

August / September 2021

the Nugget

Orofacial Pain - the Newest Specialty

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY



Get Ready For Our UPCOMING EVENTS

AUG
18

CPR-AHA BLS Blended Learning

Wednesday • 7–7:45pm, 8–8:45pm
SDDS Office • \$77.50 total

Skills Testing, 2 Time Sessions (4 CEU Core)

AUG
25

Business/Practice Management Forum

Wednesday • 12–1:30pm • Zoom Meeting • \$49

Exclusive Tools for a Successful Dental Practice—CDA Practice Support Has Those! (1.5 CEU 20%)

Ann Milar, CDA: Sponsored by CDA

This course will provide the latest practice support information available to CDA member dentists and their teams, including a preview of upcoming products and value-added services. Learn more about the tools, resources and expertise available to you and your dental team as a member benefit and how to minimize duplication of effort and expense while providing optimal care for your patients.

AUG
26

New Member/Job Bank Event

Thursday • 6pm • SDDS Office

SEP
2

Harassment Webinar • Thursday • 10–11am • \$39

Harassment Prevention Training – For Employees (1 CEU Core)
California Employers Association

This course is a 1-hour instructor-led session where employees will engage in discussions on all forms of sexual harassment (verbal, visual, and physical). Other types of prohibited harassment, discrimination, retaliation and abusive conduct will be covered in an interactive format.

SEP
2

Harassment Webinar • Thursday • 12–2pm • \$59

Harassment Prevention Training – For Supervisors/Employers (2 CEU, Core)
California Employers Association

This course is a 2-hour instructor-led session where employees will engage in discussions on all forms of sexual harassment (verbal, visual, and physical). Other types of prohibited harassment, discrimination, retaliation, and abusive conduct will also be covered in an interactive format.

SEP
14

General Membership Meeting

Tuesday • 5:45pm Social • 6:45pm Dinner & Program • Hilton Sacramento Arden West • \$75

Throwdown! Who Placed That Implant? (3 CEU Core)
Drs. Ash Vasanathan, Dale Alto, and Pieter Linssen

This throwdown will bring together an Oral Surgeon, a General Dentist, and a Periodontist to discuss and debate some of the specifics of implant surgery – come join the fun!

SEP
17

CPR-AHA BLS Blended Learning

Friday • 8–8:45am, 9–9:45am, 10–10:45am
SDDS Office • \$77.50 total

Skills Testing, 3 Time Sessions (4 CEU Core)

SEP
21

Business/Practice Management Forum

Friday • 12–1:30pm • Zoom Meeting • \$49

Dentists Are Judged By Everything But Their Quality of Care (1.5 CEU 20%)

Jennifer de St. Georges

Dental practices with poor customer service pay the price on the internet & local community sites. Jenny identifies today's dental consumer concerns when choosing a new dentist. She provides the proactive management and communication skills needed to be sensitive to a dental patient buyer today.

SEP
22

HR Webinar • Wednesday • 12–1pm • Webinar • \$59

Top 10 Ways to Stay Out of Court (1 CEU 20%)
California Employers Association

This presentation is done in a fast paced David Letterman Top Ten List style. The speaker describes various real life situations CEA has seen that have resulted in law suits for employers. It is geared around preventative measures business owners and managers can easily put into place to help them "Stay Out of Court".

SEP
24

Continuing Education Hands On

Friday • 8:30am–12:30pm • SDDS Office • \$159

Exciting Possibilities with Minimally Invasive Implantology (4 CEU Core)

Jeffrey Yang, DMD

Sponsored by IBS Implant/ Academy of Minimally Invasive Implantology

This course will provide the rationale and hands-on experience of new standards in minimally invasive implantology. The new standards minimize the needs for flaps and sutures and grafts. Minimally invasive treatment helps promote the longevity of the implant by maximizing the soft tissue healing. If you do not place implants this will be a great place to begin. If you do already place implants this will provide you with another option for less invasive surgery that leads to faster recovery and better longevity of the implant.

SEP
30

Business/Practice Management Forum Hands On

Thursday • 6–8:30pm • SDDS Office • \$75

Fix it Before it Fails (2.5 CEU 20%)

Eric Payne; TEKagogo

This program will present basic office equipment maintenance so that those Manic Mondays disappear! This course will give great advice on maintenance, upkeep and identification of possible equipment failure – and how to avoid crisis and panic!

Courses/events may be affected based on COVID considerations and social distancing guidelines. If necessary, alternate plans will be offered.

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COVER IMAGE CREDIT: ADOBE STOCK

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2020 • Golden Pen, *honorable mention*
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2015 • Special Citation Award
2014 • Outstanding Cover, *honorable mention*
2014 • Golden Pen, *honorable mention*
2013 • Outstanding Cover

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President's Message



By **Volki Felahy, DDS**
2021 SDDS President

Looking forward to In Person Events

I have a hard time believing that the summer I was looking forward to is almost over. One thing I think most of us have learned over the past year and a half of the pandemic is to not take anything for granted. To enjoy quality time and be present in our daily lives. I personally realize how fleeting time is and as a just how quickly things can change. This summer, my family and I have purposely spent more time traveling together. I believe the term for it is revenge traveling. We created memories I hope the kids will never forget, camping, boating and taking a few trips to the beach.

If there is any silver lining to this pandemic, it is realizing the true privilege of time together. I do not believe the cognizance of that privilege will fade anytime soon. Many of us have realized how important it is to value our time. Maybe you took more time off this year or cut back on obligations to have more time to spend with friends and family. This shift in time value is not unique to our field, but it is rapidly becoming a cultural norm. Many people have changed from more time-intensive careers to

ones that allow more free time. Others have moved to different states to find a lower cost of living to lower expenses and free up time

If there is any silver lining to this pandemic, it is realizing the true privilege of time together.

that would have been spent working to make ends meet. I have experienced this firsthand in my practice. Several long-standing patient families moved out of state this year. At one point we were losing three families a month! That can be a bit concerning for the business of a private practice.

As the fall approaches and life starts to get back into more of a routine, with vacations over and kids going back to school, I hope to see all of you at our in person meetings lined up for this year. Not only are they

a convenient way to get your continuing education out of the way, they are a great time to reconnect with your dental community. If you are new to the Society, they are a great way to make friends and network. We have a great lineup planned this fall. For example, we are starting with the popular throwdown format. September's General Meeting is on implants. Who placed them, and who does it better: a specialist or general practitioner? It is going to be lively for sure! Also, Dr. Jamison Spencer is back with a full-day of courses, and our MidWinter meeting will be held back at the newly remodeled convention center! I am truly looking forward to seeing all of you back in person at one of our upcoming events. ■

Volki Felahy



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Are You Zoomed Out?

By Cathy B. Levering
SDDS Executive Director

As I write this article, we are ready to blast off with our Fall program – some in person, some on Zoom, some hands on, and some direct webinars. We've spent the last 18 months pivoting and making changes as the COVID restrictions vary from week to week.

We are STILL PLANNING to do all of our General Meetings in person at the Hilton Hotel so we hope that you will join us starting September 14th. The second Tuesday every month will continue to be our general meeting nights and, to tell you the truth, I have heard from many that they are glad to "be back in person." Our vendors and exhibitors will be there and the Implant Throwdown will not disappoint.

So many people say they don't need any more continuing education and that they are zoomed out these days. This is precisely why our dental society is trying its best to bring people back together. Our dental society is not just about the CE we provide. In fact, it is one of the benefits, but definitely not the best benefit – it's just ANOTHER BENEFIT amongst many. We have 80% of the market share with our 1800 members and we are proud that most of our members will say that the peer networking and relationships, referrals, informational offerings and friendships are what make us special. The vendors with whom we work have said that "we rock it" in comparison to other state organizations. Our members say they appreciate our response time, our willingness to advocate on their behalf, and our attentiveness to their concerns and their practice needs.

What is it we do that makes SDDS special? WE CARE!

We care about our members, we care about our vendors and advertisers and exhibitors, we care about our members and their businesses. We care a lot.

So, if you are thinking about why you are a member and why you pay your dues to us, please just know that we care. We try so very hard to listen, to hear, to advocate, to problem solve and to be here for our members. And thank you for your faith in us.

See you at the September General Meeting! ■

Cathy

Business/Practice Management Forum Webinar

August 25, 2021 Wednesday • 12–1:30pm • Zoom Meeting • \$49

**Exclusive Tools for a Successful Dental Practice—
CDA Practice Support Has Those!** (1.5 CEU 20%)

Ann Milar, CDA: Sponsored by CDA

Learning Objectives:

- Learn more about the offerings from CDA Practice Support and how they support you, your dental team and your patients
- Identify resources and tools to assist with the business of dentistry (employment, regulatory compliance, practice mgmt. and dental benefits)
- Understand the true dollar value of Practice Support as a CDA member benefit

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By **James C. Cope, DDS**
Associate Editor

A New Speciality—OFP

The American Dental Association recently recognized orofacial pain (OFP) as the dental profession's twelfth specialty. The American Academy of Orofacial Pain (AAOP) defines OFP as 'the specialty of dentistry that encompasses the diagnosis, management, and treatment of pain disorders of the jaw, mouth, face and associated regions.'

In this past year, I have referred several patients to an orofacial pain specialist and have been impressed with the 'systems-wide' dental-medical treatment these patients received.

The AAOP clarifies that "OFP disorders include but are not limited to temporomandibular muscle and joint (TMJ) disorders, jaw movement disorders, neuropathic and neurovascular pain disorders, headache, and sleep disorders."

It has taken me a few decades of being a general dentist, but I have confidence that I will be able to readily help any dental emergency patient who arrives, sometimes with tears in their eyes, to relieve their suffering. We dentists are good at managing acute pain! However, my confidence waivers when a chronic pain patient complains of neurogenic pain, headaches or sleep disorders not related to sleep apnea.

In this past year, I have referred several patients to an orofacial pain specialist and have been impressed with the 'systems-wide'

dental-medical treatment these patients received. For these people, to be relieved of suffering brings back the joy in life that had once been lost.

The authors in this issue of *the Nugget* present an expanded view of dentistry—treatment of the whole person, taking into account psychological and social factors rather than just the symptoms of a disease. Let's roll out the red gauze (I could not resist) to the new specialty of orofacial pain, put down our handpieces and forceps for a moment, and welcome these highly-trained dentists who can help when the patient says, "doc, I have this gnawing pain that will not go away, I have had teeth pulled, it did not help, I have been to a number of physicians and dentists, and no one seems to know what to do!"

"I know someone who can help you." ■

JOIN US FOR OUR FIRST IN-PERSON GENERAL MEETING IN OVER A YEAR!

Throwdown! Who Placed that Implant? 3 CEU, Core • \$75

Presented by Dale Alto, DDS; Pieter Linssen, DDS; and Ash Vasanthan, DDS, MS

In the vast majority of cases, dental implants have become the preferred treatment to replace missing teeth. As a result, implants are now being placed in an increasing number of both general and specialty practices. This throwdown will bring together an Oral Surgeon, a General Dentist, and a Periodontist to discuss and debate some of the specifics of implant surgery – come join the fun!

Topics will include:

- Modern techniques and standard of care
- Concepts in implant surgery and restoration
- Appropriate training for placing implants
- Management of complications

Tuesday, September 14, 2021

5:45pm: Social & Table Clinics

6:45pm: Dinner & Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

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throwing it down!*

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YOU SHOULD KNOW

NEW CALIFORNIA ORDER FOR HEALTH CARE WORKERS STATEWIDE POLICY WILL TAKE EFFECT ON MONDAY, AUGUST 9TH!

Reprinted with permission by CDA

California health care workers must show proof of COVID-19 vaccination; unvaccinated workers must get tested regularly. The statewide policy will take effect Monday, August 9th, with full compliance required by August 23rd.

CDA is working with state officials to clarify the requirements for dental practices, including how COVID-19 testing will be conducted and who will pay for it.

Visit the CDA Newsroom to read the full article. You'll also find FAQs, a vaccine confidence toolkit, and more to help you get ready for this upcoming policy.

NEW CAREER CENTER ON CDA.ORG CONNECTS EMPLOYERS AND JOB SEEKERS, BUILDS DENTISTRY EMPLOYMENT PIPELINE

Reprinted with permission by CDA

CDA has launched an enhanced platform to offer practice owners and job seekers an intuitive and easy way to connect through job alerts, customized profiles and high-quality job matching technology.

Visit the new Career Center at careers.cda.org

"THIS WEEK AT SDDS" EMAILS OFTEN CONTAIN DEALS!

Have you taken advantage of any of the week long deals we've been offering in our "This Week at SDDS" emails? We've discounted courses, bundled products at a discount, shared vendor member discounts and had many other great deals! **Check your inbox Sunday mornings around 8am for the weekly news and possible deals you won't want to miss.**

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Support SDDF, our Smiles for Kids and Smiles for Big Kids program with donations through Amazon Smile. They will automatically donate .5% of our purchases. **Logon to smile.amazon.com and select the Sacramento District Dental Foundation as your charity.**

TRAINING YOUR RDA IN OFFICE

Submitted by LaDonna Drury-Klein; The Foundation for Allied Dental Education

In the past year, we have seen the results of our "workforce pandemic" cause some of our best and most dedicated dentist-employers to color outside the lines and hire less than adequate personnel to fill the most critical position in the dental office today – the clinical chairside assistant. More than ever before, we find ourselves collaborating with the SDDS team in helping member-dentists with their understanding of the scope of practice "rules" while grappling to understand how and why the qualified RDA has become nearly extinct. What is more telling than all else, is the surprise members experience when they see the effective date of the "new" laws of dental assisting.

On 1/1/2010, the unlicensed dental assistant and all categories of dental assisting became a matter of state law. Very unceremoniously, the dental assistant became a defined category with a defined scope of practice whose duties and functions were no longer at the discretion of the employer-dentist. One major outcome of AB2637 was the increased impact on an employer-dentist for allowing illegal functions, making it a misdemeanor or felony under the statutory provisions for aiding and abetting the illegal practice of dentistry, punishable by a criminal conviction, up to \$10K in fines and six months in jail; compound that with legal requirements for the licensee to report said conviction to the Board within 30 days whereby the licensee is at risk for loss of licensure for the criminal conviction. This is no longer a simple citation and fine like "running the stop sign" = this is a serious outcome and at no time have we seen more aiding and abetting than in these desperate times with employers taking huge risks in allowing duties and functions to happen by personnel who they are labeling as "a trainee" equal to that of an enrolled student.

Training and formal education are legislated and regulated entirely differently. Whether you are "training" a new non-licensed employee or have just hired a graduate of a Board-approved RDA program who has not taken or failed their licensure examinations, they are defined in law today as an unlicensed dental assistant, with a limited, basic and elementary scope of practice which does not allow for the performance of a licensed function, regardless of supervision, without the valid license to do so. Further, to identify "training" as that of or equal to a student enrolled in a Board-approved RDA program is inaccurate. Only an enrolled student of an approved program and a contract of affiliation in place from that institution or provider allows them to perform the functions without licensure. Once graduated, and until the examinations for licensure have been successfully completed, the graduate is no longer allowed to perform functions of the licensure category for which they completed their education, regardless of having a diploma or certificate of completion, until they possess the license and that is a matter of State law.

THE SDDS ONLINE MEMBERSHIP DIRECTORY IS NOW AVAILABLE
VISIT [WWW.SDDS.ORG/CURRENT-MEMBERS/](https://www.sdds.org/current-members/)



WHAT IS Orofacial Pain?

By **Kenneth Moore, DDS**
SDDS Member

Dr. Moore graduated from UCSF in 1982 and is a general dentist and an Orofacial Pain specialist in Roseville, California. He is a Diplomate of the American Board of Orofacial Pain and a Fellow of the American Academy of Orofacial Pain. Dr. Moore is the Associate Director of the UCLA Orofacial Pain and Sleep Medicine post-graduate program and co-director of both the TMD/Orofacial Pain and the Integrative Medicine/Dental Acupuncture mini-residency programs at UCLA.

Orofacial pain is one of the most common disorders affecting the general population however the reasons for acute and chronic orofacial pain can be extremely diverse. The source of orofacial pain can be odontogenic, musculoskeletal/orthopedic, neuropathic, and neurovascular (headache) which are directly or indirectly affected by underlying sleep and coping/psychological conditions.

Western science and medicine are based on the reductionist philosophy (i.e., the whole is the sum of its parts). By reducing a complex system to its basic parts and understanding each part, the whole can be understood. The reductionist approach has served to advance our knowledge and understanding of all the sciences however dividing the whole (patient) into anatomical systems and body parts has had unintended consequences leading to a fragmentation of healthcare delivery.

Yet the reductionist approach does not satisfactorily explain the complexities of the brain. Although we have dissected the brain to understand the anatomy and physiology of this organ, we have yet to fully understand the product of this organ such as inspiration, memory and the emotions of love and pain.

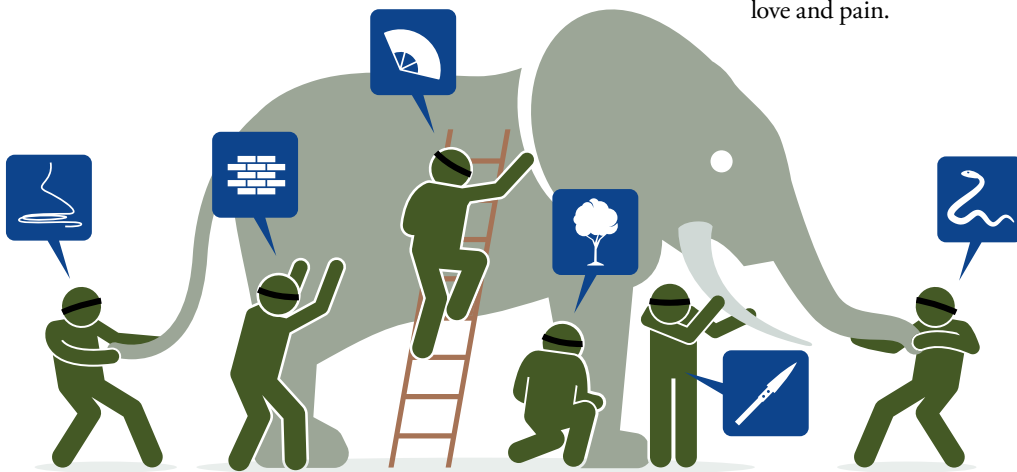
In July 2020, the International Association for the Study of Pain (IASP) revised the definition of pain as follows: “An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage,”

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person’s report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

Pain is a complex personal and emotional experience that reflects the individual’s biology, psychology, social factors, including previous experiences and exposure to pain. It is important to always respect a person’s report of pain.

Orofacial pain takes on another layer of complexity because of its location, i.e., the face. Although the hands and feet may have more representation on the somatic cortex of the brain, the orofacial region is the seat of our identity, our being. Therefore, pain in the orofacial region becomes more significant, urgent, and emotionally charged.

Throughout ancient and modern history, dentistry and medicine have had an interesting



Reductionism “The Whole is the Sum of its Parts”

relationship. In 1840, the State of Maryland chartered the first dental school in the United States—Baltimore College of Dental Surgery. It was started by four physicians after the medical department of the University of Maryland refused a request that it include dental education in its curriculum. The controversy involved the relative importance of instruction in technique versus education in scientific and critical thinking.

Dental school curriculum to this day spends a great deal of time teaching techniques to treat caries with restorations, broken and missing teeth with crown & bridge, or pulpal disease with endodontic obturation. These frequent problems present almost monocausal, requiring less diagnostic effort; the patient readily accepts that the cavity needs a filling, the fractured tooth needs a crown, or the painful tooth needs root canal treatment.

When the condition is monocausal, the traditional allopathic western medicine

approach is routinely and predictably successful. In multicausal conditions, a multidisciplinary approach is often required where the patient may go from one specialist to another. In complex, multicausal conditions, such as complex orofacial pain, interdisciplinary, coordinated care involving shared decision-making between the patient and all the specialists is required.

Interdisciplinary care is the goal, however due to the cumulative result of the diversity of the source of orofacial pain, the fragmentation of care, and the schism between dentistry and medicine, the individual suffering from orofacial pain has not been well served. Since the 1970's dental education curriculum has incorporated more medicine, yet medical education has not reciprocated, leading to a continued and ever-growing gap between dentistry and medicine.

To bridge the gap in healthcare, in March 2020, the American Dental Association

recognized its 11th and 12th specialties; Oral Medicine and Orofacial Pain (OFP).

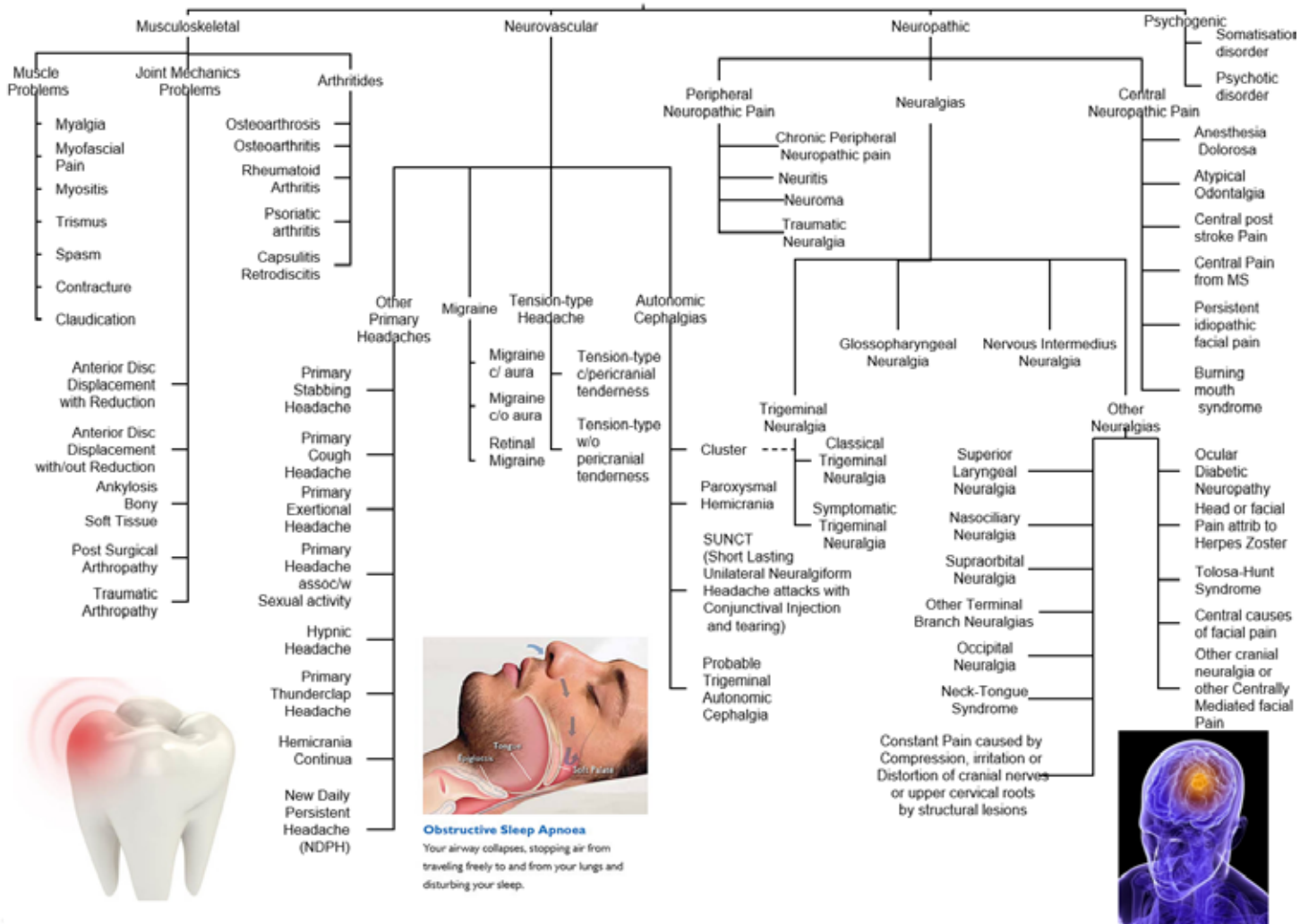
Oral Medicine: responsible for the oral health care of medically complex patients and for the diagnosis and management of medically related diseases, disorders and conditions affecting the oral and maxillofacial region.

Orofacial Pain: responsible for the diagnosis, management, and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

The OFP specialist's primarily area of responsibility is partially represented in this chart:

Continued on following page...

Orofacial Pain



What is Orofacial Pain continued...

Other than dental conditions, all other OFP conditions are diagnosed and reimbursed using medical codes and billed through the patient's medical insurance.

The OFP specialist is first a dentist who can rule out odontogenic pain, the most common source of orofacial pain. They have graduated from one of the twelve accredited university based 2-year programs in the US. They have completed both a written and oral board and have attained diplomat status with the American Board of Orofacial Pain.

Currently, OFP programs are the only dental specialty required to provide formal training in sleep physiology and dysfunction. Additionally, formal instruction must be provided in

behavioral science as it relates to orofacial pain disorders and pain behavior including:

- a) cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors
- b) the recognition of pain behavior and secondary gain behavior
- c) psychologic disorders including depression, anxiety, somatization, and others as they relate to orofacial pain, sleep disorders, and sleep medicine; and
- d) conducting and applying the results of psychometric tests.

The OFP specialist's training in diagnosing and managing dental pain, cervical and masticatory

muscle pain, temporomandibular joint pain, neuropathic pain, neurovascular (headache) pain and to recognize and manage sleep and behavior medicine conditions that can initiate or maintain orofacial pain conditions. The OFP specialist is well positioned to help bridge the gap between the practice dentistry and medicine and to coordinate care in a whole person centered, interdisciplinary approach that provides the relief of pain and suffering that everyone deserves. ■

JOIN US FOR THIS UNIQUE HANDS ON OPPORTUNITY!

The Exciting Possibilities with Minimally Invasive Implantology

4 CEU, Core • \$159

Presented by Jeffrey Yang, DMD

A large patient population is missing a critical tooth, and the days of placing a bridge or partial denture are beginning to go by the wayside. As seen by the growing market of implants, patients are actively seeking tooth replacement therapy. Minimally invasive treatments have tremendous appeal to patients as seen in many aspects of dentistry from aesthetics, endodontics and now implants. This course will provide the rationale and hands-on experience of new standards in minimally invasive implantology. The new standards minimize the needs for flaps and sutures and grafts. Minimally invasive treatment helps promote the longevity of the implant by maximizing the soft tissue healing. If you do not place implants this will be a great place to begin. If you do already place implants this will provide you with another option for less invasive surgery that leads to faster recovery and better longevity of the implant.

Learning Objectives:

1. Attendees will see the potential and the value of learning about minimally invasive implantology, and how to select the proper cases.
2. Attendees will learn the rationale for implants designed to be minimally invasive.
3. To experience the surgical protocols on models that demonstrate the placement of implants in normal ridges, sloped ridges, and how to handle the sinuses using the new minimally invasive sinus lifting method.
4. Be comfortable responding to patient questions regarding minimally invasive treatment options.

Friday, September 24, 2021

8am: Registration

8:30am-12:30pm: Class

SDDS Classroom:

2035 Hurley Way, Suite 200

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By Don Goodman Ph.D.

Dr. Goodman is a licensed Clinical Psychologist, Hypnotherapist, Biofeedback Technician and Disaster Mental Health Response Specialist. He is a graduate of the Chicago School of Professional Psychology. He is on faculty at UCLA as a lecturer, clinical instructor and clinician working as Chief Clinical Pain Psychologist in the Orofacial Pain Department of the UCLA Dental School. Dr. Goodman also holds a Doctorate in Music from the University of Southern California and is trained as a concert pianist.

The Biopsychosocial Model of Chronic Pain



Chronic pain is complex and multi-faceted. Acute pain such as a paper cut, or a broken limb often resolves without residual pain. Chronic pain on the other hand, grows insidiously over time, and often without a visible lesion.

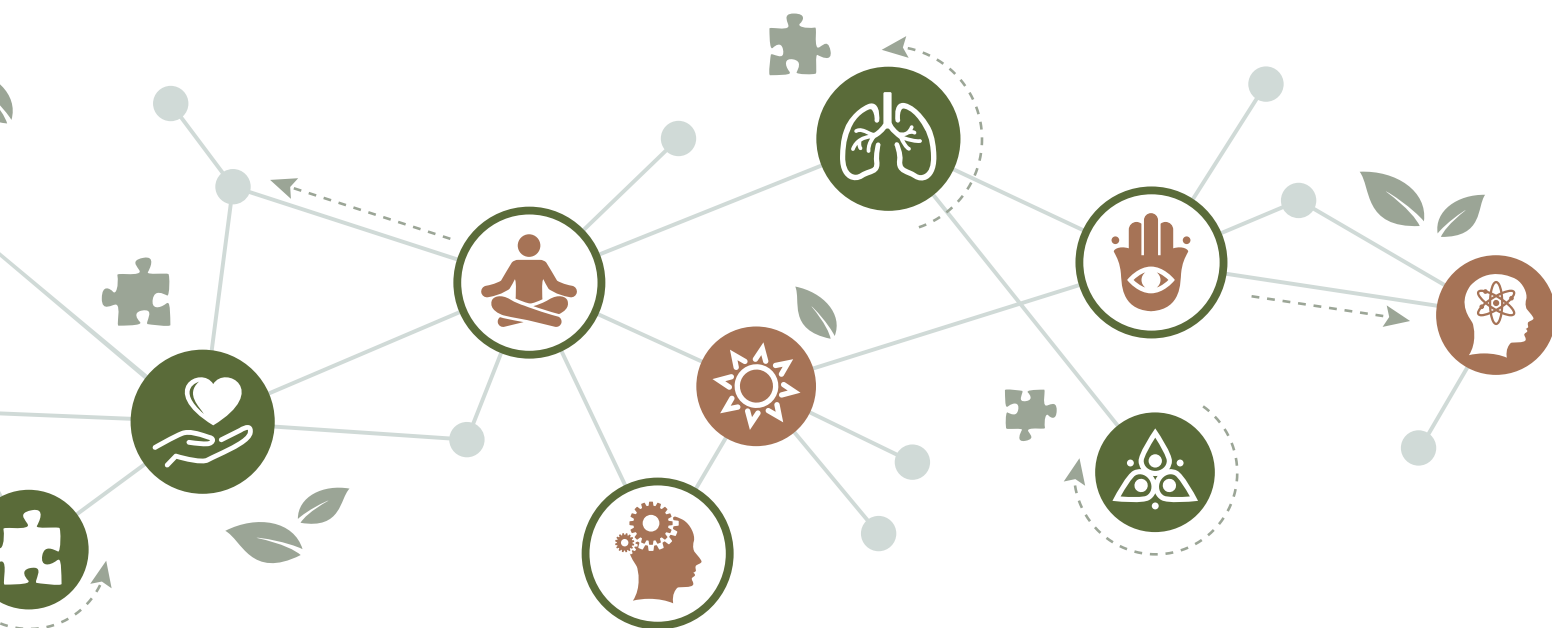
Health and Pain Psychologists are an integral part of the UCLA Orofacial Pain Team which views chronic pain as a combination of physiological, emotional, and social disturbances that cause human suffering. Indeed, we look at chronic pain as a perception and an emotion—therefore it can be altered. There is nothing physiological that is not emotional and nothing emotional that is not physiological! We call this the mind-body syndrome.

The chronic pain patient may describe their chief complaint as “pain”, but will often present with fear, depression, anger, and anxiety. In a paper published in 1989 by Ruby A. Rouse entitled: A Paradigm of Intervention: Emotional Communication in Dentistry, Ms. Rouse states: “A combination of conditioned and socialized stimuli has come to characterize dentists as inflictors of torture.” With this paradigm extant in the public perception of dentistry, we often observe anxiety and stress in our patients as they anticipate treatment. Long-standing anxiety is now understood to be a precursor to chronic pain, TMD, migraine headaches and other illnesses. The connection between emotion and physiology may catch the dentist off-guard leading him or her down a path of symptoms not easily solved.

Here is the foundational principle: Anxiety is the culprit. Everyone has some anxiety; it is a normal part of our physiology. In their study on anxiety back in the early 20th century, Yerkes-Dodson posited that anxiety is productive in the moderate range. Too high or too little anxiety does not allow us to perform at our optimum. When anxiety is too high, the sympathetic nervous system secretes too much noradrenaline, norepinephrine, and cortisol. This causes a constriction in the musculature throughout the body, increased inflammation, and eventually pain, disease and depression.

In most first-world countries there are measurable increases in stress and anxiety as well as a sharp rise in idiopathic illnesses. This may begin as bruxism, often starting very young (possibly the body’s way of releasing anxiety) followed by tension in various parts of the body. Heightened anxiety and stress are often a reflection of a stressful environment, whether in the home or outside the home. More friction and instability in life can generate insecurity and a loss of well-being....this feedback cycle of stressors and anxiety proceeds to physical illness, disease, and elevated chronic pain over time.

The first goal for the clinical psychologist is to decrease the baseline anxiety levels wreaking





By **Sherwin Arman, DMD, MPH**

Dr. Arman is the director of the orofacial pain program at the UCLA School of Dentistry. He is also a diplomate of the American Board of Dental Sleep Medicine and is involved with the American Academy of Orofacial Pain and the American Board of Orofacial Pain. His interest is to promote Orofacial Pain education to healthcare providers and students as well as the integration of Orofacial Pain education into dental education curricula.

Two Case Reports of Jaw Pain

There are two important points when discussing the management of a patient who presents with a chief complaint of jaw pain. First, not all causes of jaw pain are related to dysfunction of the TMJ itself. Second, not all causes of jaw pain are related to dysfunction of the TMJ, muscles of mastication or any other musculoskeletal source. Let's consider two examples.

Case Report 1

In our first example, consider a 38-year-old male who presents with a chief complaint of left-sided jaw pain and clicking. The patient reports the pain has been present for more than five years and has worsened recently. The click is not painful, but is very annoying. The pain is continuous and worsens with jaw function. There are no associated symptoms. A comprehensive verbal history reveals no significant contributory findings other than report of daily gum chewing and jaw clenching during work. There are no headaches and cranial nerve exam is within normal limits. Physical exam shows moderate wear facets, moderate tongue scalloping and cheek ridging. Range of motion is within normal limits. An early opening click is identified in the region of the left TMJ. Palpation of the left TMJ does not elicit report of patients' chief complaint. Complete myofascial evaluation reveals the region of left deep masseter replicates chief complaint and refers pain to the left pre-auricular area. Passively stretching the mandible open with use of vapocoolant spray decreases the pain by 80%. Subsequent trigger point injection into the painful area of left deep masseter with 1% lidocaine/no epinephrine resolves the pain completely.

The diagnoses are:

- a) myofascial pain of the left masseter (likely secondary to parafunction) and
- b) anterior disc displacement with reduction of the left TMJ.

Initial treatment includes keeping the teeth apart at all times (N-rest position) when not eating, gentle stretching open of the mandible and moist heat before and/or after the home therapy protocol.

Case Report 2

Our second example has a similar presentation. A 25-year-old female presents with a six-month history of left-sided jaw pain. The pain is in the maxillary left quadrant, is moderate and aching typically lasts two-three hours. The frequency is two-three times per month. There is no contributory medical history and no precipitating factors. Clinical exam reveals a tender left superficial and deep masseter. The patient is not sure if it replicates the chief complaint. At this point, if a protocol of management strategies is utilized to manage a diagnosis of myalgia, it may not be effective to manage the chief complaint because myalgia is not the correct primary diagnosis.

The question to ask all patients who present for evaluation is "are there any associated symptoms?" and separately specifically ask questions regarding headache history. In the second example, the response would include symptoms of nausea as well as light and sound sensitivity which are associated with the pain. The patient would also want to lay down in a dark room during these episodes and is completely pain free between episodes.

A working diagnosis is:

- a) migraine without aura

Treatment for migraine would be initiated.

In order to get to this working diagnosis, one would need to know what possibilities exist in terms of diagnosis above and beyond those involving the dentition, periodontium and alveolar bone. Possible diagnoses must include primary causes where the pain has no obvious underlying pathology as well as those with secondary causes (tumors, demyelinating diseases, injury). ■



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By Kenneth Moore, DDS
SDDS Member

Dr. Moore graduated from UCSF in 1982 and is a general dentist and an Orofacial Pain specialist in Roseville, California. He is a Diplomate of the American Board of Orofacial Pain and a Fellow of the American Academy of Orofacial Pain. Dr. Moore is the Associate Director of the UCLA Orofacial Pain and Sleep Medicine post-graduate program and co-director of both the TMD/Orofacial Pain and the Integrative Medicine/Dental Acupuncture mini-residency programs at UCLA.

Orofacial Pain: What is the General Dentist's Role?

Throughout ancient and modern history, dentistry and medicine have had an interesting relationship. In 1840, the state of Maryland chartered the first dental school in the United States, Baltimore College of Dental Surgery. It was started by four physicians after the medical department of the University of Maryland refused a request to include dental education in its curriculum. The exact reason for this decision is not clear and some have speculated that the medical school was unwilling to supply the requisite physical space and expensive equipment. Others suggests that physicians viewed dentists as “carpenters” and not “medical specialists” while the dentists saw “dentistry (is) altogether too large to be made the tail end of the kite of medical practice” (quoted in McCluggage, 1959, p. 171). Shortly afterwards, in 1847, the American Medical Association was founded with the goals of setting standards for ethics and medical education. In that same year, the University of Pennsylvania’s Medical School saw it as their duty to advance educational standards and extended the length of medical education from four months to six months to accommodate the advances in medical sciences and the complexity of medical education. None of the 30-odd medical schools followed the example and six years later, the medical school returned to a 19-week course curriculum. Dental education was similarly structured following the four month model and as such, medicine and dentistry narrowed their respective curriculum and ceded the responsibility of the oral structures to dentistry and the rest of the body to medicine.

Since that time, in the United States, dental education occurred as a separate college within a university with little or no integration with medical education or as a completely separate, stand-alone institution. For the next hundred years or so, however—despite changing demographics, economics, and technology—the curriculum and

culture of medical and dental education changed little.

Healthcare has become even more fragmented by dividing the patient into anatomical or physiological systems and when a patient is in pain, they will select a healthcare provider based on the perceived location of the pain. Because the craniofacial region has a high density of anatomic structures, pain often radiates from one area to another, therefore the location of the pain may not be the source of the pain (heterotopic). The patient with acute and chronic orofacial pain may seek help from a number of specialists. It has been estimated that a patient with chronic orofacial pain has been seen by at least four-five other healthcare professionals prior to being seen by an OFP specialist.

The most common source of acute (less than three months duration) orofacial pain is odontogenic, i.e., teeth and related structures.¹ The prevalence of orofacial pain is around 17% to 26%, out of which 7% to 11% is chronic.² Most patients, therefore, suffering acute orofacial pain is for the most part secondary to dental or intraoral soft tissue pathology. Musculoskeletal disorder affecting the masticatory and cervical muscles, various neurovascular and neuropathic disorders such as headaches and trigeminal neuralgia can also mimic tooth related pain. Chronic (three months or greater) orofacial pain is less likely to be dental and more likely to be muscular, neuropathic, or neurovascular with an increase in poor sleep and an increase in anxiety and depression.³

Tragically, patients with chronic orofacial pain often suffer multiple unsuccessful, invasive, irreversible therapies and procedures further complicating a complex condition. Commonly, a tooth or several teeth have been extracted after multiple restorations, endodontic and periodontic therapies misdiagnosing trigeminal neuralgia as odontogenic pain.



Documented but less frequently, brain surgery (microvascular decompression), has been performed misdiagnosing a cracked tooth for trigeminal neuralgia.

The dentist's role is pivotal as the only healthcare professional that has the skill, knowledge, and experience to assess the oral and associated structures and to diagnose odontogenic pain. This includes not just dental structures but the muscles of mastication and temporomandibular joint. For dental structures, often times, only a cursory history is required, 'where is it, how did it start, what makes it hurt' having multiple objective modalities (radiographs, periodontal probing, vitality testing, etc.) to help make the diagnosis. For simple muscle pain (myalgia) and joint pain, the Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) protocol⁴ having both a physical and a psychosocial /behavioral assessment component can be helpful. The DC/TMD muscle palpation protocol prescribes palpation of the masseter and temporalis using 0.5-1 kg pressure for up to two seconds to elicit 'familiar pain'. It is primarily for simple TMD conditions and based on the orthotropic model of pain, i.e., 'where it hurts is where the problem is.'

For more complex, heterotopic orofacial pain, the American Academy of Orofacial Pain Guidelines for Assessment, Diagnosis, and Management sixth edition, recommends assessing multiple muscles of the head, neck, and shoulders. The lateral pterygoid is functionally assessed by having the patient protrude against resistance and the muscles that are accessible to palpation specify 0.5-4 kg pressure for 5-20 seconds to elicit not only local familiar pain but referred pain.⁵ The superficial and deep masseters, all three bellies of the temporalis, and the anterior digastric muscles are known to refer to teeth. The lateral and medial pterygoid, clavicular head of the SCM, and the deep masseter muscles are known to refer to the temporomandibular joint. Inadequate assessment will lead to inadequate diagnosis.

Since odontogenic pain is the most common orofacial pain and most of the time it is a tooth, what happens when the objective findings are abnormal or ambiguous? What if the pain is heterotopic and/or a local manifestation of a systemic condition? What if it is a 'counterfeit toothache'? Training in identifying counterfeit currency begins with studying genuine money. Training in identifying counterfeit odontogenic pain begins with studying genuine odontogenic pain.



A thorough and detailed history is vital in search of subtle clues as to the true source(s) of the pain. Two important clues are the quality of pain and the response to anesthetic blockade. Cohen's "Pathways of the Pulp" is an excellent resource and dedicates an entire chapter to the discussion of non-odontogenic toothaches and is partially summarized in the chart below.

Although the response to local anesthetic blockade helps to determine the location of the source of the pain, it does not determine the source(s) of the pain since the oral structures have vascular, muscular, connective tissue, osseous, immunological, and neurological components susceptible to

injury, trauma, infection, and inflammation.

If after a thorough history, a careful examination, appropriate studies, and conventional conservative care fails to eliminate the pain, complex orofacial pain must be considered. Prior to any additional treatment or procedures, an orofacial pain specialist should be consulted.

Paraphrasing Dr. Jeff Okeson, the job of the dentist is to "First rule out the teeth, then rule out the muscles, then rule out the joint, then rule out the weird stuff." ■

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Odontogenic Pain	Non-odontogenic Pain	Common Origin of Pain
Throbbing	Throbbing	Vascular
Pulsating	Pulsating	Vascular
Dull ache	Dull ache	Muscle
Pressure	Pressure	
Sharp	Sharp	
	Burning	Neurogenic
	Tingling	Neurogenic
	Electric	Neurogenic
	Searing	Neurogenic
	Stabbing	Neurovascular
	Numb	Neurogenic

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What Has CDA Government Affairs Council Been Working on for **YOU?**



By **Stephanie Sandretti, DDS**
CDA Government Affairs Chair
SDDS Member

The CDA Government Affairs Council is wrapping up the 2020-2021 legislative calendar. We have been working diligently in supporting important issues in dentistry affecting members and the way we practice dentistry as well as protecting our businesses and patients.

Most notably, CDA strongly advocated for numerous inclusions in the 2021-2022 state budget. The state budget now includes permanent Proposition 56 Medi-Cal Dental benefit increases in reimbursements. Previously, the fee schedule was only assured through July 2022. This is a huge win for dentistry as many code reimbursements were increased significantly with the cigarette tax. The Prop. 56/Medi-Cal-related funding commitments are the result of a multi-year effort that will now have a lasting impact and give dentists much more certainty about the future of the program. Furthermore, \$230 million in new reimbursements for Medi-Cal Dental providers was approved through the California Advancing and Innovating Medi-Cal program (CalAIM). This will provide funding for the Dental Transformation Initiative pilots including caries risks assessments, SDF applications and more.

The budget also provides \$75 million for the High Road Training Partnership initiative of the California Workforce Development Board, which will result in training for thousands of jobs thus creating entry into careers such as RDAs. Programs like CDA's Smile Crew of California will now be eligible to apply for these state grants. We're very hopeful that the dental assistant training funding will help with a major need of our members right now.

Lastly, \$30 million per year has been allocated to provide full funding to the Office of Oral Health, run by the State Dental Director.

Legislatively, CDA sponsored AB 526: Vaccine Administration and COVID-19 Testing. This bill will codify the ability for dentists to provide seasonal vaccines (such as COVID-19 and flu) and administer COVID-19 testing without emergency waiver. We are very optimistic that this bill will be signed by the Governor. CDA also supported SB 242 and co-sponsored AB 454 with CMA. These bills would require insurance plans to reimburse health care providers for costs related to the procurement of critical safety supplies such as PPE. SB 242 focuses on the near-term relief for health care providers in light of the COVID-19 crisis. AB 454 focuses on future catastrophic public health emergencies and would give authority to various state agencies to require plans to support providers through grants, increased rates or payments for increased costs of mandatory infection control measures. SB 242 continues to move through the Legislature. Unfortunately, AB 454 will not move forward this year.

We continue to strongly oppose the MICRA Repeal ballot measure. CDA is part of a broad coalition including physicians, nurses, hospitals, safety-net clinics and other health care providers called Californians to Protect Patients and Contain Health Care Costs. Repealing MICRA would undeniably raise health care costs and reduce access to care for those who need it most, including people who use medi-cal, county health programs, safety-net providers and school-based health centers.

More broadly, CDA continues to work with CAO and AAO to provide Direct-

to-Consumer Orthodontic consumer protections. We advocate for consumer protections that ensure that DTC orthodontic business models have the same level of dentist oversight and patient safety as the virtual dental home model and in-person dental care. We continue to work with the appropriate enforcement entities including the CA Dental Board, to push for increased patient safety while pursuing improved statutory and regulatory enforcement. CDA is working closely with CAO and AAO on legislative plans and gathering data to support our positions in the 2021-2022 agenda.

Advocacy remains one of the core member benefits that CDA provides. Although many of our efforts are often behind the scenes, advocacy is one of the most important things that CDA provides. The high percentage of California dentists represented by CDA's member dentists has allowed CDA to foster important relationships and respect in Sacramento. We are a highly respected member organization allowing us to have significant influence on legislation of interest. It is important that dentists always have a seat at the table when discussing legislation that could possibly help or hurt the way we practice dentistry, treat our patients or run our businesses. Thank you for your membership and continued support of CDA's advocacy efforts. ■



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American Dental Association

Update on CGA

The Council on Government Affairs (CGA) works on many of the same issues as other ADA Councils, but does so from a government relations perspective.

The Council has five Work Groups: Medicaid, policy review, in-office dental plans, diversity, and the military.

The ADA staff is working on CGA's priorities in Washington. Over the last few months, the staff has made more than 300 contacts (including letters, calls, emails, and Zoom meetings) to Capitol Hill and the federal regulatory agencies. This outreach was on the following legislative and regulatory issues.

COVID-19 Emergency Temporary Standard

After lobbying by the ADA, including a meeting Dr. Klemmedson had with the White House, the Occupational Safety and Health Administration (OSHA) released a COVID-19 Emergency Temporary Standard (ETS) that exempts most dental practices.

Paycheck Protection Program

The ADA endorsed the Paycheck Protection Program (PPP) Revenue Adjustment Calculation to Increase Capital Accessibility Long-term Act and the Fair PPP Accounting Act which would adjust the eligibility calculation for second draw PPP loans to 90 consecutive days, rather than a calendar quarter.

Additionally, the ADA supported the PPP Flexibility for Farmers, Ranchers, and the Self-Employed Act which would allow sole proprietorships to use gross rather than net income when applying for PPP loans.

Provider Relief Fund

After lobbying by the ADA, the Department of Health and Human Services (HHS) released revised reporting requirements for the Provider Relief Fund (PRF). The updated requirements include expanding the amount of time providers have to report information

and also extending key deadlines for expending PRF payments for recipients who received payments after June 30, 2020.

During the Dentist and Student Lobby Day, the ADA lobbied for the Eliminating the Provider Relief Fund Tax Penalties Act. This legislation would ensure that Provider Relief Fund assistance is not taxable and that expenses tied to this assistance are tax-deductible.

Personal Protective Equipment

Another Lobby Day issue was the Small Business Personal Protective Equipment (PPE) Tax Credit Act, which would provide small businesses with a tax credit of up to \$25,000 for PPE.

McCarran-Ferguson Reform

McCarran-Ferguson reform was signed into law in January. Since then, the ADA staff has been educating federal and state officials to encourage them to look at possible anti-competitive activities by dental insurers.

Non-Covered Services

The ADA has been working to prevent dental insurers from dictating fees a participating dentist may charge for non-covered services. As a result of the ADA's advocacy, bipartisan and bicameral companion bills have now been introduced in the House and Senate for the first time. The Dental and Optometric Care (DOC) Access Act would limit plans' ability to dictate fees on services. Significantly, this includes situations where patients exceed their annual limit. The compromise language also ensures that additional cleanings (which insurers say they want to protect) are still discounted even if the charges exceed the annual limit.

New Presidential Administration

The ADA has written to key officials within the Biden administration, including the President and Vice President, the HHS

Secretary, the Assistant Secretary for Health (ASH), the Administrator of the Centers for Medicare and Medicaid Services (CMS), and the head of the Small Business Administration (SBA). The ADA has already met with officials from the White House and HHS and is requesting additional meetings to outline the ADA's priorities for the administration.

Ensuring Lasting Smiles Act

The Ensuring Lasting Smiles Act (ELSA) would require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect. These services would include inpatient and outpatient care and reconstructive services and procedures, as well as adjunctive dental, orthodontic, or prosthodontic support. After being discussed by ADA members at Lobby Day, the House bill has 245 bipartisan cosponsors and the Senate bill has 36 bipartisan cosponsors.

Fiscal Year 2022 Appropriations for Oral Health Programs

The ADA, in partnership with organizations in the dental community, is currently submitting its Fiscal Year 2022 funding priorities to Congress. The ADA continues to work with Congress via meetings, letters, testimony, briefings, and coalition efforts to secure adequate funding for oral health programs and the agencies that oversee these critical programs.

HPV

The ADA supported the Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV (PREVENT HPV) Cancers Act. This legislation would increase awareness of HPV and efforts for immunization against it, as well as expand research on HPV-associated cancers within the National Institutes of Health (NIH) and the National Cancer Institute (NCI). The bill would provide the national public awareness

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Update on CGA continued...

needed to help Americans safeguard their oral health against diseases of the mouth, throat, and tonsils. The House Energy and Commerce Subcommittee on Health held a hearing on the legislation in June.

Student Loan Reform

The ADA is championing legislation that would eliminate federal student loan origination fees, allow borrowers to refinance their federal student loans multiple times, and delay the accrual of federal student loan interest until after a dental or medical residency is completed. ADA members lobbied for this legislation at Lobby Day. Additionally, the ADA Task Force on Innovative Student Loan Repayment Strategies is on schedule to submit its final report to the 2021 House of Delegates.

Elder Care

Consistent with the policy passed by the ADA at the 2020 House of Delegates, the staff has been meeting with Congress and the administration regarding providing dental benefits to Medicare beneficiaries under 300 percent of the Federal Poverty Level (FPL).

Medicaid

The ADA joined the Partnership for Medicaid coalition in supporting the States Achieve Medicaid Expansion (SAME) Act, which would allow states that did not immediately expand Medicaid under the Affordable Care Act (ACA) access to the same level of increased federal financial support offered to states that chose to expand immediately.

Maternal Health

The ADA supported the Oral Health for Moms Act, which would expand dental coverage of women during their pregnancy and postpartum.

Children's Health Insurance Program

The ADA signed a coalition letter that supported making funding for the Children's Health Insurance Program (CHIP) permanent.

Tobacco and Vaping

The ADA joined the Campaign for Tobacco-Free Kids coalition in supporting legislation to ban smoking in Veterans Health Administration (VHA) facilities. The ADA was also one of 84 organizations featured in a one-page ad applauding a Food and Drug Administration (FDA) announcement that it would seek to ban menthol in cigarettes. The ad appeared in the May 5, 2021 print edition of the Washington Post.

Health Equity

The ADA endorsed the Foster Youth Dental Act, which would increase oral health benefits for foster youth by expanding the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) age requirement and incentivizing providers to allow more continuity of care for foster youth.

The ADA supported the HIV Epidemic-Loan Repayment Program Act, which would provide student loan repayment to dentists who provide HIV dental care.

The ADA endorsed the Oral Health Literacy and Awareness Act, which would authorize the Health Resources and Services Administration (HRSA) to develop a multiyear evidence-based oral health literacy campaign across the agency. Additionally, the ADA supported the Maximizing Outcomes through Better Investments in Lifesaving Equipment for Health Care Act, which would expand the uses of HRSA's Health Center New Access Points Grant Program in order to increase access to care for underserved communities.

Military

The ADA supported the Military Spouse Licensing Relief Act, which would give military spouses with valid professional licenses in one state reciprocity in the state where their spouse is currently serving on military orders.

Additionally, the ADA endorsed the Reserve Employers Comprehensive Relief and

Uniform Incentives on Taxes (RECRUIT) Act, which would provide a tax credit for small businesses (less than 500 employees) that hire and retain National Guard and Reserve members. Consistent with ADA's policy of "utmost support to its members who may be called to active duty," the bill would encourage employers to hire and retain dentists in the National Guard and Reserves.

Cures Act Final Rule

The Office of the National Coordinator (ONC) published its Cures Act Final Rule, which among other things, established exceptions to the 21st Century Cures Act's information blocking provision, in March of 2020. Later, in October of 2020, ONC released an interim final rule that extended compliance dates and timeframes for meeting requirements related to information blocking and Conditions and Maintenance of Certification requirements. While the exceptions and flexibilities provided in the rule are helpful, some clarity is still needed. Following questions from ADA members, the ADA wrote to the ONC requesting confirmation that dentists will not be required to purchase an ONC-certified electronic health record (EHR) system. The ADA also asked for guidance that specifically addresses and compares what dentists who use certified software need to do, and on the other hand, what those who do not use certified software need to do. Finally, ADA asked ONC to clarify whether portions of the "content and manner" exception provided by the rule will continue to apply after October 5, 2021, when information blocking regulations will apply to all electronic protected health information (ePHI). ■

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Upcoming EVENTS

 HR/HP Webinars	 General Meetings
 Business/Practice Mgmt. Forums	 Licensure Renewals
 CPR-AHA BLS Renewals	 Continuing Education

August

18 CPR–AHA BLS Blended Learning Skills Testing, 2 Time Sessions (4 CE Core)
Wednesday • 7–7:45pm, 8–8:45pm
SDDS Office • \$77.50 total

25 Exclusive Tools for a Successful Dental Practice –CDA Practice Support Has Those! (1.5 CE 20%)
Ann Milar, CDA: Sponsored by CDA
Wednesday • 12–1:30pm • Zoom Meeting • \$49

September

2 Harassment Prevention For Employees (1 CE Core)
California Employers Association
Thursday • 10–11am • Webinar • \$39

2 Harassment Prevention For Supervisors (2 CE Core)
California Employers Association
Thursday • 12–2pm • Webinar • \$59

14 Throwdown! Who Placed That Implant? (3 CE Core)
Drs. Ash Vasanthan, Dale Alto, and Pieter Linssen
Tuesday • 5:45–9pm Social, Dinner & Program
Hilton Sacramento Arden West • \$75

17 CPR–AHA BLS Blended Learning Skills Testing, 3 Time Sessions (4 CE Core)
Friday • 8–8:45am, 9–9:45am, 10–10:45am
SDDS Office • \$77.50 total

21 Dentists Are Judged By Everything But Their Quality of Care (1.5 CE 20%)
Jennifer de St. Georges
Tuesday • 12–1:30pm • Zoom Meeting • \$49

22 Top 10 Ways to Stay Out of Court (1 CE 20%)
California Employers Association
Wednesday • 12–1pm • Webinar • \$59

24 Exciting Possibilities with Minimally Invasive Implantology (Hands On) (4 CE Core)
Jeffrey Yang, DMD
Sponsored by IBS Implant/ Academy of Minimally Invasive Implantology
Friday • 8:30am–12:30pm • SDDS Office • \$159

30 Fix it Before it Fails (Hands On) (2.5 CE 20%)
Eric Payne; TEKagogo
Thursday • 6:00–8:30pm • SDDS Office • \$75

October

8 Digital Dentistry—What Works in Everyday Practice? (Hands On) (5 CE Core)
Michael Scherer DMD, MS, FACP
Sponsored by ZEST Dental Solutions (SDDS Vendor Member) and Pearson Dental Supply
Friday • 8:30am–1:30pm • SDDS Office • \$199

12 Physical Therapy for the Dental Professional AND Your Patients (3 CE Core)
Alex Ray, PT, DPT; North Valley Physical Therapy and Aquatic Therapy
Tuesday • 5:45–9pm Social, Dinner & Program
Hilton Sacramento Arden West • \$75

15 Safety and Simplicity in Root Canal Instrumentation and Obturation: Myths, Metal and Motion (Hands On) (6 CE Core)
Alex Fleury, DDS, MS
Sponsored by Real World Endo® and Brasseler, USA
Friday • 8:30am–2:30pm • SDDS Office • \$199

22 OSHA/Infection Control (3 CE Core)
Nancy Dewhirst, RDH
Sponsored by PCIHIPAA (SDDS Vendor Member)
Friday • 8:30–11:30am • Zoom Meeting • \$99

26 FFS, PPOs, Insurance Independence: How Do You Decide? (1.5 CE 20%)
Ashlee Adams; Adams Dental Consulting (SDDS Vendor Member)
Tuesday • 12–1:30pm • Zoom Meeting • \$49

28 Mandatory HIPAA Compliance Update (1 CE Core)
Jeff Broudy; PCIHIPAA
Sponsored by PCIHIPAA (SDDS Vendor Member)
Thursday • 5:30–6:30pm • Zoom Meeting • \$49*

28 California Dental Practice Act (2 CE Core)
Nancy Dewhirst, RDH
Sponsored by PCIHIPAA (SDDS Vendor Member)
Thursday • 6:45–8:45pm • Zoom Meeting • \$79*

November

3 Leave Laws for Small Employers (1 CE 20%)
California Employers Association
Wednesday • 12–1pm • Webinar • \$59

9 Which Piece of Plastic to Choose? Night Guards, Day Splints, Snore Guards and Sleep Apnea (3 CE Core)
Jamison Spencer, DMD, MS
Tuesday • 5:45–9pm Social, Dinner & Program
Hilton Sacramento Arden West • \$75

10 All TMJ Patients are N.U.T.S., Right? (3 CE Core)
Jamison Spencer, DMD, MS
Wednesday • 9am–12pm • SDDS Office • \$149

10 Obstructive Sleep Apnea—Looking Beyond the Teeth and Saving Lives! (3 CE Core)
Jamison Spencer, DMD, MS
Wednesday • 1–4pm • SDDS Office • \$149

10 Dental Sleep Medicine (Hands On) (3 CE Core)
Jamison Spencer, DMD, MS
Wednesday • 5:30–8:30pm • SDDS Office • \$149

** If you sign up for Nancy Dewhirst's California Dental Practice Act course on October 28th, you are able to attend this Mandatory HIPAA Compliance course by Jeff Broudy; PCIHIPAA for free!*

12 CPR—AHA BLS Blended Learning Skills Testing, 3 Time Sessions (4 CE Core)

Friday • 8–8:45am, 9–9:45am, 10–10:45am
SDDS Office • \$77.50 total

17 Ask Jenny: Fine Tuning Your “Welcome to Our Practice” Plan (1.5 CE 20%)

Jennifer de St. Georges
Wednesday • 12–1:30pm • Zoom Meeting • \$49

December

1 Employee Handbooks (1 CE 20%)

California Employers Association
Wednesday • 12–1pm • Webinar • \$59

2 Harassment Prevention For Supervisors (2 CE Core)

California Employers Association
Thursday • 9:30–11:30am • Webinar • \$59

2 Harassment Prevention For Employees (1 CE Core)

California Employers Association
Thursday • 12–1pm • Webinar • \$39

8 Where Are You? Where Are You Headed? (1.5 CE 20%)

Melinda Heryford, MBA; Melinda Heryford Consulting
Wednesday • 12–1:30pm • Zoom Meeting • \$49

Special EVENTS

August 26

New Member/Job Bank Event

Thursday • 6pm • SDDS Office

September 23

Dentists Do Broadway Hamilton

Thursday • 7:30pm • SAFE Credit Union Performing Arts Center

October 21

Special Event The Kitchen Dinner

Thursday • 6:30pm • The Kitchen Restaurant

November 4

Dentists Do Broadway An Officer and a Gentleman

Thursday • 7:30pm • SAFE Credit Union Performing Arts Center

December 10

Holiday Party and Silent Auction

Friday • 6pm • Del Paso Country Club

December 30

Dentists Do Broadway Charlie and the Chocolate Factory

Thursday • 7:30pm • SAFE Credit Union Performing Arts Center

Love Being Back

The 41st Annual MidWinter Convention & Expo

February 10-11, 2022
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Fabulous Speakers for Dentists and all team members!

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7 TONS OF PAPER

THANK YOU
TO EVERYONE WHO WAS INVOLVED!

Our Shred Day is one of our member's favorite benefits, it's a great opportunity to get that pesky shredding out of your office and off your to-do list. If you missed this year's event, look for it in 2022.



THURSDAY, NOVEMBER 4, 2021
AN OFFICER AND A GENTLEMAN

Based on the Oscar-winning film starring Richard Gere and Debra Winger, is a breathtaking production that celebrates triumph over adversity and includes one of the most iconic and romantic endings ever portrayed on screen. This spectacular new live stage production is not to be missed!



THURSDAY, DECEMBER 30, 2021
CHARLIE AND THE CHOCOLATE FACTORY

Roald Dahl's amazing tale is now Sacramento's golden ticket! Songs from the original film, "alongside a toe-tapping and ear-tickling new score from the songwriters of HAIRSPRAY. Get ready for Oompa-Loompas, incredible inventions, the great glass elevator, and more, more, more at this everlasting showstopper!



THURSDAY, SEPTEMBER 22, 2022
COME FROM AWAY

This New York Times Critics' Pick takes you into the heart of the remarkable true story of 7,000 stranded passengers and the small town in Newfoundland that welcomed them. Cultures clashed and nerves ran high, but uneasiness turned into trust, music soared into the night, and gratitude grew into enduring friendships. On 9/11, the world stopped. On 9/12, their stories moved us all.



THURSDAY, SEPTEMBER 23, 2021
HAMILTON

The story of America then, told by America now. Featuring a score that blends hip-hop, jazz, R&B and Broadway, HAMILTON has taken the story of American founding father Alexander Hamilton and created a revolutionary moment in theatre—a musical that has had a profound impact on culture, politics, and education. With book, music, and lyrics by Lin-Manuel Miranda, direction by Thomas Kail, choreography by Andy Blankenbuehler, and musical supervision and orchestrations by Alex Lacamoire, HAMILTON is based on Ron Chernow's acclaimed biography. It has won Tony®, Grammy®, and Olivier Awards, the Pulitzer Prize for Drama, and an unprecedented special citation from the Kennedy Center Honors.

SOLD OUT

Coming Spring 2022 Wicked, Anastasia and Tootsie!

Remembering Dr. Herbert Yee



SDDS was saddened to learn that Dr. Herbert K. Yee passed away on June 26th at the age of 96. Dr. Yee's contribution to the dental profession and dental organizations was lifelong, and his accolades throughout the years are many. He was proud of the dental profession, inspiring 15 Yee family children and grandchildren to become dentists, including our President-Elect Dr. Wesley Yee.

SDDS and our SDDS Foundation will be forever grateful to Dr. and Mrs. Yee and the Yee Family for beginning the Foundation's Yee Family Dental School Scholarship, a scholarship that honors a CSUS Pre-Dental Club student going to dental school. This scholarship began in 2014 and thus far, 12 dental school students have received this scholarship, many of them current practicing dentists.



Dr. Yee grew up in Sacramento, attended Stanford University and then UOP for Dental School. After serving in the U.S. Army, he started his practice on J Street and practiced for 54 years, retiring in 2002.

Dr. Yee was a leader in the dental profession as well as various Sacramento community organizations. He was a lifelong supporter of his beloved alma mater UOP College of Physicians and Surgeons (now the Dugoni School) where he was a 1948 dental school classmate of the late Dr. Arthur A. Dugoni. He served as a school Regent from 1972–2005, a nearly unprecedented length of service. During this time, he was recognized by the Pacific Alumni Association with a Distinguished Alumni Award in 1991. He and his wife, Inez, maintained a philanthropic foundation as well as a Dugoni School endowed scholarship which funds a dozen students annually. He served on the Dugoni School Foundation Board of Directors for many years. In 2018, the California Dental Association presented Dr. Yee with the Humanitarian of the Year award for lifetime achievement.

Dr. Yee served on the California State Board of Dental Examiners (1966–78); he also served as president. He was a fellow in the American College of Dentists and Pierre Fauchard Academy. While serving as a



board member of the International College of Dentists (ICD), for which he also served as president, Dr. Yee was instrumental in getting the ICD into China and into Vietnam following the Vietnam War. In 2019, the ICD, a worldwide dental honor organization, honored Dr. Yee with the Ottogy-Okumura Award for incredible leadership and service and humanitarian activities. This infrequently presented high honor had last been given in 1988. In 2020, Dr. Yee received the President's Volunteer Service Award, a certificate and a gold medal indicating receipt of the highest level of this award given to individuals whose service has made an impact on communities throughout the nation and for inspiring others. Six months ago, at age 96 and in uniform, Dr. Yee received a Congressional Gold Medal for his service as a Chinese American in the U.S. Army during World War II. This award is Congress's highest expression of national appreciation for distinguished achievements and contributions and was first awarded to General George Washington in 1776.

Dental Student Scholarship Endowed by the Yee Family

The dental scholarship was begun in 2014 to assist our new dental students matriculating from CSUS. The Yee Family has a heart for higher education. "We are aware of the costs of dental school and want to do our part to help. There are over 15 dentists in our family and we are proud of our profession. This is token of our appreciation to the CSUS Pre Dental Club and our way to pay it forward. When you have an opportunity to help someone, please remember those who mentored, supported, and believed in you." On behalf of Dr. Herbert and Dr. Wesley Yee, we congratulate all the scholarship winners, in the past and this year! ■



Thank you Yee family!

Committee Corner

As we begin to have more in-person events, we are happy to have some of our committee meetings at the SDDS office once again. Some committees may still choose to meet via zoom, so be sure to pay close attention to the meeting invite you receive via email. We look forward to seeing you all again!

2021 SDDS Committee Schedule

Standing Committees

CPR Committee (courses)

Aug 18 • Sep 17 • Nov 12

Nominating/Leadership Development

Work Completed

Foundation

Foundation Board

Sep 21

Other

Sac Pac

Fall TBA

CDA House of Delegates

Nov 12

Advisory Committees

Continuing Education Advisory

TBA

Mass Disaster/Forensics Advisory

Sep 21

Nugget Editorial Advisory

Sep 20

Strategic Plan Advisory

Schedule as needed

Budget and Finance Advisory

Schedule as needed

Bylaws Advisory

Schedule as needed

Legislative Advisory

Schedule as needed

Leadership

Board of Directors

Sep 7 • Nov 2

Executive Committee

Aug 20 • Oct 8 • Dec 3

Task Forces

Mediation Review

Work Completed

Member Benefits/Services

Sep 20

Oral Health/Prop 56 Initiatives

Sep 17

JOIN US FOR THIS BUSINESS/PRACTICE MANAGEMENT FORUM

Dentists Are Judged by Everything but Their Quality of Care

1.5 CEU, 20% • \$49

Presented by Jennifer de St. Georges

Research shows that a bad review has 15 times more impact than a good review. Dental practices with poor customer service pay the price on the internet & local community sites. Jenny identifies today's dental consumer concerns when choosing a new dentist. She provides the proactive management and communication skills needed to be sensitive to a dental patient buyer today.

This is part 1 of a two-part course, make sure you also sign up for part 2 – Ask Jenny: Fine Tuning Your “Welcome to our Practice” Plan on November 17th!

Topics will include:

- Design your website so visitors stay long enough to learn more about your practice and services
- People equate dentistry with pain and cost. Elevate communication skills to put their concerns into perspective!
- Techniques give Doctor/Team tools to handle a range of concerns/needs patients use to judge a practice

Tuesday, September 21, 2021

12-1:30pm: Webinar/Zoom Meeting

Part one of a
two-part course!

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Call the no-cost Sacramento District Dental Society (HR) Hotline to get advice on the proper and legal way to handle employee concerns before they become painful!



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- Employee handbooks
- Harassment prevention
- COVID-19 questions



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THE DENTIST, THE EMPLOYER

YOU ARE A DENTIST. You are also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that. This monthly column, will offer current employment law information pertinent to you — the dentist, the employer.

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Dentistry's Changing Workforce Composition and the Age of Digital Transformation

By **Christine Sison**, CEO of Swiss Monkey (SDDS Vendor Member)

De-Constructing the Old Model of Practice and Preparing for the Future

The dust is settling and we are seeing the dental industry re-emerge from the pandemic. According to a recent Becker's healthcare study, the dental industry is projected to almost double from \$15.57B in 2020 to \$30.58b in seven years. Many practices have the desire to take on the pent-up demand, but most are hindered by an ongoing challenge that plagued the industry even prior to COVID. That challenge is the ability to find and retain great team members. Fortunately, in the wake of crisis, opportunities and tools have come to center stage and now viewed in a different light. These are discussed below.

Changing Workforce Composition: The Rise of a Hybrid Model and Fractional Staffing

The pandemic's impact on the workforce was significant. The ability to access childcare options and the immediate shift to remote only options for schools, impacted many team members' ability to return to work once the office re-opened. In addition, we saw many that were fearful to return to an industry tagged by the media as one of the riskiest places to work. Some decided not to come back until a later time and others simply were turned off by the new way dentistry had to operate. The unemployment stipend also had variable affects with unintended consequences like creating a disincentive to return to work as soon as the practice was able. Overall, the pandemic exacerbated an already stressed dental staffing environment.

As a result, many practices were more open and, in some cases, forced to consider new approaches to fill their staffing needs. One of these models was the use of a hybrid team. While the use of off-site teams is not new by any means - many practices use them for coaching, accounting, and legal for example - the use of virtual teams to handle everyday tasks like billing, hygiene recare or answering phones has been limited. There are some important advantages that this model offers. First, the use of a hybrid model creates access to an entirely new pool of talent. By being open to an off-site team, practices can fill talent and skillset gaps, reduce the heavily reliance on local talent and ameliorate disruptions in staffing changes. This model can provide a competitive advantage and allow practices to tap into resources they may not normally have access too. It is also worth mentioning the rise and acceptance of off-site team members within the industry creates new opportunities for those in the field to share their talent across geographies. This rise in remote workers is a growing trend not only in dentistry, but across all industries.

Off-site teams also allow doctors to utilize a fractional staffing approach to filling positions. Rather than hire a full-time employee, fractional staffing gives doctors the option to contract with someone for that "just right" amount of part-time assistance to complete a task. This Goldilocks staffing model approach is transformative in allowing doctors to tap into resources as they need it, minimizing unnecessary overhead.

Use of an off-site team also allows the in-office team to focus on tasks that need to be done in the office, reducing the need to multi-task which often leads to stress, burnout and staff

turnover. Companies like Swiss Monkey are offering a fully integrated solution for private practices. Doctors can re-engineer their operations and tap into economies of scale usually reserved for larger corporations.

As doctors explore these options, other considerations like workstation availability, security protocols, internet speeds and workload allocation (i.e., determining what tasks stay in-house vs. off-site) should be fully discussed.

Emergence of New Tech and the Age of Digital Transformation

We are seeing the Renaissance of new tools come into the dental industry. In addition, the growing shift to the cloud is having profound effects on the field. New tech continues to emerge that can help an office digitize workflows and create more efficient systems. Tasks that often take hours to complete such as identifying and communicating with patients are being done with just a few clicks.

We will continue to see these technologies get better and more integrated over the years, creating a different type of practice than we saw just a decade ago. Modern practices will be built around a more robust data architecture, allowing it to deliver better, faster and more personalized experiences. This shift toward data aggregation and data warehouses can also lead to changes on the population health level in addition to the patient-level.

What Does This Mean for the Current Workforce?

While we are seeing rapid and exciting progress on the technology front, it will be the integration of these tools with one another

that will be key to extracting the value they promise to deliver. Currently, we are seeing the sedimentation of different layers of technology in a practice. We often see practices buying not one, but two, three or sometimes more different products. The challenge for practices will be in how to leverage these tools so they can maximize their value and minimize “technology bloat.” In some cases, only a fraction of the features are being used. Team members are often overwhelmed with the current tasks in the office and not able to incorporate yet another “thing to check or manage.” In addition, while technology can be better at sifting and analyzing massive amounts of data (e.g., helping prioritize which patients should be contacted) some of the tools are still not sophisticated enough to catch certain things that more experienced team members still need to do (e.g., check frequencies or downgrades for certain procedures). As offices decide to integrate these new technologies into their practices, offices will want to allocate a team member – on or off-site to help oversee its use. After all, these tools are just that - tools. If you do not use them, they cannot provide the potential value they promise. Secondly, remember the old adage, “Garbage in, garbage out.” If the data inputted is inaccurate or incomplete, the quality and integrity of their reports provide limited value.

Another interesting consequence of hybrid teams and technology is also the democratization of dental practices. The ability to start or a run practice is also heavily dependent on the ability to attract, hire and retain on-site team members. With the ability to leverage off-site teams and the use of technology, offices that may not typically be able to operate, now have the resources to do so. Though the day-to-day mechanics may be different, the possibility is now more real. This is particularly interesting to those in areas that have a high cost of living where finding staff who can afford to live in the area is scarce, rural areas or regions where staffing is particularly challenging.

The Elephant in the Room

There is certain fear that the rise of technology and the growing use of off-site teams will completely replace the front desk team. While that is certainly understandable, that future seems distant at best. In fact, it can be argued that this paradigm shift in practice operations is singularly focused on allowing an on-site team to do their work better and more efficiently. There is no technology that can replace the sense of empathy and trust built between two people, particularly between a provider and patient. In healthcare, fidelity to that principle is paramount. It is what makes our field unique.

So, in effect, technology and virtual models will emphasize the need for even better and more honed human interaction. It will allow our on-site team members to focus on developing and delivering a better experience by eliminating the time they are spending on rote tasks or activities that can be shifted to either an off-site team or facilitated by technology. In addition, doctors can focus on investing in training their teams to learn more specialized skills like case presentation or how to deliver an exceptional patient experience. When a doctor can manage staff turnover and create a more stable infrastructure, they are able to invest more of their time and energy to growing their practice.

The practice of the future will be built on a robust data architecture integrating data across the practice, use a blend of local and off-site talent, utilize smart technology and have more specialized on-site team members to deliver an even better patient experience. Practices that embrace these new resources will position themselves to prepare for the new generation of healthcare consumers, be better equipped to compete with a rise in DSO-supported offices and create a more durable and profitable practice to assist. ■

Want to learn more about a hybrid work model? Contact Swiss Monkey at (916) 500-4125 or christine@swissmonkey.io

Upcoming HR Webinars

Presented by California Employers Association

One hour online and audio seminar, you will only need a telephone, cell phone and/or computer (computer not required). All you need to do is dial, listen and ask questions if you desire. Sign up online at sdds.org

*Learn useful HR tips
and information while
getting some CE credit!*

Top 10 Ways to Stay Out of Court

Wednesday, September 22nd • 12-1pm
1 CEU, 20%

This presentation is done in a fast paced David Letterman Top Ten List style. The speaker describes various real life situations CEA has seen that have resulted in law suits for employers. It is geared around preventative measures business owners and managers can easily put into place to help them “Stay Out of Court.” Complete with handouts and take-aways, this engaging and interactive session allows for a lot of audience participation and Q and A!

Leave Laws for Small Employers

Wednesday, November 3rd • 12-1pm
1 CEU, 20%

How many different leaves of absence might a California Employer have to grant? Depending on the number of employees a company has, they may have to grant over 19 different leave laws! If you have 50 or more employees, this seminar is NOT for you. We will focus specifically on the laws that impact smaller employers, from pregnancy disability leave to time off for jury duty. We'll even provide you with a CA Leave Law Cheat Sheet to refer to in the future.

Employee Handbooks

Wednesday, December 1st • 12-1pm
1 CEU, 20%

An employee handbook is one of the most important communication tools you can have between your company and your employees. Not only does it set forth your expectations for your employees, it also describes what they can expect from you and ensures your business complies with state and federal employment laws.



I'll Take My Dentist "Skilled With a Side of Kind"

By **Zeynep Barakat, DMD, FAGD**

Dr. Barakat graduated from Boston University School of Dental Medicine in Boston, Massachusetts and completed an AEGD residency in University of Detroit Mercy School of Dentistry in Detroit, Michigan. She serves on the Editorial Board of the San Diego County Dental Society's newsletter, Facets to which she contributes her blog articles called Chairsides Musings. She holds a secretary position in the California Academy of General Dentistry and owns a private practice in San Diego, California. She can be reached at zeynep.barakat@gmail.com.

A while ago, when I was reviewing our office's intake forms, there was a question on our dental history form that asked what dentist qualities are important to a patient. At first, I thought that question would be brushed over until I began to see some of the answers patients were writing. In fact, I have yet to see a form with that question blank. They might skip the question that asks "do you floss?", but apparently, patients were taking the time to answer a question about qualities in a dentist they value or are seeking to be different than their previous one (s).

I thought all of this was interesting because I didn't get that question when I was filling out my new patient questionnaires for my new primary care physician. I had asked a physician friend for a referral and that was it. Soon after calling to make the appointment and answering basic informational data, I then received my standard list of medical questions I was asked to fill out. But nowhere on those forms was there a question about what I was hoping to establish with my new primary care physician or what qualities I was looking for in a doctor. The instant reflex might be to assume that a doctor would be caring and compassionate - seems pretty

universal. Yet, I know enough people in my life who don't necessarily want a caring or compassionate doctor. They are of the type who expects their physician to be skilled and succinct. That's it. For them, it may not be as devastating should their doctor suddenly be switched out with another. As long as all their medical records are being shared allowing continuity of care, the rest is insignificant to them. In the dental world my new patients come in with dental work that could span decades from multiple providers. And I have to pick up where they left off. Knowing the exact type of zirconium a patient's crown is made from may be useful information but not necessary. Such information may or may be relevant. Frankly, a patient may or may not even remember which tooth actually was restored with a crown. But what they do remember is how they felt through the whole procedure and thereafter. Hence, the question on what they are looking for in a dentist?. If I ever get a response that read, "I'd like a more monolithic zirconium crown, mine is too cubic", I will dye my hair pink. Based on the responses I have been reading, it seems that most patients care about being cared for. ■

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The SDDS Job Bank is a service offered only to SDDS Members. It is published on the SDDS website and provides a forum for job seekers to reach other Society members who are looking for dentists to round out their practice, and vice versa. If you are a job seeker or associate seeker contact SDDS at (916) 446-1227. For contact information of any of the job bankers please visit www.sdds.org.

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Darryl Azouz, DDS • Grass Valley • GP
Darryl Azouz, DDS • Citrus Heights • PT • GP
Monica Tavallaei, DDS • Sacramento • PT/FT • Pedo/Ortho/Endo/OS
Paolo Poidmore, DDS • Antelope/Auburn • PT/FT • Ortho
Andrew Owyong, DDS • Sacramento • PT • GP
Digiorno Julianne, DDS • Sacramento • PT • GP
Krishnamuthy Sirisha, DDS • Sacramento • PT • GP/Endo/OS/Perio
Steven Tsuchida, DDS • Elk Grove • FT • GP
Babak Djifroudi, DDS • Folsom • PT • Endo
Guillermo Arellano, DMD • Sacramento • PT/FT • GP, Endo, OS
Gilbert Limhengco, DDS • Sacramento • PT/FT • GP
David Roholt, DDS • Sacramento • PT/FT • GP
Cindy Weideman, DDS • Sacramento • PT • Ortho
Paul Johnson, DDS • Sacramento • PT • Pedo
Jeff Sue, DDS • Citrus Heights • PT • Pedo
Kelvin Tse, DDS • Rocklin • FT • GP
Sabrina Jang, DDS • Sacramento • PT/FT • GP/Pedo
Aaron Reeves, DDS • Sacramento • PT • GP
Peter Kim, DDS • Sacramento • PT • GP/Endo/OS
Robert Catron, DDS • Cameron Park • PT • GP
Monika Gugale, DDS • Sacramento • FT • GP
Thomas Ludlow, DDS • Sacramento • PT • GP
Marina Mokrushin, DDS • Folsom, Rocklin • GP
Sunny Badyal, DDS • Sacramento • FT • GP
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Capitol Periodontal Group • Sacramento • FT • Perio
Michael Hinh, DDS • Sacramento • PT • GP
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Amy Woo, DDS • Sacramento • PT • GP/Endo
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Behdad Javdan, DDS • PT • Perio
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YOU THE DENTIST, THE BUSINESS OWNER



YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

Required Employee Training

Regulatory Compliance Employers are required to provide employees with specified training. Most training must be done soon after an employee starts working for an employer and whenever the law changes or an employer changes their policies, procedures or equipment. Certain training must be provided annually or biennially. Methods to provide required training can vary. For most training, the employer is not required to use an outside trainer. Safety training is permitted to occur offsite as long as facility-specific information is provided to employees in conjunction with the training. Required training must be provided during working hours and at no cost to the employee. The required training described in this article does not include the mandated courses for unlicensed dental assistants or the continuing education requirements for license renewal.

Required training must be documented. Training documentation should include a brief description of subjects covered, date of training, printed names, job title and signatures of individuals trained. List instructional aids if used. Bloodborne pathogens training documentation must identify the trainer and their qualifications. Except for HIPAA training, retain training documents for three years or until the employee completes new training, whichever is longer. HIPAA training documentation must be retained for six years or until the employee completes new training, whichever is longer.

New Employee Training

Training on the dental practice's privacy and security policies and procedures should take

place before a new employee starts to work or has access to patient information. If a new employee will have potential exposure to blood or saliva, then bloodborne pathogens training should be completed within a few days of starting work. Injury and illness prevention, which includes COVID-19 prevention, hazard communication, radiation safety and regulated waste management training, should be provided to the new employee within the first month of starting work.

New employees may be instructed verbally on office procedures and should have the opportunity to review the Cal/ OSHA required written plans and to ask questions of the trainer. Training topics include but are not limited to:

- Location of exits, fire extinguisher (if one is available), eyewash station and first-aid kit.
- Location and use of personal protective equipment for infection control when handling chemicals or working with lasers or UV light.
- Procedure for screening patients for aerosol-transmissible diseases such as COVID-19.
- Procedure for reporting employee injuries, potential hazards and unsafe work practices in the dental office.
- Identification of chemical, radiation, infectious and other hazards in the office, plus procedures and equipment utilized to prevent exposure to the hazards. Location of safety data sheets and explanation of the hazard

communication plan, labeling of containers, pictograms and signal words.

- Location of regulated waste containers and procedures for disposal. Maintenance of amalgam separator and other equipment.

Training Frequency

Sexual harassment training must be provided by employers with five or more employees to a new employee within the first two years of employment and every two years afterward. Bloodborne pathogens/ exposure control training is the only required training that must be provided annually to employees who are potentially exposed to blood or saliva during the course of their work. As stated earlier, sexual harassment training is required to be provided to an employee every two years.

All other required training should be delivered soon after hire and when the applicable law changes, when the employer changes their policies, procedures or equipment or when the employer or supervisor believes additional training is necessary for an employee or employees.

Exposure Control Training vs. Infection Control C.E. Requirement

Some individuals confuse the Cal/ OSHA-required bloodborne pathogens/ exposure control training with the dental board's requirement to complete a board-approved infection control course for license renewal. They are not the same course, but the boardrequired two-hour course, which must be provided by a board-approved provider, can

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California Dental Association

include elements of the Cal/ OSHA required training. There is not a time requirement for Cal/ OSHA training.

The Cal/OSHA bloodborne pathogens/ exposure control training must include, at a minimum:

- A copy and explanation of the regulation.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of modes of transmission of bloodborne pathogens.
 - An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material (OPIM).
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment. An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
- Information on appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of procedures to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the sharps injury log.
- Information on the postexposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

- An explanation of the signs and labels and/ or color coding required.
- An opportunity for interactive questions and answers with the person conducting the training session.

Temporary Employees/ Students/ Independent Contractors

HIPAA requires that covered entities such as a dental practice train all individuals who work at their locations and have access to or work with patient information on the entities' privacy and security policies and procedures. This includes non-employees such as temporary employees, independent contractors and students. Sitespecific safety training must be provided to temporary employees. ■

More information can be found in the CDA Practice Support resource "Required Employee Training" at cda.org. Regulatory Compliance appears monthly and features resources about laws that impact dental practices. Visit cda.org/practicesupport for more than 600 practice support resources, including practice management, employment practices, dental benefit plans and regulatory compliance.



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SHARE:
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ENGAGEMENT RATE: 96%

TOTAL ACTIVE MEMBERS:
1,374

TOTAL RETIRED
MEMBERS: 332

TOTAL DUAL
MEMBERS: 7

TOTAL AFFILIATE
MEMBERS: 13

TOTAL STUDENT
MEMBERS: 9

TOTAL CURRENT
APPLICANTS: 2

TOTAL DHP
MEMBERS: 53

TOTAL NEW
MEMBERS FOR 2021: 63

New Members

Aug / Sept
2021

DANIEL ACLAN, DMD General Practice

New Graduate!

Dr. Aclan just graduated and earned his dental degree from CA Western University of Health Sciences College of Dental Medicine. He currently practices with Dr. Stephanie Sandretti at Galleria Smiles Designs in Roseville and Sacramento. *Fun Fact:* Dr. Aclan loves to dance and used to teach dance as an elementary and high school dance instructor.

ANKITA AGARWAL, DDS General Practice

Transfer from Southern Alameda Dental Society

Dr. Agarwal earned her dental degree in 2015 from University of Illinois at Chicago. She is currently currently practicing at the office of Hector Fernandez, DDS in Gold River.

RAJWANT BHATTI, DDS General Practice

New Graduate!

Dr. Bhatti just graduated and earned her dental degree from University of Washington. She currently practices at Yuba City Dentistry Group in Yuba City. *Fun Fact:* Dr. Bhatti loves to bake. Her specialty is cheesecakes.

BREANNA BARTOLOME, DDS General Practice

New Graduate!

Dr. Bartolome just graduated from Herman Ostrow School of Dentistry. Her current practice location is pending.

RAJESH DOGRA, DDS General Practice

New Graduate!

Dr. Dogra just graduated from an International school. His current practice location is pending.

ARRYAN EMAMIAN, DDS General Practice

New Graduate!

Dr. Emamian just graduated from UOP Arthur A. Dugoni School of Dentistry. His current practice location is pending.

ALEX FISHER, DMD General Practice

New Graduate!

Dr. Fisher just graduated from University of Nevada, Las Vegas. He currently practices at Charles Dental Group in Fair Oaks.

ALI FORGHANY, DDS General Practice

New Graduate!

Dr. Forghany just graduated from UOP Arthur A. Dugoni School of Dentistry. His current practice location is pending.

AMARDEEP GILL, DDS General Practice

Welcome Back!

Dr. Gill earned her dental degree from an International Dental School in 1998. She currently practices at Promenade Dental Group in Sacramento.

RAMANDEEP GILL, DDS Periodontics

Dr. Gill earned her dental degree from an International Dental School in 2002. She then went on to earn her specialty of Periodontics at the University of Pennsylvania in 2012. She currently practices at Promenade Dental Group in Sacramento.

KAITLIN GILLHAM, DDS General Practice

New Graduate!

Dr. Gillham just graduated from UCLA School of Dentistry. Her practice location is pending.

VINCENTE KNIGHT, DDS General Practice

Welcome Back!

Dr. Knight earned his dental degree in 2012 from University of Nevada, Las Vegas. He is currently practicing at Green Valley Dental Group in El Dorado Hills.

ALEXIA LENNEY, DDS General Practice

New Graduate!

Dr. Lenney just graduated from UCLA School of Dentistry. Her current practice location is pending.

BRIAN LIN, DDS General Practice

Dr. Lin earned his dental degree from UCSF School of Dentistry in 2019. He currently practices at Natomas Crossing Dental Care in Sacramento.

WELCOME

to SDDS's
new members,
transfers and
applicants.

IMPORTANT NUMBERS:

SDDS (doctor's line) (916) 446-1227
ADA (800) 621-8099
CDA (800) 736-8702
CDA Practice Support . . (866) CDA-MEMBER
(866-232-6362)

TDIC Insurance Solutions . (800) 733-0633
Denti-Cal Referral. (800) 322-6384
Central Valley
Well Being Committee . . (559) 359-5631

SANA MAHMOOD, DDS**General Practice***New Graduate!*

Dr. Mahmood just graduated and earned her dental degree from UCSF School of Dentistry. She currently practices at Compassionate Care Dental in Vacaville.

GREGORY MARCHESE, DMD**General Practice***New Graduate!*

Dr. Marchese just graduated and earned his dental degree from Western University of Health Sciences College of Dental Medicine. His currently practice location is pending.

QUAN NGUYEN, DDS*Transfer from San Joaquin Dental Society***General Practice**

Dr. Nguyen earned his dental degree from UOP Arthur A. Dugoni School of Dentistry in 1999. He currently practices at Innovation Dental Group in Elk Grove and Stockton.

KENJI (KEVIN) O'BRIEN, DDS**General Practice***New Graduate!*

Dr. O'Brien just graduated and earned his dental degree from UOP Arthur A. Dugoni. He was the recipient of the Foundation's Yee Family Scholarship for dental students in 2018. He currently practices at the office of Michael O'Brien, DDS in Sacramento and at the McClellan VA.

YASMINE PUENTES, DDS*Transfer from Tri County Dental Society***General Practice**

Dr. Puentes earned her dental degree from Loma Linda University in 2020. Her current practice location is pending.

DANIEL ROSE, DDS**Endodontics**

Dr. Rose earned his dental degree in 1993 from UCLA School of Dentistry and went on to earn his specialty of Endodontics in 1996. He currently practices at Make A Smile Children's Dental and Orthodontics in Folsom. *Fun Fact:* Dr. Rose enjoys many outdoor activities in the Sierra Nevada. He is a member of the National Ski Patrol.

INDERPAL SAPPAL, DDS**Endodontics***New Graduate!*

Dr. Sappal earned his dental degree in 2018 from UOP Arthur A. Dugoni School of Dentistry. He also just went on to earn his specialty degree of Endodontics from Virginia Commonwealth University this year. He currently practices at Midtown Endodontics in Sacramento with his brother Dr. Harkeet Sappal.

VIXIANE SENGSOUVANH, DDS**General Practice***Welcome Back!*

Dr. Sengsouvanh earned his dental degree in 2001 from UOP Arthur A. Dugoni School of Dentistry. He currently owns and practices at Murieta Dental in Rancho Murieta.

SAHAND SOLTANI, DDS*Transfer from Napa-Solano Dental Society***General Practice**

Dr. Soltani earned his dental degree from UOP Arthur A. Dugoni School of Dentistry in 2016. He currently practices at American River Dental Group in Rancho Cordova.

ERIC TRAN, DDS**General Practice***New Graduate!*

Dr. Tran just graduated and earned his dental degree from Loma Linda University. His practice location is currently pending.

THERESA WORSHAM, DMD**Periodontics***New Graduate!*

Dr. Worsham earned her dental degree from Missouri School of Dentistry in 2018 and went on to earn her specialty of Periodontics this year. She currently practices at the office of Gordon Douglass, DDS. *Fun Fact:* Dr. Worsham's favorite hobby is dancing!

TAYLOR YAMANISHI, DDS**General Practice***New Graduate!*

Dr. Yamanishi just graduated and earned his dental degree from Herman Ostrow School of Dentistry. His currently practice location is pending.

IVANA YI, DDS**Periodontics***New Graduate!*

Dr. Yi earned her dental degree in 2018 from UCSF School of Dentistry and just earned her specialty of Periodontics this year. She currently practices with Dr. Vasanthan at Perio Specialist in Roseville.

Pending Applicants:

Andrey Antonenko, DDS

Melanie Kim, DDS

**Congratulations
to Our New Retired
Members!**

William Sloan, DMD

Ken Hashimoto, DDS

Rick Mathews, DDS

**In Memoriam**

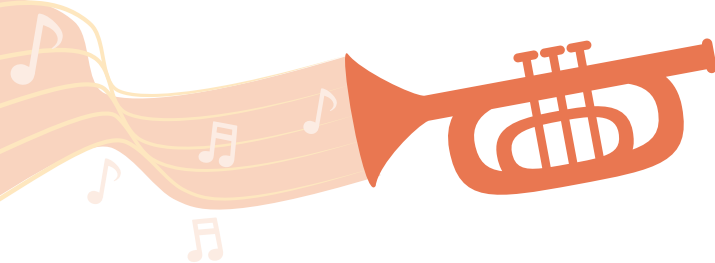
Dr. Peter Duisenberg passed away on Wednesday, June 16th, 2021. He was a graduate of University of the Pacific for Dental School and practiced dentistry in Auburn for 34 years.

JOIN US FOR THIS UPCOMING EVENT!**New Member Reception/Job Bank Night**

August 26 • 6pm • SDDS Office

Inviting all SDDS members who have joined in the past few years to come and meet your colleagues. Dentists looking for a job, looking for an associate to hire, or looking for a mentor for the future are all invited. Great time for networking, setting up a study club, and sharing stories.

We're Blowing your horn!



Congratulations to...

Wallace Bellamy, DMD, on the wine from his vineyards! See a bottle of his Cabernet Sauvignon on the right! **(1)**

Dr. Matthew Campbell, on celebrating 50 years in practice! Such an achievement!

Lisa Laptalo, DMD and Damon Szymanowski, DMD, on their daughters' lemonade stand in their neighborhood! They worked together and donated the proceeds to our Smiles for Kids program! **(2)**

Allicia Lucich, DDS, a newly graduated dentist and Yee Family Scholarship winner, on returning home from bootcamp on July 14th! **(3)**

Kenji O'Brien, DDS, a Yee Family Scholarship winner, on graduating from dental school! Dr. O'Brien graduated and got his dental license back in June! He is back in Sacramento now working at the McClellan VA and moonlighting at the office of Michael O'Brien, DDS. **(4)**

Alan Rabe, DDS, on helping out our community by administering vaccines. **(5)**

Tiffanie Sun, DDS, on her new office location in Natomas! You can find it at: 1954 Del Paso Rd. Suite 142 Sacramento, CA 95834. **(6)**

Rosemary Wu, DMD, MS, on completing a Harvard Macy Institute Program, led by Harvard Medical and Business School, studying Innovations in Health Care and Education. Dr. Wu thanks CNU Dean Dr. Kevin Keating for his support.



LET US KNOW YOUR NEWS!

Get married? Pass your boards? Got published? Let us know your good news and we will feature it in "Blowing Your Horn."

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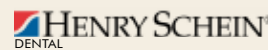
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Carol Leonard
916.922.5000
premierlife.com



Since 2017

Health Net of California

Felisha Fondren
877.550.3868
hndental.com



Since 2018

LIBERTY Dental Plan

Lisa Rufo
800.268.9012
libertydentalplan.com



Since 2016

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

MEMBER
BENEFIT!

SDDS started the Vendor Member program in 2002 to provide resources for our members. No, Vendor Members are not exclusive, and we definitely have some competitive companies who are Vendor Members. But our goal is to give SDDS members resources that would best serve their needs. We suggest that members reach out to our Vendor Members and see what is a best "fit" for their practice and lifestyle.

Our Vendor Members pay \$3,900 per year; that includes a booth at MidWinter (or alternate event), three tables at General Meetings, advertising in *The Nugget*, and much more. Our goal is to provide Vendor Members with the opportunity to connect with and serve our members. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration. The Vendor Members program and the income SDDS receives from this program helps to keep your dues low. It is a wonderful source of non-dues revenue and allows us to provide yet another member benefit. Additionally, we reach out to our Vendor Members for articles for *The Nugget* (nonadvertising!).

Our Vendor Members are financial, investment and insurance companies, legal consultants, dental equipment and supply companies, media and marketing companies, HR consultants, construction companies, billing consultants, practice sales and brokers, practice resource and staffing consultants, technology, dental plans, and even our Crowns for Kids refining partner!

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Volunteer opportunities

SMILES FOR KIDS

VOLUNTEERS NEEDED: Doctors to "adopt" patients for Smiles for Kids for follow-up care.



TO VOLUNTEER, CONTACT:

SDDS office (916.446.1227 • smilesforkids@sdds.org)

SMILES FOR BIG KIDS



VOLUNTEERS NEEDED: Dentists willing to "adopt" patients for immediate/emergency needs in their office.

TO VOLUNTEER, CONTACT:

SDDS office (916.446.1227 • sdds@sdds.org)

AUBURN RENEWAL CENTER CLINIC

VOLUNTEERS NEEDED: General dentists, specialists, dental assistants and hygienists.

TO VOLUNTEER, CONTACT:

Dr. Steve Holm (916.425.6766 • sholm@goldrush.com)

THE GATHERING INN

VOLUNTEERS NEEDED: Dentists, dental assistants, hygienists and lab participants for onsite clinic.

TO VOLUNTEER, CONTACT:

Kathi Webb (916.743.5351 • kwebbft@aol.com)

CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: General Dentists, Specialists, Dental Assistants and Hygienists.

TO VOLUNTEER, CONTACT:

CALL: (916.925.9379 • CCMP.PA@JUNO.COM)

EVERYONE FOR VETERANS

SDDS is partnering with the national program, Everyone for Veterans, to provide care for combat veterans and their families who cannot afford, nor have military coverage, dental care. Can you adopt a vet? Hope so! Call SDDS (916.446.1227), or email us (sdds@sdds.org), to help us with this wonderful program.

For More Information: everyoneforveterans.org/for-dentists.html

Classified Ads

EMPLOYMENT OPPORTUNITIES

Are you looking for a place to call home away from big city life? Do you love the natural beauty of the Foothills? Are you looking for a practice you can be a partner in? Call (530) 913-2748 for more information! 06-7/21

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. 06-7/17

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to eljohnson@wellspacehealth.org. 01/15

Kids Care Dental & Orthodontics seeks dentists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. 06-7/17

PART TIME General Dentist for Cameron Park growing office. Ownership oriented, motivated dentist preferred. Start with 1-2 days/week. Email resume to sacramentodds@aol.com. 06-7/20

PRACTICES FOR SALE

PLACER COUNTY 30-year foundation here. 4-days of hygiene. 7+ new patients a month. Strong staff. Top line collections are \$1.2 Million. Proudly represented by Professional Practice Sales. To learn more, go to www.PPSellsDDS.com or contact Ray Irving at 415-899-8580 or Ray@PPSellsDDS.com. 08-9/21

Freestanding building and dental practice available: I am interested in either: 1) selling both 2) lease to you with option to buy 3) just leasing it to you. There are three operatories, some patients.... and room to add 5 or 6 more operatories. e-mail: walterwinfrey@att.net 08-9/21c

Dental office for sale in Elk Grove. 4 operatories and patients. Condo is also available. Located inside a professional class A building. Call for information (916) 233-7829. 6-7/21c

We have practices available throughout the state of California and the greater Sacramento area. If you're looking for a practice in California, go to www.omni-pg.com to view our listings and get more details. 05/21

Roseville/Rocklin family oriented practice for sale. Consistently delivers standard of care to motivated patient base. Averages 7 patients/day and 10-15 new patients a month. \$240,000. Contact alignedteeth@gmail.com. 3/21

PROFESSIONAL SERVICES

IV Sedation in YOUR Dental Office! Dr. Salatino will come to your office with all required emergency and sedation equipment to provide IV Sedation to your patient(s) in need. www.DrGinaSalatino.com. 6-7/21

MONEY IS WALKING OUT THE DOOR. Have implants placed in your office and keep the profits. Text name and address (916) 769-1098. 12/14

LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to (916) 952-1459. 04/12

FOR LEASE

Move-in ready dental suites in Lincoln & Sacramento; Dental Lease/Purchase opportunities in Sacramento, Citrus Heights, Yuba City; Ranga Pathak (916) 201-9247, Email: ranga.pathak@nocalgold.com; Broker Associate, RE/MAX Gold, DRE01364897. 08-9/21

4 Chair Dental Suite For Lease! Need a bigger space? Another Location? Starting on your own? We have a Modern Suite that is ADA Compliant with Large Windows, See 3D Tour and Photos: <https://rb.gy/0314im> (916) 384-7287 Call of Text Victoria or email: ccdb1901@gmail.com. 6-7/21

Leasehold improvements and equipment. NEW LISTING: Carmichael, CA. Park Professional Center. High quality, built-out, 3 exam room suite. Current dentist is relocating to a larger suite. Reasonable rent. (510) 332-8442. 4/21

Pocket area of Sacramento. 1550 square feet for rent. Four operatories and ready for occupancy. Full price \$2,750 per month full service lease. 90 days of free rent upon signing a lease. Call (916) 421-3821. 2/21

Greenhaven Dental Office For Lease. Professional Dental Building 930 Florin Road Ste 100. 1,396 S.F. \$1.85 PSF Plus Utilities. Contact agent (916) 443-1500 CA DRE Lic. #01413910 11/20

SACRAMENTO DENTAL COMPLEX has one 3 unit suite which is equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: (916) 448-5702. 10/11

EQUIPMENT FOR SALE

Picasso Lite Dental Laser for sale. Great condition, selling for \$1,000. Q-Optic Dental loupes. 3.0 magnification. Petite Titanium Sport Frame. Pewter Color. Laser Shield Insert. Radiant system mini. Never used. Untouched excellent condition. Sells new for \$2,000. Selling for \$1,500 OBO. Call 916-207-2724 or email lzylabrnc@aol.com. 08-9/21c

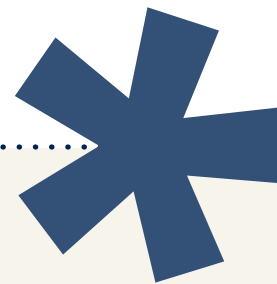
SDDS member dentists can
place one classified ad

FOR FREE!

MEMBER
BENEFIT!

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



AUGUST

- 18** CPR - AHA BLS Blended Learning Skills Testing, 3 Time Sessions
6-6:45pm, 7-7:45pm, 8-8:45pm)
SDDS Office
- 25** Practice Management Forum
Exclusive Tools for a Successful Dental Practice—CDA Practice Support Has Those!
Ann Milar, CDA
Sponsored by CDA
12-1:30pm / Zoom Meeting
- 26** New Member/Job Bank Event
6pm / SDDS Office

For more calendar info and to sign up for courses online, visit: www.sdds.org

SEPTEMBER

- 2** Harassment Prevention Webinar For Employees
California Employers Association
10-11am / Webinar
- For Supervisors**
California Employers Association
12-2pm / Webinar
- 7** Board Meeting
6pm / SDDS Office
- 14** General Membership Meeting
Throwdown! Who Placed That Implant?
Drs. Ash Vasanthan, Dale Alto, and Pieter Linssen
Hilton Sacramento Arden West
5:45pm Social / 6:45pm Dinner & Program

- 17** CPR - AHA BLS Blended Learning Skills Testing, 3 Time Sessions
8-8:45am, 9-9:45am, 10-10:45am
SDDS Office
- 20** Member Benefits Meeting
6pm / SDDS Office
Study Club Interest Meeting
6pm / SDDS Office
Nugget Editorial Meeting
6:15pm / Zoom Meeting
- 21** Practice Management Forum
Dentists Are Judged By Everything...
Jennifer de St. Georges
12-1:30pm / Zoom Meeting
Forensics Committee Meeting
6pm / SDDS Office
Foundation Board Meeting
6:15pm / SDDS Office



Love Being Back

**The 41st Annual
MidWinter Convention & Expo**
February 10-11, 2022

**SEP
14**

**TUESDAY
5:45-9PM**

General Meeting
3 CEU, CORE • \$75

Throwdown! Who Placed That Implant?

Presented by Drs. Ash Vasanthan, Dale Alto, and Pieter Linssen

In the vast majority of cases, dental implants have become the preferred treatment to replace missing teeth. As a result, implants are now being placed in an increasing number of both general and specialty practices. This throwdown will bring together an Oral Surgeon, a General Dentist, and a Periodontist to discuss and debate some of the specifics of implant surgery – come join the fun!

Looking forward to
seeing you all
in person again!

5:45pm: Social & Table Clinics
6:45pm: Dinner & Program
Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

ARE YOU REGISTERED FOR THE GENERAL MEETING?