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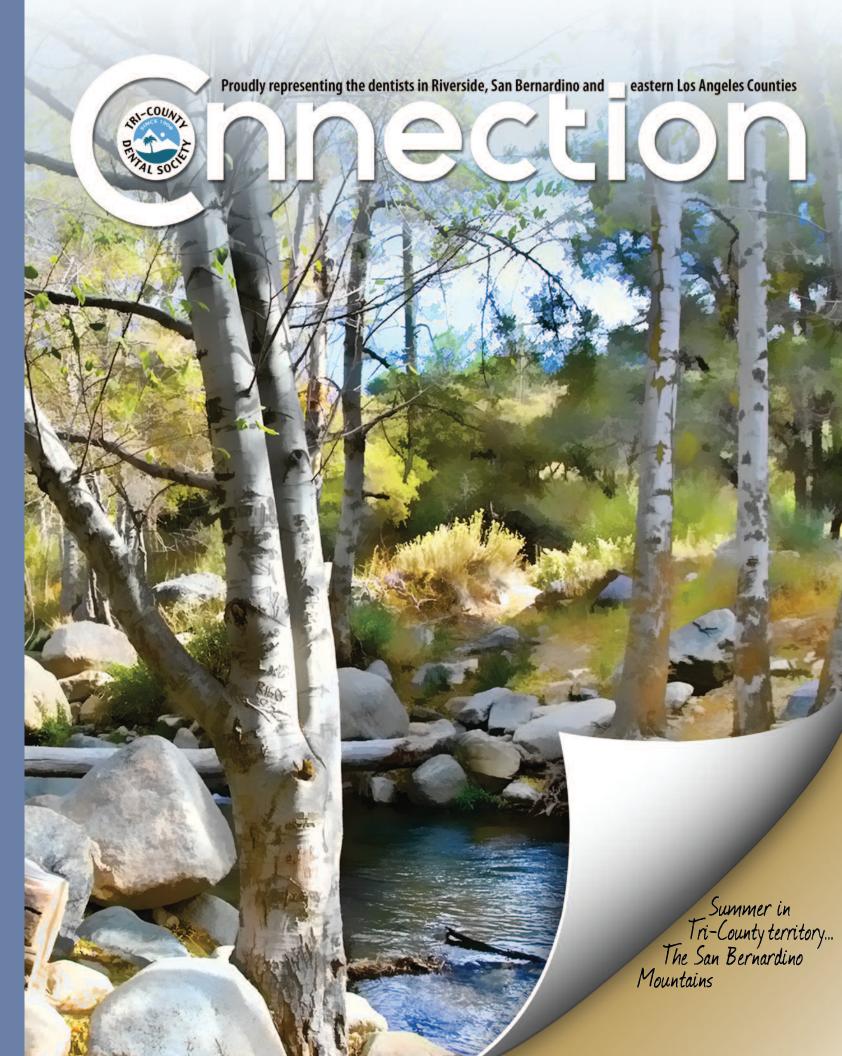
- Confidential guidance through our Risk Management Advice Line
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- *Due to the sensitive nature of the issues being addressed and our employer-oriented approach, this course is available to dentists and their spouses only.

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TDIC policyholders who elearning option will Professional & Dental Business Liability premiun discount effective their next policy renewal. To obtain the two-year, 5% Business Liability premium discount, California dentists must successfully complete the seminar by April 28, 2018. Any eLearning tests received after the deadline will not be eligible for the discount. Nonpolicyholders who complete a seminar or elearning option and are accepted for TDIC coverage will also be eligible for this discount.

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AADE

Mission Statement

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

Explore the new FREE CE Programs and register for any event online at www.tcds.org or call (951) 787-9700



What's Happening at Tri-County

Thurs. Aug. 10 Continuing Education Meeting TCDS Office Social Hour: 5:30 PM Seminar: 6:15 – 8:30 PM "Myths in Dental Anesthesia: Avoiding Office Topy/Date Event Details Fri. Oct. 6 Shredding Event TCDS Office Parking Lot 12:00 – 4:00 PM (Includes Refreshments) Must be registered in advance! FREE to TCDS Members	
TCDS OfficeTCDS Office Parking LotSocial Hour: 5:30 PM12:00 – 4:00 PM (Includes Refreshments)Seminar: 6:15 – 8:30 PMMust be registered in advance!	
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"Myths in Dental Anesthesia: Avoiding Office FREE to TCDS Members	
Disasters"	
Dr. Steve Yun - 2 CEU's — Seating is Limited. FREE to Sun. Oct. 8 Annual Meeting and Family Fun Day	
TCDS Members - \$50 refundable deposit required. Fiesta Village,	
1405 East Washington Street, Colton, CA	
Thurs. Aug. 31 New Dentist / Student "Dine and Learn" 10:00 AM to 2:00 PM (Lunch Included)	
Romano's Restaurant - Must be registered in advance!	
330 Orange Street, Redlands, CA -	
6:00 — 9:00 PM -	
1 CEU - Seating is Limited.	
Thurs. Sep. 7 Continuing Education Meeting	
TCDS Office	
Social Hour: 5:30 PM	4
Seminar: 6:15 — 8:30 PM	
"Digitally Enhanced Implant Dentistry: Workflows	
and Design" Dr. David Guichet	
2 CEU's — Seating is Limited	
FREE to TCDS Members - \$50 refundable deposit	
required.	

About this issue's cover...

Wed. Sep. 13

Fred Lamb has designed and published Tri-County Dental Society's Bulletin, now the Connection, since 2001. Evolving from his successful career in advertising and design, Fred became an avid landscape photographer and has melded his photography skills with his graphic arts talent to master an emerging art form... Photographic Art, which utilizes proprietary digital techniques he developed over the past 20 years to achieve a soft water color look.

This current cover and the hot summer image on page 9 are from the Big Bear area. Additional art print images of Fred's will be featured in the Fall and Winter issues, which will complete the 2017 Connection series. You can view Fred's complete art print portfolio at www.fredlambartprints.com

Summer 2017 Vol 1 · No 2 3

TCDS Office 6:45 PM

Board of Directors Meeting TCDS Office

Predsidents

Live Well... Love Much and Laugh Often



JUDY WIPF, DDS

new moto embraced for the remaining tenure of my presidency is to "Live Well, Love Much, and Laugh Often." The first six months have gone in a flurry. While wanting to savor what has been accomplished, I can look forward to many of the exciting activities coming this summer and fall.

I want to remind all of our member dentists that on October 6 and 7, CDA Cares will be providing dental services at no charge to approximately 2,000 people in Bakersfield at the Kern County Fairgrounds. CDA can only provide free services to the community with the special skills of our member dentists. CDA Cares events are successful because of professional volunteers who are greatly needed. So, my request is to all general dentists, oral surgeons, hygienists, assistants, lab technicians, physicians, nurses, and pharmacists to volunteer and make this yet another successful clinic to help people in our community "Live Well" by volunteering your professional time. It is important to show that TCDS dentists and staff can and will be well represented at this event!

It's easy to register, go online at cdafoundation.org and click on the quick link to CDA Cares registration. Also, if you need more information about CDA Cares, there is a quick link to the FAQs that will help with many volunteer questions. After each clinic, dentists have said "...once you volunteer, you will want to do it again!"The difference is "life-changing" among people who benefit as patients in these clinics. Make sure to watch the video. It will provide a heartwarming understanding of the importance of CDA Cares, recapturing how we help our community "Live Well."

In May, at CDA Presents in Anaheim, the TCDS staff and board hosted the hospitality suite in the Palisades Room at the Anaheim Hilton, celebrating ten-plus years of providing refreshments and hospitality to our member dentists. When TCDS started hosting the hospitality suite at the CDA Presents, our component was one of the first to recognize the importance of having a special gathering place for our members. Many times TCDS leads the way and now many components have followed by having their own hospitality suites. This year the TCDS hospitality suite was open all day on Thursday, Friday and a half day on Saturday.

TCDS staff members Shehara Gunasekera and Alexandra Hernandez and TCDS Executive Director, John Fields, joined me and other board members as we shared the "friendship" and comrade our component offers to our members. It was a time where we could meet, greet and build relationships. This member outreach by staff and board is a quality that distinguishes

TCDS from other components. I want to recognize the nine board members who helped on Thursday, Friday and Saturday. These include: Drs. Mauricio DosSantos, Hal Deisem, Robert Stevenson, Dan Jenkins, Hemant Joshi, Archana Sheth, Katherine Cooke, Gisella Angarita, and Evangelos Rossopoulos.

According to our sign-in guest book perched at the front door, we served approximately 200 TCDS members and their staff. In truth, I know we served many more considering many members and their staff didn't sign-in. Our excitement came as we shared conversations showing how much members "Love" what they do for TCDS.

As we entered the final hospitality day on Saturday, I again joined John while he worried about the need to claim a new title of the "The Lone Ranger." It was a morning well spent greeting our members as they arrived for breakfast. Thanks to a great board and staff, it was another excellent hospitality weekend at CDA Presents. Next year, make sure to join us when you visit Anaheim for CDA Presents and join in the fun.

As summer approaches, the activities at TCDS will not be slowing down. In the past, TCDS did not offer classes throughout the summer but this year we have CE seminars scheduled in June, July and August! We are pleased to offer this new summer CE schedule. If we don't see you this summer, the component activities will not slow down going into fall. Look for a full

schedule of CE programs in September and the special CE event on Saturday, October 28 with Dr. Raymond Bertolotti.

A quick and easy way to view all of the TCDS activities is to visit the TCDS website and click on the events calendar. Or you can visit our Facebook page where we post photos and the fun activities going on at TCDS. Remember to "laugh often" and enjoy the summer. I intend to enjoy each and every moment of 2017, and to laugh and share activities with my fellow dentists. It is great being the president of the one of the best component dental societies in California. Come join me as we travel this road together so we can "Live Well, Love Much, and Laugh Often."



dikorici

Future of "Health-Care"



Dan Jenkins DDS, CDE-AADEJ

've been sick from some sort of cold bug. It's kept me away from patients for over 3 weeks.

This is only the second time in over 40 years of practicing that this has happened to me. I'm still coughing and hacking from time to time, but not as often as I was. Besides going to the doctor, who really had no

When the doctor told me something I knew it was accurate because, where else would I go to find out differently? If the doctor's bill was more than I could afford at the time a slip of paper was given to me of the amount and a monthly statement would be mailed to me to let me know how much I still owed. There was not even a payment plan made out. If I had a prescription to be filled, I would ask ahead of time, "How much will this cost?" If it was more than I could afford, I would thank them and just go home to tough it out.

Then, along came health care insurance. Things got better. The doctor was paid for all of their knowledge and the patient was able to get the medicine. But, after a while, the insurance company would only pay for certain doctors and for

value of dental work is not a priority in their personal finances.

As I see the future of health care in relation to what I observe these days I see the following taking place. Insurance, whether national or private, will continue to limit benefits in medicine as it has been doing in dentistry. In these cases patients will have to decide whether to: 1. Have treatment or medications "approved" by the government;

- 2. Pay for the treatment or medications they want from their own finances; or,
- 3. Accept the outcome of no treatment or medications even an early demise.

Another observation I think we have all seen in dentistry is that through the Internet, patients do not have to rely on all of those books on the doctors' shelves. This is self-diagnosing. Patients

seal up some pretty bad cuts — not sure if they did coronary by-pass surgery while they were at it?

It seems we are headed to different levels of health care. Maybe it will all return to what it was when I was a child?



Will the future of health care be the health care of the past?

cure, this has limited my existence to being at home and not even feeling like working on my millions of projects. This affected my eyesight as well so even reading or writing has been difficult. I've come to the conclusion that being sick is a very boring existence!

Of course, I've had time to think and reflect on all sorts of things in life. Reflections have to deal with the past and what I might learn from them. I've reflected on how it used to be that when I went to the doctor the doctor was the source of all medical knowledge. The doctor had all of these medical books on a wall full of shelves and I was certain that the doctor knew everything contained inside those covers.

"approved" medications. This has continued to the point that some of my medications are cheaper for me to pay for out of my pocket than the insurance co-pay for approved alternatives. Instead of the doctor having all of that knowledge, now it seems the insurance company wants to take the doctor's place.

As dentists, we know we have seen the same thing. Although insurance companies claim they do not interfere in patient care the higher costs of health care — including dentistry — still dictate treatment. In many recent surveys people indicate the main reason for not seeking dental care is the expense. I don't think this means dentistry is expensive, it's just that the

in medicine and dentistry come in with a lot of information. However, we also know that not all of the information on the Internet is accurate. Therefore, a debate can erupt and it will take even more time to re-educate our patients. Now a days we even have patients asking for peer reviewed evidenced-based studies to convince them of what we are telling them.

Another thing I see growing through the Internet is self-treatment. People have been making their own dentures for years and even taking their own teeth out. But now there seems to be a growth of entrepreneurs selling devices for orthodontics and "cosmetic veneers." I've seen people who have used super glue to



The Simmering Summer of '17



John C. Fields

s it hot enough for you? Yikes... as I write this, it's about 104 degrees here in Riverside and humidity is expected to reach something north of 70%. Whew... I don't remember it being this hot last year, but I guess I say that same thing every year.

As most of you know, the Tri-County Dental Society is the largest of the 32 components under the CDA umbrella, in terms of geography. We're #3, in terms of the number of members at about 1,850 members, behind #1 Orange County Dental Society and #2 San Diego County Dental Society. We serve all of San Bernardino and Riverside Counties and the eastern edge of Los Angeles County.

All that said, TCDS covers a region that stretches all the way to the Colorado River, including cities such as Indio and Blythe. So if I thought it was hot this summer in Riverside, I can only imagine what it was like in the hottest parts of our service territory. In short, I'm looking forward to fall!

But there is something "very cool" happening at TCDS! I'm very happy to announce that Joceline De La Torre has joined our TCDS team as our new Programs Coordinator. She is eager to bring her talents and experience to some of our most important programs, including: Continuing Education, Community Health, and Peer Re-

Prior to joining TCDS, Joceline has had experience in corporate and local marketing, spending time with the BEHR Process Corporation, as well as Alternative Strategies.

She recently graduated from the University of San Diego, with a degree in Communication Studies and minors in Spanish and Marketing. During her time at the University of San Diego, she was recipient of the Changemaker Award for her efforts with the Arlanza Community Garden and developing (ART)lanza, featuring TED Talk speaker, Caine Monroy.

Instilling the spirit of Changemaking from her Alma Mater, as well as her interest for Public Health, she plans to attend graduate school to obtain her Master's in Public Health.

In her free time, you can find Joceline spending

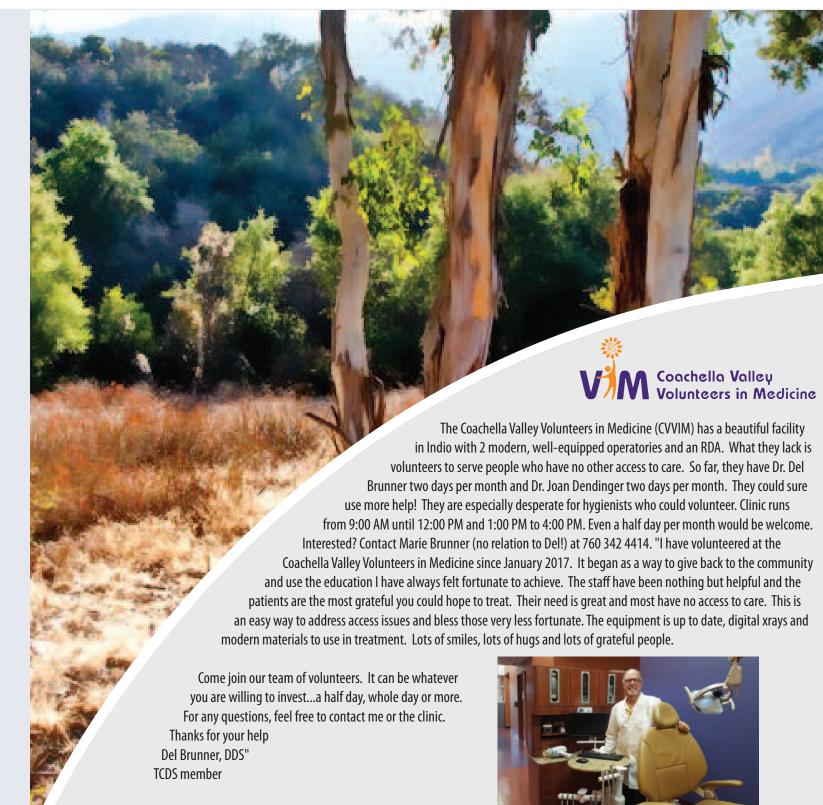
time with her parents, two younger brothers and friends, as well as: trying the latest food craze, attending spin classes, reading, shopping, watching HGTV and planning her next travel getaway (not all at once).

The next time you see her at a CE event, say hello... or if you're in the vicinity of the TCDS office, stop by and introduce yourself. She's excited to meet you all!

Speaking of CE, don't miss your opportunity to hear noted national speaker, Dr. Ray Bertolotti on Adhesion Dentistry Incorporating Biomimetrics on Saturday, October 28, 2017 at the Sheraton Fairplex in Pomona. This eight-hour program (8 CEU's) includes breakfast and lunch and, best of all, as a TCDS member you get all this for only \$190.00. Register today at: https://tcds.site-ym.com/events/EventDetails-.aspx?id=916526&group=

Thanks, John









By
Kenneth T. Harrison
DDS
CDA Trustee

Trust Me...I'm A Trustee

urer, and immediate past president). 1 appointed officer, (the executive director of the CDA). 43 trustees from the component societies, (one trustee from each of the 32 components with the remaining 11 trustee positions coming from the top 11 components based on membership totals). 2 non-voting participants (the speaker of the house and the editor). **Question:** What is the composition of the CDA Board of Trustees.

Now gaining confidence; CDA Governance for

TCDS Double Jeopardy

'Il take CDA Governance for \$200 Alex. Answer: The board shall be vested with the fiduciary duties for the organization, including responsibility for oversight of strategic plan implementation, fiscal management, governance oversight and the implementation of policies established by the house. The board shall be the "Board of Directors" of this association for all purposes for which California law requires or authorizes action by a board of directors. Question: What are the duties of the CDA Board of Trustees.

Sigh of relief; CDA Governance for \$400 Alex. **Answer:** 50. **Question:** How many voting members are there on the CDA Board of Trustees.

Big smile; I'll stay with CDA Governance for \$600 Alex. **Answer:** 6 elected officers (president, president-elect, vice president, secretary, treas-

\$800 Alex. **Answer:** Dr. "Butch" Ehrler. **Question:** Who is the 2017 chair of the board, TCDS member and current CDA President Ehrler.

Let's finish off CDA Governance for \$1000 Alex. Answer: Ken Harrison & Oariona Lowe. Question: Who are the current TCDS elected members of the Board of Trustees. Wild applause and cheers as we have swept the category...going to commercial break.

If any of the above information is new to you, welcome to the club. Fifteen years ago, had you asked me about the CDA Governance structure, the board of trustees, the House of Delegates or even the make-up of TCDS' own Board of Directors, I would have been at a complete loss trying to answer any of your inquiries. Our Editor, Dan Jenkins, has asked me to bring you up to speed regarding the activities and duties of the Board of Trustees (BOT) and report back to you in future issues.

Our CDA by-laws lists the long list of specific duties of the BOT on page 11 section 80 at: www.cda.org/about-cda/leadership/board-of-trustees, then click on "Governance Documents, CDA Bylaws," and look under Trustees.

These duties include fiduciary responsibilities;

appointing, nominating, and removing various officers; develop a strategic plan and oversee its implementation; foster dissemination of information from the Board of Trustees to the membership; and review and approve appointments of the CDA.

As you can see we stay busy during the year. The BOT meets at least 4 times per year and additionally has conference calls and special meetings as needed to complete the business of the CDA. Our next meeting will be held July 28-29. During this meeting the nominating committee will hold the elections for the officer positions (president and immediate past president are automatic), a new ADA Trustee for the 13th District, and various trustee positions on subsidiary boards and committees. These elected nominees will be forwarded to the November CDA House of Delegates for a final vote of acceptance. There are 3 candidates running for secretary of the CDA: Dr. Richard Barnes, trustee...Dr. Kevin Keating, currently CDA treasurer...and Dr. Judee Tippett-Whyte, currently 13th District ADA delegation chair. Campaign speeches will be given and the candidates will be asked to answer 3 spontaneous questions posed by the BOT. Then the difficult task of voting will begin. Why is it so difficult? We are asked to choose between accomplished CDA volunteers who happen to be our colleagues and friends. The process is emotional and feelings can be hurt. This year, there are also two candidates running for the ADA 13th District Trustee position: Dr. Ken Wallis and Dr. Jim Stephens, both past presidents of the CDA. The person elected will begin serving his term at the ADA in January of 2019.

Terrific, you have now completed the course "CDA Trustee 101". Next time we will move on to "CDA Trustee 102" and give you some of the current business activities of the BOT and of course an update on election results. Stay tuned, Final Jeopardy is next.







California Senate Passes Bill That **Would Authorize Universal Health** Care.

Forbes (6/5, Hembree) states last week the California state Senate passed a bill, known as the Healthy California Act, that would authorize universal health care. If made law, the bill would allow all Californians to receive health, dental, and mental health care.

ADA Offers New Resource To Help Dentists Manage Regulatory Environment.

The ADA News (6/6, Burger) reports that the ADA Council on Dental Practice has launched a new resource intended "to make it easier for dentists to become more knowledgeable about key federal regulations and help keep their practices in regulatory compliance."

CDA: 06/14/2017

Practices may be required to change restroom signage

Effective March 1, 2017, all single-occupancy restrooms in any business establishment, place of public accommodation or government agency must be identified as "all gender" and be universally accessible. The Equal Restroom Access Act, signed into law by Gov. Jerry Brown last September, applies to toilet facilities with no more than one water closet and one urinal and with a locking mechanism controlled by

the user. Therefore, employers and practice owners should change signage used for singleuser restrooms to comply with the law.

A variety of all-gender signage is available for purchase but not all it complies with California law. The state of California requires the all-gender sign to have a geometric symbol that is an equilateral triangle superimposed onto a circle and the sign must be placed on the door. The symbol is not required to include pictograms, text or braille.

The law authorizes inspectors or other building or local officials responsible for code enforcement to inspect for compliance.

Find more information in the Jan. 19 issue of the Department of the State Architect Bulletin and on the California Building Standards Commission website.

ADA

ADA, others ask Senate to prioritize oral health. ada.org: The ADA and 44 health organizations are urging U.S. Senate members to protect access to oral health coverage for all Americans as the legislators examine ways to reform the nation's health care delivery and financing systems. Read more

ADA

You want to have an effect on the government? ADPAC Rep and former CDA President, Dr. Brian Scott sent me this!

As the legislative agenda continues to unfold for 2017, it is more important than ever that we as dentists have a voice in the federal government. With over 3,500 bills introduced in Congress every year that could affect dental health, we must ensure that our voices are

Please make sure your voice is heard - sign up for ADA Engage today to ensure Congress hears your concerns on these important issues!

ADA Engage is our grassroots advocacy program that allows us to make our voices heard through emails and action alerts. It only takes a minute to sign up to receive alerts on bills in Congress that will have profound impacts on oral health, your patients, practice, and our profession.

Click here to add your voice today!

Dentists must speak with one voice united in Washington to continue our work to defend our profession, practices, patients, and dental health policies. We hope you will join ADPAC in the fight to preserve our wonderful profession.

Thank you for all that you do!

Sincerely, Dr. Brian Scott 13th District ADPAC Rep. Palo Alto, CA



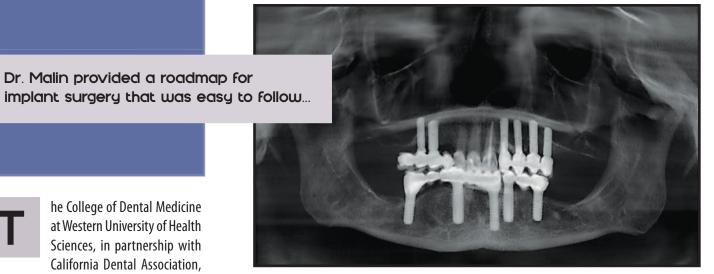
Diana Heineken

Implant CE Course with Dr. Malin at Western U.

over 130 attendees consisting of students from all six California dental schools, Western U alumni, general dentists, and faculty. Dr. Malin provided a roadmap for guided implant surgery that was easy to follow - allowing students and dentists to gain confidence in their own potential to place implants in their clinical practice. Dr. Malin provided extensive content and generated robust conversation on the information presented. Bano Ali, Class of 2018, expressed her enthusiasm for this experience, "Dr. Malin's implant CE course helped convey the future possibilities for me within implant dentistry. Thank you Dr. Malin!"

The program was a huge success due to our sponsors and a special thank you to all the attendees! Western U. students are planning more CE programs that are of interest to their fellow students.

Keep your eyes open for further announcements on these programs.



he College of Dental Medicine at Western University of Health Sciences, in partnership with California Dental Association,

The Dentist Insurance Company, and Tri-County Dental Society, held their first full day continuing education lecture on April 29th. This event was organized by the hard work of student leaders, university administration, and the support of organized dentistry.

The dental school invited Dr. Leo Malin, Director of the Dominican Training Institute and Director of Implantology and Bone Grafting Courses at the Las Vegas Institute for Advanced Dental Studies. He lectures internationally on fullmouth reconstructions and implant placements. A lecture titled, "Introduction to Dental Implants for the General Practitioner" attracted



L-R Rachael Malin, DMD-2019, Leo Malin, DDS, Diana Heineken, DMD-2018



California – Michgan Connection Through Dr. Eugene Duffin?

By Dan Jenkins, DDS

While practicing in the countryside of Michigan I had purchased an old house across from the area schools. On the other side of my office/home was another house that had remained for sale for some time. It finally sold and a family with 5 small children moved in. I noticed the license plate on the truck was a California plate with a Hemet plate frame. I thought they might be someone I could bond with as a fellow Californian! However, one of my patients told me that the new owner, Gary, was originally from the small town in Michigan and had just been out in California for about a year or two.

One day, Gary came in the office. He had an RPD replacing # 8 & # 9 which he had broken. I told him the fee would be \$42 and he agreed. While I was curing the resin he asked me how much it would cost for a fixed bridge — 4 units. I told him \$800. He responded in faked amazement, "Eight-hundred dollars! Why...I could have gotten it for less than that in CALIFORNIA!" He obviously had not heard that I used to live in California...let alone in southern California. I asked him, "Where in California did you get a lower fee?" He said with great pride, "In Hemet!" What Gary also did not know was that while I was in dental school I used to go over to Dr. Eugene Duffin's office in Hemet and spend time with his lab man, Mario to give me tips on prosthetics labwork.

I next asked Gary who the dentist was that gave him the estimate. Of course, many patients think that all dentists know all the other dentists and I could see Gary start to sweat when I asked him who he had seen. Gary responded, "Uh...I don't remember." I asked, "Was it Dr Eugene Duffin, or his brother Dr. Ralph Duffin, or Dr. Dunn?"I knew from the way his eyes lit up just at the mention of Dr. Eugene Duffin's name that he knew him. Gary denied it was any of "those guys." I next asked, "Where was the office? Was in on Florida Ave or next to the hospital?" He said No, no, it was way out ...way out of town." The funny part was that he never once asked me how I knew

so much about the dentists in Hemet! He never did pay me and I figured he probably never paid the dentist who made his RPD either — and that it probably was Dr. Eugene Duffin.

At the TCDS Hospitality Suite during the CDA Presents I happened to get to meet Dr. Duffin again, who stopped by with his son Dr. Ron Duffin. I told him this story and he asked me what Gary's last name was but I could not recall it. I bet if I remembered his name he would have recalled that Gary stiffed him too!



Dr's Ron and Eugene Duffin visiting at the TCDS Hospitality Suite during CDA Presents.

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- Tax planning and Preparation
- Dental Practice Accounting
- Computerization
- Payroll Accounting
- Retirement and Estate Planning

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Frank W. Stearns

Certified Public Accountant, Inc. 2453 Falling Oak Riverside, CA 92506

951-780-5100



Strain transfer behavior of different planning options for mandibular single-molar replacement

de Carvalho EB, Herbst PE, Faria ACL, Ribeiro RF, Costa PP, Tiossi R. J Prosthet Dent. 2017 May 23. pii: S0022-3913(17)30233-0. doi: 10.1016/j.prosdent.2017.03.017.

It was determined that there was less stress on the implants if two 3.5mm implants were placed instead of a single 5.0mm implant. www.ncbi.nlm.nih.gov/pubmed/28545870 PMID: 28545870 DOI: 10.1016/j.prosdent.2017.03.017

Stress tests on .3mm vs .5mm veneers.

Optical Properties and Failure Load of Thin CAD/CAM Ceramic Veneers.

Maunula H, Hjerppe J, Lassila LLV, O Närhi T. Eur J Prosthodont Restor Dent. 2017 Jun;25(2):86-92. doi: 10.1922/EJPRD_01677Maunula07.

Stress tests indicate difference in fracture rate is about the same!

www.ncbi.nlm.nih.gov/pubmed/28590094 PMID: 28590094

A New Sugarcane Cystatin Strongly Binds to Dental Enamel and Reduces Erosion.

Santiago AC, Khan ZN, et al, 2017 Jun 1:22034517712981. doi: 10.1177/0022034517712981.

PMID:28605601



Cystatin B was recently identified as an acid-resistant protein in acquired enamel pellicle; it could therefore be included in oral products to protect against and erosion.

www.ncbl.nim.nih. /28605601

Bonding to Zirconia?

Effects of silane- and MDP-based primers application orders on zirconia-resin adhesion-A ToF-SIMS study.

Chuang SF, Kang LL, et al, Dent Mater. 2017 Jun 9. pii: S0109-5641(17)30008-8. doi: 10.1016/j.dental.2017.04.027. PMID:28606410

Silane use on zirconia may allow adhesion with resin cement.

www.ncbi.nlm.nih.gov/pubmed/28606410

No evidence that treatment of gum disease reduces the number of babies born before 37 weeks of pregnancy. cochraneohg.wordpress.com: The quality of the evidence was low, so further well-designed randomized controlled trials are needed.

http://www.cochraneohg.wordpress.com/2017/06/12/no-evidence-that-treatment-of-gum-disease-reduces-the-number-of-babies-born-before-37-weeks-of-pregnancy/

Use of prefabricated blood vessels may revolutionize root canals. sciencedaily.com: Researchers have developed a process by which they can engineer new blood vessels in teeth, creating better long-term outcomes for root canal patients and clinicians. www.sciencedaily.com/re-leases/2017/06/170612094039.htm





By Larry Dougherty, DDS

As dentists, we step into the public spotlight (whether we want to or not)

your lab coat or your Spurs replica jersey, it comes with some rules and responsibilities that have to be followed. As a doctor, you're held to a higher standard than the Average Joe in many situations. More is expected of you from the public and your peers to be a leader and to be a professional. This isn't a bad thing, this is a great thing. If we can't count on doctors to be the leaders and standard bearers of good taste and professionalism in our communities, then who can we count on?

Are the wild party days over?

thing that you should take very seriously, especially in this day and age where privacy is almost nonexistent.

In closing I want to provide you with a few related tips/thoughts on managing your online reputation.

1. **Delete the Bloody Pics**. I used to not think anything of it, but I've become a huge proponent of leaving bloody teeth, surgery pics, and x-rays off of social media. It scares and grosses out your friends and potential patients, and it makes us look like insensitive jerks that get a kick out of making people bleed. Winning

When you get out of school and start looking for career opportunities, it's great to have a **readily available mass of contacts** at your fingertips. The more people you know, the more opportunities open up. If you want important people to find you, if you want potential patients to find you, and if you want to be well known for what you do best, make your-

self easy to find.

Editor's note: This article was originally published August 2014 in Rolling Oaks Dental's office blog. Dr. Dougherty granted TCDS Connection permission to republish.

Dr. Larry Dougherty is a New Dentist Now guest

blogger and on the board of the San Antonio District Dental Society. He grew up in Georgia and graduated from Nova Southeastern University College of Dental Medicine in 2008. He moved to Texas in 2010 and opened Rolling Oaks Dental with his wife, Dr. Ana Paula Ferraz-Dougherty, in 2011. He enjoys spending time with his family, playing music with friends, and going to Spurs games.

When you become a dentist, you step into the spotlight

ne day, I was searching my name on Google (don't act like I'm the only one that does that), and I saw some interesting things come up that made a few light bulbs go off in my head. The first thing was my name on some website about rating your doctor. I never filled out a profile on there, how did they get my name and practice address!? Are they allowed to do that? Apparently. I can't stop them. It's public record. The year I was born, where I went to school, the year I graduated, where I practice, if I've been disciplined by the board that's all public knowledge that can be discovered on the Internet in a matter of seconds.

When you become a dentist, you step into the spotlight. While it's pretty cool to have that "Dr." in front of your name on your scrubs or

Who cares what I do during my free time, when I leave the office I take the doctor hat off and put the "me doing whatever I want" hat on! Right?

These are some things to think about.

Everyone that you meet as a professional is a potential **advocate** for you, a potential **resource** for you, and maybe a **potential patient**. How do you want others to perceive you as a professional? Do you want to be known as a loose cannon/weekend warrior or do you want to be known as a person that is worthy of trust and respect in any situation?

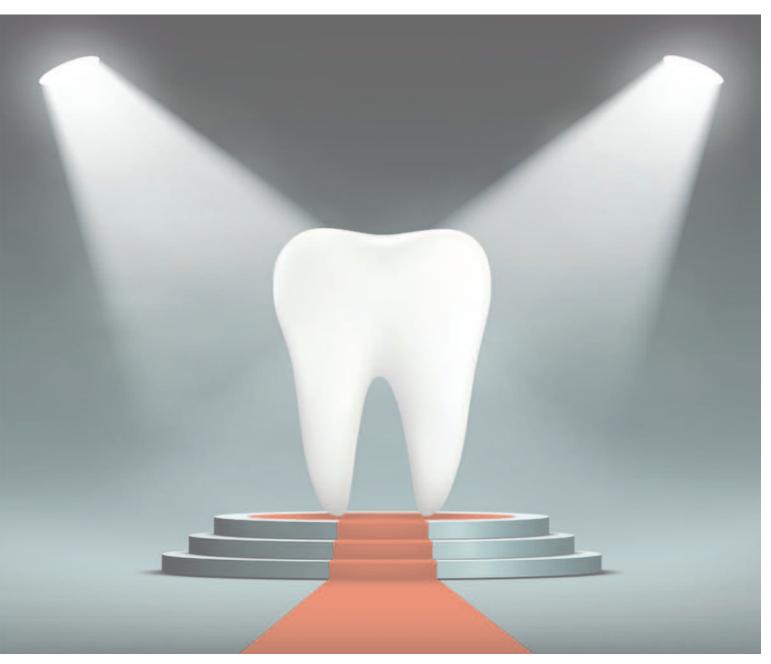
It's obvious by my tone where I stand on all of these matters, but these are all individual decisions we all must make in our lives, and it isn't easy. Dental school is a time of tremendous change in your life in many ways, and deciding where you stand on what I'm talking about will shape your professional reputation. It's some-

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patient confidence and trust in us and in dentistry is what we do. Stop making it harder.

2. **Keep It Pro on Social Media**. In a more general sense, think twice before you post things, especially negative things about your struggles as a professional or as a health care provider. Outside of the profession, no one wants to hear it, so consider your audience. Have a private conversation with another student or doctor if you need to let off some steam. Those conversations and thoughts aren't for public consumption. It makes dentists look bad, and we're not, we're awesome.

3. Make a LinkedIn Account and a Google+ profile. Like I said, your reputation is open to the public, people are going to be looking for you. Recruiters. Sales reps. other professionals and potential patients. Make it easy for people to find you, and when they do find you online, you ensure that you immediately appear in a positive way on something of your own terms.







By
Austine Etcheverry

To Hashtag or Not To Hashtag

you advertise on your Facebook page.

All of this ensures that users, and other people who are looking for your content, can easily find you. It also means you are able to direct people to the information you want them to be looking at and not just anything. The web is a big place and it is easy for people to move from looking at an article you wrote to an article or

a contest for patients who stop by your office. You may have one Facebook post that announces all of the details of the event, all subsequent posts, can have the #link to that post. This saves you time and does not require you to answer repeated questions about the contest.

Use hashtags that are linked to other

words, labels, articles or information that promotes your page. You do not want people looking at the dentist down the street's Facebook page, so be careful what you link to. I would highly recommend you take a minute to check your hashtags and make sure they truly go to the location you intend for them to go to. When you begin to type # and then your content in a Facebook post, it will automatically link it to content that is out on the web. This may not be a positive thing. On Twitter, which is where the hashtag originated, it allowed a user to find a specific Tweet you had on a topic without having to search through all of your tweets. For example, you may be posting about a new dental surgery, you #surgery on another post. Now instead of readers having to look through all of your recent posts on surgery, they can go directly to the one that you are asking them to reference. It shortens the amount of time that a person has to go

tags attached to your social media, you are more likely to create traffic onto your other social media sites. Hashtags can also be used for research, so if you are writing blog posts for patients to read, or you have an interesting article that you found, this is a great way for patients to find the intended information and learn about the new procedure you are providing in your dental office.

Hashtags can seem intimidating, so you do not need to do all of the work on your own, Twitter can help you find out which hashtags people are referencing more often and then help you create the hashtags you want. You may also consider starting with more popular hashtags such as #throwbackthursday or #ff, follow Friday. No matter which hashtags you use though, you want to ensure the link is relevant, meaningful and has something to do with your office. Don't use your social media to give business to the dentist a mile away.

Be aware of the negative! It can seem easy to just want to type in a hashtag you have recently come across on your Facebook page or is trending on Twitter, but be careful of the pitfalls. Following or using a hashtag from another location may have dangerous consequences as it may mean something you did not intend. For example, you say #lovein'thislife, it may be a hashtag for a topic or company you do not want to be associ-

ated with. Use hashtags that have meaning for you. Not all of them have to be original but you should ensure if you do use a hashtag that it holds some resemblance to your business. This may be your name or your office.

Facebook has millions of users that every-day are looking for information, interesting facts, or are looking for content. Providing them with key details they should pay attention to can help, but use hashtags only when they make sense and only when you have a purpose. Putting # for the sake of a hashtag does not entice users, nor does it increase traffic towards your social media sites. Don't leave the #behind, but instead use it to your advantage. Don't fall into the pitfall of #overboard, but focus on helping your readers locate and find all of your important tweets and posts.

Great social media takes effort. Take time to work on your practice regularly to build quality communication and strengthen your results. For more information and to read other articles, please visit clickbitscreative-media.com. Austine Etcheverry is a positive, dedicated professional with over 10 years of experience in the dental field. Austine has a keen eye for designing websites and blogs. She has experience in social media and search engine optimization.

The key to hashtags is not having any spaces, punctuation, or special characters.

should you use it and be hip, or leave it

behind? While this symbol is not new

and has been around for quite some

time you may have never used it, or used

it for a while and have now decided it is

The current purpose of the hashtag in so-

cial media is to bring attention to some-

thing that you have written. This may

better to move on from it.

ast time we focused on protecting your online reputation and the importance of checking your social media to ensure people are not writing negative and inaccurate reviews about you. This article is going to focus on hashtags. You may have seen the little symbol that used to mean the pound key (#), but now, and for years, has been referred to as a hashtag much of the time. The hashtag symbol was first used by Twitter users back in 2009 and while it was around before then, Twitter followers used it to hyperlink information from one page to another. So, why was it important? Why does it matter for you as a dentist? And

include you wanting someone to read an article on your Facebook page. Instead of having to write out the link to your Facebook page, you put a hashtag that links it to a word or item that is written within the article you want them to read. It creates a link for people to click on and go to another social media location. So, why not just write out the link or why not just tell people, "Hey go here?" The hashtag symbol can also be used to organize and promote something on your social media sites.

While you can provide a multitude of other options for increasing likes, shares, and traffic to your webpage, hashtags are a great way to get attention and to provide individuals with a way to quickly locate information on your pages. If you write a blog, you can have a hashtag that is linked to key words on your blog that

item that your competitor is prompting and move on from your site. Creating a hashtag is super easy and only requires you to type the pound key and then a phrase. This may be #ilovethedentist. The key to hashtags is not having any spaces, punctuation, or special characters.

Hashtags, should not be abused. There is no reason to have more than 1-3 hashtags in a post. Too many just causes the reader to lose interest. It can seem that you are attempting to spam users. They are not going to click on all of the links, post one or two on each photo and let your reader know what is important or critical. More than that and you run the risk your patients will not click on any. On Facebook hashtags can be used to help patients find out about an upcoming activity or bigger event you are planning. For example, maybe you are having

Sometimes a patient will conduct a search using hashtags. By having hash-

searching for something relevant.

Ennection

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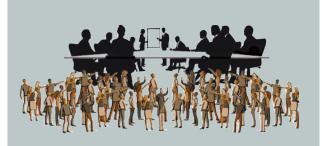
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By
Dr. Reza Nouri, Pediatric Dentist,
Vancouver, BC, Canada

Canadian Dental
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What is the Recurrence of Caries after Treatment under General Anesthesia?

are included the number of day surgeries associated with ECC increases. Rural communities, families with low socioe-conomic status and aboriginal populations have more unmet needs with respect to ECC.

Literature reviews reveal that there is a high relapse rate of caries after comprehensive treatment has been done under GA. The relapse can occur as early as 6

- 1st dental examination before the age of 1
- Assess-Treat-Prevent each patient according to the findings
- Educate and collaborate with medical colleagues to assess oral cavity and make appropriate referrals

Management of ECC

- Multidisciplinary approach is key
- Fluoride varnish, SDF to arrest carious lesions
- Management of lesions and hypoplastic teeth with glass ionomer cement restorations
- Stainless steel crowns in more extensive carious lesions
- Extractions with space maintainers, when the caries is extensive and non-restorable

To view Dr. Nouri's presentation, this link will take you to the CDA Oasis page where you can access the video: http://oasisdiscussions.ca/2017/06/22/e ce-2/

Editor's note: This article and video link are approved for republication by the TCDS Connection by the Canadian Dental Association, Oasis Discussions.ca and Dr. Reza Nouri.

Early Childhood Caries is still a problem. General Anesthesia is one approach to help stem this disease.

After full mouth caries treatment under General Anesthesia - do caries return?

arly childhood caries (ECC) is the most common chronic childhood disease which involves high expenditures from our healthcare system. Advanced cases of ECC are often treated under general anesthesia (GA) due to the young age of the patient(s). Medical management of these severe cases can cost up to \$1400 per patient and this does not address the underlying dental issues.

The CIH reports that approximately one third of day surgeries are related to dental caries and this number only reflects public institutions. If private institutions

months after treatment was rendered. A retrospective study carried out in Vancouver revealed a much lower relapse rate. It was found that a few factors are significant in determining the long-term success of treatment under GA.

- Health status of patient (ASA I or II)
- Number of teeth present at time of GA (A-D vs. A-E)
- Presence of space maintainer at time of GA or posterior extractions
- Number of recalls
 Preventing Relapse
- Emphasize dietary influence on caries.
 A sip of water after all meals, drinks and snacks can reduce the exposure of teeth to acid.
- More comprehensive consultation with the family to understand their unique situation(s)