen to administer the anesthetic.[xiv]

I remember well a day in 1975, while a resident in anesthesiology at the University of Utah, our faculty's excited revelation at rounds that the state now had its first out-patient surgery center. This was a place patients could go to have a procedure done under general anesthesia and then return home the very same day! I also remember being the cause of the subsequent deflated looks throughout the room after sharing that dentistry had been doing the same thing, in private offices, for over 100 years, unintentionally bursting the faculty's new out-patient anesthesia bag, so to speak. Although medicine is now very comfortable with its adoption of part of dentistry's nearly 170 year-old out-patient paradigm, it is just now investigating the concept of non-operating room based delivery.[xv]

No entity has more expertise in anesthesia for dentistry than dentistry itself. Medical surgical anesthesiology most often involves a prolonged general anesthetic while dental surgical anesthesia often requires the continuous negotiation of states lighter than general anesthesia for the duration of the case, an entirely different challenge. All dentists, students, residents, and most of all our patients, deserve the considerable advantages a specialty in anesthesiology will bring. [xvi]

So, why isn't anesthesiology a specialty in dentistry already? As DOCS has demonstrated, it is not because our patients ask that dentistry continue to refuse to offer more anesthesia options. Anesthesia history often graphically demonstrates positive and not so positive aspects of basic human nature. For instance, on one hand, Horace Wells felt anesthesia should be as accessible as the air we breathe, while William Morton sought to restrict access to anesthesia, patenting his "invention," lethion (ether disguised with perfume), for economic motives. I do not wish to offend, but in my opinion anesthesiology is not a dental specialty because of selfishness, economic and otherwise, on the part of organized dentistry at several levels.

It is tragically incongruous, in fact inconceivable, for health professionals to argue against increasing the qualitative and quantitative ability to relieve pain and suffering, yet that is exactly what organized dentistry has done for decades.

While comedians mockingly remind the public of the anxiety, pain, and suffering persistently associated with dentistry, perhaps in October 2012 the ADA will determine to no longer lend credence to the jokes. Dentistry developed as a profession in large part because of its anesthesia pioneers. It is time for our profession to begin to seriously develop anesthesiology, the gift it bestowed on mankind two centuries ago.

**Dr. Orr is Professor and Director of OMS and Advanced Pain Control at the University of Nevada School of Dental Medicine and is a diplomate of The American Board of Oral and Maxillofacial Surgery, The American Dental Board of Anesthesiology, The National Dental Board of Anesthesiology, and The American Board of Legal Medicine.*


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# Unclassifieds

*Be sure to visit Classified Ads on your personal web page at www.tcds.org.*

**Anesthesia and Sedation Services:** Barry Krall, DDS board certified dentist anesthesiologist providing anesthesia services from sedation to intubated general anesthetics for pediatric and adult patients. TEL (909) 835-7940 • FAX (909) 653-1469 • Email bkrall96@gmail.com

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**Dentists Wanted.** Indio Surgery Center located at 46-900 Monroe St., Suite B-201, in Indio, CA, is available to dentists who are interested in treating their own patients under general anesthesia. Call Larry Church,DDS, or Diana Jesson, RN, at 760-396-5733 or e-mail d.jesson@indiosurgerycenter.com.

**Going on Vacation and Need a Dentist Temporarily?** Need a dentist to monitor your office while you are away? I am a 67 year-old retired Periodontist who practiced in Orange County. I can take care of emergencies and monitor the office, including the hygienists so they can function as usual. If interested, please contact me at (760) 565-1459 or cell: (714) 801-6880.

**Palm Desert Dental Office For Sale.** Great location. Microscopes, CDR, 4 ops, 3 equipped and patient charts included. Great for General & Endo Dentists. $65K OBO. (760) 341-8441.

**Office space available** in Redlands on beautiful Brookside Avenue. 300(4 rooms)-2000((11 rooms) Sq/feet @ $2/ft includes utilities. Perfect for specialty dentist (orthodontist, oral surgeon) or dental lab looking to expand into the Inland Empire. Separate reception area, restrooms. Close to downtown, shopping, restaurants, bus, movie theaters. Contact Dr. James

# Short Abstracts

**Association between sleep apnea and hypertension: CPAP reduces BP (Mandibular Advancement Devices were not in the study!)**

Association between treated and untreated obstructive sleep apnea and risk of hypertension, Marin JM, Agusti A, Villar I, et al; ,JAMA, 2012 May 23; 307(20):2169-76. PMID:22618924 [PubMed - indexed for MEDLINE]
http://www.ncbi.nlm.nih.gov/pubmed/22618924

Systemic hypertension is prevalent among patients with obstructive sleep apnea (OSA). Short-term studies indicate that continuous positive airway pressure (CPAP) therapy reduces blood pressure in patients with hypertension and OSA. This study of 1889 participants points to a higher incidence of development of hypertension among those who were diagnosed with OSA without hypertension during the study from 1994 – 2000.

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**How effective is the sedation of children? Weak evidence!**

Sedation of children undergoing dental treatment; Lourenço-Matharu L, Ashley PF, Furness S.; Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD003877. DOI: 10.1002/14651858.CD003877.pub4
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003877.pub4/abstract

Thirty-six studies were reviewed with a total of 2810 participants. There were 28 different sedatives used with or without inhalational nitrous oxide. There is weak evidence from five small clinically heterogeneous trials at high risk of bias, that the use of oral midazolam in doses between 0.25 mg/kg to 0.75 mg/kg is associated with more co-operative behavior compared to placebo. There is very weak evidence from two trials which could not be pooled that inhalational nitrous oxide is more effective than placebo.

**Oral Lichen Planus: No drug treatment superior to others. Laser therapy not studied!**

Thongprasom K, Carrozzo M, Furness S, Lodi G. Interventions for treating oral lichen planus. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD001168. DOI: 10.1002/14651858.CD001168.pub2.
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001168.pub2/abstract

Twenty-eight trials were included in this review. Pain is the primary outcome of this review because it is the indication for treatment of OLP. We identified no RCTs that compared steroids with placebo. There is no evidence from the three trials of pimecrolimus that this treatment is better than placebo in reducing pain from OLP. There is weak evidence from two trials, at unclear and high risk of bias respectively, that Aloe Vera may be associated with a reduction in pain compared to placebo, but it was not possible to pool the pain data from these trials. There is weak and unreliable evidence from two small trials, at high risk of bias, that cyclosporin may reduce pain and clinical signs of OLP, but meta-analysis of these trials was not possible.

There were five trials that compared steroids with calcineurin inhibitors, each evaluating a different pair of interventions. There is no evidence from these trials that there is a difference between treatments with steroids compared to calcineurin inhibitors with regard to reducing pain associated with OLP. From six trials there is no evidence that any specific steroid therapy is more or less effective at reducing pain compared to another type or dose of steroid.
From the trials in this review there is no evidence that one steroid is any more effective than another. From the 28 trials included in this systematic review, the wide range of interventions compared means there is insufficient evidence to support the effectiveness of any specific treatment as being superior.

## CDA Compass Tip

CONTROLLED SUBSTANCES PRESCRIBING AND DISPENSING

Prescribing, dispensing, and administering controlled substances require registration with the DEA and compliance with state and federal laws. To download this article and learn more, go to www.cdacompass.com.

# What's Happening?

***Did you know you can register for any TCDS event online at www.tcds.org. Give it a try!***

| Day/Date | Event Details |
|---|---|
| **Wed. July 4** | **Independence Day**<br>TCDS Office Closed |
| **Thurs. July 12** | **New Dentist Mixer**<br>Location to be Announced |
| **Mon. July 30** | **New Dentist Study Club**<br>TCDS Office<br>6:30 – 9:00 p.m. |
| **Fri. Aug. 10** | **8 Hour Infection Control Course** for DAs<br>TCDS Office<br>Registration: 8:00a.m.<br>Course: 8:30 a.m. – 5:00 p.m. |
| **Fri. Aug. 24** | **Give Kids A Smile Night at Ballpark Inland Empire 66ers Stadium**<br>7:05 p.m., San Bernardino |
| **Mon. Sept. 3** | **Labor Day**<br>TCDS Office Closed |
| **Thurs. Sept. 6** | **Membership Committee**<br>Meeting TCDS Office 6:30 p.m. |
| **Tues. Sept. 11** | **Board of Directors' Meeting**<br>TCDS Office 6:45 p.m. |
| **Fri. Sept. 21** | **Continuing Education Meeting**<br>UCR Alumni & Visitors Center<br>3701 Canyon Crest Dr.<br>Riverside 92507<br>Registration: 7:30 a.m.<br>Seminar: 8:00 a.m. – 4:30 p.m.<br>Infection Control, CA Dental Practice Act, & OSHA"<br>Nancy Andrews |
| **Mon. Sept. 24** | **New Dentist Study Club**<br>TCDS Office<br>6:30 – 9:00 p.m. |



Tri-County Dental Society
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Representing the Dentists of the Inland Empire

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## *Say What?*

**Members attending the Tri-County Dental Society New Dentist Mixer at Romano's in Redlands were asked, "What are your vacation plans for this summer?"**

**Diana Lee**
Redlands, "Having a baby…maternity leave."

**Cameron Fuller**
Redlands, "My plans are to spend as much free time with my family as possible."

**Kaustubh Marathe**
Temecula, "Hawaii."

**Kyung Duk Chin**
Redlands, "Having a newborn this summer, so I haven't thought about how I would spend this summer vacation. I would say, staying awake all night would be my plan for this summer."

**Robert Vaca**
San Bernardino, "We're flying to Ohio to spend the Fourth of July with Rock Webster and his family on Catawba Island!"



## What Is a QR Code?

A QR code is a type of bar code designed for use with smart phones and other devices that contain cameras. QR are useful for directing users to websites and other online information. Any modern smart phone can interpret and use QR codes.

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