

March/April 2026

the

Nuogget

Ergonomics in Dentistry

Inside: 2025 SDDS
Annual Report



Get Ready For Our UPCOMING EVENTS

March 5, 2026

Sacramento Kings Game

Thursday • 7:00pm

March 10, 2026

General CE Meeting

Tuesday • 5:45– 9:00pm • Social/Exhibits, Dinner and Program
Hilton Sacramento Arden West • 3 CEU, Core

Member Price: \$89 early (ends 2/24) / \$99 regular (ends 3/7)
\$109 late (begins 3/8)

Non-Member Price: \$218

**Leading with Trust: Tools to Inspire Teams,
Prevent Burnout, and Build Wellness**

Eric Johnson, DDS

Sponsored by Alpha & Delgadillo OMS

March 26-27, 2026

45th Annual MidWinter Convention & Expo

Toothstock: Peace, Love & CE

SAFE Credit Union Convention Center, Sacramento, California
Register online at www.sdds.org

April 7, 2026

Continuing Education Webinar*

Tuesday • 12:00–1:00pm • 1 CEU, Core • Webinar • \$45

Member Price: \$45 early (ends 3/17) / \$70 regular (begins 3/18)

Non-Member Price: \$140

HIPAA Without the Headache:

What Dental Offices Get Wrong (and How to Fix It)

Dennis Krohn and Sara Baker, MBA; SD Dental Solutions
(SDDS Vendor Member)

April 8, 2026

Dentists Do Broadway - MJ (Michael Jackson)

Wednesday • 7:30pm show

April 14, 2026

General CE Meeting

Tuesday • 5:45–9:00pm • Social/Exhibits, Dinner and Program
Hilton Sacramento Arden West • 3 CEU, Core

Member Price: \$89 early (ends 3/31) / \$99 regular (ends 4/11)
\$109 late (begins 4/12)

Non-Member Price: \$218

GM: Non-Odontogenic Tooth Pain

Mohd Khalaf, DDS

** Does not qualify for AGD credit*



View all CE Courses & Events
online with this QR code.

April 18, 2026

**CPR–AHA BLS Blended Learning–
Online and Skills Testing, 3 Time Sessions**

Saturday • 8:00–8:45am; 9:00–9:45am; 10:00–10:45am

Member Price: \$98 total; \$37 to AHA / \$61 to SDDS (ends 3/28)
\$118 total; \$37 to AHA/\$81 to SDDS (begins 3/29)

Non-Member Price: \$199 total; \$37 to AHA / \$162 to SDDS

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

SDDS Instructors

April 22, 2026

Licensure Renewal Webinar*

Wednesday • 5:30–7:30pm • 2 CEU, Core • Webinar

Member Price: \$75 early (ends 4/1) / \$95 regular (begins 4/2)

Non-Member Price: \$190

California Dental Practice Act

Joy Brack, RDA

April 28, 2026

Licensure Renewal Webinar*

Tuesday • 5:30–7:30pm • 2 CEU, Core • Webinar

Member Price: \$75 early (ends 4/7) / \$95 regular (begins 4/8)

Non-Member Price: \$190

Infection Control

Joy Brack, RDA

May 1, 2026

Continuing Education Hands-On

Friday • SDDS Classroom

Lecture only: 8:30–11:30am • 3 CEU, Core

Lecture and Hands-on: 8:30am–2:30pm • 6 CEU, Core

Lecture only Member Price: \$159 early (ends 4/10) /

\$184 (begins 4/11) **Non-Member Price:** \$368

Lecture and Hands-on Member Price: \$395 early (ends 4/10) /

\$420 (begins 4/11) **Non-Member Price:** \$840

Mimicking Nature: Navigating the Complex Root Canal System

Peter Ham, DDS, MSD

Sponsored by Henry Schein Dental and EdgeEndo

May 8, 2026

Swing For Smile Golf Tournament

Friday • 7:00pm check-in • Teal Bend Golf Course

May 12, 2026

General CE Meeting

Tuesday • 5:45– 9:00pm • Social/Exhibits, Dinner and Program
Hilton Sacramento Arden West • 3 CEU, Core

Member Price: \$89 early (ends 4/28) / \$99 regular (ends 5/9)
\$109 late (begins 5/10)

Non-Member Price: \$218

Drugs, Bugs and Dental Products, What to Prescribe!

Peter Jacobsen, DDS

Sponsored by Capital Periodontal Group

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Provided by the American Dental Association

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Nugget Editorial Board

Bryan Judd, DDS; *Editor-in-Chief*
 Ranna Alrabadi, DMD • Nicholas Scordakis, DDS
 Ramsen Warda, DDS • Peter Yanni, DMD, MS
 Idean Rezaei, Student Rep

Editors Emeritus

James Musser, DDS
 William Parker, DMD, MS, PhD
 Bevan Richardson, DDS

Awards

International College of Dentists (ICD)

- 2025 • Special Citation Award
- 2025 • Humanitarian Service, honorable mention
- 2024 • Special Citation Award
- 2023 • Special Citation Award
- 2022 • Humanitarian Service Award
- 2022 • Special Citation Award
- 2022 • Overall Newsletter, honorable mention
- 2021 • Platinum Pencil, *honorable mention*
 Outstanding use of graphics
- 2021 • Special Citation Award
- 2020 • Platinum Pencil
- 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*

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By **Jeffrey Sue, DDS**
2026 SDDS President

Engaging the Early Career Dentist

How many of us remember what it was like graduating dental school and entering “the real world.” So many decisions to be made; where to find a position, private office or a DSO? Do you look for a mentorship, or apply for a graduate program. How do you pay for student loans? Having a son who just completed dental school has made me relive some of these moments.

One of the things I’m most proud of about my son, Justin, is how quickly he’s stepped into a leadership role. He was part of the first graduating class from California NorthState University and served as the vice president and later president of their ASDA chapter. As the president he was able to help shape their chapter into becoming a great resource for pre-dental students. He was also involved with keeping his class informed of the importance of advocacy. As a young dentist, he already understands that our profession is about more than individual practice—it’s about service, advocacy, and supporting one another to advance oral health for our communities.

Engaging early career dentists is vital to shaping a strong, relevant, and forward-looking future for our Sacramento District Dental Society (SDDS). Dentists in the early stages of their

careers bring fresh perspectives, evolving clinical knowledge, and a deep awareness of the changing landscape of dentistry. By actively involving them in our Society’s programs, committees, and leadership pathways, the SDDS ensures that its initiatives remain responsive to the needs of a new generation

I am proud to say we have several early career dentists already volunteering in our committees.

while preserving the values and traditions that define our organization. I am proud to say we have several early career dentists already volunteering in our committees.

The active participation of early career dentists also strengthens leadership development within the Society. By encouraging involvement early on, the SDDS creates a pipeline of future leaders who understand the organization’s structure, goals, and community impact. These emerging

leaders gain valuable experience in governance, advocacy, and collaboration, positioning them to guide the Society with confidence and insight in the years ahead. Their energy and innovation help ensure continuity while driving thoughtful progress.

There are several meaningful opportunities for members to mingle and connect with our newer members. Besides our GM’s, we have several member mixer events planned that create a relaxed setting to build relationships and share experiences. Members can also take a more hands-on approach by mentoring, offering guidance, and fostering connections that support professional and personal growth. Or, for a more casual and fun way to connect, put together a foursome and golf in the SDDF golf tournament in May. Together, these opportunities encourage engagement, mentorship, and a sense of belonging that benefits all members. ■

Swing for Smiles

ANNUAL GOLF TOURNAMENT



Join us to support the SDDS Foundation on May 8th at Teal Bend Golf Club! All proceeds benefit the programs funded by the Foundation

CONTESTS! • RAFFLE PRIZES!
DRINKS ON THE COURSE!
GOLF SOUVENIRS!



Learn more and register today!



Building the Future

By **Caroll Badgley**
SDDS Executive Director

Through conversations at Society events, I've had the chance to really listen and better understand the realities you face in practice today. You've shared that your focus is on running healthy practices, managing growing administrative demands, finding continuing education that truly adds value, and staying connected with colleagues who understand what practicing dentistry is really like. At the same time, there's a shared concern about the future of the profession and a desire to support the next generation of dentists.

That desire is at the heart of much of what we do at the Sacramento District Dental Society (SDDS). Supporting students and young dentists is one of the most meaningful ways we can strengthen the future of dentistry, and we are intentional about creating opportunities for connection, mentorship, and community early in their careers.

Through our CSUS Pre-Dental Committee, members share real-world insight that goes far beyond the classroom, helping students better understand the profession they hope to enter. The SDDS Foundation also proudly administers the Dr. Herbert and Inez Yee Family Scholarship, established by the Yee Family, providing annual financial support to CSUS pre-dental students every year.

We believe it's important for students to have a voice, which is why SDDS includes two non-voting student representatives on our Board of Directors, one from California Northstate University and one from the University of the Pacific. Their perspectives help inform our discussions and keep us connected to those entering the profession.

Mentorship continues at our General Meetings, where dentist members sponsor students to attend, connect, ask questions, and build relationships that often extend well beyond a single evening. These experiences reinforce that organized dentistry is more than an organization, it's a community.

Students and members also come together through service, volunteering side by side at events like Smiles for Kids Day, local school screenings, and the MidWinter Convention. And sometimes, connection is simply about coming together socially, as we saw with strong student attendance from CNU and UOP at last summer's Ice Cream Social.

All of this reflects a simple truth: organized dentistry is strongest when we stay connected across generations. By investing in students today, we help ensure a strong, engaged, and prepared dental community for tomorrow.

Thank you for being part of this shared effort. I look forward to seeing you at an upcoming event and continuing these important conversations together.

Warm regards,

LEADERSHIP

President: Jeffrey Sue, DDS
President-Elect/Treasurer: Craig Alpha, DDS
Secretary: Chirag Vaid, DDS
SDDS BCR Rep: Bryan Judd, DDS
Editor-in-Chief: Bryan Judd, DDS
Executive Director: Caroll Badgley

EXECUTIVE COMMITTEE

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Diana Fat, DDS
Eric Grove, DDS
Kart Raghuraman, DDS, MPH
Cherag Sarkari, DDS
Joel Whiteman, DDS
Rosemary Wu, DMD, MS
Guest of the Board: Sarmad Paydar, DDS, MS
CNU Student Rep: Christopher Brandon Azali
UOP Student Rep: Resha Shah

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CPR: Margaret Delmore, MD, DDS/ Brad Archibald, DDS
Membership/Engagement:
Shahrazad Paydar Hogan, FAADOM
Nominating/Leadership Development:
Nima Aflatooni, DDS

COMMITTEES STANDING

Budget & Finance Advisory: Craig Alpha, DDS
Bylaws Advisory: Nima Aflatooni, DDS
CE Advisory: Arryan V. Emamian, DDS
CSUS Pre-Dental:
Brian Orcutt, DDS/Shannon Chris, DDS
Social Media Advisory: Jasraj Sandhu, DMD
Strategic Planning Advisory:
Chirag Vaid, DDS/Craig Alpha, DDS

TASK FORCES ADVISORY COMMITTEES

Foundation President: Carl Hillendahl, DDS

SDDF

Caroll Badgley | Executive Director
Della Yee | Director of Operations
Sofia Gutierrez | Foundation Projects/CPR
Jessica Luther | Graphic Designer
Jen Jackson | Member Liaison
Katie Carrillo | Administrative Assistant

SDDS STAFF

The Nugget is an opinion and discussion magazine for SDDS membership. Opinions expressed by authors are their own, and not necessarily those of SDDS or *The Nugget* Editorial Board. SDDS reserves the right to edit all contributions for clarity and length, as well as reject any material submitted. *The Nugget* is published bimonthly by the SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825 (916) 446-1211. Acceptance of advertising in *The Nugget* in no way constitutes approval or endorsement by Sacramento District Dental Society of products or services advertised. SDDS reserves the right to reject any advertisement.

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By Ranna Alrabadi, DMD
Associate Editor

Ergonomics in Dentistry

Bringing awareness and education to the impacts of ergonomics while applying evidence-based techniques for a healthier and long-lasting dental career.

It is well known that dentists have long been associated with having back, neck, and wrist pain. Photography, going back to the 1800s show dentists hunched over and in awkward positions delivering dental care to their patients. It is this portrayal that was in newspapers, movies, and now in social media that is embedded in the minds of many generations.

Unfortunately for dentists, the struggle is not just a theatrical depiction in cinema or a social media post, but it is a reality.

According to the United States Bureau of Labor Statistics, 30% of work-related injuries are caused by musculoskeletal disorders (MSDs). Even more alarming, many dentists are forced into early retirement due to suffering from MSDs.

As dentists and specialists in the dental field, we are expected to deliver high quality dentistry with efficiency, precision, and quickly adapt to challenging situations.

Many of these challenges require dentists to work in a non-ergonomic form. This is familiar territory among dentists and can be influenced by a myriad of situations, including patients with limited jaw opening, operating on surfaces and teeth with limited accessibility, such as third molars, or patients who present with a medical condition that prevents them from being reclined in the dental chair, or a combination of all three.

These are just some of the many situations that dentists face on a daily basis that impact our ability to have proper ergonomic form.

To achieve high levels of expectations, and in keeping with our calling and duty as dental practitioners, patients are put first at all times.

Yet this brings up an important question: how can we as dentists continue to provide the best care for our patients?

This reminds me of a common saying, “you can’t take care of others if you don’t take care of yourself.”

I encourage readers to ask themselves, “When was the last time I checked on my ergonomic form?”

This is a similar approach to how I work with patients who clench their teeth during the daytime. The first step to prevention is bringing awareness to the situation.

Many dentists may not even realize the toll their daily habits are taking on their physical health until it’s too late.

This issue of *The Nugget* features a collection of experts sharing their perspectives on ergonomics in dentistry.

Dr. Bethany Valachi, a world-renowned physical therapist, author, and clinical instructor of ergonomics at OHSU School of Dentistry, discusses Trapezius Myalgia — a common condition that many dental professionals suffer from — and provides evidence-based strategies to improve the health and well-being of dental professionals.

TDIC Workers’ Compensation Claims Manager, Karen Schaffner, illustrates cases

of ergonomic injuries sustained by dental staff and actions dentists can take to mitigate liability.

LumaDent Marketing Coordinator, Tessa Crosby, and Lead Clientele Advocate and head of LumaDent’s VIP program, Jalen Blackman, discuss the emergence, efficiency, and popularity of ergo loupes.

Lastly, co-founders of Ergonomic Dental Consultants, Dr. Noëlle Santucci, a dentist and associate professor in the Department of Preventive and Restorative Dentistry at UOP, and Dr. Justin Jellin, a distinguished physical therapist and faculty member at the UOP Dugoni School of Dentistry and UCSF, discuss the prevention of hand and wrist injuries in a co-authored article.

Pain and early retirement does not have to be inevitable. Advancements in dental loupes, techniques, education, and bringing awareness to ergonomics have drastically shifted the paradigm of practicing dentistry.

Ergonomics in dentistry is more than taking a five-minute break in between patients or just sitting up straight. Rather, it is a way of practicing dentistry to prolong our careers and to live a healthier lifestyle. This will support our mission as dentists to deliver the best patient care possible as we redefine the image and reality of practicing dentistry. ■



Are You Signed Up to Play on Friday, May 8, 2026?
Golf Tournament Proceeds Benefit the SDDS Foundation | Register Today!



From Your 2025 SDDS President

A Year in Review of the Sacramento District Dental Society



By **Nima Aflatooni, DDS**
2025 SDDS President

As I reflect on my year serving as President of SDDS, I do so with a deep sense of gratitude and pride. It was a year marked by both success and change, yet, all grounded in our shared commitment to serving Sacramento's dental community.

We continued to see strong momentum in the areas that matter most to our members. Our continuing education programs remained robust and well attended, reinforcing SDDS's role as a trusted source of high-quality, relevant continuing education. This was perhaps most evident at our MidWinter Convention, which reached record attendance with 809 registrants.

With a market share of 78.2% and an engagement rate of 80%, the trust, relevance, and value our members place in SDDS is evident and continues to hold strong.

Community and philanthropy were also front and center this year. Our SDDS Holiday Party was not only a wonderful opportunity to connect as colleagues, but it also raised an impressive \$25,000 for the Sacramento District Dental Foundation. That generosity directly supports the

important work of caring for our community through SDDF's Smiles for Kids and Smiles for Big Kids programs and reminds us of the impact we can have when we come together. SDDF is truly the heart of SDDS.

This year also brought significant leadership transition. We bid a fond and heartfelt farewell to Cathy Levering, who served as Executive Director of SDDS for 24 years. Cathy's leadership helped shape the direction, culture, and stability of this organization, and her influence will be felt for many years to come. At the same time, we were pleased to welcome Caroll Badgley as our new Executive Director. Caroll has stepped into this role with purpose, conviction, and a clear commitment to advancing SDDS's mission into the future. The foundation Cathy built has allowed Caroll to lead with momentum, vision, and confidence.

None of this would be possible without the tireless work of our SDDS staff, they truly are the heart and soul of the organization. They work behind the scenes to put on our events and make sure our members' needs are met.

That sense of dedication continues with our Board of Directors, committee members, and committee chairs. Their commitment ensured that the needs of Sacramento dentists were served and that our profession was represented thoughtfully and effectively at both the local and state levels.

It has been an honor to serve as your President. SDDS remains in great hands under the incomparable Dr. Jeff Sue, and I know he will continue to build on the success of this organization. I remain optimistic about the future of SDDS and grateful to be part of an organization that continues to evolve, lead, and support its members with intention and excellence. ■

Respectfully,
Nima Aflatooni, DDS

2026 Calendar of Events

Get your CE units
THROUGH SDDS!



Learn more and
register today!

2025 MEMBERSHIP BY THE NUMBERS

78.2%

MARKET SHARE

80%

ENGAGEMENT RATE

TWENTY-THREE MEMBERS RETIRED

197 CALLS TO THE SDDS HR HOTLINE

122

NEW DENTIST MEMBERS

MEMBERSHIP GROWTH

INCLUDES STUDENTS & DHPS

2000 **1085** 2010 **1522**

2005 **1334** 2015 **1591**

2024 **1784**

2025 **2077**

2909

TOTAL ATTENDANCE FOR
45 COURSES & EVENTS

2025 FINAL MEMBERSHIP (as of 12.31.2025)

DENTIST MEMBERS

ACTIVE: 1,411

RETIRED: 363

TOTAL DENTIST MEMBERS: 1,774

AUXILIARY MEMBERS

DHP (Dental Health Professionals): 57

STUDENTS: 246

TOTAL ALL MEMBERS: 2,077

2025 FISCAL YEAR END

CURRENT ASSETS

Cash	\$266,750
Building Reserves	\$1,360,947
Operating Reserves	\$863,526
Accounts Receivable	\$78,481
Prepaid Expenses	\$35,874
TOTAL CURRENT ASSETS:	\$2,605,578
TOTAL FIXED ASSETS:	\$7,226
OTHER ASSETS/DEPOSITS:	\$7,907
TOTAL ASSETS:	\$2,620,711

LIABILITIES & EQUITY

Current Liabilities	
Accounts Payable	\$72,727
Deferred Revenue	\$319,689
TOTAL CURRENT LIABILITIES:	\$392,416
Equity	
Retained Earnings	\$1,966,661
Net Income	\$261,634
TOTAL EQUITY:	\$2,228,295
TOTAL LIABILITIES & EQUITY:	\$2,620,711

TOOTHSTOCK

PEACE, LOVE & CE

THE 45TH ANNUAL MIDWINTER CONVENTION & EXPO

MARCH 26-27 2026

Check out all of the MidWinter Exhibitors

- | | | | |
|---|---|---|--|
| 365 Dental Studio | Dentsply Sirona - Implants | Lumina HealthCare | Spin Doctor Handpiece Repair |
| Adams Dental Consulting | Dentsply Sirona - Technology | Medi-Cal Dental | Star Refining Inc. |
| Align Technologies, Inc. | Desco Dental | Meds 2U Pharmacy Supply | Straumann USA |
| Alltion/Verex Dental | DIO Implant | Melinda Heryford, Inc. | Supply Doc |
| Analgesic Services, Inc. | Earned | MME Consulting Inc. | TDIC Insurance Solutions |
| Andau Medical | Elevate Oral Care | MUN CPAs, LLC | Tokuyama, Preventech,
Cranberry, Cetylite |
| Arklign | Fotona | Murphy Dental Sales | uLab Systems |
| Asesso Health | Gargle | NEO Dental Lab | Ultradent Products, Inc. |
| Aspen Dental | GC America | Nextsum Dental | Ultralight Optics Inc. |
| Bank of America Practice
Solutions | Haleon | NSK America | US Air Force Health Professions |
| BMO Bank - Practice Finance | Health Net Dental | NW Staffing Resources | US Bank |
| BPE Law Group | Henry Schein Dental | Olson Construction, Inc. | Vionex Med Tech LLC |
| Brasseler USA | Henry Schein Dental
Practice Transitions | Omni Practice Group | VOCO America, Inc. |
| Business PC Support, Inc. | HR for Health | Osborne Group (The), Gallelli
Real Estate | Weave |
| California Northstate University,
College of Dental Medicine | Huntington National Bank | Patterson Dental | Western Practice Sales |
| CareCredit | Impladent LTD | PepCreative Architecture
+ Interior Design | Woods Technologies, Inc. |
| Carestream Dental | Implant Direct | Philips Sonicare and
Zoom Whitening | Yaeger Dental Supply, Inc. |
| CariFree (Oral BioTech) | Integrity Practice Sales | Professional Practice Sales | (confirmed exhibitors
as of 2/17/2026) |
| Columbia Bank Healthcare | J Productions Dental
Seminars, Inc. | Provide, Inc. | |
| Corvia Real Estate | Kettenbach LP | Q-Optics | |
| Dandy | Kids Care Dental and
Orthodontics | Sacramento Safety & Training | |
| DDSmatch | Kuraray America, Inc./Noritake | SD Dental Solutions | |
| Dental & Medical Counsel, PC | Laguna Dental Arts | SDI (North America) Inc. | |
| Dental Intelligence | LIBERTY Dental Plan | Shofu Dental Corporation | |
| DentaQuest -
a Sun Life company | Lovely32 | Snap On Optics | |
| Dentsply Sirona - Consumables | LumaDent, Inc. | Solventum | |

**Register by
March 4 & Save!**



YOU SHOULD KNOW

IMPORTANT SECURITY REMINDER REGARDING CREDIT CARD INFORMATION

You should never send your credit card number by email. Email is not a secure method of transmitting sensitive financial information; messages can be intercepted, forwarded, stored on multiple servers, or accessed if an account is compromised. Even when sent with good intentions, email exposes both you and the recipient to unnecessary risk of fraud and identity theft.

Following PCI compliance requirements, we want to remind you to never submit your full credit card details via email. Please be sure to use only approved, secure payment methods when providing payment information.

ADA NEWS: 2025 ADVOCACY HIGHLIGHTS

By Olivia Anderson, ADA News

ADVOCACY MILESTONES

- The ADA pushed for the extension of crucial small business tax provisions in the budget reconciliation bill. Due to ADA advocacy:
 - The pass-through entity tax deduction was restored, guaranteeing tax parity for small business dental practices and protecting dentists from a 1.5%-5% tax hike.
 - The bill includes a permanent 20% small business income deduction, restoration of 100% bonus depreciation, new domestic research tax incentives, the preservation of a 21% corporate tax rate, and a \$40,000 individual state and local tax deduction.
- The ADA defended critical oral health funding for the CDC, HRSA, NIDCR and IHS to pass a bill with strong investments in programs essential to dentistry, funding for dental research and oral health efforts.
- Congress passed the National Defense Authorization Act, which included an ADA-supported provision, sponsored by Rep. Brian Babin, D.D.S., R-Texas, to strengthen accreditation standards for military dental treatment facilities to help ensure the highest standard of care for service members

DENTAL INSURANCE REFORMS

- The ADA has successfully encouraged 93 co-sponsors of H.R. 1521, or the Dental and Optometric Care Access Act of 2025.
- With ADA support, both strategic and financial, state dental societies were successful in 40 dental insurance reform campaigns in 2025. Thirty-nine new laws passed and one legislative effort was successful in preventing the loss of an important, long-standing claim payment statutory protection.
- The National Council of Insurance Legislators made two ADA-supported changes to the Transparency in Dental Benefits Contracting Model Act, first adopted in 2020. Should the new language be adopted in a state, the insurer must first get dentists' express permission prior to using virtual credit card payment methods that require dentists to pay a fee to collect claim payment. Second, dentists' election on payment methods remains active until the dentist changes it or a new contract is executed.

To view the rest of the highlights, visit: <https://adanews.ada.org/media/nz2b2cu1/ada-2025-advocacy-highlights.pdf>

2026 SALARY SURVEY - BEGINS APRIL 7

The 2026 salary survey is soon to be underway. You will receive an email from Survey Monkey and it will be titled "SDDS 2026 Salary and Benefits Survey." It will come April 7, detailing how you can participate in the survey and get the findings at a discounted rate. Please be sure to check your emails and be sure to take the survey. Your input is invaluable, the more responses we receive, the more accurate and comprehensive the salary data will be, enabling you to make informed decisions that benefit your entire team.

MENTORING OPPORTUNITY!

We would like to invite you to consider mentoring or sponsoring a UOP or CNU student at an upcoming General Meeting. Students receive a discounted rate to attend GMs, and sponsorship is a great way to welcome them into our community and support their professional growth. If you are interested in sponsoring a dental student at any future General Meeting, please call (916) 446-1227 or email sdds@sdds.org - we'd be glad to help make the connection.

CDA-CONVENED WORKGROUP ADDRESSES DENTAL PLAN REFORM

CDA's new Future of Dentistry workgroup will address the issues shaping the profession, including dental plan reform and what meaningful coverage could look like for both providers and patients.

Opportunities to get involved will include town hall meetings, focus groups and surveys. Dentists who are interested in participating can complete this interest form. Stay connected to updates in CDA communications and our Dental Plan Action Center. <https://www.cda.org/practice/practice-support/dental-benefit-plans/dental-plan-action-center/>

THE SDDS ONLINE MEMBERSHIP DIRECTORY IS ONLINE
VISIT WWW.SDDS.ORG/CURRENT-MEMBERS/



Trapezius Myalgia: Making Dentistry a Pain in the Neck—or Head

By **Bethany Valachi, PT, DPT, MS, CEAS**

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By midmorning, it starts ... again; the all-too-familiar “tension headache” that soon evolves into a headache behind the dentist’s right eye and pain in the right temple. In an adjacent operatory, the hygienist experiences burning pain on the left side of the neck. Why does this happen? Both clinicians recently embarked upon diligent exercise programs with their personal trainers in an effort to improve their musculoskeletal health and avoid such painful episodes.

Does this sound familiar? If so, you’re in good company—the incidence of neck pain among dentists and hygienists has been reported as high as 71% and 82%, respectively. The causes of headaches and neck pain are multifactorial; however, in dentistry, the upper trapezius muscle is the culprit in a myriad of head and neck pain syndromes.

The delivery of dental care places high demands on this muscle and can result in a painful condition called trapezius myalgia. Symptoms include pain, spasms, or tenderness in the upper trapezius muscle, often on the side of the mirror, or retracting arm (figure 1). Trigger points in this muscle result in headaches behind the eye, into the temple, and in the back of the neck.

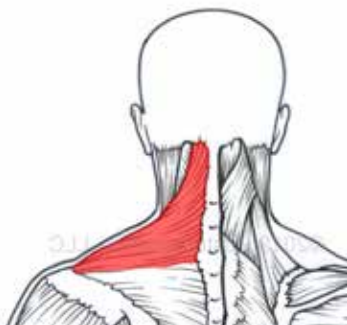


Figure 1 The left upper trapezius muscle

The upper trapezius muscles are responsible for elevating the shoulders and rotating the neck. In a rounded shoulder posture, the upper trapezius and neck muscles largely support the arm’s weight, increasing muscular strain on the neck and shoulder. In dentistry, trapezius myalgia is caused by static, prolonged elevation

of the shoulders, mental stress, infrequent breaks, and poor head posture.

CAUSES OF TRAPEZIUS MYALGIA

Positioning the patient too high. When the patient is positioned too high (Fig 1), the operator is forced to assume one of two postures—working with the shoulders elevated (which leads to trapezius myalgia) or shoulder abduction (which leads to rotator cuff impingement). Patients should be positioned so the oral cavity is at elbow level or 4 cm above elbow level. When the patient is higher than this, arm abduction or shoulder elevation typically occurs, especially when working between the 8 o’clock and 10 o’clock positions. Working in the correct clock position for a specific tooth surface & quadrant, while preserving your optimal posture AND patient comfort, is critical for preventing upper trapezius pain.



Figure 2 Positioning the patient too high & working in the wrong clock position can lead to trapezius myalgia.

Non-ergonomic magnification. Poor head posture is commonly observed in the operatory and strains the upper trapezius muscles. Loupes with poor declination angles are one of the biggest culprits I’ve seen that can cause or worsen trapezius myalgia. About 70% of the loupes on the market today don’t offer a steep enough declination angle to prevent trapezius myalgia.

No armrests/Improper height. Supporting the arm weight is especially important for

trapezius myalgia sufferers. Clinicians should make sure their armrest height is adjusted properly. Adjusting the armrests too high can cause neck stiffness and pain at the crook of the neck and shoulder, adjusting them too low can also lead to neck pain.

Dental professionals are prone to a unique muscle imbalance that causes and worsens trapezius myalgia. Team members should target this imbalance with shoulder stabilization exercises.

Infrequent breaks/tightness. One EMG study of the neck, shoulders, and arms showed that the highest muscular activity during dental work occurs in the trapezius muscles. Sustained low-level contraction of these muscles with few breaks greatly increases susceptibility to pain. With insufficient rest periods or dynamic movement (i.e., chairside stretching), tension can accumulate in these muscles, and by the end of the day, you may be wearing your shoulders as “earrings” without realizing it. Chairside stretching every 45 minutes is important to prevent trapezius myalgia.

Stress. Common clichés such as “pain in the neck” allude to stress as a cause of pain. This association is actually quite true. High levels of emotional stress and working at complex tasks can elicit muscular contraction in the upper trapezius muscle. This subconscious muscular contraction in response to stress is called neuromuscular hypertension. If the stress response is not followed by dynamic muscular activity, the blood pressure has no outlet and continues to rise. The statically contracted muscle becomes ischemic and painful while the

blood pressure remains high. Therefore, stress management strategies that specifically target muscular-type pain are helpful in prevention.

Improper exercises. Training the upper trapezius muscle with heavy weight resistance is one of the most common exercise mistakes dental professionals make. Fig. 3.



Figure 3 Certain exercises (that aren't a problem for the general public) can throw dental professionals into the 'vicious pain cycle', causing trapezius myalgia.

This can worsen the unique muscle imbalance to which they are already prone, create trigger points, and worsen neck pain. Dental professionals are prone to a unique muscle imbalance that causes and worsens trapezius myalgia. Team members should target this imbalance with shoulder stabilization exercises. Wardrobe risk factors. Narrow bra straps can compress the upper trapezius muscles, worsen neck pain, and create headaches, especially among female dental professionals with large chests. Racer-back sports bras have wider straps and are a better choice. A purse slung over one shoulder can also perpetuate muscle imbalances to which female dental professionals are prone, since the trapezius muscle must contract unilaterally to support the weight.

Trigger points. Trigger points in the upper trapezius muscles can refer pain to the temple, cause a “headache behind the eye”, or cause pain in the back of the neck. (Fig 4) Once the diagnosis is determined to be myofascial or muscular in nature, consider self-treating your own trigger points. An effective combination is moist heat, then trigger point self-treatment, followed by a sustained stretch of the affected muscle. ■

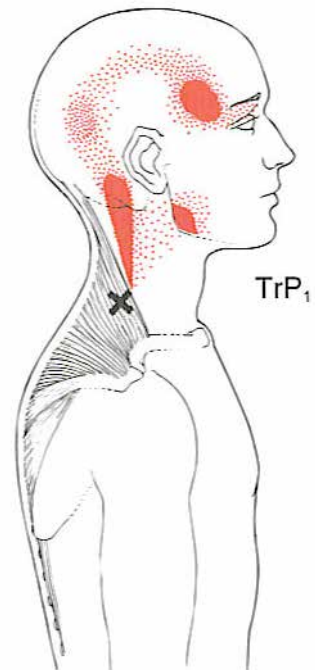


Figure 4. Untreated trigger points in the upper trapezius can refer a 'headache behind the eye'.



Use the QR code to learn more



By **Karen Schaffner**
TDIC

Karen is TDIC's Workers Compensation Claims Manager.

Understanding Ergonomics: Best Practices, Benefits, and Your Responsibilities as a Dentist

A busy day in the dental practice is a marathon, not a sprint. And much like marathon runners, each member of the practice team needs training to condition their body for enduring the day-to-day demands and understand proper form for safety and efficiency.

Proactively addressing ergonomics in both clinical and administrative areas supports endurance and proper form, protects musculoskeletal health, reduces fatigue, and improves clinical efficiency. Appropriate posture, equipment setup, and workflow design can significantly reduce the risk of work-related injuries and promote overall well-being.

The Scope of the Problem

Between 60% and 80% of dental professionals experience some form of musculoskeletal pain during their careers, according to data from the American Dental Association and the National Institute for Occupational Safety and Health. Continuous trauma is the primary driver of musculoskeletal disorders and the second most common type of workers' compensation claim for dental practices. The Dentists Insurance Company notes that its policyholders have filed more than 600 claims of this type since 2020.

Continuous trauma, often called cumulative trauma, is an injury caused by repetitive motion or overextension over a protracted period of time. In the dental office, they almost exclusively show up as tendon and nerve disorders, such as tendonitis and carpal tunnel syndrome.

The Case for Ergonomics

Most ergonomic injuries are both foreseeable and preventable, making them an area of liability exposure that practice leaders can take steps to reduce. If a staff member alleges that a workplace injury occurred due to unsafe or poorly designed working conditions, the practice could face costly liability exposure in addition to workers' compensation claims.

Just as importantly, a culture that values ergonomics signals to team members that their long-term well-being matters, fostering higher

levels of job satisfaction, performance, loyalty, and retention.

Repetitive Injury and Workers' Compensation: Two Case Studies

The Dentists Insurance Company shared two examples that illustrate practice roles and responsibilities.

In the first, a front-office receptionist reported pain and numbness in her wrist and fingers that she attributed to her workstation. The practice owner recommended she take breaks from typing and stretch as needed, but the symptoms persisted for several weeks. The employee began to call out of work due to ongoing discomfort, prompting the dentist to contact TDIC's Risk Management Advice Line.

The Advice Line analyst recommended that the practice owner file a workers' compensation claim so the employee could be evaluated by an occupational health provider. An ergonomic evaluation of the employee's workstation revealed several issues, and adjustments were made to correct them. Within days of the adjustments, the employee reported her symptoms were improving. She was discharged from care at her follow-up visit, and the claim was closed without the need for additional intervention.

In another instance, a practice owner called TDIC's Risk Management Advice Line as soon as a hygienist reported she was suffering neck pain toward the end of each shift. The risk management analyst warned that using dull instruments requires additional physical force and repetitive motion. Along with this reminder, the analyst advised the dentist to discuss ergonomics best practices with the hygienist and to inform her of her rights to file a workers' compensation claim.

Ergonomics in Practice

Injury prevention begins with identifying the most common ergonomic hazards in the operatory and front office, then addressing them through thoughtful design, proper

equipment selection, and consistent training. TDIC's risk management analysts recommend the following best practices.

For clinical staff working in the operator:

- Use neutral hand and body postures whenever possible.
- Use sharp, lightweight instruments to reduce the required force and number of repetitions.
- Use properly fitted gloves, preferably left- and right-handed gloves.
- Spread out appointments that include heavy scaling work to allow muscles to rest.
- Lift heavy boxes or equipment with leg muscles and keep the back straight.
- Avoid lifting below the knee and above shoulder height.

For front office staff, office managers, and those working primarily on computers:

- The computer monitor and keyboard should be directly in front of the user.
- The wrists should be kept in a neutral (straight) position.

- The elbows and knees should be bent at an approximately 90-degree angle.
- The top of the monitor should be at eye level or slightly below.
- Feet should be flat on the floor or on a footrest.
- Chairs and desks should be adjustable to the employee's needs.

A certified ergonomist can look for specific actions, processes, or operations that may contribute to repetitive motion injuries and inform your ergonomics plan. A comprehensive plan includes employee training on the risks and exposure associated with repetitive motion injuries, the symptoms and consequences of those injuries, the necessity of reporting injuries, and the reporting procedure.

Reporting Employee Injuries

If any team member complains of ongoing pain or reports an acute injury related to their work, practice leaders must follow required protocols, similar to reporting needlestick injuries.

- Notify your workers' compensation carrier of the injury immediately to determine where you can send the employee for medical care.

- Provide the applicable workers' compensation claim forms to the employee within the required time-frame (typically, one working day after being made aware of the injury).
- Remain in contact with the employee throughout the life of their workers' compensation claim and obtain work status reports from the employee.
- Discuss the options for accommodation with the employee, if applicable.
- Document all discussions regarding workplace accommodations in the employee's workers' compensation file.

Building a Culture of Wellness

Ergonomic safety should be integrated into dental practice culture, not treated as an afterthought. Leaders can set the tone by prioritizing team wellness, investing in ergonomic equipment, and providing regular training. Ultimately, protecting against ergonomic injury is about more than preserving productivity; it's part of a holistic wellness approach to long, healthy careers. ■

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The Rise of Ergonomic Loupes:

A Smarter Approach to Clinical Precision and Practitioner Health

By **Jalen Blackman & Tessa Crosby**
LumaDent

Jalen Blackman is a first-generation college graduate with a Bachelor's degree in Marketing from Western Michigan University. In addition to working closely with customers and VIP members, Jalen coordinates LumaDent events and develops a wide range of marketing materials, including flyers, reels, social media content, newsletters, and sales rep resources. Jalen also collaborates directly with management to oversee student ambassadors, manage influencer relationships, and support multiple dentistry-focused Facebook groups. Outside of work, Jalen is an avid movie enthusiast and has recently developed a passion for hiking since moving out west.

Originally from the south of France, Tessa Crosby moved to the United States for college and earned a degree in Digital Media from UC Berkeley. She currently works as the Marketing Coordinator at LumaDent, where she supports events and sales while creating engaging marketing content such as social media reels, flyers, and email campaigns. When she's not working, Tessa enjoys baking, thrifting, and spending time at the beach.

A career in dentistry demands precision, focus, and endurance. The physical strain on the neck, shoulders, and back has long been normalized as part of the job, at times, even cutting the career short. However in recent years, ergonomic innovations have begun to change that narrative. The introduction of ergonomic loupes not only improve vision, but protect the dental professional's body long term.

When Ergo Loupes Were Introduced

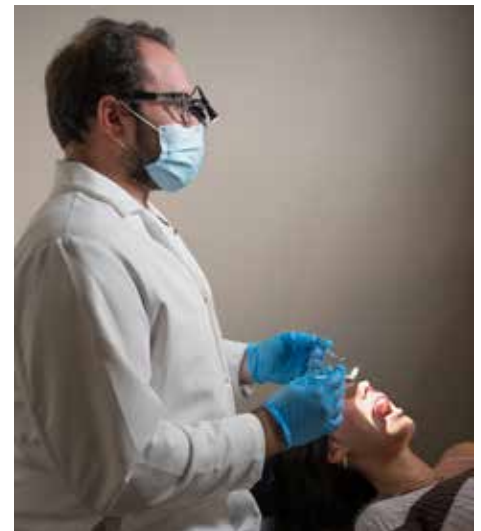
Traditional loupes have been used in dentistry for many years to enhance magnification and accuracy. However, this design requires clinicians to tilt their heads downward for extended periods, leading to poor posture and health issues. With greater awareness of musculoskeletal strain in dentistry, ergonomic loupes emerged as a solution.



Why Dentists Choose Ergo Loupes

Dentists choose ergonomic loupes for a simple reason. They allow you to see clearly without compromising posture. By looking forward rather than down, ergo loupes reduce the need to hunch over the patient, making it a more comfortable experience. This upright posture helps dentists focus and maintain an ergonomic position throughout long procedures and busy days. These loupe magnifications range from 3.0x to 10.0x allowing the clinician to see the appropriate level of detail needed for

their specialty and workflow. Investing in ergonomic loupes is an investment in your long term health, reducing time spent seeking chiropractic care.



How Ergo Loupes Improve Posture + Design Details Like Declination Angle

Ergonomic loupes use internal prisms to bend light and project the image back to the user's eyes in a natural line of sight, allowing dentists to look straight ahead rather than tilt the head downward as with traditional loupes. In ergonomic designs, the declination angle is optimized to support clear vision while keeping the head upright minimizing unnecessary movements. This neutral head position helps maintain proper spinal alignment, reducing muscle strain that contributes to physical stress over time. While there is a learning curve, the long-term benefits include reduced back and neck pain and the ability to extend your career for years to come. Additional design considerations using lightweight materials such as anodized aluminum or titanium. Additional design features, such as balanced



Preventing Neck Pain and Musculoskeletal Issues

Studies show that dental practitioners can lose up to 33% of potential career earnings due to early retirement because of neck and back pains or Musculoskeletal disorders. Ergo loupes help these issues by: preventing continuous neck strain and shoulder tension, supporting a neutral spinal posture, and minimizing fatigue during long procedures. Although no single tool removes all physical strain, ergonomic loupes play a key preventive role, particularly when used alongside ergonomic seating such as a saddle chair.

Life-Changing Ergonomics Benefits

Ergonomic loupes move society toward healthier dental practices. When dentists invest in tools that support the body as well as the eyes, they improve endurance, reduce pain, and extend career longevity. For dentists in Sacramento and beyond, ergonomic loupes represent a shift toward working smarter not harder while protecting long term health. ■

weight distribution, a wide field of view and lightweight materials like anodized aluminum or titanium help reduce eye strain and neck and head discomfort

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Getting a Better Grasp: Preventing Hand and Wrist Injuries in Dental Professionals

By **Noëlle M. Santucci, DDS, MA, RDH, FACD & Justin Jellin, DPT, ART**

Dr. Santucci received her dental degree, her Advanced Education in General Dentistry Certification, and her Masters Degree in Educational Psychology and Counseling from the University of the Pacific and her Degree in Dental Hygiene from Marquette University.

She is co-founder of Ergonomic Dental Consultants, with her business partner, Dr. Justin Jellin, delivering inter-disciplinary continuing education on dental ergonomics and streamlining it into practical and clinical pearls. She has been private practice for over 30 years with her husband, Eugene Santucci, in Atherton, CA.

Dr. Jellin earned his Doctor of Physical Therapy degree from the University of the Pacific and has an undergraduate degree in Sports Sciences. He is the co-founder of Ergonomic Dental Consultants with his business partner Dr. Noëlle Santucci, delivering continuing education on the latest research in dental ergonomics and streamlining it into practical clinical pearls.

Musculoskeletal disorders (MSDs) are very common disorders among dental professionals with prevalence among dentists and hygienists reaching as high as 94%.^{1,2} It is also one of the leading causes of early retirement among dentists.

One of the most commonly affected parts of the body are the dental operator's wrist and hands. Studies indicate that up to 66% of dentists and 69% of dental hygienists suffer from MSDs in this area.³

Using incorrect grasps of the dental instruments and handpieces can result in practitioners developing MSDs of the hands and wrists. This can lead to pain, tactile disturbances, reduced grip strength, shorter range of motion, and loss of coordination.^{4,5}

Despite the formal training dental professionals receive on how to correctly hold dental instruments, many clinicians develop maladaptive grasping patterns over time, often unconsciously. This can be in response to fatigue, stress, poorly designed instruments, or poor ergonomics. Unfortunately, with time, these modifications are incorporated more permanently, leading to the development of detrimental grasping habits.

As we delve into MSDs of the hands, we begin by analyzing how humans grip pens or pencils. As we first learn to grasp writing instruments, there are a couple of stages young children go through in the development of this skill.⁶ Initially, children go through an immature phase, where several permutations of pencil grips are used. As they get older, their grasp changes into what is called the mature phase.

One form of the mature pen grasp is known as the Dynamic Tripod Pencil grasp (Figure 1). In dentistry, this grasp is modified into the Modified Pen Grasp (Figure 2), where the middle finger is moved from below the pencil to the side of the shank of the dental instrument. This tripod effect serves to:⁶

Facilitate holding and manipulating the handpiece or dental instrument.

1. Balance a dental instrument in the clinician's hand to provide stability.
2. Facilitate rolling the instrument between the 3 digits with more ease and control.
3. Prevent finger fatigue.
4. Increase tactile sensitivity.

Detrimental Grasping Habits and Their Consequences

Common detrimental grasping habits include:

1. Finger and thumb hyperextension rather than maintaining gentle flexion. (Figure 3)
2. Incorrect finger placement, increasing intrinsic muscle strain, such as when holding instruments with fingers too wide apart. (Figure 4)
3. Thumb abduction (hitchhiker's thumb) increases stress at the carpometacarpal (CMC) joint. (Figure 5)

The wrist is another area that is affected by poor ergonomics. It results from overextending, flexing, or deviating the wrist from its neutral position (Figure 6). Ideally, the shoulders should remain parallel to the floor, the elbows bent to 90 degrees, all while keeping the wrist neutral throughout the treatment of a patient (Figure 7). This can help minimize the development of carpal tunnel syndrome. It also helps to prevent injuries of repetitive stress, of overuse, and compression in the carpal tunnel, which includes the wrist flexor tendons and the median nerve.

Common Hand and Wrist MSDs in Dental Professionals

Improper grasp and wrist posture contribute to the development of several clinically significant conditions.

1. Tendinitis and Tenosynovitis

Inflammation of the flexor or extensor tendons due to repetitive motion and forceful gripping. Symptoms include pain, swelling, and reduced grip endurance.

2. De Quervain's Tenosynovitis

A specific form of tenosynovitis affecting the abductor pollicis longus and extensor pollicis brevis tendons at the radial wrist. Strongly associated with repetitive thumb abduction (“hitchhiker’s thumb”) and sustained pinch force. (Figure 8)

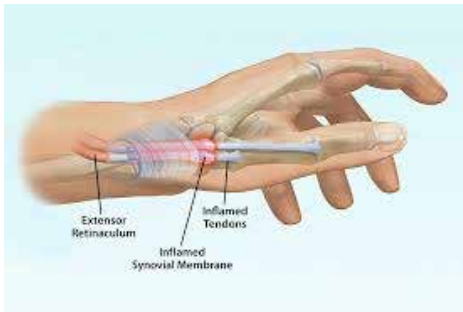


Figure 8: De Quervain's Tenosynovitis

3. Trigger Finger (Stenosing Tenosynovitis)

Caused by thickening of the flexor tendon sheath, resulting in finger locking or catching during extension due to repetitive gripping or forceful hand use (Figure 9).

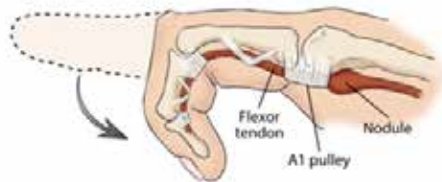


Figure 9: Stenosing Tenosynovitis

4. Carpal Tunnel Syndrome

Compression of the median nerve due to prolonged wrist flexion, extension, or deviation, compounded by increased intracarpal pressure from sustained gripping (Figure 10).

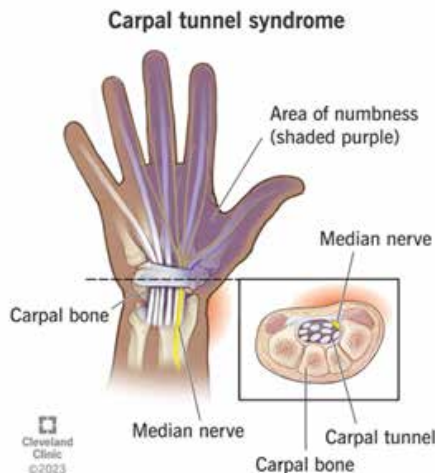


Figure 10: Carpal Tunnel Syndrome

5. Osteoarthritis

Degenerative joint changes, particularly at the first carpometacarpal (CMC) joint, are

commonly referred to as basal thumb arthritis. It presents as chronic pain at the base of the thumb, commonly caused by hyperextension of a joint or over-gripping (Figure 11).



Figure 11: Osteoarthritis

Preventive Modifications

There are several dental modifications that can be made to prevent MSDs of the hands and wrists. These include:

1. Adjusting your operator chair so you are properly aligned. Feet flat on the floor, knees slightly lower than the hips, trunk in neutral and upright position, forward proclination as needed up to 5 degrees, head over shoulders, neck flexion as needed up to 5 degrees, elbows at 90 degrees close to your side, and wrists neutral.
2. Adjust the patient's chair so their head is opposite your navel.
3. Make sure that the handpiece swivels at the junction of the handpiece and its attachment to the cord.
4. Use wide-diameter instruments, as opposed to thin instruments, that are serrated in texture and not smooth. This will decrease the pinch force in your hands while holding the instrument.
5. For hygienists, be sure to sharpen your instruments for each patient. This makes your scaling stroke effective and decreases the repetitions required with dull instruments.
6. Move around the patient in different clock positions and turn the patient's head to facilitate keeping your spine and body in its neutral position.
7. Using off-angle instruments can help keep the wrists from overextending, flexing, or deviating.



Figure 1: Dynamic Tripod Pencil Grasp



Figure 2: Modified Pen Grasp



Figure 3: Finger hyperextension



Figure 4: Fingers placed too wide apart



Figure 5: "Hitchhiker's Thumb"



Figure 6: Deviated and flexed wrist



Figure 7: Parallel shoulders, elbows at 90 degrees, help keep wrists neutral

Continued on page 20

The focus of this article was to highlight common musculoskeletal disorders affecting the hands and wrists of dental practitioners. It is important to recognize that effective prevention of MSDs begins with proper ergonomics and equipment selection that set the clinician up for long-term success. This includes investing in an appropriate operator chair with at least four independent adjustments: seat height, seat pan tilt, vertical backrest adjustment, and independent horizontal backrest positioning. A high-quality saddle seat may also be an excellent alternative for some clinicians.

Equally important is the adjustability of the patient chair, which should accommodate clinicians of varying stature and allow the patient's head to be positioned opposite the clinician's navel in order to maintain approximately 90 degrees of elbow flexion during treatment. Properly measured and fitted ergonomic loupes further support neutral spinal alignment and reduce postural strain. Clinicians

should also remain mindful of fundamental principles taught during dental training, including appropriate clock positioning, the use of handpieces with swiveling connections, and selecting instruments with optimal handle diameters. Finally, preventive strategies such as regular stretching and strengthening exercises play a critical role in sustaining a long, pain-free clinical career. ■

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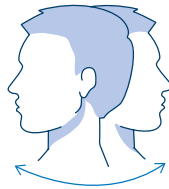


INTRO

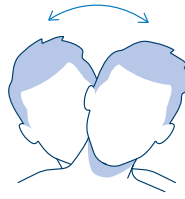
Taking regular breaks to stretch throughout the day can help prevent work-related pain and injuries.

Get more in-depth resources to help you practice at your best at [ADA.org/wellness](https://ada.org/wellness).

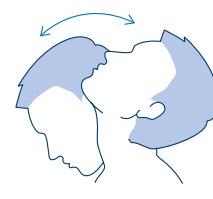
NECK



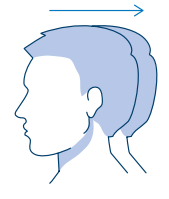
Neck Rotation



Neck Side Bends

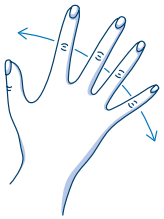


Neck Extensions

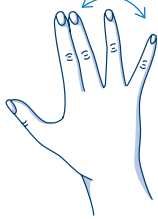


Neck Retraction

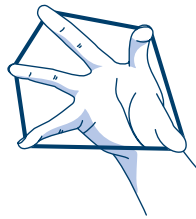
HAND / WRIST



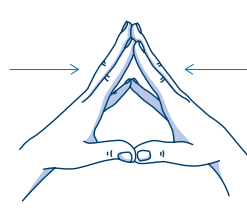
Finger Spreader



Finger Wiggle



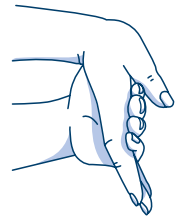
The Rubberband



Finger Prayer Stretch



Wrist Flex



Wrist Extension

TORSO



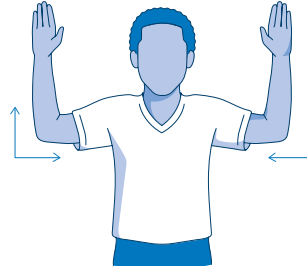
Touchdowns



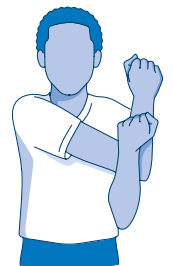
Side Bend Stretch



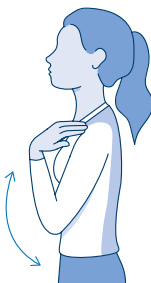
Behind Head Chest Stretch



Chest Stretch



Shoulder Stretch



Elbow Flex/Extensions



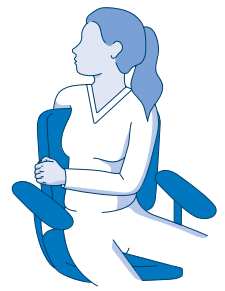
Low Back Standing Stretch



Low Back Stretch



Upper Back Stretch

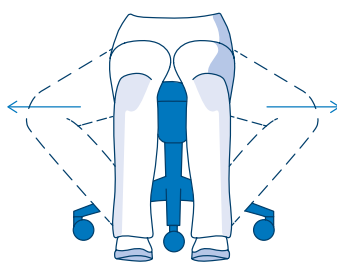


Trunk Twist/Rotation

HIP



Hip Marching



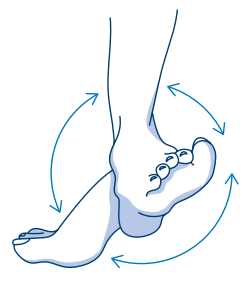
Hip Spreaders



Hip Twist



Knee Flex/Extensions



Ankle Circles

KNEE / ANKLE



By **Arryan Emamian, DDS**
Chair; CE Advisory Committee

A Closer Look Continuing Education Advisory Committee

The SDDS Continuing Education (CE) Advisory Committee plays a key role in advancing the professional development of our members by helping shape the educational programming offered throughout the year. From large-scale conventions to focused CE courses and business forums, the committee is committed to delivering timely, relevant, and high-quality educational opportunities that support both clinical excellence and practice success.

The primary purpose of the CE Advisory Committee is to identify, propose, and select speakers and topics for future events, such as the MidWinter Convention, general meetings, and continuing education courses. In addition, the committee provides speaker and topic recommendations, planning up to three years in advance. A core expectation of this work is that all presentations remain educational and non-commercial in nature for the benefit of our profession.

During our most recent meeting, the committee reviewed the 2025 MidWinter Convention recap and discussed registration numbers and sponsorships to date for the 2026 MidWinter Convention. These discussions help guide future planning efforts with

improvements and ensure that educational offerings continue to meet member needs and interests, as well as attendance.

The committee devoted significant time to suggesting speakers and topics across multiple formats. Proposed General Meeting topics included: occlusion; TMJ and radiology with a dual-presenter approach; implant complications; minimally invasive dentistry; gum recession treatment options; and advancements in 3D printing. Business Forum suggestions focused on practical topics such as key performance indicators, transitioning into practice ownership, fee-for-service models, managing complicated patients, and buying or selling a dental practice.

For the MidWinter Convention, suggested topics spanned clinical, leadership, and practice management areas, including: composite restoration techniques, CEREC, restorative dentistry, communication, conflict resolution, marketing and branding, periodontics, and emerging technologies such as exocad and 3D printing.

An exciting focus for the coming year is the expansion of hands-on CE courses. Based on prior attendance trends and member feedback, the committee discussed offering

hands-on courses in the potential future to improve accessibility and participation. These sessions aim to provide practical, skill-based learning that participants can immediately apply in their practices locally.

The CE Advisory Committee encourages all members to take advantage of upcoming CE opportunities offered throughout the year. These programs are designed to support professional growth, enhance practice management skills, and keep members informed about advances in dentistry. Members interested in contributing to the future of SDDS education are also encouraged to consider joining the CE Advisory Committee next year. Serving on the committee offers a valuable opportunity to collaborate with colleagues, share ideas, and help shape meaningful educational experiences for the membership.

Through collaboration and strategic planning, the CE Advisory Committee continues to strengthen SDDS educational offerings and support lifelong learning for our members. We look forward to building on this momentum and invite members to participate in upcoming programs or contribute by serving on the committee in the year ahead. ■

2026 SDDS Committees Schedule

Leadership

Board of Directors

Jan 6 • Mar 3 • May 5 • Sept 1 • Nov 3

Executive Committee

Feb 13 • Apr 10 • Aug 7 • Oct 16 • Dec 4

Foundation

Foundation Board

Jan 27 • Sept 29

Standing Committees

Membership/Engagement

Jan 20 • Apr 21 • Sept 15

CPR Committee

Jan 20

Nominating/Leadership Development

Feb 3 • Oct 13

Advisory Committees

CSUS Pre-Dental Advisory

Feb 10

Continuing Education Advisory

Jan 6 • Apr 21 • Sept 15

Nugget Editorial Advisory

Feb 3 • Sept 22

Social Media Advisory

Feb 10 • Apr 21 • Sept 15

Strategic Plan Advisory

TBA

Budget and Finance Advisory

TBA

Bylaws Advisory

TBA

Legislative Advisory

TBA

GMC/Denti-Cal Workgroup Advisory

TBA

Other

CDA House of Delegates

TDA

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Dennis Krohn, President & Founder; SD Dental Solutions
(SDDS Vendor Member)

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Whether you're a practice owner, office manager, or part of the dental support team, this webinar will help you reduce risk, protect patient data, and build a culture of compliance that actually works in the real world.

Learning Objectives:

- Identify the most common HIPAA compliance and cybersecurity failures in dental offices and understand why they lead to investigations, breaches, and penalties.
- Evaluate how everyday technology use, staff behavior, and workflows impact HIPAA compliance, revealing hidden risks most practices overlook.
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As you approach this change, talk to us. These initial conversations have paved the way to successful outcomes in the Sacramento District Dental Society the last 6+ Decades.

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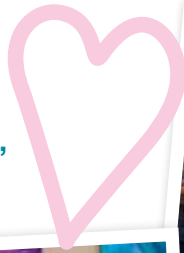
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2026 Smiles for Kids Day

Smiles for Kids Day was a tremendous success thanks to the generosity of our volunteer dental community. Across eight host sites, more than 100 volunteers, including SDDS Dentist Members, DHPs, interpreters, and community members, came together to provide care for 144 children. The total value of treatment delivered exceeded \$100,000.

This incredible day highlights the power of collaboration and our shared commitment to improving children's oral health. We extend our sincere thanks to every volunteer and host site that helped make this event possible.

Thank you...
to our SFK Day Sites,
Dentists and to our
many volunteers!



Are you participating in the Swing for Smiles Golf Tournament?

May 8, 2026 at Teal Bend Golf Course

Get ready to tee off for a day of fun at this year's annual SDDS' golf tournament at Teal Bend Golf Course! We are excited to welcome back our returning players as well as welcoming new participants for a memorable day on the course.

We'd love to have you play, invite your friends (dentists and non-dentists) for a day of golf, fun and games, and camaraderie - all to support the Foundation! Here are ways to participate in this year's golf tournament:

- Put a foursome together – invite your dentist and/or non-dentist friends to introduce them to our Foundation
- Sign up as a single player – we'll pair you with a fun foursome
- Sponsor a tee and be front and center as players tee off, please consider being a green sponsor – if you aren't able to attend in person

- Donate a raffle prize
- Be a major sponsor - lots of great sponsorship opportunities still available

The golf tournament includes breakfast and lunch, snacks and libations from the sponsors on the course and loads of fun.

Please sign up for this awesome event (the signup form is included as an insert in this issue). It's sure to be a great time and, best of all, it supports our wonderful Foundation and all the great projects it supports for our community! ■



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By **Stanislav Samokysch**
SDDS DHP Member

Stanislav Samokysch, a dentist from Ukraine now based in California, works as Dental Dispensary Staff at CNU. He's passionate about dentistry and eager to grow within the U.S. dental community.

From Elk Grove to Downtown Sacramento: CNU's Clinical Program Sets Up Its New Home

I've always believed that change is for the better—well, maybe not always, but at least most of the time (let's keep it honest). We recently witnessed one of the biggest changes yet at California Northstate University's College of Dental Medicine (CNU). After years of planning, effort, and anticipation, the clinical program has finally completed its move from Elk Grove to a brand-new facility in the heart of Sacramento, 22nd Street and Broadway.

Even though CNU is still a young dental school, only graduating our first group of students in June 2025, we are proud that they are carrying the name of their alma mater into the profession. While they move forward in their careers, the university itself took a huge leap into its next stage of growth in July 2025 as it moved its clinical operations from Elk Grove to downtown Sacramento, just off Broadway.

We didn't just pack up and change ZIP codes. This move expanded the clinical operation—from 23 operatories at the Elk Grove/Maritime Clinic to 34 operatories at the downtown Sacramento/Broadway Clinic. The Broadway clinic is spacious, bright, and full of possibilities. It sets an exciting stage for what comes next, especially as other parts of the clinic continue to be under construction to allow operations to further double in size.

This is not just about new chairs and shiny floors. Rather, it's about what happens when you bring people, ideas, and systems together into a single, unified campus. Students will now be able to attend lectures, provide clinical care, participate in grand rounds, meetings, and classes all under one roof. No more bouncing across town to make it from one building to the next.

For the faculty and staff, the layout makes daily life easier. We've got more room, better flow, and a setup that improves clinic efficiency and better accommodates the teaching aspects of our clinical care. A lot of decisions were made based on our lived

experience back in Elk Grove. That's the thing about change; you don't always need to reinvent everything. Sometimes you just need to build on what worked and tweak what did not work.

The sterilization room? It deserves its own paragraph. It's huge and beautiful. We're talking about high-end industrial machines, smart zoning, and a conveyor-style process that moves instruments from used to clean to sterile without crossing paths. It is built to minimize cross-contamination and maximize efficiency. Honestly, it's one of the highlights of the whole clinical operation – and one that patients can see in action.

Personally, this move has been a milestone for me. Coming to California from Ukraine not long ago, one of my biggest hopes was to experience real American dentistry up close, not just the treatment, but the environment, the teamwork, the protocols, and the systems behind it all. What I've been lucky enough to experience at CNU has exceeded all expectations.

Over the past few months, I've helped assemble furniture, organize materials, set up the dispensary room, and make small but meaningful choices about how we'll work going forward. Every drawer we filled, every light we tested felt like a small win. Now, if only I could figure out where we put the extra gloves.

But truly, this moment isn't just about convenience or space. It reflects how dental education is evolving in America. Because before we can teach complex treatment planning and clinical judgment, we need to start with the basics: comfort, access, and thoughtful design. Once that foundation is solid, everything else can grow on top of it: mentorship, knowledge, and experience. And in the end, we get confident, well-prepared dentists who not only know what to do but why they're doing it.

I'm just one piece of the puzzle, but I'm proud to help it come together. ■

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By **Chirag Vaid, DDS**
2026 Secretary

Board Meeting Highlights

January 2026, at the SDDS Office

President's Report

The SDDS Board of Directors met on January 6, 2026, to begin the new year with a focus on member engagement, governance, advocacy, and upcoming programs. Dr. Jeff Sue called the meeting to order and welcomed the Board to the first meeting of 2026.

Dr. Sue emphasized the importance of Board participation in SDDS activities, particularly attendance at General Membership Meetings, assigned committee meetings, and full participation in the 2026 CDA House of Delegates.

Secretary's Report

Consent items, including the November 2025 meeting minutes and 2026 planning documents, were reviewed and approved. Board members also completed annual conflict-of-interest disclosures.

Dr. Chirag Vaid reported on year-end membership and engagement, noting continued growth and strong member participation across the Society.

- 2025 Total Membership – 2,077
- New Members in 2025 – 122
- Market Share 78.2%
- Engagement 80%

New Year Reminders / Procedural Information

Executive Director Caroll Badgley reviewed key governance and operational items, including bylaws, policies, the 2026 calendar of events, committee structure, and Board liaison responsibilities. Committee liaison assignments for 2026 were confirmed.

Delegates for the 2026 CDA House of Delegates were confirmed, with Drs. Jeff

Sue, Craig Alpha, Chirag Vaid, Bryan Judd, Eric Grove, Cherag Sarkari, Kart Raghuraman, Nima Aflatooni. Additional Delegates and Alternates will be added after the Leadership Development meeting. The House of Delegates will be held in Los Angeles on November 13–14, 2026.

Board of Component Representatives (BCR) Report

Dr. Bryan Judd provided an update on BCR, highlighting its role as the collective voice of local dental components and outlining a goal for 2026 to establish clear SDDS priorities for regional advocacy. Dr. Judd also announced that Executive Director Caroll Badgley was selected by California's components to serve as a non-voting member of BCR in 2026.

Prop 56 Funding – Budget Cuts Update

Dr. Cherag Sarkari presented an educational overview of Proposition 56 and its impact on Medi-Cal dental reimbursement. The discussion focused on anticipated changes beginning in mid-2026, potential access-to-care challenges, and the importance of

member education, communication, and coordination with CDA advocacy efforts. Dr. Sarkari agreed to write an article for the March/April issue of *the Nugget*.

Events and Activities Coming Up

Dr. Rosemary Wu shared details on the upcoming Asian Dental Recognition Dinner, scheduled for March 12, 2026, at Fuji Restaurant on Broadway in Sacramento, with early registration available through February 12.

Caroll Badgley concluded with an overview of recent and upcoming SDDS events, including the successful Holiday Party and Installation of Officers, ongoing registration for the MidWinter Meeting, and future convention planning. Operational updates and staff transitions were also shared.

The meeting concluded with a group photo.

Next Meeting

The next SDDS Board of Directors meeting is scheduled for March 3, 2026.



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Never-Ending Leaves of Absence

By the HR Hotline Advisors; California Employers Association (SDDS Vendor Members)

One complicated issue that comes up for many employers is when an employee has exhausted all protected leave but then requests an extension of leave as a reasonable accommodation for a disability or medical condition. Particularly in situations when employees request multiple extensions, employers often wonder:

- Whether they have to continue “holding the position.”
- Whether they must continue health care coverage.
- At what point is it reasonable to terminate?

Holding the Position PDL/CFRA/FMLA

First, if the employee is on a protected leave such as Pregnancy Disability Leave (PDL), California Family Rights Act Leave (CFRA), and/or Family and Medical Leave (FMLA), they have a formal “right to reinstatement” to an equivalent position upon return. This means the employer is obligated to “hold the position” under almost all circumstances.

If the employee is not eligible for these leaves or has exhausted these leave entitlements, it becomes a bit more complicated. Remember, even if your employee does not qualify for these protected leaves, you must still consider providing them an unpaid leave of absence as a reasonable accommodation under the federal Americans with Disabilities Act (ADA—applies if you have 15 or more employees) and/or California’s Fair Employment and Housing Act (FEHA—applies if you have 5 or more employees).

ADA/FEHA Leave Only

When an employee is on an ADA/FEHA-related leave only, you must generally hold the position, but there may be circumstances when the employer is not required to do so.

For example, if the employer can show that holding the position creates an undue hardship and they need to fill it, the employer may do so, but then must offer the employee any vacant position for which they are qualified, as follows:

- The employer must first offer any available positions equivalent in pay and seniority.
- The employer may only offer positions that result in less pay or status if that is all that is available.
- The employer is not obligated to create a new position for the employee that does not exist.

Continuing Health Care Coverage

If the employee is on PDL, CFRA, and/or FMLA, their health care benefits must continue as if they were currently working for you, for the entire duration of those leaves. You may require the employee to still pay their share of the premiums. Be sure to arrange in advance how the employee will cover their premiums when you aren’t able to make payroll deductions (e.g., cut you a separate check each month, pay upon return, etc.)

If the employee is on an ADA/FEHA-related leave only, then whether you must continue health care benefits depends on your specific policies—be sure to check with your benefits carrier. Also, if you continue health care

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benefits for employees in a similar leave status (for example, during unpaid personal leaves of absence), then you may be required to continue health care coverage during ADA/FEHA leaves as well.

Ending the Relationship

Employers should not take it lightly when considering ending the employment relationship instead of granting an extended leave request, as this often carries significant legal risk. While courts have held that employers are not required to accommodate an “indefinite” leave, there is no bright-line rule on how long an employer must hold a position after protected leave entitlements are exhausted. There is at least one unpublished case in California where the court found the employer satisfied their reasonable accommodation requirements, where leave was granted for “about a year.”

For this reason, employers should not implement “maximum leave policies” resulting in automatic termination after a set period of time. Instead, employers should evaluate on a case-by-case basis whether they can reasonably accommodate the employee or whether the extended leave request would cause an “undue hardship.”

Because the “undue hardship” standard is often difficult for employers to satisfy, it is recommended to get guidance before deciding to terminate. The Job Accommodation Network ([www. https://askjan.org/](http://www.https://askjan.org/)) has helpful resources for employers on reasonable accommodation obligations. ■



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By **Santiago Mendoza**
 CNU Dental Student (D1)

Originally from Tijuana, Santiago received his bachelor degree in neurobiology from UC Davis and his master's in biology from Point Loma Nazarene University. He is now in his third year of dental school where he serves as president of his class. He is also planning on pursuing an oral surgery specialty upon graduation. Outside of dentistry, his hobbies include plants and running.

Between the Handpiece and the Microphone: What I Have Learned While Serving as Class President of a New Dental Program

Dental school is demanding by design. Between lectures, preclinical labs, examinations, and clinical preparation, students are constantly challenged to adapt and perform at a high level. An additional layer of complexity is added by my role as class president. This responsibility is further shaped by the fact that my class is only the third cohort to matriculate at California Northstate University College of Dental Medicine. Because this is a new dental program, change is constant, and I have taken on the responsibility of helping guide these transitions by centralizing and communicating feedback from my classmates to faculty.

Being part of a developing program has meant navigating frequent adjustments over the past three years. These have included changes in physical locations, revised schedules, and the introduction of multiple systems used to track both didactic and clinical progress. While adapting individually can be challenging enough, serving as class president requires that I also help guide my classmates through these changes while addressing concerns as they arise. Although these situations can be unpredictable and demanding, I view this role as an extension of my dental education, almost like an elective course in leadership. As a future dentist, I know I will one day lead a team and manage a practice, and these experiences provide valuable early exposure to that responsibility.

I have learned that effective leadership often comes down to ensuring people feel heard and acknowledged, especially during moments of frustration or uncertainty. One of the most important lessons I learned early on was understanding what is within my control as a student leader and what is not. Communicating

this distinction to my classmates without making anyone feel dismissed is a delicate balance and one of the most challenging aspects of leadership. Similarly, relaying class concerns to faculty in a respectful and constructive manner requires careful communication. I learned to avoid speaking in the first person and instead frame discussions around the collective perspectives of students and faculty to foster productive dialogue and minimize conflict.

Now in my third year and beginning clinic, I am seeing how these leadership skills directly translate to patient care. Acknowledging patients' feelings about their oral health has proven essential in building trust and rapport. While clinicians often focus on education and treatment planning, many patients feel powerless due to financial limitations or perceived predispositions to poor oral health. Regardless of whether these concerns are clinically accurate, allowing patients to express how they feel is critical to addressing their needs in a way that is meaningful and effective for them.

When I first accepted the role of class president, I questioned whether I could successfully balance it alongside the demands of dental school. There were many moments that tested my confidence unexpectedly. Looking back now, I see those challenges no differently than a difficult didactic course or complex clinical case experiences from which I have learned the most. Ultimately, serving as class president has strengthened my confidence, reinforced my resilience, and shaped me not only as a dental student, but as a future professional. ■

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Protecting Medi-Cal Dental:

Why Eliminating Prop 56 Funding Threatens Oral Health Access—and Why Sacramento Must Mobilize Now

By **Cherag Sarkari, DDS** (SDDS Member)

For nearly a decade, Proposition 56 has been a cornerstone of the Medi-Cal Dental Program, strengthening a system that had long struggled under the weight of inadequate reimbursement rates. Approved by voters in 2016, Prop 56 increased tobacco taxes and directed revenue to support

Medi-Cal health programs, including supplemental payments to dental providers. These payments have been essential in stabilizing provider participation, improving practice sustainability, and expanding access to care statewide.

Before Prop 56, California had some of the lowest Medicaid dental reimbursement rates in the country. Many dentists faced financial losses for every Medi-Cal Dental patient they treated, leading some to reduce participation or withdraw entirely. As a result, patients in many communities—particularly rural and low-income areas—faced long wait times for even routine dental care. Prop 56 helped reverse this trend by supporting provider expansion, reducing wait times, and improving availability in historically underserved regions.

The Department of Health Care Services (DHCS) confirmed in All Plan Letter APL 25-011 Discontinuation of Prop 56 that Proposition 56 supplemental payments will end for all dates of service on or after July 1, 2026. This decision follows legislative actions that preserved Prop 56 funding only through the 2025–26 fiscal year, despite significant advocacy efforts from the dental community. California's 2025–26 May Revision proposed major reductions to Medi-Cal, driven by declining state revenues and rising program expenditures.

While advocacy from organizations such as the California Dental Association (CDA)

prevented immediate cuts, the scheduled elimination remains.

The loss of Prop 56 will have far-reaching consequences for dental providers. Many practices depend on supplemental payments to offset Medi-Cal Dental's historically low reimbursement rates. Without Prop 56 supplemental reimbursement, practices may be forced to reduce the number of Medi-Cal Dental patients they serve or withdraw from the program completely. This would widen access gaps, raise operational pressures, and exacerbate health disparities—particularly in Sacramento, where Medi-Cal Dental enrollment is high.

But the burden on dentists goes beyond reimbursement. Many providers have built their care models, staffing plans, scheduling templates, and operational workflows around the stability Prop 56 created. Its elimination disrupts not only the financial picture but the clinical one as well. Dentists may face difficult

decisions about reducing hours, restructuring teams, or scaling back preventive programs that have been successfully implemented over the last decade. For early career dentists or those operating small practices, this uncertainty becomes especially destabilizing and may influence long-term decisions about staying in the Medi-Cal Dental program or even remaining in private practice.

Patients will experience the most severe consequences. Reduced dentists' participation will lengthen wait times and make it harder for families to find dentists willing to accept Medi-Cal Dental patients. Delays in preventive and restorative care increase the likelihood of worsening oral disease, higher emergency room utilization, and broader impacts on systemic health.

Vulnerable groups—including children, seniors, people with disabilities, and undocumented adults—are at particular risk of losing consistent access to essential dental services.

The broader Medi-Cal environment compounds these concerns. Policy changes scheduled for 2026, including enrollment freezes for undocumented adults, will further restrict access. Combined with the loss of Prop 56 supplemental payments, these shifts threaten to undermine nearly a decade of progress toward equitable oral healthcare in California.

CDA continues to lead statewide advocacy efforts to preserve Medi-Cal Dental funding. Dentists can learn more, participate in campaigns, and join the coalition through the CDA Advocacy & Coalition Hub: <https://www.cda.org/advocacy/advocacy-initiatives/> - Strong engagement is essential. During prior budget debates, thousands of dental professionals mobilized to protect Prop 56 funding, demonstrating the power of unified grassroots advocacy.

As the state capital, Sacramento has an especially critical role to play. Our lawmakers see firsthand how gaps in dental access affect families, schools, and community health systems. SDDS members are uniquely positioned to amplify the importance of preserving Prop 56 by sharing patient stories, meeting with legislators, engaging through the CDA Action Center, and partnering with local organizations.

To build visibility around this opposition, SDDS, in conjunction with CDA, will begin coordinating structured outreach efforts—such as letter-writing campaigns, local advocacy, social media messaging, and targeted meetings with local legislators.

Members can help by hosting visits at their offices, joining community events where Medi-Cal Dental access is discussed, and encouraging patients who are willing to share their stories. Collective storytelling is often the most persuasive advocacy tool we have.

SDDS stands ready to support its members through these challenging times. Whether you need help connecting with policymakers, coordinating advocacy efforts, or accessing educational resources, the Society is here to help. Members wishing to participate in advocacy activities or learn more about how they can support Medi-Cal Dental should contact SDDS@SDDS.org or (916) 446-1227.

The future of Medi-Cal Dental—and the oral health of millions of Californians—depends on what we do next. Together, we must raise our voices, strengthen our advocacy, and reaffirm our commitment to health equity. Now is the time for Sacramento to lead. ■

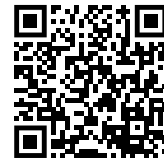
Post a Flyer to Collect Patient Stories



Visit CDA's Share Your Story site (with QR code) to download flyers to place in offices and other patient-accessible sites. (Available in English and Spanish) Each flyer includes a QR code that will refer individuals to the CDA share your story collection site.

Member Resource

SDDS has dozens of dental industry Vendor Members who are here to serve you. Many vendor members have special offers for SDDS members. These vendors often attend General Meetings and would love to talk to you about ways they can help your practice. The SDDS Vendor Members are an invaluable source of knowledge, expertise and support. You can see all the current Vendor Members on page 39-41 of this *Nugget* or online using the QR code below.



Volunteer OPPORTUNITIES

Ways to volunteer and support the SDDS Foundation:

Become a member of the Foundation – it's only \$75 per year

Donate to the programs of the Foundation – donations help provide screening supplies, toothbrushes and fund the puppet shows

Smiles for Kids Day – 2026 was a success! Now we need DDS volunteers to adopt a child post SFK Day to complete any treatment not completed on SFK Day.

To volunteer, Contact: SDDS office by March 16. 916.446.1227 • smilesforkids@sdds.org

Smiles for Big Kids is ongoing all year long – we need volunteers to adopt the BIG kids too (especially vets and the elderly)

Volunteers Needed: Dentists willing to “adopt” patients for immediate/emergency needs in their office.

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Willow Dental Clinic

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TOTAL MEMBERSHIP

(as of 2/4/2026)

2,084

RETENTION RATE: 99.5%

ENGAGEMENT RATE:

79% active

59% retired

MARKET SHARE: 78%

Member Update

Mar/Apr
2026

Welcome to our newest members

Gabriel Casias, DDS

General Practice

- Graduated from University of Colorado in 2020.

Mara Kamila Estoesta, DDS

General Practice

- Graduated from Midwestern University in 2023.

Billy Holguin, DDS

General Practice

- Graduated from UCSF School of Dentistry in 2023.

Jennifer Hom, DMD

General Practice

- Graduated from Temple University School of Dentistry in 2014.

Carol Lee, DMD

General Practice

- Graduated from Roseman University in 2024.

Sarfraz Momin, DDS

General Practice

- Graduated from Mexico- Universidad De La Salle in 2025.

Hansel Poerwanto, DDS

General Practice

- Graduated from UCSF School of Dentistry in 2016.

Congratulations

to Our New Retired Members!

John Adams, DDS

Steven Brazis, DDS

Oscar Chen, DDS

Lindsay Grady, DDS

Gregory Heise, DDS

William Huiras, DDS

Thomas Jarrett, DDS

Keven Keating, DDS, MS

Michael Phelps, DDS

TOTAL ACTIVE MEMBERS:

1,383

TOTAL RETIRED MEMBERS:

382

TOTAL DUAL MEMBERS:

10

TOTAL AFFILIATE MEMBERS:

1

TOTAL STUDENT MEMBERS:

229

TOTAL CURRENT APPLICANTS:

0

TOTAL DHP MEMBERS:

59

TOTAL NEW MEMBERS FOR 2026:

11

In Memoriam

Vincenzo Castaldo, DMD

Dr. Vincenzo Castaldo passed away on January 26, 2026. He was an active member for over 50 years. He graduated from dental school in 1967 from Tufts University School of Dentistry. He then went on to earn his Oral and Maxillofacial Surgery specialty from VA Medical Center in Long Beach in 1971.

IMPORTANT NUMBERS

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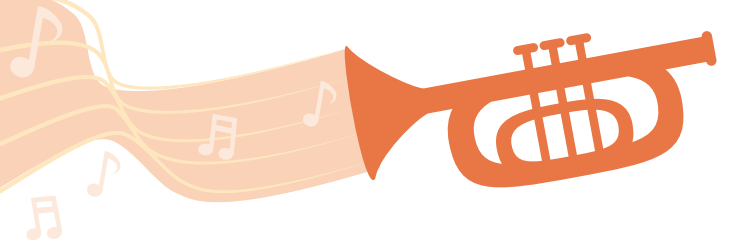
Weis, DDS

Giroux, DDS

Noble, MBA

Cahill, JD

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Congratulations to...

Dr. Jeff Kwong (1) on being installed as President of the California Association of Orthodontists (2).

Dr. Dean Ahmad who is a graduate of the Executive Leadership Program at Stanford Graduate School of Business (1).

Caroll Badgley for volunteering her time in Thailand in late December assisting another artist with a mural. The mural was painted at the Elephant Nature Park, Sanctuary in Chiang Mai - Northern Thailand (3).

Dr. Maya Giannetti on the birth of her son and **Dr. Kelly Giannetti** on becoming a grandma. Annon Luke Bradley Giannetti was born January 5, 2026 to Dr. Maya Giannetti and Mr. Conner Bradley (4).



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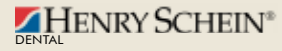
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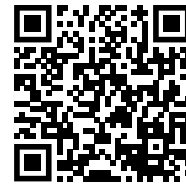
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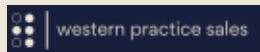
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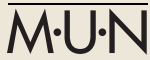
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Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is 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 or by email at sdds@sdds.org, we can also provide contact information for the members listed below.

ASSOCIATE POSITIONS AVAILABLE

- Cindy Weideman, DDS • Citrus Heights/Rocklin • PT • Ortho
- Matthew Comfort, DDS • Roseville • PT • GP
- Sukhjeet Kaur, DDS • Jackson • FT/PT • GP
- Dan Gustavson, DDS • Auburn • PT • GP
- Gautam Dogra, DDS • Sacramento • PT/FT • GP
- Harkeet Sappal, DDS • Sacramento • PT • Endo
- Mugunth Nandagopal, DDS • Sacramento • FT/PT • GP
- Sean Roth, DDS • Folsom • FT • GP
- Peter Kim, DDS • Sacramento • PT • GP
- Hossein Kazemi, DDS • Roseville • PT/FT • GP/Perio
- Arash Aghakhani, DDS • Sacramento • FT/PT • GP
- Darryl Azouz, DDS • Lake Tahoe • FT/PT • GP
- Oleg Oliferuk, DDS • Folsom • PT • GP
- Siamak Okhovat, DDS • Roseville • PT/FT • GP
- Monica Tavallaei, DDS • Sacramento • PT/FT • GP/PEDO
- Sabrina Jang, DDS • Sacramento • PT/FT • GP
- Albert Lee, DDS • Sacramento • PT • GP
- Amandeep Behniwal, DDS • Roseville • PT/FT • GP
- Elizabeth Johnson, DDS • WellSpace - various locations • FT/PT/Fill-In • GP
- Amy Woo, DDS • Sacramento • PT 1 Day • Endo
- David Park, DDS • several/multiple positions • FT/PT • GP

DOCS SEEKING EMPLOYMENT

- Gassan Hawari, DDS • PT/ Tue-Thur • GP
- Navneet Sehgal, DDS • FT • GP
- Gaetan Tchamba, DDS • PT/locum tenans • GP

Classified Ads

EMPLOYMENT OPPORTUNITIES

Join Make a Smile Dental! We're hiring Dental Assistants, Hygienists, and Dentists across specialties. Enjoy competitive pay and a supportive team. Apply today: makeasmile.com/careers 11-12/24

ENDODONTIST: Seeking a Endodontist to join our professional dental team. We have been serving Sacramento for over 25 years and Voted Top Dentist by Sacramento Magazine. If you like to experience the many facets of dentistry, our practice consists of general, periodontist, endodontist, and orthodontist this practice is for you. For more information about us, please visit DrAmyWoo.com. 1-2/24

Kids Care Dental & Orthodontics seeks doctors 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 CV to drtalent@kidscaredental.com. 6-7/17

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to eljohnson@wellspacehealth.org. 1/15

EMPLOYMENT OPPORTUNITIES

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 CV to drtalent@kidscaredental.com. 6-7/17

FOR SALE/LEASE

Dental Office Condo for sale or lease. One story prime location corner opposite Kaiser Hospital. 2,743 square feet of NRA located at 1603 Eureka Rd., Roseville. Six operatories with equipment. Call (916) 797-7436 for details. 1-2/26

Roseville New Construction/Sacramento Dental Building Orthodontic Office/Dental Offices for Lease/Sale; Ranga Pathak, Broker Associate, RE/MAX Gold, DRE01364897; Tel: (916) 201-9247; Email: ranga.pathak@norcalgold.com. 8-9/21

SACRAMENTO DENTAL COMPLEX has one 3 unit suite which is equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: (916) 539-1516. 10/11

NEW Online "This Week" Classified Advertising for SDDS Members/Vendor Members only

SDDS' weekly "This Week at SDDS" eblast reaches our entire membership every Sunday at 8:00am, with a circulation of 2,200 and an impressive open rate of 67% – contract due by noon on the Wednesday prior to the Sunday e-blast.

Guidelines for Online Classified Advertising:

- Members must place and pay for the ad themselves
- Non-Vendor Member companies and representatives cannot be listed in the ad
- Contact info in the ad must be direct to member/member's office, non-member emails and phone numbers are prohibited

Visit www.sdds.org/publications-media/advertise/ to advertise

SDDS member dentists can place one *Nugget* classified ad

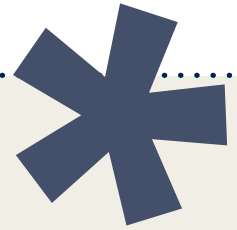
FOR FREE!

MEMBER BENEFIT!

Selling your practice? Need an associate? Have office space to lease? 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 www.sdds.org/publications-media/advertise/

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



MARCH

- 5 **Sacramento Kings Game**
Thursday • 7:00pm
- 10 **GM: Leading with Trust: Tools to Inspire Teams, Prevent Burnout, and Build Wellness**
Eric Johnson, DDS
Sponsored by Alpha & Delgadillo OMS
Tuesday • 5:45–9:00pm
- 26 **MidWinter Convention Day 1**
SAFE Credit Union Convention Center
- 27 **MidWinter Convention Day 2**
SAFE Credit Union Convention Center

APRIL

- 7 **HIPAA Without the Headache: What Dental Offices Get Wrong (and How to Fix It)**
Dennis Krohn and Sara Baker, MBA;
SD Dental Solutions
(SDDS Vendor Members)
Tuesday • 12:00–1pm
1 CEU, Core • Webinar
- 8 **Dentists Do Broadway MJ (Michael Jackson)**
Wednesday • 7:30pm show
- 14 **GM: Non-Odontogenic Tooth Pain**
Mohd Khalaf, DDS
Tuesday • 5:45–9:00pm
- 18 **CPR-AHA BLS Blended Learning – Online and Skills Testing, 3 Time Sessions**
SDDS Instructors
Saturday • 8:00–8:45am;
9:00–9:45am; 10:00–10:45am
3 CEU, Core • SDDS Classroom
- 22 **California Dental Practice Act**
Joy Brack, RDA
Wednesday • 5:30–7:30pm
2 CEU, Core • Webinar
- 28 **Infection Control**
Joy Brack, RDA
Tuesday • 5:30–7:30pm
2 CEU, Core • Webinar

For full details and to sign up for courses online, visit: www.sdds.org



Swing for Smiles 2026 – Register Today!

Come support the Foundation at the annual Golf Tournament on May 8 at Teal Bend Golf Club!



Upcoming GENERAL MEETINGS

MAR 10 **Leading with Trust: Tools to Inspire Teams, Prevent Burnout, and Build Wellness**

Tuesday • 3 CEU, Core • \$89 early price thru 2/24

Presented by Eric Johnson, DDS
Sponsored by Alpha & Delgadillo OMS

This session explores how trust-centered leadership transforms dental teams by strengthening relationships, reducing stress, and promoting resilience. Participants will gain evidence-based strategies to address burnout, foster team wellness, and create a culture of purpose and engagement that sustains both professional success and personal fulfillment.

APR 14 **Non-Odontogenic Tooth Pain**

Tuesday • 3 CEU, Core • \$89 early price thru 3/31

Presented by Mohd Khalaf, DDS

The primary cause of tooth pain is a dental disease that ends up sometimes needing restorative work, root canal treatment or even extraction. What if the pain persists beyond the dental treatment? Would this be a medical condition related to jaw or head and neck issues? This lecture will discuss how to recognize, differentiate and manage dental pain due to medical (Non-odontogenic) conditions and how to collaborate with an orofacial pain specialist on management.

5:45–9:00pm: Hilton Sacramento Arden West
(2200 Harvard Street, Sac)