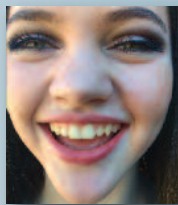




Proudly representing the dentists in Riverside, San Bernardino and eastern Los Angeles Counties

Connection

Borrego
Springs



3 What's Happening at Tri-County?

4 President's Message

6 Editorial

8 Executive Director's Message

10 The Dentist, The Professional

12 Dental News - Dental Humor

13 Memorial Day 2018

14 Short Abstracts

16 TCDS Elects New Delegates and Alternates

18 Unable to Ignore the Feeling

20 Unclassifieds

21 TCDS Information and Contacts

22 Welcome New Members



What's Happening at Tri-County

Day/Date	Event Details	Day/Date	Event Details
Thur. Apr. 12	Continuing Education Program (FREE to TCDS Members) TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:30 PM– 8:30 PM “Sports Dentistry: Integrating It into Your Practice Can Be Fun and Rewarding” Andrew Arriola, D.D.S. 2 CEU's – Seating is Limited	Fri. May 25	SHREDDING EVENT (FREE to TCDS Members) TCDS Office Parking Lot 1:00 – 4:00 PM (Includes Refreshments) Must be registered in advance! Call Shehara at (951) 787-9700
Wed. May 9	Board of Directors Meeting TCDS Office 6:45 PM	Thur. Jun. 21	Continuing Education Program (FREE to TCDS Members) TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:30 PM– 8:30 PM “Third Party Payers: Understanding Dental Insurance to Maximize Success in Your Practice” Gary Dougan, D.D.S. 2 CEU's – Seating is Limited
Thur. May 10	Continuing Education Program (FREE to TCDS Members) TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:30 PM– 8:30 PM “Dental Ethics: 150 Shades of Grey” Robert Stevenson, D.D.S. 2 CEU's – Seating is Limited		
Thurs. – Sat.	TCDS Hospitality Suite at CDA Presents Anaheim (FREE to TCDS Members) May 17 - 19 Anaheim Hilton – Palisades Room – 4th floor Thursday 5/17 – 10 AM – 4:00 PM Friday 5/18 – 10 AM – 4:00 PM Friday 5/18 – 5:00 PM – 7:00 PM - Student/New Dentist Reception Saturday 5/19 – 10 AM – 4:00 PM		



About this issue's cover...

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 graphic 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 developed over the past 20 years to achieve a soft water color look.

This issue's cover features Borrego Springs in full spring bloom when the perfect balance of rain and sun came together to awaken the dormant flora sleeping beneath the desert floor.



Wayne Nakamura, DDS

the “2018 TCDS Vision and Mission Statements.” Two proposed statements under serious consideration are listed below.

Mission Statement: *TCDS supports dental professionals by promoting the values of dentistry and providing services to help our members succeed personally and professionally.*

Vision Statement: *TCDS will epitomize a trusted reputation of service by developing:*

- 1. Memorable member engagement;*
- 2. A culture of inclusion;*
- 3. The value of our professional community; and Innovative planning for a changing environment.*

To make our vision for TCDS a reality, we identified 3 areas of focus: Engagement, Inclusion, and Benefits.

Engagement refers to communications, e.g., from snail mail to electronic communications,

web page and adding a mobile app! So cool, right? I appointed Dr. Michael Mashni, chairman, Technology Task Force, to explore the feasibility of computer-based meetings, webinars, and podcasts that will expand members’ and the public’s awareness of TCDS.

Inclusion means reaching out to our diverse membership and to nonmembers. Some current members have a geographic obstacle that prevents them from attending continuing education meetings or becoming involved with TCDS leadership. As mentioned before, Dr. Mashni’s Technology Task Force is researching the possibility and feasibility of virtual or computer-based meetings to allow for more involvement. Additionally, the Membership Committee is exploring a “Locum Tenens” program within our dental society. Locum Tenens would provide a temporary replacement for a member dentist who requires a leave of ab-

If you fail to plan, you’re planning to fail. Benjamin Franklin

Using historical, current, and future professional and societal trends, the workshop moderator’s presentation included research-backed data and information that helped guide each dental component into answering questions about their purpose, or vision, and how to go about achieving it, or their mission statement.

Since that workshop, we have been actively discussing and exchanging statements to develop

including email, social media, and texting. By widening our communications reach, we hope to improve member awareness of current events, continuing education and practice support programs offered by TCDS, CDA, and ADA. The board hired a consultant to audit our existing communications methods, and includes a new digital newsletter, “The Connection,” which replaces the print version. Also, we are in the process of redesigning and updating the TCDS

sense due to health issues, sickness, maternity leave, military service, or other extended leave of absence.

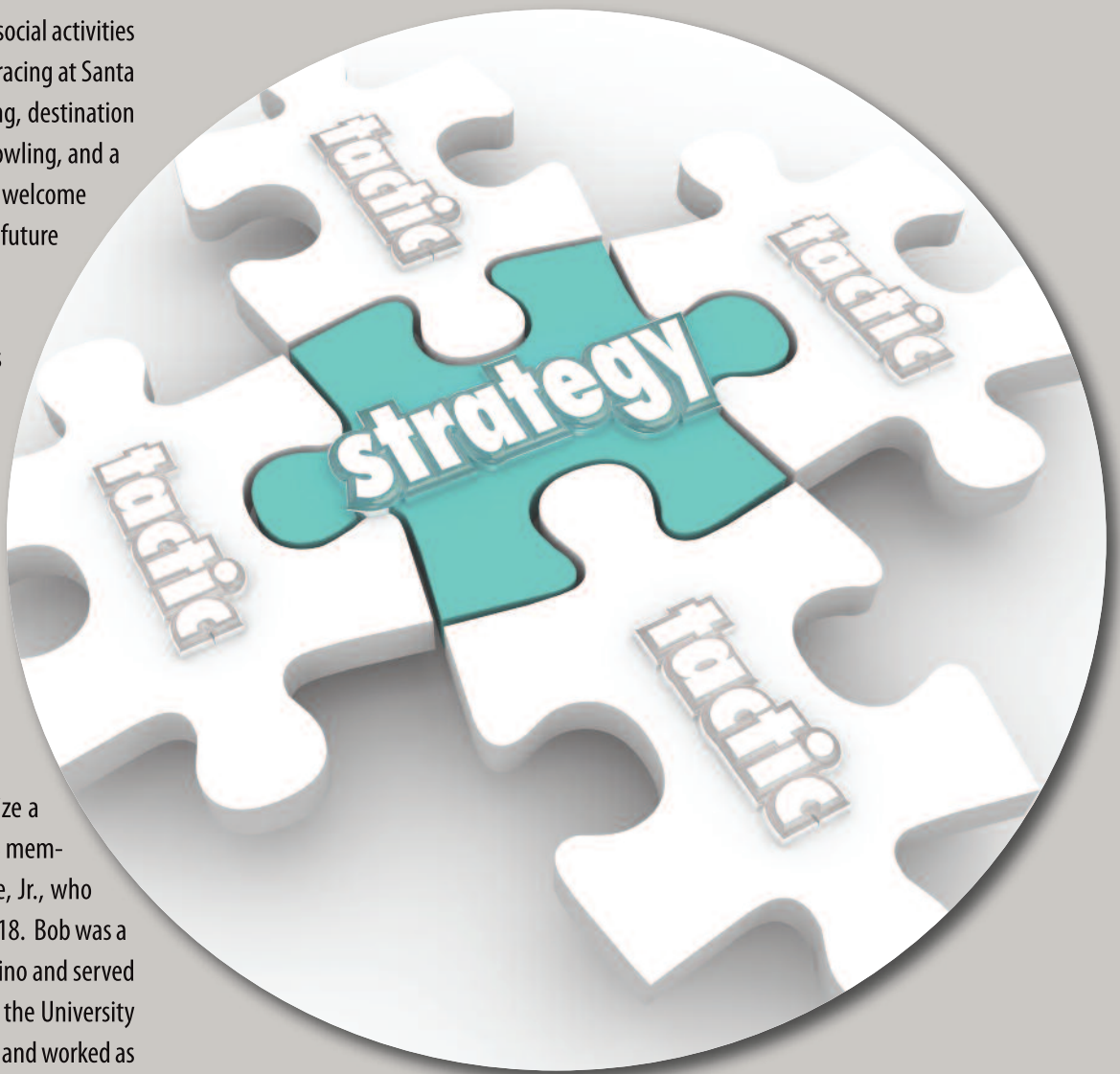
Benefits includes fellowship and networking with other dental professionals, and taking advantage of and maximizing the benefits of organized dentistry, such as through political advocacy, reduced insurance fees, practice support counseling, mentor programs, and reduced dental supply fees from TDSC. Our Member-

ship, Continuing Education, and New Dentist committees have scheduled a full slate of courses, meet-and-greets at the hospitality suite at the CDA meeting in Anaheim, a family/staff fun day at Fiesta Village, shredding events, member recognition awards and installation banquet, and a members' mentor program. Some potential TCDS social activities under consideration are: horse racing at Santa Anita, Casino Night, wine tasting, destination continuing education course, bowling, and a golf tournament. As always, we welcome your suggestions and input for future activities!

Who's going to monitor all of this strategic planning? TCDS past-president Dr. Robert Stevenson is chair of the newly-created Strategic Management Oversight Committee. In this role, he will work closely with committee chairs to implement and follow the TCDS Strategic Plan. We're in good hands.

Before I close, I want to recognize a dear friend, colleague, and TCDS member. Dr. Robert "Bob" Lee White, Jr., who passed away on February 13, 2018. Bob was a lifelong resident of San Bernardino and served in the U.S. Army. Bob attended the University of the Pacific School of Dentistry and worked as a dentist for over 50 years. He was Chief Dental Examiner in Southern California where I had the pleasure and honor of meeting and working

with him over 25 years ago. He is survived by his adoring wife, Shirley and many family members and friends. Rest in peace Bob.





Dan Jenkins DDS, FIAPA, CDE-AADEJ

On February 2 & 3 our officers and leaders of the Tri-County Dental Society met with other component officers and leaders for a joint strategic planning meeting. Strategic planning is a way to attain a future goal of where you want an organization or even yourself, to be in a few years – and how to get there.

During the strategic planning lecture, the facilitator made a comment that still bothers me. He was not a dentist but his purpose was to guide us, as dentists, in thinking and making plans for our respective dental components. He was wanting to draw parallels with other groups he has helped and mentioned that he is a realtor and had done strategic planning with his own realtor organization. Then he said, “While I am not a dentist, I am a professional – a realtor.” Now, there were a few of us that caught that remark and looked at each other and smiled. But, most of those in the room were either asleep by then or were being polite and did not respond. A few of us did discuss his comment in our breakout sessions but did not decide to storm out of the meeting over it. We also did not come up with a strategic plan to have society recognize what a profession is and that dentistry is a

profession. There are many different definitions of a profession. Yet, it seems all occupations want to be a profession.

I’ve heard this type of expression before. When first in practice I had an insurance salesman say to me, “Look, I’m a professional, just like you!” (I didn’t buy his comparison or his policy.) I’ve also heard patients refer to my dental office as a “dental shop.” I know all of you have experienced people, who know you are a dentist call you “Mr.” I even have had a pharmacist whose brother is a local dentist call me, Mr. Jenkins. I’ve also been in dental offices where staff members, knowing I am a dentist, will call me Mr. or even by my first name. These make me wonder what assistants or even children are being taught about professions, respect for dentists, and titles. 150 years ago, (not that I was there!), the title of Mister was demanded by some

Like the mountains on the cover pic – Dentistry must hold fast to its high professional values.

When USA President John F. Kennedy proclaimed the race to the Moon committees were formed on how to do it. One committee was discussing what they would need. One person said; a BIG rocket – which wouldn’t blow up. Others were proposing a multitude of systems when the chair of the committee spoke up and said, “I wonder what the footprint of a man on the Moon will look like?” That started a conversation on the soil density and the need for a larger boot that would need to be insulated due to the cold, and of course, a sealed pressurized oxygenated suit to support human life, etc. That discussion started what is now called strategic planning.



Astronaut’s foot print on the moon

who had status. I have read of incidents where the person would vehemently demand to be referred to as Mister. I’ve found that if I should correct someone about this they will just make an excuse or say, “Well but, you are not a medical doctor.” Or one said, “Until you are working in MY mouth, you are not a doctor.” (That was unique!) It bothers me enough that I hear and read more frequently of references to the “dental industry” in place of the dental profession. But, lately, I’ve seen this reference in official ADA publications. Industry refers to the financial aspect of a group. I can respect it being used for dental supplies but its use for the dental profession brings up images of working in a steel manufacturing plant!

It is easy to just let these incidents go and think about how ignorant or rude someone is. How important is it for people to recognize dentists as doctors or that there is a difference in being a professional dentist, or a “professional realtor,” or a “professional basketball player?” Is the purpose of being recognized as a professional just an egotistical status thing? No! Or, at least it should not – if you are a professional.

When one takes on the role, not just the title, of being a professional dentist there should be qualities that sets one apart from the general population. Of course knowledge is important. But so are ethical values, public image, and impartiality to the treatment that a patient is to receive – regardless of the fee.

What would the strategic plan be like to have society accept the dental profession as we would like? What is the “foot print on the Moon” going to be for dentistry? Will it be that when people hear the word “dentist” they equate that with a trusted professional? For many years an annual survey result was that only pharmacists were trusted above dentists. Since more occupations have been added to the survey questions, dentistry has fallen down – how do we get our trust rating back up?

In the golden age of dentistry, dentists were judged as a good dentist if their work lasted and if they did not hurt their patients in the process. With the cosmetic dentistry revolution people started judging the dentist by the appearance of the work – as determined by themselves, family, and friends. With television shows showing cosmetic work some patients want their appearance the same as they have seen done on TV. I recently had a fairly unstable patient who was dictating treatment and wanted her teeth to look exactly

like a popular TV personality – I referred her to a friend in Beverly Hills. Thus, in addition to trust, the dental professional “footprint” must include adequate education and training. Having done volunteer work in other countries whose language was not English, I have an appreciation for understanding why people may be untrusting if they feel the dentist is not communicating with them. This may involve speaking words they understand or using language that is not offensive to them. This can also mean using “refined” language such that the person feels like they are being talked down to. Perhaps the best way is to use explanations of diagnosis and treatment with both technical and common words. This type of communication will not make them feel like you are degrading them but instead simply wishing to communicate with them with words they can understand.

I feel dentistry’s “foot print on the Moon” is for the general populace to recognize and trust dentistry, on the whole, for their oral care and place a high value on good dental care. Society will realize the large majority of dentists are altruistic and care more about caring for people than fleecing their pocketbooks. They will also be aware of the value of good dental care for their overall health.

Achieving that goal will mean that treatment plans will be thankfully accepted by a high percentage of patients and in turn, the patients will receive the care that is best for their condition. The next steps in this strategic plan is figuring out how to get to the goal. Here are my suggestions.

1. Each dentist will work hard to portray the attributes of a professional dentist – both at the office and in the public.

2. Each dentist will seek to learn about and maintain a high standard of ethics in their office, their business practices, and their private life.

3. Each dentist will seek the best continuing education in all areas of dentistry to assure they understand the whole picture of their fellow dentists – both, specialists and non-specialists.

4. Each dentist will provide volunteer service to demonstrate their altruism to society.

5. Each dentist will strive to educate their patients and the public in a way they will learn and understand dentistry and what the benefits are for everyone.

I have no doubt that TCDS has many members who already are demonstrating these steps to our foot print on the Moon – I have seen it for myself. I also have no doubt that there are other steps that could be added and encourage our members to write in with your suggestions. I hope I have provided you something to contemplate in regards to this strategic plan for our dental profession. I wish you all success in achieving this goal – but, I did not suggest an end-time for the goal to be achieved. I will leave that to you. As to when to start – how about today?

Synonyms for Professional

- competent
- efficient
- experienced
- licensed



John C. Fields

In early February of this year, 20 TCDS members and staff met for a day and a half at the Anaheim Hilton to formulate a strategic plan which can carry TCDS forward for the next three to five years and beyond.

TCDS was joined by eight other Southern California dental societies (or components) who also sent between 10 and 20 representatives to review past strategic plans and to learn new methods and concepts. This joint approach to coordinating a strategic planning training workshop, allowed the cost of the hotel, meals, and facilitator to be split between the various components.

Our TCDS Strategic Planning Team constituted a representative cross section of our members and staff, including seven women and 13 men. It was composed of both generalists and specialists, including: new dentists, mid-career dentists and those nearing retirement. The group included past presidents, board members, trustees, committee members, faculty members, and staff.

TCDS was fortunate to have the existing structure of a previous strategic plan that had been developed in January of 2016, so our primary

job was to review that earlier plan and re-examine the assumptions and rationale that were used when it was initially developed.

The final product includes three primary objectives with various strategies supporting the completion of those objectives:

MAJOR OBJECTIVES AND STRATEGIES:

Objective 1. Engagement - Foster a culture of member engagement that orients, connects and retains members.

Strategy 1.1 Communicate effectively - Develop a user-friendly & usable electronic communication plan and specifically allow for computer-based meetings, webinars, and podcasts.

Strategy 1.2 Recruit members - Create a recruiting plan that addresses future dentists, non-members and inclusiveness.

- Communicate the Society's benefits to the public at large to enhance awareness and advocacy

Strategy 1.4 Build both member and non-member awareness - Communicate the Society's benefits to both members and non-members and create pathways to promote awareness of practice-support resources.

Objective 2. Inclusion - Ensure that TCDS programs support and encourage inclusion.

Strategy 2.1 Geographic inclusion - Research the needs of the dentists in all corners of the TCDS service area, conduct meetings via computer, and build regional programs to address those needs.

Strategy 2.2 Ethnic inclusion - Research the

needs of the dentists representing various ethnic groups and develop a targeted program to address.

Strategy 2.3 Gender inclusion - Research the gender-based needs of the dentists in our region, and craft a program that addresses those needs.

Strategy 2.4 Career-stage inclusion - Research the specific needs of dentists in all stages of their careers and build a program that addresses those needs.

Strategy 2.5 Practice-model inclusion - Research the needs of dentists engaged in all practice models and develop a program that addresses those needs.

Objective 3. Benefits - Maximize the value of the benefits TCDS provides to members.

Strategy 3.1 Cultivate networking and fellowship - Evolve our culture to be more inclusive and welcoming to our members.

Strategy 3.2 Establish a mentoring program - Partner with dental schools to provide leadership development opportunities for members and assistance/support to students and new dentists.

President Wayne Nakamura formed a Strategic Management Oversight Committee (SMOC) to monitor progress and keep TCDS aligned to the objectives and strategies of the plan. Dr. Robert Stevenson accepted the position of chair for this important committee and committee members include: Drs. Wayne Nakamura, Deborah Hutton, Joan Dendinger, Jeff Lloyd, Daniel Ninan, Leonard Raimondo, and Yours Truly. . .

Multi-Year Strategic Plan



Don't miss the 2018 TCDS Hospitality Suite at CDA Presents Anaheim

Beginning on Thursday, May 17 and going through Saturday, May 19, TCDS will host our annual hospitality suite at CDA Presents Anaheim. The TCDS Hospitality Suite is located in the Palisades Room on the Fourth floor of the Anaheim Hilton. On Thursday and Friday, the suite will be open from 10:00 AM until 4:00 PM, and on Saturday the suite will be open from 10:00 AM until 2:00 PM.

If you haven't visited the suite before, please come join us! We'll have a free lunch (for TCDS members only) all three days and refreshments available throughout our operating hours.

This is a great place to get away from the maddening crowd or just a chance to rest, relax, and recharge your batteries before your next CE class or hitting the exhibition floor. You can network with friends and visit with colleagues you may not have seen in years!

This year, we've added a special treat on Friday evening to recognize our new dentists and students. There will be a hosted reception from 5:00 PM to 7:00 PM in the Palisades Room.



Dan Jenkins
DDS, FIAPA, CDE-AADEJ

The Dentist – The Professional

(Paul Revere would not qualify!), have a training school, a University school, (U. of Maryland), a local association, (TCDS), national association of professional ethics, (ADA), and state licensing laws, (DBC). Initially, the professionals were lawyers, physicians, and the clergy. Medicine looked upon dentists as similar to the surgeons who they labeled as mechanics for doing amputations and suturing wounds. The professionals felt they were in a higher status – but, in turn, society also held them to a higher standard.

You may ask, “Why is it important for dentists to be considered a professional?” As the term pro-

again and the same thing happened. After several repetitions the associate left the practice and I had to go fill in for a while. The patients started telling me how the associate would have his wife assist him and when something didn’t go as he wanted he would start swearing. Some reported that the associate and his wife would get to arguing with each other – in front of the patients! Patients that had left the practice and came back said they left because they felt he was “unprofessional in his actions and language.”

It seems today that there are many variations on what a profession or professional is. There

To tell our patients, “Trust me – I’m a professional” might not work anymore.

When the American Dental Association was formed by twenty-six dentists in 1859, one of the objectives was to establish dentistry as a recognized profession upholding the highest professional standards and scientific research. (ada.org/en/about-the-ada/ada-history-and-presidents-of-the-ada/ada-timeline) Up to that time dentistry was looked upon as a trade of artisans working on teeth. As scientific research was revealing more physiology about dental care and treatment it was obvious that providing a higher level of dental care would require more knowledge and training than being a “carpenter in the mouth.”

The term profession is difficult to define. Basically it is from a phrase of the 17th century “to profess” that you are an expert. In the 1800s there became six “requirements” for an occupation to be classified as a profession. The six listed in Wikipedia are to be a full-time occupation,

professional developed, it acquired other attributes other than just an occupation or trade. The term also meant an above average character or actions as well as following a code of ethics and additional training or education. The actions of a professional are to be done without regard as to the compensation. A true professional would be able to provide the same highest standard of service to their ex-spouse as their best friend – or, refer them out.

The importance for dentists to demonstrate ethics to society really comes into play when discussing treatment. If a patient is aware of unprofessional conduct of a dentist they will tend to not trust that dentist – as well as other dentists. Thus, the unprofessional conduct, as perceived and judged by the patient, could not only affect the treating dentist, but the profession as a whole.

I once had an associate in a satellite office. I had done some marketing for the new office and after a short while the associate was fairly busy. However, it was not too long that he was sitting around again. So, I did some marketing

are different standards of ethics. How often have we seen a “professional” basketball player admit to fouling another player? I remember years ago the player would raise their arm signaling they were the one committing the foul. It is more common now for the tattoo laden arm of the offender to be raised toward the referee for having the audacity and eyesight pathology to accuse him of fouling the other player while demanding a replay and a jury trial.

I recently asked on a dental Facebook closed-forum how they would define a profession. Only one responded – and it was with the traditional “self-regulated group of educated people” definition. As I perused that forum I noticed many of the participants used a lot of swear words – by both male and female dentists, hygienists, and assistants! I should mention that the language itself does not shock me as I spent 6 years as an enlisted man in the Navy before college and dental school. What does shock me is the way it has become acceptable among dental personnel. I have also worked in many dental offices besides my own and have

not experienced these expletives being utilized in the office. My concern is how it might affect our profession of dentistry in the eyes of our patients. Are we becoming like “professional” basketball players?

I lived through the 1960s and 1970s with many social changes – some for good and some perhaps not so good. One of the changes for dentistry was the end of the “Golden Age.” Experienced dentists would talk about how great dentistry was as a profession up until the ‘70s. Insurance companies started determining fees or even what treatment was to be done – if they were to pay for it. Inflation increased and patients complained about fees because money was tight for them. The government started rewarding schools for graduating more dentists and there became such an increase of dentists that the applications for dental school decreased and dental schools started closing. With more dentists in practice, and feeling the increase in overhead, there developed more competition between dentists. The camaraderie between dentists diminished. Dentists didn’t feel like being friendly with their competition. Dentists started to feel freer to speak negatively of another dentist’s work – to the patient. It was at this time that the FDA ruled that dentists could advertise without retribution by their dental organizations. Advertising dentists were still looked upon negatively but that has changed over the years as we all have become accustomed to the external marketing.

Has any of these changes affected dentistry as a profession or the perception of dentistry as a profession by our patients? One of the ethics rules regarding advertising is that it be truthful and not be holding oneself as superior to other dentists. I see one ad on the internet where the dentist is saying she is “the most gentle dentist” in her town. I’ve never gone to her for treatment so... I don’t know if that is true or not! Non-dental businesses will frequently advertise that they “have the best food in the state” or will sell their product at “the lowest price in town - guaranteed.” So, it must

not be unlawful to advertise that you feel you have the best product or service. The next step for dentists might be to advertise that they provide the longest lasting crowns or fillings in the world?

I’ve come to the conclusion that while the definition of a professional has changed over the years, we as dentists need to decide for ourselves what a “dental professional” is. I am proud to acknowledge that none of the dentists I’ve mentioned above are members of our Tri-

County Dental Society. However, at this point I think all of us need to do some introspection as to how we are representing our profession in regards to professionalism. The trust of the patients in our care is what allows us to provide the best care for them. If they do not trust dentists the decision as to what-they-get-done-by-who boils down to who is the cheapest.

To tell our patients, “Trust me – I’m a professional” might not work anymore.



ADA: Opioids Webinar Covers Prescribing Strategies For Managing Pain.

If you missed the February webinar, Improving Opioid Prescribing: The CDC Guideline for Prescribing Opioids for Chronic Pain, and Considerations for Dentistry, an archived version is posted on the ADA Center for Professional Success website. The one-hour webinar, which the ADA and Centers for Disease Control and Prevention jointly hosted, outlines non-opioid strategies for pain management in order to decrease reliance on prescription opioid pain relievers following dental surgery.

Read the article at ADA News.

Nearly One-Third Of Millennials Brush Teeth Only Once A Day, Survey Finds.

Fox News (2/23, Dadourian) reported that 30 percent of millennials brush their teeth only once a day, according to research commissioned by an oral care startup. The survey of 2,000 Americans also found “the average person had gone more than two days at a time without brushing their teeth at least once a day.”



Things To Try, Eat, Do During ADA 2018.

Noting ADA 2018 — America’s Dental Meeting will take place Oct. 18-22 in Honolulu, the ADA News (2/27, Burger) shared recommendations from Dr. Jackie Lum, vice chair of the ADA Committee on Local Arrangements and a lifelong Hawaii resident, about some of the food, attractions, activities, and lingo in the state. Dr. Lum listed several places to try a malasada, which is a Portuguese doughnut; popular beaches to visit; where to hike for a panoramic view of Honolulu; popular destinations for families; and more. “E komo mai,” said Dr. Lum, which translates to “Welcome.” “We look forward to having the national dental community come to Hawaii for the ADA annual meeting.”

For additional ideas on how to experience Hawaii on vacation, visit ADA.org/Aloha. The ADA has contracted reduced rates with multi-

ple hotels on Oahu exclusively for annual meeting attendees. Visit ADA.org/ADA18Hotels for a list of participating hotels and resorts.

Registration for ADA 2018 is open. To register or learn more, visit ADA.org/meeting.

New ADA Legislative Action Center Is Live.

The ADA News (2/27) states, “Visit the new ADA Legislative Action Center online and subscribe to ADA Action Alerts for the latest information on critical public policy issues that affect dentistry and to connect with your legislators.” The American Dental Political Action Committee maintains the ADA Legislative Center, which “allows dentists to be heard and advocate in Washington.” In addition, the site “features an interactive map so that dentists can see current legislation happening in their own states.”

For more information, contact ADPAC at adpac@ada.org. To register to receive legislative alerts, sign up at www.ada.org/actioncenter.



Before the internet, a patient came in for treatment of a toothache. He said it had been bothering him for several months and had now decided it was not going to “go away.” (I know – you never had a patient come in with this history...right?) The patient said he knew he was actually looking forward to having the tooth removed to be rid of the pain.

Visual examination indicated #13 had decay but was not mobile. Radiograph revealed an abscess. I spent several minutes explaining his condition and advising him to have a root canal performed so he could retain the tooth. He said he wanted to have the tooth removed and have a bridge placed instead. I explained the downside of having the abutment teeth prepared and in cleaning under a bridge versus having a root canal and crown – he wouldn’t budge.

Money did not seem to be the problem. I asked him why he did not want a root canal. He said, “My cousin had a root canal several years ago and, it didn’t ‘take.’ So, I know root canals just don’t work in my family!” Yes, he did get the bridge after the extraction. (I thought you would want to know.)

Remembering our fallen veterans on **Memorial Day 2018**

Events in TCDS territory:

Riverside:

RIVERSIDE national cemetery

If you would like to help place flags at the Riverside National Cemetery go to the Facebook page: Riverside National Cemetery - A Flag For Every Hero. They can provide you information on how to help place the flags and remove them after Memorial Day.

West Coast Thunder Motorcycle Ride

SCHEDULE OF EVENTS

Memorial Day-MONDAY, MAY 28th, 2018

Riverside Harley-Davidson:

<http://www.westcoastthunder.com/>

6:00 a.m.	Event Registration & Staging
6:00 a.m.	Continental Breakfast
6:00 a.m.	Pancake Breakfast Begins (\$5) sponsored by Riverside Harley-Davidson
8:05 a.m.	Performance of "Star Spangled Banner"
8:10 a.m.	Emcee for Event: Paul Adkins, Chairman of Riverside National Cemetery Support Committee
8:15 a.m.	Guest Speakers
8:21 a.m.	Introductions of other VIP's in the crowd.
8:25 a.m.	Commencement Ceremony by West Coast Thunder Color Guard
9:11 a.m.	Parade departs Riverside Harley-Davidson

Palm Springs Air Museum

[- https://palmspringsairmuseum.org/special-programs/](https://palmspringsairmuseum.org/special-programs/)

Annual Memorial Day Flower Drop & Air Fair – Monday, May 28, 2018 – Flower Drop and Air Fair: Flight exhibitions start at 10 am, and this year will include P-51, P-63, C-47 and B-25.

1 PM – Flower Drop Ceremony followed by Missing Man Formation and Flower Drop

After the 1 PM Flower Drop Ceremony, Missing Man Formation with the fighters, plus the B-25 Mitchell Bomber will drop 3,000 red and white carnations to commemorate those who gave the ultimate sacrifice.

Day includes flight exhibitions throughout, 1 PM special program, Heatwave Jazz Band, children's activities, and food vendors. Beer Garden area available for those age 21 and over. Visitors may take home a carnation after the drop, and are encouraged to bring a portable chair, and to CARPOOL as the parking lots quickly fill up. Friendly pets on leash welcome.

Hemet

Memorial Day Run/Walk: <http://www.runmemorialday5k.com/>

Diamond Valley Lake Community Park

1801 Angler Ave, Hemet, CA 92543

Race Start Times: 5K/10K: 7:30 AM; Kids 1K: 9:30 AM



Association of oral health literacy with oral health behaviors, perception, knowledge, and dental treatment related outcomes: a systematic review and meta-analysis.

Firmino RT1, Martins CC1, Faria LDS1, et al. J Public Health Dent. 2018 Mar 2. doi: 10.1111/jphd.12266.

To conduct a systematic review and meta-analysis regarding the association of oral health literacy (OHL) with oral health behaviors, perception, knowledge, and dental treatment related outcomes.

METHODS:

Eight electronic databases were searched up until June 2017. Studies regarding the aforementioned outcomes measuring OHL through a validated instrument and in which OHL was an explanatory variable were included. Meta-analysis using random effect modeling was undertaken. Pooled estimates were calculated with 95 percent confidence interval (CI) and odds ratios (OR).

RESULTS:

Twenty-five studies were included in the systematic review and three in the meta-analysis. Most studies were cross-sectional ($n = 21$) and had a high risk of bias ($n = 17$). The meta-analysis showed no association between OHL and frequency of visit to the dentist for adults, either through bivariate analysis ($OR = 1.25$; 95 percent CI: 0.95-1.63) or multivariate analysis ($OR = 1.90$; 95 percent CI: 0.77-4.84). Dental anxiety and night bottle-feeding were associated with low OHL ($P < 0.05$). Most studies regarding tooth brushing frequency found no association with OHL. Most studies regarding oral health knowledge related outcomes reported an association with higher OHL. The literature was inconclusive regarding the association between OHL and dental treatment outcomes, oral health behaviors, and oral health perception.

CONCLUSIONS:

The current scientific evidence suggests that no association exists between OHL and any of the outcomes investigated. Further prospective studies with a higher methodological quality are necessary to confirm the evidence.

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PMID: 29498754 // DOI: 10.1111/jphd.12266

Effect of Various Laser Wavelengths on Temperature Changes During Periimplantitis Treatment: An in vitro Study.

Monzavi A1, Fekrazad R2, Chinipardaz Z3, et al. Implant Dent. 2018 Feb 27. doi: 10.1097/ID.0000000000000751.

PURPOSE:

This study aimed to investigate and compare temperature change during implant decontamination with different laser types (carbon dioxide [Co2]/diode/neodymium-doped yttrium aluminum garnet [Nd:YAG]/erbium-doped yttrium aluminum garnet [Er:YAG]/antimicrobial photodynamic therapy [aPDT]).

MATERIAL AND METHODS:

Sixty implants were inserted into a bone block cut from a sheep's mandible. A 3×8 mm vertical lesion was made at the buccal of each implant. The bone block was placed into a 37°C water bath to simulate the in vivo oral condition. A K-type thermocouple was placed in contact with the implant to register temperature changes at 3 points (apical/middle/coronal).

RESULTS:

In the entire laser irradiations, the mean of temperature changes re-

mains below 10°C. The apical temperature rise was higher than the coronal and middle regions ($P < 0.05$), and the apical temperature took longer time to reach the initial temperature (37°C) ($P < 0.001$). Temperature changes over 10°C occurred at the apical point of the implants with the Co2, Nd:YAG, and diode laser irradiations; however, only the Co2 laser reached the statistical significance in this regard ($P < 0.05$).

CONCLUSION:

Our findings indicate the promising results of Er:YAG laser and aPDT in implant decontamination. Precaution should be taken in the application of Nd:YAG, diode, and especially Co2 lasers.

PMID: 29489549 // DOI: 10.1097/ID.0000000000000751

Closure of Oroantral Communication With Plasma-Rich Fibrin Membrane.

Demetoglu U1, Ocak H2, Bilge S3.

J Craniofac Surg. 2018 Feb 26. doi: 10.1097/SCS.0000000000004360.

Abstract

Oroantral communication (OAC) is the opening between the maxillary sinus and oral cavity. It may cause oroantral fistula or maxillary sinusitis if left untreated. The surgical closure of the OAC within 48 hours was recommended to avoid the complications like sinus infections. The aim of this study is to evaluate the treatment of OACs with plasma-rich fibrin (PRF) which is safe and easy to implement in the OACs. This study was conducted with the patients, who required the treatment of the OAC, which was developed after the posterior maxillary tooth extraction in the Dental and Maxillofacial Department of the Faculty of Dentistry in Adnan Menderes University. Plasma-rich fibrin membranes were inserted in layers into the tooth socket so that they covered the OAC. Then these membranes were fixated with the sutures to the surrounding gingiva. Antibiotic (amoxicillin/clavulanic acid 1000mg), analgesic (dexketoprofen trometamol and/or paracetamol), and oral rinse (0.2% chlorhexidine digluconate) agents were prescribed to all patients. The patients were examined in the 3rd and 7th days and 2 months after the operation. All patients tolerated PRF perfectly, and the soft tissue recovery was completed without any problem. Full epithelization was observed in the defect

area in all patients. The OAC did not relapse in any patient. Plasma-rich fibrin technique is a simple and effective method, which can be used in the treatment of OACs with a diameter of 5mm or less with a low risk of complications.

PMID: 29485557 // DOI: 10.1097/SCS.0000000000004360

Reducing side effects in commonly used drugs.

sciencedaily.com: New research has drilled down to the molecular level to find similarities across six pharmaceutical drugs used in pain relief, dentist anesthetic, and treatment of epilepsy, in a bid to find a way to reduce unwanted side-effects.

<http://www.anu.edu.au/news/all-news/research-looks-to-reduce-side-effects-in-commonly-used-drugs>

Pioneering Gene Therapy for Dry Mouth. nidcr.nih.gov: Ongoing clinical trial explores saliva-restoring gene transfer. Read more

<http://www.nidcr.nih.gov/news-events/pioneering-gene-therapy-dry-mouth>

A guide to minimally invasive crown lengthening and tooth preparation for rehabilitating pink and white aesthetics.

nature.com: This paper presents a minimally invasive technique for crown lengthening for short clinical crowns concurrent with excessive maxillary gingival display, which is expedient, maintaining the inter-proximal papilla, mitigating morbidity, reducing post-operative inflammation, and increasing patient comfort. Read more

www.nature.com/articles/sj.bdj.2018.121



TCDS Nominating Committee Selects The 2018 Delegates & Alternates And the 2019 Board of Directors

The Nominating Committee met in February and nominated the following members to serve as delegates and alternates to the CDA House of Delegates, November 9-11, 2018, at the Anaheim Hilton

Delegates (alphabetically):

Wade Banner
Jay I. Bhatt
Michael J. Clapper
Katherine J. Cooke
Joan E. Dendinger
Hal Deisem
Mauricio DosSantos
Arthur D. Gage
Deborah M. Hutton
Daniel N. Jenkins
Hemant N. Joshi
Michael Mashni
Wayne S. Nakamura
Paul C. Simateys
Robert D. Stevenson
Judy Wipf

Alternate Delegates (alphabetically):

Gisella Angarita
Liviu Eftimie
Jamie Leichty
Jeffrey D. Lloyd
Tobias Maynard
Gerald M. Middleton
Daniel Ninan
Isabella Piedra
Leonard J. Raimondo
Denine T. Rice
Dave Roecker
Evangelos T. Rossopoulos
Archana A. Sheth
Richie Tran
Brian Watanabe

Additional nominations for delegates and alternate delegates to the California Dental Association, 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 TCDS office by June 10.

Candidates nominated for an office, delegates and alternate delegates, if unopposed, shall be declared elected at the close of the 30-day nominating period. In contested elections, voting will be held by mail ballot.

The Nominating Committee is also presenting its recommendations for the officers to serve on the board of directors for 2019. The committee presents the following slate:


President:	Michael Mashni
President-Elect:	Katherine J. Cooke
Vice President:	Hemant N. Joshi
Secretary-Treasurer:	Michael J. Clapper
Director:	Wade Banner
Director:	Jay I. Bhatt
Director at Large:	Hal Deisem
CDA Trustee:	Kenneth Harrison


Other board members who will remain on the board in 2019 include:

Wayne S. Nakamura, Immediate Past President • Joan E. Dendinger, Director • Mauricio DosSantos, Director
Oariona Lowe, CDA Trustee • Daniel N. Jenkins, Editor

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 TCDS 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, 2019. In contested elections, voting will be held by mail ballot.

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By
Kenny Wilstead, DDS

Unable to Ignore the Feeling

gap between my two front teeth. One tooth was even crooked, making it even worse. I hated it more than anything in the world. I would do anything to fix it, but braces were way too expensive. I was always so shy and never talked in class. Nor did I like meeting new people because when I talk, it's the first thing you see. Many people at my school made fun of it so I stopped smiling. Sometimes when I was asked to smile, I could only smirk. I went to a dentist and asked about braces, but I was told that braces wouldn't fix it due to my lip-tie and that

SO anxious, I was shaking. About 10 minutes went by and I heard my mom making comments in the background like... 'Oh my goshhh!' I could barely sit still. Finally, the seat started to raise me up and Dr. Wilstead handed me the mirror. I paused and took a deep breath before... COMPLETE SHOCK happened!! They looked AMAZING... and NATURAL... and just PERFECT! Seeing what I saw in the mirror, I realized... I'm BEAUTIFUL! I was so happy, I started crying once again and gave Dr. Wilstead a big hug. He just smiled back silently. LOL. As

"All I'm saying is, sometimes we can truly change a life, if we want to."

One evening, my daughter handed me her phone to look at her friend's new puppy. While the dog was extremely cute, I couldn't help but notice her friend's smile... or lack of a smile I should say. I'd seen that same smile many times and knew there was something going on. I asked my daughter why her friend wasn't smiling and she said that she has a gap that she is super shy about, so she doesn't smile. My heart just broke that even at a time when this young girl had every reason to smile, she would not. I found myself unable to ignore the feeling to help.

But since this story is about a 15 year old girl named Cassie, I asked her tell this story in her own words. She writes... "For as long as I can remember, I have always been insecure about the

the gap would just come back. I was devastated.

"Well, recently my mom and I were in the car and she we got a call from my friend's dad who is a dentist. After a few minutes of speaking to my mom, she put the phone on speaker and said, Dr. Wilstead would like to speak to you. I didn't know what to think... he said 'Cassie, how would you like to have your gap fixed - TOMORROW - for your birthday? Wait, how did he know it was my birthday? WAIT, did he really just say what I think he did?! My heart burst out of my chest and a huge smile came across my face and I started crying while I told him 'YES!' That whole night, I was so excited I couldn't even sleep. I called my mom 20 times asking if she's still coming to get me.

"Before I knew it, I was in the chair and I was

soon as I got in the car, I took 200 selfies. I was smiling, laughing and talking. On Monday, I went to school and I found myself smiling at absolutely EVERYBODY! I got so many compliments and just felt like I could finally be myself. Having this kind of confidence was only a distant dream and Dr. Wilstead somehow plucked me out of the universe and said, I can fix that. Thank you Dr. Wilstead for giving me back the confidence to be who I always wanted to be." This is what makes me get up in the morning.

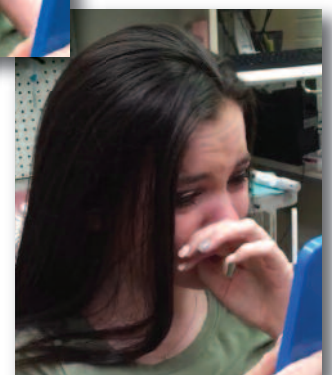
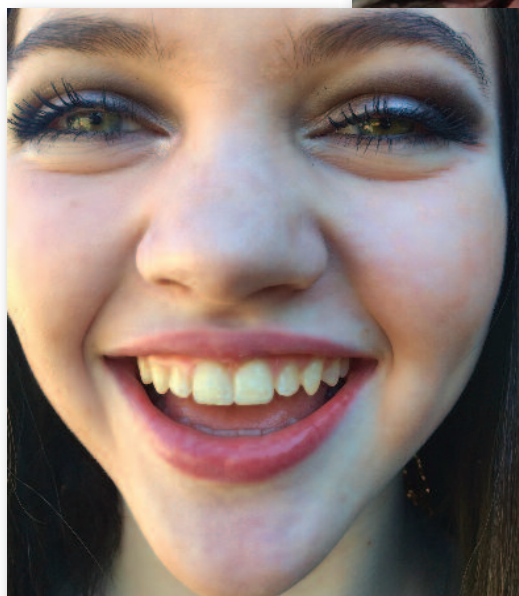
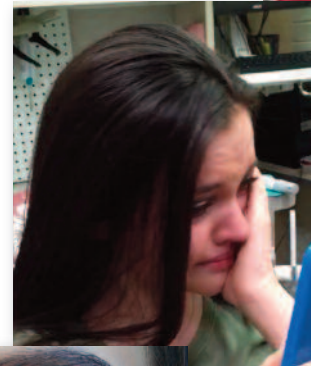
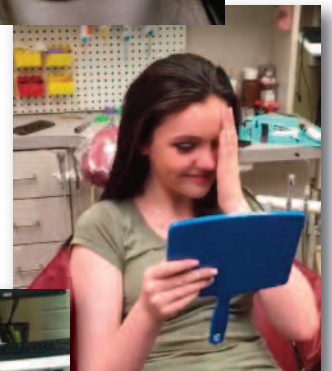
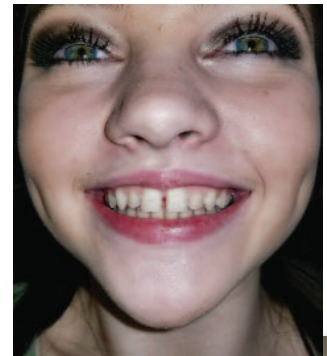
It's not for a morning huddle or to fight tongues all day. I live to find those that others have forgotten, left behind or told nothing can be done without taking out a loan or asking their rich uncle that doesn't exist. Too often, I find patients who have gone to the dentist, presented their problem, and find themselves leaving feeling discouraged because they don't have

enough money for ortho or another high priced dental procedure. Dental professionals unfortunately don't seem to be offering all available options when the patients can't afford the desired treatment plan by the dentist. There are so many options such as the one I offered Cassie that could have been offered, but just because it is not the ideal or standard treatment, she is forced to walk out the door and accept her situation and cope during the most important developmental years of her life. It is completely obvious that this was affecting her on levels that we should all understand and take into account as we discuss the different options available—even if the options are a little unconventional. Many times, I know deep down that if I don't find some way to help this person, they will never get a job or never get married to someone they deserve, or never smile with their friends at school. So, I make sure they leave my office with an option we are all happy with. I am not an enabler and believe whole-heartedly in accountability for life's decisions. All I'm saying is, sometimes we can truly change a life, if we want to. I personally believe in doing 3 things to be successful: do extraordinary dentistry, be honest in my dealings, and not concern myself with how much I'm paid along the way.

I started running Marshall Family Dental 3 years ago with virtually no active patients and a very bad reputation for dentists not willing to stick around to make it work. Yes, I'm an associate and was asked to resurrect this office from the dead. At the time, I had already been associating for 4 years and felt it was time to spread my

wings and show the world (and my wife) what I was capable of. Since then, I have averaged over \$150,000 per month with this month exceeding \$200,000 for the first time. I receive 120+ new patients per month, no Medicaid, all word of mouth in an old beat up building with only 25,000 people in the town. But I knew I could offer my "patients' " experiences so unique and different, they would tell the whole world – and, they have. My patients have posted their amazing dental experiences in social media, which have been viewed over 10 million times on different programs like Inside Edition, ABC news, Yahoo News, and dozens more. So please everyone, share your gifts. The world will thank you, even if it's just Cassie's world.

Dr. Kenny Wilstead





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TCDS Membership Status Report

Active/Recent	1490
Life Active	122
Retired	33
Life Retired	169
Post Grad (not counted by CDA)	29
Faculty	47
Disabled	11
Military/Public Health	4
Provisional (not counted by CDA)	0
Hardship	8
Dental Student Members (Not counted by CDA)	727
Pending Applications	3
TOTAL	2643

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CDA Member Contact Center	(800) CDA-SMILE
	(800) 232-7645
Practice Support Center.....	(866) 232-6362
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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.

TDIC policyholders who complete a seminar or eLearning option will receive a two-year, 5% Professional & Dental Business Liability premium discount effective their next policy renewal. To obtain the two-year, 5% Professional & Dental 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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