

Mugget



Jet Ready For Our IPCOMING EVENTS

DEC 1

HR Webinar

Wednesday • 12-1pm • Webinar • \$59

Employee Handbooks (1 CEU, 20%) Presented by California Employers Association

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.

DEC 2

Harassment Webinar • Thursday

9:30-11:30am • \$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.

DEC 2

Harassment Webinar • Thursday • 12–1pm • \$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.

DEC 7

Business Forum Zoom • Tuesday • 6-8pm • Zoom Complimentary for SDDS Members

Is Your Office An HR Nightmare: Tales from the Labor Commissioner (2 CEU, 20%)

Presented by Von A. Boyenger, Sr. Deputy Labor Commissioner

Are you, the employer, breaking California Labor Laws? Join us this evening for an eye-opening discussion about the reports that have been made to the Office of The Labor Commissioner - all from dental offices and dental employees. This frank discussion is for dentist/employers ONLY! Be prepared for some clarifications, some "ah-ha moments," and some serious lessons in what you can and what you can't be doing as an employer.



JAN 11

General Membership Meeting - In-Person

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

"SDDS Talk" Pedo Night – 15 on 15, 15 Minutes, 15 Slides, 5 Speakers (3 CEU, Core)

Enjoy this evening of short form and rapid-fire pearls, quick tips, tools, warnings, complications, secrets, and every day useful knowledge. We have gathered a great cadre of SDDS member pediatric dentists who will share the following topics/pearls:

- Managing Impacted First Permanent Molars - Presented by Richard Knight, DDS
- Batman Dentistry! What's in Your Toolbelt? Presented by Jeffrey McComb, DDS
- "Oh Snap, You Knocked Out Your Tooth!" Avulsions and Dental Trauma - Presented by Jeffrey Sue, DDS
- "Lateral" Thinking: Monitoring Canine Eruption Presented by CC Chiang, DMD, MS, MBA
- Silver Diamine Fluoride Presented by Stephanie Kim, DMD

JAN

CPR-AHA BLS Blended Learning

Wednesday • 6–6:45pm, 7–7:45pm, 8–8:45pm SDDS Office • \$77.50

Skills Testing, 3 Time Sessions (4 CEU, Core)

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

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Awar

International College of Dentists (ICD)

2020 • Platinum Pencil Outstanding use of graphics

2020 • Golden Pen, *honorable mention*Article / series of articles of interest to the profession

2020 • Special Citation Award

2019 • Special Citation Award

2019 • Golden Pen, honorable mention

2018 • Humanitarian Service Award

2017 • Special Citation Award

2016 • Golden Pen, honorable mention

2015 • Special Citation Award

2014 • Outstanding Cover, honorable mention 2014 • Golden Pen, honorable mention 2013 • Outstanding Cover

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View and download policy documents



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President's Messa

By Volki Felahy, DDS 2021 SDDS President

Find a Way

As we enter the last month of the year, I can't help but be amazed by how fast it's gone! We started the year under very strict Covid restrictions, with all inperson meetings cancelled and a general uncertainty of what the year would bring for our profession. Now, in contrast, restrictions are easing, vaccinations are plentiful, and in-person meetings are back! The challenges of the dynamic shifts in health and safety policy do continue to be a constant challenge to navigate in both the Dental Society and our offices, though.

If I were to sum up this year in a mantra for the business of dentistry, it would be "find a way." That is exactly what we've done this year. As dentists, we found a way to continue working. Even with the everchanging health and practice guidelines, the rush at the beginning of the year for vaccinations, the constant staff shortages, and the scarcity and price increases of PPE, we found a way. The Dental Society and

adapting to the ever-changing landscape to truly serve our members by pivoting, finding ways to offer CE to our members, and constantly working with our local heath officers to clarify guidelines. We have been constantly working with CDA to get information on their legislative push to help our profession and get the word out via snail mail, email, and social media about all these changes. Take a minute before you open any of the Dental Society emails and check the time and date stamp to see when they were sent. A lot were sent after hours, on the weekends, and in the very early morning. Our staff continue to work tirelessly and have truly embraced the mantra of "find a way."

This year, I had the honor to witness, participate in, and work through everything with the Dental Society. I have to say, it was very humbling to see the amount of talent our Dental Society staff members have and the energy they spend thankful to everyone who has worked so hard throughout this year to make sure we do keep moving forward. Our Board, Task Forces, CDA Trustees, and committees, filled with volunteer dentists, have really shown true leadership and dedication. Their passion and energy not only are infectious but also have helped keep the Dental Society charging forward in these unknown waters. I want to extend a heartfelt "thank you" to all our volunteers and staff members, who keep inspiring me to do better and work harder. Thank you for your time, energy, talent, and commitment to dentistry and our society. I will forever be motivated and humbled by my experiences as your President this year. I know our future is bright and that we will be in good hands with Dr. Wes Yee, our incoming President, at the helm next year. ■

our rockstar staff spent countless hours supporting us as a profession. I am so very It Has Been a Pleasure

Having Dr. Felahy as Our President This Past Year!





By Cathy B. Levering SDDS Executive Director

Twas..."
Pandemic Version

Year #2

2021

'Twas the month of December, 18 months of pandemic is near end; With vaccines and tests, we're finally on the mend. The dentists are working, their teams coming back, Thanks to the PPP that kept us all in the black.

We continue to pivot, reschedule and swerve, You'd think this would be over, and we'd flatten that curve! But the numbers still flex, up and down and throughout The country's erratic, and Fauchi's still Dr. Doubt!

In September we got back in person – ventured out to a meeting – We welcomed 190 dentists to debate implants, screws and bleeding! It was so great to be back, enjoyed networking with peers, And to celebrate friendships and diminishing COVID fears.

We continue to blend things, both Zooming and Live, And we'll find combinations to help members thrive. With noontime webinars, days, evenings and more Our next six months - we've got surprises in store!

Our MidWinter Convention is back, the new venue is amazing, And we have room in the Expo for both vendors and grazing! It's two days of CE, learning, exploring and fun, Bring your whole team, there's something for everyone!

The holidays approach and we hope families will travel, And the airlines stay on time, with no need to unravel. Our prayers for you is to stay safe, enjoy and have fun, Our SDDS Team sends you our best as you say goodbye to '21!

PS: If you want to read my "Twas" from last year, it's on our website on the publications dropdown!

Amazing to compare then and now!



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From the Editor's

To Capand or Not To Capand A Centuries Old Question

By Gabby Thodas, DDS, MSD Associate Editor

Expansion has a long contentious history in orthodontics. It is intimately integrated with the debate over treatment with the extraction of teeth versus treatment without the extraction of teeth. Edward Angle, considered the founder of modern Orthodontics, did not believe in the extraction of teeth as part of orthodontic therapy. In the 1950's and 1960's, extraction came back into popularity. It was believed that a particular relationship of the lower incisors to the mandibular plane angle would guarantee stability and eliminate relapse. During the 1960's it is estimated that 78% of orthodontic patients were treated with the removal of teeth. This overtreatment with extractions resulted in destruction of facial balance in some patients. The profession was forced to contend with these two diametrically opposed philosophies.

With growth in knowledge, improvement in imagery and the development of improved appliances, treatment alternatives increased. For instance, consider the space required to place a band on every tooth. Full arch banding inherently reduces the available arch length. However, bonding brackets on teeth can result in a gain of usable arch length. Additional treatment options to avoid unnecessary extraction of teeth were actively explored and enhanced. Facial balance integrated with good occlusion took precedence over static plaster study models.

With the more recent justified interest and emphasis on airway, treatment options with expansion have continued to increase. The use of CBCT imaging in orthodontics has in my experience revolutionized orthodontic diagnostic capabilities. Gone are the days of complete reliance on the SLOB rule. With a CBCT one can accurately acquire skeletal arch width measurements, dental arch width discrepancies, buccal and labial alveolar bone width, visualize fenestrations and dehiscences, and correctly identify positions of impacted teeth among numerous other vital information needed for treatment planning. But the diagnostic questions of when, why and how each individual patient presenting for treatment remains. In addition, the long term stability of expansion treatment must be considered.

So why expand? And if one is expanding is the expansion skeletal expansion of the maxillary palatal suture or expansion of the dental arch forms creating greater arch perimeter? Some patients have narrow maxillas. These can present as obvious crossbites. However, some crossbites are camouflaged by the buccal/lingual tipping of posterior teeth and/or anteriorposterior discrepancies as in Class II and Class III malocclusions. Expansion is used to improve smile esthetics by decreasing dark buccal corridors achieving wider fuller smiles. In patients with crowding,

expansion is used to eliminate the need for extractions improving both smile esthetics and possibly airway volume (This is an area of active research.) Patients with sleep apnea diagnosed by an ENT and a sleep study are treated with skeletal expansion to increase nasal volume and possibly nasal pharyngeal space resulting in improvement and even elimination of their sleep apnea.

The expansion, extraction/non-extraction dispute continues to this day even after over a couple of centuries of argument. These are the issues the authors in this edition of the Nugget explore: when, why and how to expand.

Dr. Marina Milstein examines indications and techniques for expansion in growing mixed dentition patients. I am very grateful to Dr. Milstein who volunteered to write this article just 2 weeks ahead of the final deadline when the original author was unable to write the article.

Dr. Kelly Giannetti discusses arch development with low forces utilizing selfligating brackets eliminating the need for invasive treatment options.

Dr. Joorok Park reviews current treatment options of palatal skeletal expansion utilizing microimplants in non-growing patients reducing the need for orthognathic surgery for some patients.

Upcoming #R Webinars Presented by California Employers Association (CEA)

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

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.



NORTHERN CALIFORNIA PRACTICE SALES

Dental Practice Sales and Appraisals

Sacramento

Campus Commons GP For Sale — This long-standing practice was one of the first in the area when it became a central medical- dental location. This practice has multiple generations of loyal and satisfied patients. The owner has collected an average of nearly \$600,000 in each of the past three years with an owner's net in excess of \$200,000. With four to five days of hygiene and all specialty procedures referred to local specialists, this six-operatory facility is a solid platform that can be taken to the next level.

GP For Sale by the Capitol — Located along a main thoroughfare, this five-operatory practice is housed in 1,600 spacious square feet and has been serving the community fornearly 75 years. The owner provides quality bread and butter dentistry to a diverse population. Annual collections have average over \$500,000 on a three and a half day work week. Favorable lease terms available too.



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YOU SHOULD KNOW

ELECTRONIC PRESCRIPTION OUESTION

Beginning January 1, 2022, all prescriptions issued by a licensed healthcare practitioner to a California pharmacy must be submitted electronically.

Q: Can you call in a prescription for a non-controlled substance? In my office, I only write prescriptions for antibiotics. I have other colleagues who have asked me the same question. Can you clarify this for us?

A: The new law will affect all prescriptions, so regardless if it is a controlled substance or an antibiotic, it will need to be submitted electronically. - Mary McCune, CDA Policy Director

OUR VENDOR MEMBER, CA. EMPLOYERS ASSN., IS OFFERING ALL SDDS MEMBERS A COMPLIMENTARY HR COMPLIANCE ASSESSMENT AND CONSULTATION!

Do you know the answers to these questions?

- 1. How often do you provide Paid Sick Leave for all of your employees?
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Take the HR Free Assessment to easily find HR compliance issues you may need to address in your organization. You'll be guizzed on regulations and issues like your Employee Handbook, employment laws, trainings and more.

Once you finish the quiz, you'll immediately receive a score and find out where there's room for improvement.

https://www.surveymonkey.com/r/2ZQ9QTV

MENTAL HEALTH & WELLNESS FREE VIRTUAL EVENT

It's no secret that dentistry is stressful. What shouldn't be a secret is how to handle that stress. CDA is bringing together an expert panel of speakers to openly discuss the challenges of maintaining mental health in dentistry and offer positive steps you can take towards mental wellness. Mental Health & Wellness in Dentistry is a free, virtual event that is open to all dental professionals on Thursday, December 9 from 3-6 PM PST.

Hear real-life stories and coping strategies from:

- Dr. Ronni Brown, dentist, speaker and addiction specialist
- Dr. Wayne Pernel, psychologist, speaker and leadership coach
- Dr. Roberta Garceau, dentist and mindfulness expert
- Dr. Matthew Korn, dentist and CDA Wellness Program chair
- Jocelyn Coupal, attorney and domestic violence expert

Leave with hope and resources to be well:

- Tools to create a safe and healthy culture in your dental practice
- Personal mindfulness exercises you can bring back to your staff
- Guidance for recognizing crisis in friends, family and co-workers

Visit to register: https://bit.ly/CDAmentalhealthevent

CORRECTION TO C.E. WAIVER INFORMATION ON CDA.ORG

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C.E. waiver extension gives California dental professionals until March 2022 to complete license renewal requirements.

Waiver applies only to licenses expiring in October. Correction: Oct. 7, 2021. CDA updated this article to clarify that the DCA's newest waiver applies only to dental professionals with licenses expiring in October 2021.

The Department of Consumer Affairs on Sept. 28 issued a waiver that gives all Californialicensed dental professionals whose active licenses expire Oct. 1 through Oct. 31, 2021, until March 28, 2022, to meet license renewal requirements.

Under a separate waiver the DCA issued in July, dental professionals whose active licenses expire between March 31, 2020, and Sept. 30, 2021, have through Jan. 26, 2022, to complete the continuing education courses and take and pass the examinations required for license renewal.

C.E. units completed under this waiver may only count toward one renewal period.

Licensees must still apply for their license renewal and pay the renewal fees by the respective due dates. The waivers only grant an extension to complete the required C.E.

All seven C.E. waivers are a result of CDA's continuous advocacy efforts to support dental professionals affected by the COVID-19 pandemic. CDA will continue to advocate for additional extensions should pandemic mitigation efforts impact licensees beyond March 2022.

Gov. Gavin Newsom's March 2020 state-ofemergency order granted the Department of Consumer Affairs the authority to waive statutory or regulatory professional licensing requirements as part of the state's response to the COVID-19 pandemic.



Expansion in Growing Mixed **Dentition Patients**

By Marina Milstein, DDS SDDS Member

Dr. Milstein recently opened her orthodontic practice in Granite Bay. With more than 20 years of experience, she is committed to providing exceptional clinical care and unparalleled customer service. She is involved in many multi-disciplinary cases and is starting to build strong relationships with many dentists and specialists in the area. After receiving dental degree from Loma Linda University in 1999, she practiced general dentistry for three years. She did her Orthodontic residency at the University of Manitoba in Canada where she received her Master's in Orthodontics in 2005.

We all have heard of Phase I orthodontic treatment. This common treatment modality remains controversial and subject of many heated conversations among dental, orthodontic, and medical professionals around the globe. Even though a topic of many research projects, presentations at orthodontic and medical meetings, debates on professional social media forums, we still struggle to show scientific evidence for many routinely and widely used techniques and appliances, despite the fact that expansion in mixed dentition has been widely used for over 160 years.

Phase I orthodontic treatment is designed to correct the skeletal and dental malocclusions at an early age. Treatment usually lasts for 10 to 14 months. Following Phase I treatment, there is an observation phase of 12 to 30 months in which correction is held by the retainer while an orthodontist supervises the eruption of the remaining permanent teeth. Expansion of dentition is the main, and sometimes, the only procedure during Phase I treatment.

The most common expansion technique is Rapid Palatal Expansion (RPE). Historically RPE has been used for posterior crossbite correction by widening the narrowed palate and gaining arch perimeter to alleviate dental crowding. Although there are various designs, the appliance is typically fabricated to attach to the dentition with either orthodontic bands (banded RPE) or acrylic overlay (bonded RPE). The heavy forces generated by the expander transmit through the teeth to the halves of the maxilla. In patients with patent skeletal sutures, the forces will open the midpalatal suture and hold the two halves of maxilla apart to encourage callus formation and subsequent bone deposition resulting in skeletal expansion (figure set 1).

Because RPE is a tooth-borne appliance, there are also dental responses to this force application, manifesting in dental tipping and bending of the alveolus known as dento-alveolar expansion. Countless research papers have been published on the subject in hopes to quantify the percentage of dento-alveolar response during RPE and some show almost pure skeletal expansion while others report as high as 60% of overall expansion attributed to dental tipping and alveolar bending. Similarly, there is no consensus on expansion regime - rapid (0.25-0.5 mm per day), semi-rapid (0.75-1.5 mm per week), and slow expansion (0.25 mm per week) are all used with similar popularity and effectiveness.

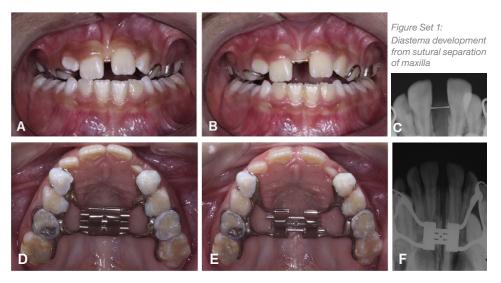










Figure Set 2: Palatal expansion with Hyrax appliance. Note lower midline improvement due to correction of functional shift. Midline will continue to improve as patient grows







This Phase I case was treated with Invisalign First®. We did not use any Class II mechanics. Note slight spontaneous mandibular advancement, illustrating "un-trapping" of the mandible.







Slow expansion can be accomplished with either removable or fixed appliances, depending on clinician's and patient's preferences. The forces are significantly lighter than those reported for rapid maxillary expansion and considered to be more physiologic by some. With slow expansion there is more dento-alveolar remodeling than the orthopedic effects.

In my practice I almost always offer both. When I started practicing in 2005, I gave my patients and their families an option of banded RPE (Hyrax appliance) or removable Schwartz appliance. Today I still used Hyrax appliance as a fixed expander and use Invisalign for removable and slow expansion option. Invisalign works similarly to the Schwartz producing mostly dento-alveolar changes vs sutural separation. I feel the amount of skeletal and dental movements from slow and rapid expansion are similar. I do have tendency

to recommend Hyrax in cases of unilateral and bilateral crossbite. Self-ligating braces (Damon in my practice) also can be used for slow expansion.

Potential Benefits of Maxillary **Expansion in Mixed Dentition:**

- I think the greatest benefit of early expansion is to eliminate asymmetric growth and changes in condylar position in children with unilateral posterior crossbite with functional shift (figure set 2).
- Expansion increases the arch perimeter in both the maxilla and, to a smaller degree, the mandible. This reduces crowding, can reduce incisor protrusion and could lead us to treat borderline cases without extractions. In my hands, extractions and expansion are not mutually exclusive and, in some cases, both are needed for optimal treatment results.

- Expansion decreases the incidence of impaction of canines in many cases. I often combine expansion with extraction of primary canines to aid in a successful eruption pattern.
- A major objective of orthodontic treatment is to achieve long-term stability of dentition and to reduce or minimize undesirable posttreatment changes known as relapse. By doing expansion in mixed dentition, permanent teeth have a better chance of erupting aligned and are less likely to relapse long-term.
- Some studies suggest that RPE can increase the volume of the upper airways leading to improvement in nasal breathing. More and more children are being diagnosed with obstructive sleep apnea and referrals to our practice from medical professionals requesting palatal expansion are increasing.
- · Maxillary constriction of Class II malocclusion patients is well studied and documented. Maxillary expansion is indicated in these patients during mixed dentition, as this transverse discrepancy is not self-correcting. Palatal expansion has been advocated for spontaneous anterior repositioning ("un-trapping") of the mandible in skeletal Class II growing children. Several research papers have been published to support such phenomenon. On mild Class II cases, I often prescribe very light Class II elastics during Phase I to "guide" the mandible more forward. More severe cases are treated with functional appliances during the period of child's active growth (usually as part of Phase II) (figure set 3).

In conclusion, expansion can be a great service to our growing children in mixed dentition; however, not every child needs it. It seems that Phase I is "normalized" nowadays for every patient coming through an orthodontist's door. Phase I treatment is invasive and should only be utilized if there is a clear benefit to the patient. Moreover, some Phase I cases are elective and are not mandatory.



By Kelly Giannetti, DMD, MS SDDS Member

Dr. Giannetti received her DMD degree as well as a Master's in Public Health from Harvard University. After Harvard, she completed her orthodontic residency at UCSF where she served as an Assistant Clinical Professor from 2000-2007. Dr. Giannetti is a Past-President of SDDS and a Diplomate of the American Board of Orthodontics. She practices with Dr. Thais Booms and has offices in Sacramento and West Sacramento.

Arch Expansion

With Passive Self-Ligating Brackets - Low Force is the Key

It is impossible for me to thoroughly address expansion with passive selfligating appliances in this article. However, the rumors are true! I have not used an RPE (rapid palatal expander) in a comprehensive case in 15 years. Yes, I routinely correct posterior crossbites in children and adults, do not "blow" teeth out of bone, and have just as much stability as I had, perhaps even more, when I was using traditional mechanics.

How? Using mechanics that involve incredibly low forces. There are many papers to substantiate the use of low forces starting with Moss's Functional Matrix Theory (American Journal of Orthodontics, 1969) and continuing today to prove light forces are key to healthy tooth movement. Heavy forces result in undermining resorption and necrotic tissue. Optimal forces result in frontal resorption and healthy periodontal tissues.

What is "optimal" or in other words, how low is low? RPEs are designed to "crack" sutures and sutural expansion is often the clinician's goal. However, sutures do not always "crack" and heavy tooth-borne forces can result in expansion by moving teeth through the bone with resulting dehiscence. (1) When ultra-light forces are used the response is teeth moving "with" bone instead of through bone. The force levels of an RPE are 2-5kg per turn (1.19 N-3N). (2) By comparison, the force levels of passive ligation braces with .013 and .018 copper nickel-titanium wires are 0.5 and 2 N and applied over a course of 4 months. This may seem far-fetched, but the science is sound and the results are amazing.

...the rumors are true! I have not used an RPE (rapid palatal expander) in a comprehensive case in 15 years.

That said, I routinely use RPEs on children between the ages of 6-9. The difference is that I do not use them as they were

Case 1: Initial photos of 50 y.o. adult male with a Class III malocclusion, anterior crossbite, and posterior crossbite.





Case 1: Final photos of 50 y.o. adult male with a Class III malocclusion, anterior crossbite, and posterior crossbite. His total treatment time was 2.5 years





Case 2: Adult Class I malocclusion, complete posterior crossbite, and functional shift







intended. Traditional RPE's are done fast with high forces; hence the term "rapid." Patients were instructed to turn the screw 1-2 times per day! Each turn is equal to 0.25mm and 2-5kg of force. RPE treatment in my practice, and many others, is now called "fixed palatal expansion" instead of rapid palatal expansion because it is SLOW. In our office, patients are instructed to turn once 3 times a week and never two days in a row. You can see this is 0.75mm in a week as opposed to 1.75mm - 3mm a week. I know this method is more stable because, after expansion in Phase 1, I no longer give the patient a retainer. You read it correctly, when I remove the expander, I give them exercises for proper tongue placement and see them in 6 months to check the stability. No retainer.

Since many clinicians say seeing is believing, I have a few adult expansion cases to share with you. In the past, I told these patients they needed surgery but now we treat them non-surgically, non-extraction with passive self-ligating appliances (Damon system) and rubber bands. The first case is an adult male with a Class III malocclusion, anterior crossbite, and posterior crossbite. His total treatment time was 2.5 years.





The second case is an adult female who is a hygienist practicing in Sacramento with a Class I malocclusion, posterior crossbite, and functional shift. Her total treatment time was 18 months. When I asked her if I could share her case in the Nugget she wanted to share her story because she had a long journey to find a non-surgical solution to her problem. "My entire life I have had a crossbite on my left side. What was always esthetically bothersome began to be physically painful over the years. While my teeth appeared to be straight, my "crooked smile" was always apparent in pictures. In my 30's I began to notice more TMJ issues. It was painful to open wide at times and would deviate upon opening. The cross-bite seemed to get more severe by my late 30's and I finally made the decision to correct these issues. My initial consultation with an orthodontist resulted in a recommendation for surgery, including breaking my palate, followed by orthodontia. This was a bit of an aggressive approach for me being a working mother of 2. At my consultation with Dr. Booms, she heard my concerns and provided another approach to widen my upper arch and give correct occlusion to my upper and lower teeth. It would involve wires and brackets and a diligent regiment of elastics wear. My 18-month treatment gave me the results I was looking for (no more crooked smile!) as well as a disappearance of the pain and pressure I felt in my TMJ and upper left canine area."

Don't get me wrong, there are still cases that are appropriately treated with orthognathic surgery out there. However, this number in our practice is far fewer now that we have the skills and knowledge to diagnose surgical vs. non-surgical expansion and have the opportunity to treat kids by 7 years old. •

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Microimplant Assisted **Rapid Palatal Expansion**

By Joorok Park, DMD, MSD

Dr. Joorok Park is an Associate Professor and the Clinic Director of the Orthodontics department at University of the Pacific, Arthur A. Dugoni School of Dentistry in San Francisco, CA. He is a Diplomat of American Board of Orthodontics. He received his MSD and Certificate of Orthodontics at University of the Pacific, Arthur A. Dugoni School of Dentistry, and earned his DMD at University of Pennsylvania, School of Dental Medicine. He has numerous clinical research projects at the Craniofacial Research Instrumentation Laboratory.

Maxillary palatal expansion is achieved by using an expansion appliance such as Rapid Palatal Expander (RPE) in improving maxillary transverse deficiency. The skeletal expansion is achieved when the mid-palatal and the circum-maxillary sutures are opened after sufficient force is applied by the RPE.1 Any types of toothborne expanders, such as a Hyrax or Hass, can be used for children in the mixed dentition stage or for young adolescents typically under the age of 14 years in females and 16 years in males.²

Diagnosis

Maxillary transverse deficiency can be suspected when a posterior crossbite is observed, especially when a patient presents with a bilateral posterior crossbite. A case with severe maxillary transverse deficiency frequently exhibits a narrow and high vaulted palate. However, narrow maxilla does not always present a posterior crossbite. An accurate diagnosis can be made by measuring and comparing the widths of the maxilla to the mandible on a Cone Beam Computed Tomography (CBCT) image. On the coronal crosssections at the first molars, the mandibular width should be 1 ± 3 mm wider than the maxillary width.3 (figure 1)

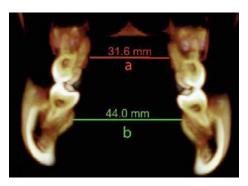


Figure 1: Width measurement at the alveolar bone level is done at mid-root levels. (a) Between the palatal surfaces of maxilla; (b) Between the lingual surfaces of mandible. The maxilla is significantly narrower than the

Expansion in adults - MARPE

Opening the mid-palatal and circummaxillary sutures with a conventional RPE appliance is predictable at a younger age, but it may become more difficult during late teen ages when those sutures become more tightly fused. Traditionally, Surgically Assisted Rapid Palatal Expansion (SARPE) which incorporates surgical cuts around the maxilla has been to expand the maxilla around fused maxillary sutures in adults. However, due to the invasiveness nature of the surgery, SARPE is not well received by the patients.

A new technique, Microimplant Assisted Rapid Palatal Expander (MARPE), was recently developed to facilitate non-surgical maxillary skeletal expansion in adults. In the U.S., the Maxillary Skeletal Expander (MSE) is the most widely used type of MARPE. The MSE combines a Hyrax RPE and four microimplants inserted through the sides of the RPE and into the palatal bone. (figure 2). Successful expansion of the maxilla will result in a parallel opening of the mid-palatal suture.4 (Fig 3) The microimplants are either 1.5mm or 1.8mm in diameter, and 9mm, 11mm, or 13mm in lengths. Before placing the MSE, the palatal bone and the soft tissue thickness at the CBCT coronal sections are measured to determine the appropriate lengths of the microimplants. Dr. Won Moon emphasizes that the microimplants need to achieve bicortical engagement of the whole palate which will enhance the stability of the microimplants to withstand the large lateral forces generated by the RPE appliance.5 A successful skeletal expansion depends on the microimplants firmly anchored on the palatal bone. Without the bicortical bone engagement, the microimplants may lose stability and subsequently may either tip or drag through the palatal bone when the expander screw is turned without actually separating the palate.

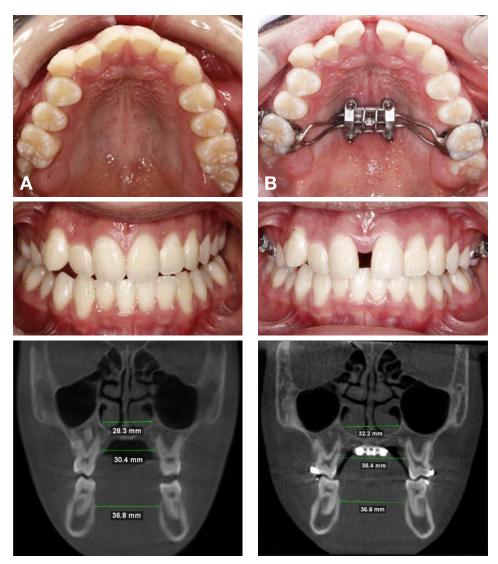


Figure Set 2: A. Pre-treatment – the maxilla is narrow with crowding. B. Post-treatment – MSE was used to expand the maxilla by 6mm and the nasal floor was widened by 4mm. Four microimplants are inserted through holes at the corners of the expander in the middle of the palate.

Protocol of MARPE expansion

In the more recent version of MSE (version II), each turn of the expander screw will widen the expander by 0.133mm, or 6 turns will widen the expander by 0.8mm. The turning protocol depends on the age of the patient. For teenagers, a slow expansion protocol (1 turn/day) is recommended as their sutures

are less tightly fused, and therefore, are relatively easier to open with a light force. For patients in their 20's and older, two to four turns per day (more turns for older patients) is recommended since their sutures are more tightly fused and require greater amount of force to open. Opening of the midline diastema is a sign of successful maxillary





Figure Set 3: A. An axial cross section of the CBCT image after expansion by the MSE appliance shows nearly parallel expansion of the palate, B. Midline diastema accompanies a successful maxillary expansion.

expansion. For older patients, it is possible that the maxilla may not start to expand until four to ten turns of the expander screw is done. After a desired amount of expansion is achieved, the MARPE is kept in place for at least 6 months to allow maturation of the new bone formed in the mid-palate.

Advantages of MARPE

- 1. Easy placement: Placing a MARPE is quite easy. Once the MARPE appliance is soldered to the molar bands, it is cemented, and four microimplants are placed after local anesthesia.
- 2. Non-surgical procedure: Compared to SARPE, the MARPE procedure does not involve surgical osteotomies.

Continued on following page...

- 3. Less dental side effects: A conventional RPE expansion usually suffers from some degree of molar tipping and relapse of expansion. With MARPE expansion, we believe the microimplants provide sufficient anchorage which may reduce dental side effects.
- 4. Nasal airway improvement: A MARPE can widen the nasal cavity width and volume, which will in turn improve nasal air flow.
- 5. Class III skeletal growth modification: A facemask hook can be soldered to the molar bands connected to the MARPE. Due to the anchorage provided from the MARPE, more effective maxillary protraction can be achieved for patients with hypoplasic maxilla. For older adolescent, MARPE-facemask therapy also can be effective as the maxillary sutures can be loosened after MARPE expansion.
- 6. Superior vertical control: The microimplants of the MARPE can provide great source of vertical anchorage. They can also be used for molar intrusion and couterclock-wise mandibular rotation

for hyperdivergent patients with high mandibular plane angle.

Limitation of MARPE

Although it is theoretically possible to expand the palate of patients of any ages, there is an increased incidence of failure for patients older than 30 years old. If a significant amount of skeletal expansion is indicated due to sleep apnea or upper airway resistance syndrome (UARS), the Distraction Osteogenesis Maxillary Expansion (DOME) technique can be used. (REF) This technique was developed by Dr. Stanley Liu, in which he performs small Le Fort I osteotomies, and the MARPE appliance is then turned. This technique will ensure the maximum amount of skeletal maxillary expansion which will in turn increase the narrow nasal airway and improve nasal breathing. More information about the DOME procedures can be found here: https://med.stanford.edu/ohns/ OHNS-healthcare/sleepsurgery/treatments/ DOME.html

Lastly, MARPE is not indicated for patients with unusually thick and dense palatal bone and buttress bone or exceptionally thin palate with low bone density.

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Two Days of CE With Dr. Jamison Spencer

- NOVEMBER 9-10, 2021 -

We were fortunate enough to have Dr. Spencer spend two days with us. He first spoke at the November General Meeting, then was at the SDDS office all day for two back-to-back courses. Thank you so much to all who attended.





I am very grateful that Sacramento District Dental Society was able to secure Dr. Jamison Spencer to come speak in Sacramento. The last 24 hours have completely opened my eyes about sleep apnea appliance therapy and TMD treatment. I just finished both courses and I am charged up to help so many people.

Dr. Spencer's down to earth, open book approach to the entire TMJ and sleep medicine market is so refreshing! Previously I have been solicited by various companies to use "their system" for sleep medicine or TMJ therapy. Dr. Spencer, on the other hand, explained every system out there without any favoritism speaking mainly about practicality, cost and efficiency to help people rather than profit. I feel like his course has been a backstage tour of the world of sleep apnea, bruxism and TMD treatment in dental offices.

All in all, I feel my mind has been expanded and my enthusiasm toward my profession has just broadened.

SDDS Foundation



Our Foundation helps to make a positive impact in our community by promoting the oral and general health of the public through education, service and treatment in the fields of preventative and curative dentistry. All of the great things that the Foundation does, wouldn't be possible without your help! Whether you donate directly, attend our fundraising events, adopt patients into your offices, or are a Foundation member, your help is greatly appreciated, and makes a difference! If you want to know how to get more involved.

Foundation Members

Being a member of the Foundation is the easiest way to help support the Foundation. It's \$75 a year.

Donors/Contributors

There are so many ways to donate to the Foundation. You can make a donation in honor or memory of a loved one, attend or participate in one of the events listed on this page, you can send a check, call in with a credit card or you could even text a donation to the Foundation! The texting option is super simple, just text "GIVE2SDDF" to 44321 to instantly receive a link to our Foundation fundraising page!

Swing for Smiles Golf Tournament

There are multiple ways to get yourself involved in this awesome annual event! You can sign up yourself as a single golfer and get placed with a team, or grab three of your friends and sign up as a foursome! There are also lots of great sponsorship opportunities: sponsor anything from a tee or green all the way up to lunch for the day!

The Swing for Smiles Golf Tournament is a great day of golf, fun with friends and vendors all in support of our wonderful Foundation!

Crowns for Kids

Get one of our Crowns for Kids (CFK) jars to collect scrap metal from patients' dental treatment! The iars are collected and sent to the metal refinery (Star Dental Refining), and the refinery sends a check to the Foundation each month. When you have a few crowns collected (jar does not need to be full!), call SDDS at 916-446-1227 for a pick up!

Dentists Do Broadway and Music Circus

If you enjoy theater and Broadway shows, consider buying tickets through us! When you buy your Broadway/Music Circus tickets through SDDS the proceeds benefit our Foundation!

Amazon Smile

Your everyday purchases on Amazon can help support the Foundation! All you need to do is simply, head to smile.amazon.com to get started!

If you have not yet selected a charity with Amazon Smile you'll be able to search for "Sacramento District Dental Foundation" within the list of charitable organizations. If you've already selected a charity, you can switch it to SDDF at any time. Then you can shop at smile.amazon.com and Amazon will donate 0.5% of eligible purchases to your favorite charitable organization—no fees, no extra cost.

Silent Auction/Holiday Party

Gift items to be used in our Holiday Party Silent Auction or as raffle prizes are always appreciated.

Big Day of Giving/Giving Tuesday/ **Spirit of Giving**

These are specific days that happen annually to help non-profits reach out to the community for donations.

In lieu of sending holiday treats or thank you gifts to colleagues, make a donation in their honor to the SDDS Foundation. The SDDS staff will send a note on your behalf notifying them of your contribution.

Smiles for Sacramento Gala

The Gala is not an annual event. It was held in 2011, 2014 and 2019. The 2019 Gala was a special one we raised \$50,000 for the Foundation! In 2019 we celebrated 125 years for SDDS (1894-2019) and 50 vears for SDDS' Foundation (1969-2019)!

Shred Day

The shred event is free to SDDS Foundation members who have less than 10 boxes to shred. If they have 10 or more boxes, we ask that a \$100 donation be made to the Foundation. For SDDS members who are not members of the Foundation, it is \$100 for 1-9 boxes and an additional \$100 for 10 or more boxes.

Are you a member of our Foundation!

Your Foundation Membership helps to fund our Smiles for Kids, Smiles for Big Kids programs and other forms of community outreach!

Not yet a member of the Foundation? Email us at sdds@sdds.org to become a member and make a difference.

Thanks for your support!



Together we can make a difference.

Our Foundation needs you!

The Foundation is the charitable arm of your dental society. This non-profit branch of your society was created to enable us to do some wonderful things for our community.

Learn about Spirit of Giving with the insert in this issue!



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This is a sample of our listings.

CONCORD/WALNUT CREEK PEDO: NEW LISTING/ 8 chairs, busy retail area, Digital Pan, Scan-X. 2019 GR \$832K on 3-4 days/wk. #CA2523

FAIR OAKS/CITRUS HTS: Desirable area, 38 yrs. Goodwill, 4 Ops, Nice décor, Digital, 6 hyg days/wk. 2019 GR \$970K on 4 day/wk. #CA656

FAIRFIELD AREA: 7 Ops, Digital, Digital CB/Pano, Newer Equip, Specialties referred out. 2019 GR \$1.7M. #CA1824

NORTH SACRAMENTO AREA: 3 Ops, 1 add'l shared, Paperless, Digital, CEREC, Busy street location. 2019 GR \$671K. #CA1745

REDDING: 5 Ops, 4 Equipped, Digital X-rays and Digital Pano, CEREC, 5 hyg dys/wk, Specialties referred out. 2019 GR \$558K. #CA1742

ROCKLIN/ROSEVILLE AREA: NEW LISTING! 4 Ops, Hi-tech, Affluent area, Digital, iTero Scanner, much more. 2021 projected to produce \$2M+. #CA2793

ROSEVILLE/CITRUS HTS/ANTELOPE: NEW LISTING! 6 Ops, High traffic location, Digital, Strong hyg program with 1100 active patients in last 18 mo. 2020 GR \$669K. Room to grow w/ Specialties. #CA2749

SACRAMENTO: *NEW LISTING!* 5 Ops +RE in busy area, Digital, 6 hyg days/wk. 2019 GR \$697K with Specialties referred out. #CA2620

 $\bf STOCKTON$ AREA: 5 Ops +Dental Condo, Digital, 5 hyg days/wk. GR \$812K, high level of Ortho expertise. #CA2006

VACAVILLE AREA: 5 Ops, Pano, Centrally located, High traffic location with 28 yrs. Goodwill, Dentrix, 2019 GR \$556K. #CA645

VACAVILLE AREA: *NEW LISTING!* 4 Ops, 3 Equipped, 45 yrs Goodwill, Dentrix, Paperless, Digital. 2020 GR \$609K with room to grow. #CA2748



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the Crowns for Klds. program.

Crowns for Kids

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Star Refining is the Dental Refiner of Choice for the Sacramento District Dental Society (SDDS) Foundation.

Star Refining, the premier dental refiner in the United States and across Europe, was the company behind the Crowns for Kids® (CFK®) program, founded by the Sacramento District Dental Foundation, and now, one of the premier programs of the CDA Foundation. Since 2006, this program has generated more than \$362,000 for Smiles for Kids® and dental-health education for kids.

Crowns for Kids® offers dentists the chance to improve the oral health of the children in the Sacramento community. Money raised from their donations of gold fillings and crowns helps

support oral health projects for underserved children, which

focus on preventive care, consumer education, restorative care, and fluoridation.

Program Basics:

- When Star Refining receives the donated gold fillings and crowns from participating dentists, the company processes the donation and sends the cash value directly to the SDDS Foundation.
- The SDDS Foundation uses CFK® funds specifically for the Smiles for Kids® program, which has benefited the children of the Sacramento community through much needed, free dental care.



For more information, contact: SDDS Foundation: 916.446.1227 Star: www.StarRefining.com • 800.333.9990





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Wallace Bellamy, DMD & Viren Patel, DDS

Highlights of the Recent **CDA Board of Trustees Meeting**

October 1, 2021

CDA Diversity, Equity, Inclusion & Belonging (DEIB): Dr. Pamela Alston, National Dental Association (NDA) president, provided the Board with a presentation on the NDA and its efforts to improve oral health equity, diversity and inclusion in dentistry.

Following the presentation, the Board finalized CDA's DEIB definitions, which complement the other work of the board on this topic over several months. The definitions will be shared with the DEIB workgroup, once established, to help guide further organizational work in this area. The definitions are summarized as:

- · Diversity celebrates all members of society, appreciating what makes us unique and providing a sense of belonging for all.
- Equity provides fair and equal access and opportunity for all.
- Inclusion creates a welcoming environment that allows for everyone to feel a sense of belonging and value.
- The sense of belonging comes from feeling valued as part of a group.

Medicare Update: CDA's federal lobbyist, Denise Henry-Morrisey, founding partner of Capitol Counsel, LLC, provided the board with an in-depth Medicare update. A budget bill package that includes a provision to expand the Medicare Part B program to include dental benefits is currently being discussed in congress. CDA will continue its efforts to keep members apprised of any developments and answer questions. CDA's comprehensive communication to member on this topic can be found here.

Organizational Update: The Board received an update from Executive Director Peter

DuBois providing perspective on the state of the organization, including membership renewal numbers and member rates; TDIC website enhancements and newly launched self-service portal; and the CDA Presents San Francisco hybrid meeting. Other updates included:

- CDA Cares Two small CDA Cares clinics are planned for this fall in partnership with the Children's Dental Health Clinic and Northern Valley Indian Health Clinic.
- Deans Meeting CDA hosted a deans meeting, which focused on DEIB issues, including the pipeline of students and faculty. The deans also discussed Medicare expansion and other academic-related policy issues.
- ADA Large Group Practice Pilot -ADA is initiating a fourth quarter "zero dues" pilot program focused on membership recruitment with Pacific Dental Services dentists in several states. However, following their announcement, it became clear that the pilot is not fully ready for implementation in California.
- Knutson Award California State Dental Director, Dr. Jav Kumar, has been honored for his career achievements in dental public health by the American Public Health Association, receiving the 2021 John W. Knutson Distinguished Service Award – which will be presented to him in October at the APHA annual meeting.
- CDA Building CDA staff will postpone return to the CDA building until the beginning of 2022. CDA continues to be extremely productive

in a mostly remote format and inperson meeting opportunities for next year are being evaluated.

Legal Update: The Board received a report on the proposed consent order and settlement between the Federal Trade Commission and the Board of Dental Examiners of Alabama. The proposed order finds that the Board of Dental Examiners unreasonably excluded competition from providers of teledentistrybased teeth alignment products and services.

Financial Update: The Board received a financial overview as of August 31, 2021 including revenue, operating expenses and last quarter comparisons. Additionally, the board was advised that an overview of the 2022 budget would be provided on December 2, and voting would occur during the December 17 board meeting.

Committee on Volunteer Placement Trustee Elections: The Board elected Drs. Emad Ammar and Kenneth Jacobs to fill vacancies on the committee, term through December 2023.

CDA Holding Company, Inc. Board of Directors Trustee Nomination: The Board nominated Dr. Wallace Bellamy to the CDA Holding Company, Inc for the 2022 term. However, should Resolution 1, Board Composition be approved by the 2021 House of Delegates, this resolution will be withdrawn, and the newly established CDA Board of Directors will select a director liaison to fill this position.

The Board took additional actions of an operational nature, which are reflected on the meeting agenda and will be recorded in the official minutes.

Next CDA Board of Trustees Meeting: **December 2, 2021**

Next Steps:

California Northstate University College of Dental Medicine

Submitted By Sheila Brear, BDS & Kevin M. Keating, DDS, MS of California Northstate University College of Dental Medicine

Dean Keating of the CNU College of Dentistry has a hectic holiday season ahead of him, celebrating both the holidays and the opening of the new school at the Elk Grove campus on January 3rd, 2022. The program starts with an Orientation Week where the new students will get to meet the faculty and leadership team and will be introduced to the resources provided at the college. At the end of the Orientation Week, there is a White Coat Ceremony for students and their families to celebrate the start of their 4-year program, leading to the Doctor of Dental Medicine degree.

The students then have a 3-week block course to learn the basic skills needed in dentistry, which include self-care, respectful communication, forming professional identities, ethics and professionalism, infection control management, donning and doffing PPE. With the recognition that patients of today have greater complexity of medical issues, the students will then begin an intensive Integrated Biomedical Science and Clinical Science course to understand the inter-relation of medical status on how best to care for a patient's oral health needs. The goal is to have students applying the integrated biomedical and clinical care knowledge early in their program to develop the critical thinking skills needed to manage patients with complex medical issues.

For today's learners, CDM will use online resources such as a medical software program called "Osmosis," 3-D anatomy, and narrated PowerPoint presentations, all of which students will study ahead of in-person classes. The in-person class is where an in-depth discussion of the

study material occurs, and learning is facilitated in a seminar-like small group learning format. The pre-class preparation prepares the students for robust discussion and application of knowledge using the learning methods which educational outcome research has shown is more effective for the adult learners of today.

In the first year of learning, students will engage in patient care. As their first experience they will fabricate complete dentures for selected patients using a simplified digital workflow. These early patient contact experiences will provide the opportunity to develop interviewing and communication skills, medical risk assessment, head and neck examination, and other skills that have just been learned. There is a plan to bring in students from the other colleges to create an interprofessional clinical learning environment, with pharmacy preceptors assisting with medication review, psychology preceptors assisting with motivational interviewing and anxiety management, and medicine preceptors assisting with medical risk assessment.

Each week, the entire College Community gets together (on-line and in-person) for Grand Rounds presented by faculty and including guest speakers. This focus of the Grand Rounds clinical case presentation is on the learning materials that the firstyear students have completed that week. The faculty will present the students with clinical questions posed for further robust discussion that reinforces the intended learning lessons of the prior week. First year students can learn from more advanced learners regarding the



application of knowledge to clinical scenarios, and second, third, and fourthyear students review and build upon the material previously learned.

The third and fourth year students engage in clinical care both at the CDM clinics, as well as at Community Based Clinics where they will provide care and improve the health of the local communities. All graduates of the CDM predoctoral dental education program will be competent and independent general dentists who can engage in clinical practice immediately or enter into one of many possible careers.

Dr. Keating and our team are excited to be starting this program, and welcome comments, questions or feedback from any SDDS members.

The College of Dental **Medicine Needs Your Help**

As many of you know the CNU College of Dental Medicine will be starting with our inaugural class in January 2022. Since there will be a short time between acceptance and the start of class, we need your help. Would you be willing to collect extracted teeth for the incoming dental students? If you are willing to help, please contact Joel Whiteman, DDS at 916-281-4716 or joel.whiteman@cnsu.edu.

We Need Teeth! Please help!



////JOIN US FOR THE 2021 HOLIDAY PARTY ///

December 10, 2021 / 6-11pm / Del Paso Country Club

RSVP Today with enclosed insert or online! \$140 per person

Price includes - cocktails, hors d'oeuvres, dinner & dancing to the Jay Rolerz Band

Donate to the Silent Auction. Help Support the Foundation!

This year we plan to offer our guests the most fabulous silent auction to date. In order to pull off such a feat we need your help! You may think you have nothing to contribute but you do.

- Your friend who owns that cool restaurant could donate a private chef dinner for 8.
- Your neighbor who is a local artist could donate a piece of art.
- Your go-to jeweler where you go to get special gifts could donate a bauble.
- Your vacation house or timeshare could be donated for a week's stay.
- Your King's tickets, a magnum of Pinot, that putter you bought and never used...

It's easy, all you have to do is ask. The best silent auctions are those where you're given the opportunity to bid on one-of-a-kind items and special experiences. If you have questions, email events@sdds.org! Silent Auction donation deadline will be on November 30th, so make sure to let us know before then!





BENEFIT! What If I Don't Comply With **Harassment Prevention Training?**

By California Employers Association (SDDS Vendor Member)

It has been another tough year and some employers are having difficulty fitting in mandated harassment prevention training, alongside all of the other deadlines they need to meet before 2022. You may be wondering, "What happens if I don't comply with Harassment Prevention Training in a timely manner?"

Let's Review the Mandate

On January 1, 2019, California Senate Bill 1343 made harassment prevention training (HPT) mandatory for all employers in California, with five or more employees. Both supervisors and non-supervisors need to be trained, every two years, and this includes part-time, temporary and seasonal workers. So right now, many employees should have already received their 2021 updated HPT training in order to be in compliance.

Penalties for NOT **Providing Training**

The penalties for not providing or not meeting California's required harassment prevention training in a timely manner are numerous, even if they aren't in the form of a fine. The California Department of Fair Employment and Housing (DFEH) is the state agency charged with investigating violations and enforcing laws related to discrimination in employment. SB1343 doesn't allow for monetary penalties; however in their FAQ's the DFEH states that they "will work with employers to obtain compliance with the law". I don't know of any employers who want to invite a state agency into their workplace to set them straight on the law.

Additional Consequences

The DFEH can get a court order and force your company to comply with SB1343. The controlling statute of SB1343 (Cal. Gov't Code § 12590.1(f) allows the DFEH to seek a court order to force an employer to comply with the law. This is not a position you want to find yourself in, unless you look forward to legal fees, a damaged reputation and poor employee relations.

Employees can report your company. The DFEH accepts and encourages contact from all employees who report that they have:

- not received the required training;
- not been paid by their employer for the time spent to take the training; and/or
- been required to cover the costs of the training.

Damage to your company culture. Not complying with employment laws signals to your workforce that rules put in place to protect them are not important to you. Company culture is more important today than ever before. Employees are in the driver seat and have many options when looking for work. Statistics show that employees want to work for a company where employees are valued and the employer invests in their well-being. When employees conclude that management doesn't really care about workplace conduct, problems that otherwise could be nipped in the bud can quickly snowball.

The Biggest Consequence **Occurs in the Courtroom**

In the unhappy event that a harassment claim ends up in front of a state or federal agency, or in civil or criminal court, documentation of

DECEMBER 2, 2021

FOR EMPLOYEES

California Employers Association 1 CEU, Core / 12-1pm / Webinar

FOR SUPERVISORS

California Employers Association 2 CEU, Core / 9:30-11:30am / Webinar

SDDS HR Hotline

NEW EXCLUSIVE NUMBER FREE TO SDDS MEMBERS!

888.784.4031

a consistent program of ongoing harassment prevention training is an important defense. Any attorney will tell you that reducing damages for harassment in the workplace liability is much more difficult when an employer hasn't followed the law and trained their workforce in prevention. According to a study conducted on 50 recent workplace harassment cases, the average settlement for those who have been sexually harassed is \$53,000. However, those claimants who took their case to court received far larger awards, at an average of more than \$217,000.

Lighten Your Load with CEA Harassment Prevention Training Options

Quit making excuses and get your employees trained before the end of the year. CEA makes training for CEA members easy and free with the use of CEA University online courses. CEA University (https://www. employers.org/pages/cea-university/) features fully compliant online courses that are selfpaced, timed, bookmarked, and can be taken from a host of mobile devices. Course students can stop and start as many times as necessary without losing their place or progress, and retest until they pass. Upon finishing the course, students can immediately download and print/email a certificate of completion. Non-members can purchase our same online courses and if you prefer live virtual trainings we have those too. We can even come to you! (https://www.employers.org/ pages/harassment-prevention/) All of CEA's harassment prevention trainings are offered onsite, live via webinar, online and in Spanish and in English. •



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Board Report

November 2, 2021

Summary of the Board Meeting



Lisa Dobak, DDS Secretary

President's Report

Dr. Volki Felahy welcomed the Board to his last Board meeting and thanked everyone for a great year. He discussed the upcoming CDA House of Delegates meeting on November 12; our SDDS delegates are ready to represent our SDDS members at this virtual HOD. The primary issue is Resolution 1 which aims to create a smaller CDA Board of Directors (eliminating the Trustee position) and a Component Board of Advisors for the following reasons:

- Prepare CDA for the future
- Minimize organizational risk
- Increase the Board's organizational influence
- Serve all components equally, no matter what size the component is

Dr. Felahy also reviewed the SDDS State of the State, "Oh, what a year!" Many thanks to our Executive Director, Cathy Levering, for pivoting, working many, many hours, and making it a GREAT year despite COVID and losing 2 staff members along the way. Our newest SDDS employee is Tara Towne, who started in November; she will serve as the Director of Programs and Operations. Thank you, too, to the entire SDDS Team for making SDDS the best that it is!

Dr. Felahy thanked both Drs. Hana Rashid and Stephanie Sandretti for their great work and service as they finish their Board terms this year - thank you from all our members!

Treasurer's Report

Dr. Wes Yee reported that this year is projected to end well and budget expectations have been exceed - all to the positive. Program income is above expectation thanks to the pivot to Zoom/ webinars and program expenses are less because we had no meeting costs for food and arrangements. Our Vendor Member program (non dues revenue) continues to thrive and our VM income helps keep member dues low. The 2022 Budget proposal was reviewed and approved.

Secretary's Report

Dr. Lisa Dobak reported we are maintaining 81.1% market share for membership as of September, which is our goal for the year. We discussed the benefits for all dentists to be members of organized dentistry, the most recent being SDDS's influence and success in opening dental offices back up during COVID.

Committee Reports

Year end reports were submitted and reviewed. The suggested Task Forces, subcommittees, workgroups, and projects for 2022 will include:

- New Member/New Dentist Task Force
- Practice Transitions Task Force
- Social Media Task Force
- DHP Recruitment Task Force (for staff and auxiliaries)
- Nonmember Task Force (discover

who nonmembers are, what they want and need, and recruitment)

• Fun & Games Task Force

Interested SDDS members who would like to serve on any of these task forces or other committees can sign up now and will be "drafted" by the committee chairs in January.

Committees will begin to meet in March.

Old Business

Board members have been reaching out to new SDDS members through phone calls and emails. Everyone is encouraged to attend the Holiday Party at Del Paso on December 10th - it will be a fun night!

Executive Director's Report

The Board reviewed Cathy's written report and her input was received throughout the meeting regarding Corporate Dentistry membership statistics, Vendor Members (great year), and specifically our MidWinter Convention, which is going to be great. Sponsorship by vendors is amazing (thank you vendors/exhibitors) and the EXPO Hall is SOLD OUT with 76 exhibitors. ALL DENTISTS AND STAFF are encouraged to sign up for one day or both days.

Adjournment

Thank you for your wonderful service, Dr. Felahy!!!

The meeting was adjourned at 9pm.

Next Board Meeting: January 4, 2022 at 6pm

CPR AHA BLS BLENDED LEARNING

In-Person Practice Session and Skills Test at the SDDS Office 4 CEU, Core • \$77.50

- Wednesday, January 19, 2022 (3 sessions: 6:00-6:45pm, 7:00-7:45pm, or 8:00-8:45pm)
- Wednesday, April 6, 2022 (3 sessions: 6:00-6:45pm, 7:00-7:45pm, or 8:00-8:45pm)

The 2022 CPR Courses will all be an AHA Blended Learning format. Below are the steps to register and complete the course. Email sdds@sdds.org if you have any questions.

Step 1 – Register for the BLS/CPR providers course with SDDS (via the inserted registration form, phone, or on the SDDS website)

• You will receive an email from SDDS with a link to AHA to sign up and pay for the online course (\$31).

Step 2 - Complete the HeartCode BLS Online course

- Written examination is part of the online course 84% to pass
- Print a copy of your HeartCode BLS Online Course Completion Certificate (bring this copy to the skills test)

Step 3 - Attend the IN-PERSON Skills practice session and skills test at the SDDS Office.

- Face Coverings are required to enter the class and must remain in place throughout the class.
- No food or drink please.
- Gloves will be provided and utilized throughout the training.
- Hand sanitizer and EPA-approved disinfectants will be used in the classroom.
- All surfaces, non-disposable equipment, fixtures, and any other shared areas are completely disinfected per CDC quidelines in between uses.
- You will be appropriately screened at the door (questionnaire and forehead thermometer).
- There will be no rescue breathing performed on the manikin except with the bag-valve mask (BVM). Mouth-to-mouth and mouth-to-mask ventilation has been suspended until further notice. Leave your pocket masks at home.
- To successfully pass the BLS Provider Course, you will be required to practice and demonstrate CPR skills on both an adult manikin and an infant manikin several times.

Step 4 - Your American Heart Association BLS (CPR) card will be issued digitally via email. Physical cards are no longer issued.

Job Bank

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.

BENEFIT!

ASSOCIATE POSITIONS AVAILABLE

Anthony Dang, DDS • Rancho Cordova • PT • GP

Hetal Rana. DDS • Roseville • PT • GP

Darce Slate, DDS • Rocklin • PT • GP

Jason Henderson, DMD • Kings Beach • FT/PT • GP

April Westfall, DDS • South Lake Tahoe • PT/FT• GP

Heather Macfarlane, DDS • Roseville • FT • GP

Sergio Vicuna, DDS • Sacramento • PT, then FT • GP

Monica Tavallaei, DDS • Sacramento • PT/FT • Pedo/Ortho/Endo/OS

Paolo Poidmore, DDS • Antelope/Auburn • PT/FT • Ortho

Julianne Digiorno, DDS • Sacramento • PT • GP

Steven Tsuchida, DDS • Elk Grove • FT • GP

Babak Djifroudi, DDS • Folsom • PT • Endo

Gilbert Limhengco, DDS • Sacramento • PT/FT • GP

Paul Johnson, DDS • Sacramento • PT • Pedo

Sabrina Jang, DDS • Sacramento • PT/FT • GP/Pedo

Aaron Reeves, DDS • Sacramento • PT • GP

Monika Gugale, DDS • Sacramento • FT • GP

Thomas Ludlow, DDS • Sacramento • PT • GP

Jeff Summers • Kids Care Dental • Sac/Stockton • PT/FT • Oral Surgeon

Michael Hinh, DDS • Sacramento • PT • GP

R. Bruce Thomas, DDS • Davis • PT/FT • GP

Amy Woo, DDS • Sacramento • PT • GP/Endo

David Park, DDS • FT/PT • GP

Jeff Summers • Kids Care Dental & Ortho • Calvine/Elk Grove • FT • GP/Ortho

Elizabeth Johnson, DDS • various Wellspace locations • FT/PT/Fill-In • GP

DOCS SEEKING EMPLOYMENT

Gaetan Tchamba, DDS • PT/FT • GP

Breanna Bartolome, DDS • FT • GP

Robert Nisson, DDS • PT • Ortho

Erica Hsiao, DDS • PT • Perio

Behdad Javdan, DDS • PT • Perio

Bruce Taber, DDS • Fill-In • GP



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.

Ransomware on the Rise:

Steps To Protect Your Practice and Systems From Cyber Disruption

Over the past two years of practice disruption due to the pandemic, dentists have become attuned to navigating new challenges and balancing complex risks. However, there are some issues that blindside even the most seasoned practice owners. Imagine coming in ready to start the day, booting up your computer to check the schedule and then ... nothing. There's just a blank screen, or worse yet, a message stating that your system has been locked and a demand for a payment to gain access. When a ransomware attack hits, your practice comes to a screeching halt. A compromised system can mean no access to schedules, billing or patient records.

Cybercriminals have been leveraging practice disruptions to launch ransomware attacks in skyrocketing numbers (https:// bit.ly/forbesarticle3). California dentists must proactively protect their practice systems, be prepared for the eventuality of receiving a demand and follow sound steps to recover from an attack.

In just one case handled by The Dentists Insurance Company, the total costs to conduct a forensic IT investigation, get systems back online and cover lost business neared \$100,000. When the dentist could not access his files, it soon became clear that the system had been hacked and the practice was a victim of ransomware. As patient data was stored in the cloud, the dentist didn't believe that there had been a data breach but was still paralyzed from

doing business because his systems and files were locked.

By the time a forensic IT firm was engaged to regain access to the system, get it back up and running again and unlock the data, the dentist had already paid a \$25,000 ransom demand. The insurance claim reflected more than \$70,000 in costs due to the amount of time the practice operations were down plus the expertise needed to investigate and reconcile the records and data.

In cases like this, recovering data and reimbursement for the associated financial loss is crucial to practice sustainability. But the investigation into how the system was accessed can be priceless in helping to support and train the practice team in mitigating future crises. In today's highrisk climate, everyone on the team should understand the potential implications of clicking on an attachment from an untrusted source or opening a malicious email.

Prevention

The dedicated analysts who answer The Dentists Insurance Company's Risk Management Advice Line field calls from CDA members and TDIC policyholders on navigating practice challenges — everything from patient care to documentation to employment to property. These experts have also developed tools that policyholders can access at any time by logging into their accounts online

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through TDIC's newly enhanced website (https://www.tdicinsurance.com/).

Resources to support cyber incident prevention include:

- A comprehensive Cyber Liability Guide (https://bit.ly/TDICcyberguide) for an overview of risks and targets, data breach and cyberattacks, investigations, preparation and prevention
- A Cyber Event Checklist (https://bit. ly/TDICcyberchecklist) to plan for how your practice should respond to a cyberattack or incident
- A full library of articles (https://bit.ly/ RMmatters), including expert guidance on the many aspects of cyber awareness and risk management in dentistry

These tools, in addition to guidance from your IT professional, can help you train your staff on recognizing and mitigating cyber risks.

Protection

A proactive approach also means having the right type and amount of insurance coverage in place. To keep pace with today's evolving risks, owners — regardless of practice size - need insurance that goes beyond data breach. Look for a policy that is built to help you respond to and recover from a broad range of cyber incidents.

CDA members who are TDIC Business Owner's policyholders can apply to add Cyber Suite Liability (https://bit.ly/cybersuite) coverage at any time. If you don't yet have cyber insurance or are unsure about your coverage, request a free policy review (https:// bit.ly/TDICpolicyreview) to compare your options and determine the solution that best fits your practice needs. Don't wait until a ransomware attack to realize what your policy does or doesn't cover.

Response

With ransomware attacks on the rise, even well-prepared and well-protected practices will still be targeted. If you do experience an incident, it can be difficult to maintain the presence of mind to respond in a way that mitigates further risk.

While every incident is different, these six steps are sound guidance to support you:

- 1. Don't pay a ransomware demand until you consult a professional.
- 2. Contact your IT provider right away for assistance. Let an expert assess the situation.
- 3. Document without clicking on links or deleting information. Take a picture of the screen and note what it said at the

- time of the incident. Capture when it happened and how it occurred, if known.
- 4. Save network security logs that indicate the date, time and device used. Collect facts and gather information from your staff and IT provider.
- 5. Call your professional insurance provider or log in to your account to report the incident as soon as possible and initiate a claim.
- 6. Report a data breach to appropriate agencies.
 - i. For ransomware: Federal (FBI) (https://bit.ly/FBIcybercrime) and state law enforcement agencies.
 - ii. The internet crime complaint center (IC3) (https://www.ic3.gov/).
 - iii. Security breach notifications required by law in California (https://bit.ly/securitybreachlaws).
 - iv. For data breaches: Department of Health & Human Services (https:// bit.ly/HHSdatabreach).

Following a response plan and sharing accurate information with your insurer are both crucial to your recovery and initiating the claim process. Know that you're not alone when faced with a cyberattack or ransomware demand. TDIC recognizes the stress and disruption that is created when these cyber events occur and has created resources to assist with implementing a proactive approach for your practice. Stay informed of cybercrime trends and reach out to the experts at your professional insurance company for guidance on setting up prevention plans to lessen the risks of future incidents.

TDIC's Risk Management Advice Line is a benefit of CDA membership. Schedule a consultation (https://bit.ly/TDICschedule) with an experienced risk management analyst or call 800.733.0633.

Reprinted with permission from the October 2021 issue of the CDA Journal.

JOIN US FOR THIS BUSINESS FORUM!

Is Your Office an HR Nightmare: Tales from the Labor Commissioner

2 CEU, 20% • Complimentary to SDDS Members Presented by Von A. Boyenger, Sr. Deputy Labor Commissioner

Are you, the employer, breaking California Labor Laws? Join us this evening for an eyeopening discussion about the reports that have been made to the Office of The Labor Commissioner – all from dental offices and dental employees. This frank discussion is for dentist/employers ONLY! Be prepared for some clarifications, some "ah-ha moments," and some serious lessons in what you can and what you can't be doing as an employer.

Topics will include:

- Misclassification
- Overtime
- Misuse of "Per Diem"
- **Rest Period Violations**
- Retaliation

- Exempt/Non Exempt
- Minimum Wage violations
- Meal Period Violations
- Travel Time
- RTP Reporting Time Pay
- On call/standby time (controlled/uncontrolled)

Tuesday, December 7, 2021

5:45pm: Log-in

6-8pm: Program via Zoom

Please RSVP

Committee Corner

We Want You (please)!

Be a part of SDDS and please volunteer to join a committee or task force or workgroup in 2022! Your participation will help to keep SDDS on its toes, be the best it can be for our members, keep our market share great (it's 81% right now), and give our members a chance to be part of organized dentistry.

Want to join a committee but aren't sure? Know that we are there for you, and are happy to have you no matter what!

- Do you need experience? No; we can train you!
- Do you have interest? Yes; that's all you need!
- Do you need a lot of time? Not necessarily; we're pretty lean, mean and organized to "get 'er done!"
- Do you know a lot of dentists in SDDS? If not, this is a great way to meet people!
- Meetings will be in person OR Zoom, depending on the committee; maybe a combo of both
- Number of meetings? Usually less than 5 a year for each committee (see, it's easy!)

How does it work? Just sign up for a specific committee or just "put me where you need me" on the insert included in the issue!

Standing Committees

- CPR Instructor Committee: purpose of the committee is to train members to be instructors to teach CPR courses for SDDS members
- Nominating /Leadership **Development Committee:** purpose is to develop leaders, nominate for positions in SDDS, Foundation and CDA

Advisory Committees

The purpose of advisory committees is to be "on call" when issues arise or actions need to be taken. Volunteers for these advisory committees are on an "as needed" basis, but please join us to be "as needed."

- Nugget Editorial Advisory: committee members serve as the guest editors for Nugget topics and issues (must be able to write and/or know people who do!)
- Admin Advisory Committees: Budget, Finance, Bylaws, Policy Review
- Continuing Education Advisory: reviews options and suggestions for programs, speakers, MidWinter, Lunch and Learns, CE days/events, and Business Forums/ Practice Management
- Legislative Advisory: monitors legislative activity, provides advocacy and information
- Oral Health Advisory: monitors the five counties of SDDS and county-wide oral health initiatives
- Mass Disaster / Forensics **Advisory:** provides training to members for disaster identification; members must agree to mobilize if a disaster occurs

Task Forces

Task Forces – There will be a few task forces in 2022 - these task forces are one year only. They will have an assignment and/or task to do (as defined by the Board of Directors) and report back to the Board with the solution, results and/or proposal. Task forces for 2022:

- Practice Transitions, DSOs and more
- · Social Media
- New Dentists/New Members
- Fun and Games
- DHP Recruitment
- Non-Members

Interested in Leadership?

There are so many ways to get involved in SDDS Leadership! Below are the main ways, just let us know you're interested, and we'll provide some more information!

- SDDS Board of Directors
- SDDS Executive Committee
- Delegates to the CDA House
- SDDS Foundation Board of **Directors**
- SDDS Political Action **Committee (PAC)**

The deadline for joining a committee or signing up to volunteer is on January 10th, 2022. So make sure you use the insert in this issue of the Nugget to let us know your interested! •

Want to get more involved with SDDS?

Your chance is now! Use the committee and volunteer signup form included in this issue and we'll make sure to find the right place for you!





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CA Northstate University

CareCredit Carestream Dental LLC **Comcast Business DDSmatch Desco Dental Equipment Discount Disposables** Elevate Oral Care FADE Fechter & Company, CPAs First Citizens Bank First US Comm. Credit Union GC America Geistlich Biomaterials

gentle jaw

GlaxoSmithKline GP Development Inc. HealthNet Henry Schein Dental Hiossen IBS Implant / AMII Independent Dental Sales Integrity Practice Sales Kerr Dental Kids Care Dental & Ortho Levton

LIBERTY Dental Plan LumaDent MUN CPAs

NEO Dental Lab Nobel Biocare Olson Construction Inc. Orascoptic Pact-One Solutions Patterson Dental **PCIHIPAA Professional Practice Sales** Resource Staffing Group SciCan SD Reliance Shofu Dental Smile California

SmileDirectClub

Star Refining Straumann **Supply Doc** Swiss Monkey **TDIC TEKagogo** Thomas Doll Tri Counties Bank **US Army US Bank VELscope** Voco America **Zest Dental Solutions**

TOTAL MEMBERSHIP

(as of 11/11/21:)

1,822

MARKET SHARE: 81.6%

ENGAGEMENT RATE: 96%

TOTAL ACTIVE MEMBERS: 1,392

TOTAL RETIRED MEMBERS: 332

TOTAL DUAL MEMBERS: 7

TOTAL AFFILIATE MEMBERS: 14

TOTAL STUDENT MEMBERS: 9

TOTAL CURRENT APPLICANTS: 3

TOTAL DHP MEMBERS: 65

TOTAL NEW MEMBERS FOR 2021: 94

New Members

RICARDO ANDRADE, DDS Welcome Back! General Practice

Dr. Andrade earned his dental degree from UCSF in 2005. He currently owns and practices at Dynamic Dental in Sacramento.

UPASANA BAIDAWAR, DMD Transfer! General Practice

Dr. Baidawar earned her dental degree in 2020 from Boston University. Her current practice location is pending.

ALBERT CU, DDS General Practice Welcome Back!

Dr. Cu earned his dental degree from UOP Arthur A. Dugoni School of Dentsitry in 1991. He currently works for Delta Dental in Rancho Cordova.

MARKUS KOPA, DDS

General Practice

Dr. Kopa earned his dental degree in 2018 from Herman Ostrow School of Dentistry. He currently practices at Folsom Hills Dentistry in Folsom.

Congratulations to Our New Retired Members!

Peter Nyland, DMD



Do you want to refer a new SDDS Member?

You'll get gifts from ADA, CDA and SDDS, and we'll get a new member!

Email sdds@sdds.org to refer them!

WELCOME to SDDS's new members, transfers and applicants.

IMPORTANT NUMBERS:

(866-232-6362)

TDIC Insurance Solutions . (800) 733-0633

Denti-Cal Referral. (800) 322-6384

Central Valley

Well Being Committee . . . (559) 359-5631

Do You Need Swag?



We're Blowing vous

Congratulations to...

Rosemary Wu, DMD, MS & Pinelopi Xenoudi, DDS, on being inducted as Fellows in the Academy of Dentists! Congratulations to them both! (1)

Drs. Matt and Stephanie Sandretti on the birth of their baby girl Gianna Lyn. She was born November 6th at 2:49am. Gianna was 7lbs 4oz and 20.5in. (2)

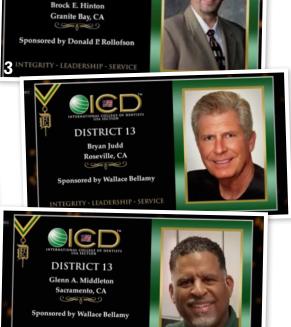
Drs. Brock Hinton, Bryan Judd, Glenn Middleton and Viren Patel on being inducted as a fellows of the International College of Dentists! (3)

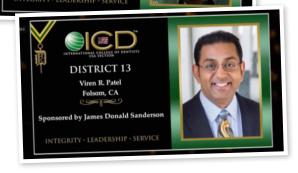
Drs. Alizadeh and Saleh on the purchase and rebranding of their new practice, J Street Dental Group and congratulations on your retirement, Dr. DiTomasso. (4)













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SPOTLIGHTS:





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For member assistance call Medi-Cal Dental toll-free at (800) 322-6384

For enrollment inquires please contact:

Jennifer Swaney

(916) 861-2389 iswaney@delta.org

Michelle Brucklacher

(916) 861-2647

mbrucklacher@delta.org

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The benefit of a practitioner never having to leave their patient's side not only revolutionizes the efficiency of a practice and increases profitability; it transforms a patient's experience and perception of their visit. The neutral anesthetic solution gives you the ability to deliver an injection with less burning and stinging sensation, so patients are much more comfortable and less fearful.

Benefits or Special Pricing for SDDS Members:

Anutra Medical is offering SDDS Members a special promotional offer of only \$299 for the Anutra Trial System. MSRP \$799.

Jeff Daner jeff.daner@anutramedical.com

Amanda Barr amanda.barr@anutramedical.com

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Christine Sison

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Gary Perkins - Principal

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Steve Shupe, President 916.928.1068 asimedical.com



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The Foundation for Allied **Dental Education**

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Thomas Doll

Brett LeMmon 925.280.5766 thomasdoll.com



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Elizabeth Clark 800.851.0008 cadentistsguild.org



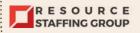
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Cherag Sarkari, DDS 800.268.9012 libertydentalplan.com



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Ashlee Adams 866.232.7640 adamsdentalconsulting.com



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Donna Boyd 510.560.6191 BandWcompliance.com



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Zack Rosenfeld 800.588.0254 pcihipaa.com



N&R Publications

Jeff vonKaenel newsreview.com



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. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration.

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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)

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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

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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.os-7777

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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.

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.

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SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office at 916.446.1227 or visit http://www.sdds.org/publications-media/advertise/



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SDDS CALENDAR OF EVENTS

DECEMBER

- 1 HR Webinar
 Employee Handbooks
 Califomia Employers Association
 1 CEU, 20% / 12–1pm / Webinar
- 2 Harassment Prevention Webinars For Employees California Employers Association 1 CEU, Core / 12–1pm / Webinar

For Supervisors

California Employers Association

2 CEU. Core / 9:30–11:30am / Webinar

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

- 6 SACPAC Meeting 6pm / Zoom
- 7 Business Forum Zoom Meeting
 Is Your Office An HR Nightmare:
 Tales from the Labor Commissioner
 Von A. Boyenger, Sr. Deputy
 Labor Commissioner
 2 CEU, 20% / 6–8pm / Zoom
- Holiday Party and Silent Auction6–11pm / Del Paso Country Club
- 30 Dentists Do Broadway
 Charlie and the Chocolate Factory
 7:30pm

JANUARY

- 4 Board Meeting 6pm / SDDS Office
- General Membership Meeting "SDDS Talk" Pedo Night – 15 on 15 15 Minutes, 15 Slides, 5 Speakers Richard Knight, DDS, Jeffrey McComb, DDS, Jeffrey Sue, DDS, CC Chiang, DMD, MS, MBA and Stephanie Kim, DMD Hilton Sacramento Arden West 3 CE Core / 5:45pm Social / 6:45pm Dinner & Program
- 19 CPR-AHA BLS Blended Learning Skills Testing, 3 Time Sessions 4 CE Core / 6-6:45pm, 7-7:45pm, 8-8:45pm SDDS Office



Love Being Back

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

JAN 11 General Meeting 3 CEU, CORE • \$85

"SDDS Talk" Pedo Night — 15 on 15 15 Minutes, 15 Slides, 5 Speakers

Presented by Richard Knight, DDS, Jeffrey McComb, DDS, Jeffrey Sue, DDS, CC Chiang, DMD, MS, MBA and Stephanie Kim, DMD

Enjoy this evening of short form and rapid-fire pearls, quick tips, tools, warnings, complications, secrets, and every day useful knowledge. We have gathered a great cadre of SDDS member pediatric dentists who will share the following topics/pearls:

Managing Impacted First Permanent Molars \cdot Batman Dentistry! What's in Your Toolbelt? "Oh Snap, You Knocked Out Your Tooth!" Avulsions and Dental Trauma \cdot "Lateral" Thinking: Monitoring Canine Eruption \cdot Silver Diamine Fluoride

5:45pm: Social & Table Clinics 6:45pm: Dinner & Program

Hilton Sacramento Arden West (2200 Harvard Street, Sac)

TUESDAY 5:45-9PM