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GP NEWS

The Publication for the General Practitioner

Volume 37, Number 1 **February, 2013**

Dr. Michael Lew of Novato Named Dentist of the Year

DR. MICHAEL LEW
Novato

The CAGD is a very progressive organization with which we all can be proud to be associated. The CAGD illustrates the best of the AGD: *Leadership in continuing education and advocacy for the general dentist.* This year Michael Lew, DMD, MAGD, was selected by the CAGD as "Dentist of the Year" because he exemplifies those ideals.

Dr. Lew received his Bachelor of Arts from the University of California at Berkeley, and his dental degree from the University of Pennsylvania, School of Dental Medicine. After dental school, he and his bride, Vivian, moved to Hong Kong where he provided basic dental services in a community clinic. He practiced crown and bridge in an upscale dental office and taught at Prince Phillip Dental School. He observed that many dentists trained in the Commonwealth countries had skills equal to many dentists trained in the United States. Many other dentists performed substandard dentistry. Either they did not have the same level of training or they did not provide the proper services because the patients would not pay for that level of service. Different "niches" or levels of dental service existed based on the various socioeconomic levels being served by that dental practice.

Dr. Lew observed that the best dentists in Hong Kong were continually seeking continuing education courses to improve their skills by bringing famous speakers to the colony or by flying overseas for their dental continuing education.

After their first child was born, Dr. Lew bought a practice in Marin County where he would practice dentistry and he and Vivian would raise their family.

Dr. Lew received his Fellowship in the AGD in 1992. With the help of Dr. Richard Ringrose and the CAGD MasterTrack Program, he received his Mastership in 2007.

When president of the Marin County Dental Society and of the Northern California AGD, Dr. Lew, Dr. Sun Costigan and Dr. Paul Schafer lead many continuing dental education programs by finding speakers and setting up programs. He served on the Fellowship Exam Committee for the AGD and continues to host and introduce speakers for the CDA and the ADA. Dr. Lew also served as chairman of the Continuing Education Committee of the Dental Board of California. Most recently, Dr. Lew has been lecturing on "Success in Dentistry."

As a leader in dentistry, Dr. Lew has participated in many programs supporting the general dentists' business and professional activities. These would be by participating on the Policy Development Council for the CDA, the House of Delegates for the AGD and CDA, and visiting legislators in Sacramento and Congressmen in Washington. While on the Dental Board for California, he advocated for legislation which protects the public without being overly burdensome on the practicing dentist.

In 2012, Dr. Lew founded the Big Sur Dental Clinic as part of the Big Sur Community Health Center. As in all successes, he says that this was a team effort. The Big Sur community came together under Ms. Sharon Carey

(continued on page 4...see DR. LEW)

The G.P. NEWS

A PUBLICATION OF THE

CALIFORNIA ACADEMY of GENERAL DENTISTRY

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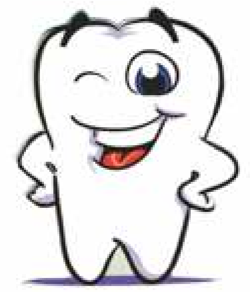

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DR. LEW *(continued from page 1)*

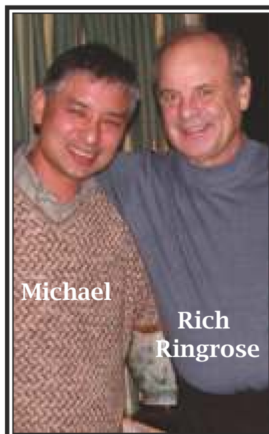
to fund the clinic while Dr. Lew procured donations from the dental community. Typical to many start ups, the Big Sur Dental Clinic had it's challenges, but it's now serving both the affluent and the poor alike. A long-time dream for the Big Sur community is now a reality.

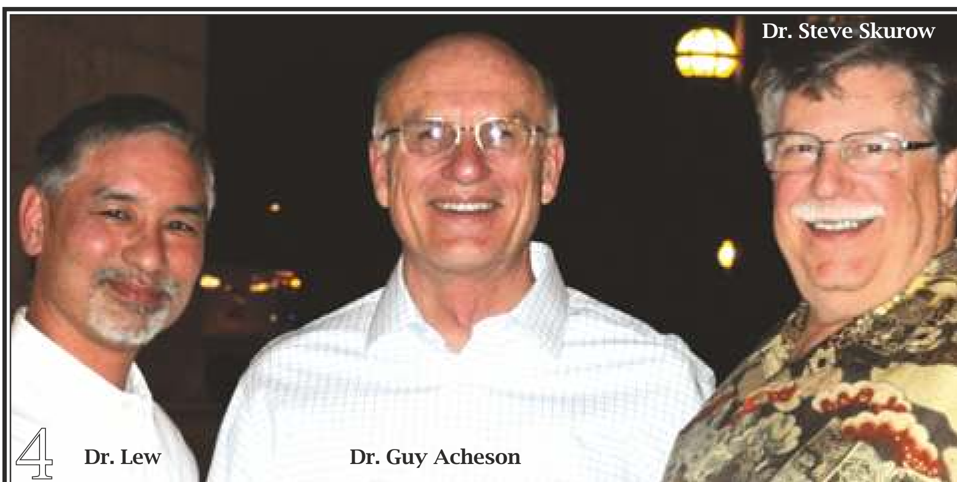
Dr. Lew has served as the Editor for the Monterey Bay Dental Society's newsletter, Smileline, and he contributes to the California AGD's GP News.

Dr. Lew works at the California Department of Corrections and Rehabilitation's California Correctional Healthcare Services Dental Division. He is presently the Supervising Dentist at San Quentin State Prison in Marin County.

Dr. Lew has been on the CAGD Board since 2005 and is currently the Region 13 (California) Regional Director.

We congratulate you, Dr. Lew, for your efforts on behalf of the citizens of our great state and the Academy of General Dentistry.





Big Sur Dental
Big Sur Health Center

The **Big Sur Health Center** is excited to announce the opening of

Big Sur Dental

on January 6, 2012
with Dr. Michael Lew

Dr. Lew brings almost 30 years of private practice and public health experience to the Big Sur community. He is passionate about preventive and family dentistry and is looking forward to serving the needs of Big Sur!

The Big Sur Health Center
46896 Highway 1 Big Sur, CA 93920
Telephone: 831-667-2580

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2013 Will NOT Be Boring...!

DR. GUY ACHESON
Fair Oaks

"It's your professional future."

What an interesting time to be part of dentistry! In my thirty-plus years, there has never been so much pressure placed on our profession for change. We are getting pushed around by forces from within our own profession, from external forces that have essentially no connection to dentistry, and from the dental insurance industry. All of these forces are working to change the world of general dentists, our constituency. I love being in the eye of the storm!

Here is just a short list of issues facing general dentists:

The declining demand for dental services by adults since before the recession.

The new dental schools coming on-line that are generating a greater number of dentists.

The multiple new pathways to licensure in California resulting in a doubling of dental licenses issued per year compared to ten years ago.

The push for expanding dentistry's scope of practice into sleep medicine, facial esthetics, Botox, administering immunizations, naso-pharyngeal endoscopy, and salivary testing.

Then there are the political forces outside of dentistry pushing for non-dentists to provide surgical dental procedures, the concept of remote supervision of dental auxiliaries via teledentistry, and the huge push by the dental insurance industry and government programs to reduce reimbursement rates for dental services in the face of rapidly increasing overhead costs due to regulation, taxes, and pending medical insurance for employees under Obamacare. The growing presence of corporate dentistry. The huge educational debts new dentists incur and how that influences their choices for starting their careers.

How does the Academy of General Dentistry and the California Academy of General Dentistry function effectively in this turbulent storm of circumstances? How does the CAGD stay relevant to general dentists? What vision does CAGD have for addressing these issues in a manner that supports general dentists and makes dentists want to be a part of the AGD?

I can't imagine a more interesting and stimulating time to take my turn at leading the CAGD. We have so many energetic, smart, and talented Board members who are striving to work on solutions. It will be my job to organize and lead them in productive and effective projects.

Here are just a few ideas: Support and grow recruitment of new dentists with our Fellow- Track program in the dental schools; strengthen our communication to members thru our printed GP News, our electronic GP E-News, our website and social media; enhance leadership development by creating a policy and procedures handbook for board members; develop advocacy by building on our experiences working against SB-694 and by being a regular presence at Dental Board of California meetings and in the legislative halls of Sacramento; refine our future focus with a strategic planning meeting; and last but not least, investigate forming strategic partnerships with other dental organizations and supporting dental outreach programs.

Just a few ideas to consider. We can't do them all in one year. I expect some energetic "argy-bargy" at the board meetings to pick our projects. You should join us by getting involved with your local CAGD component. It's your professional future.

Ready to talk about the elephant in the room?

Meet Ellie.

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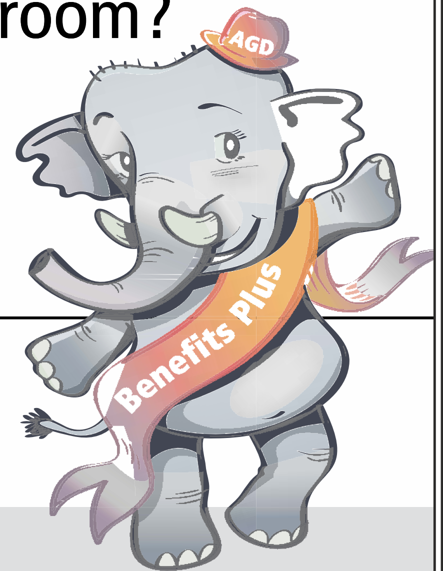

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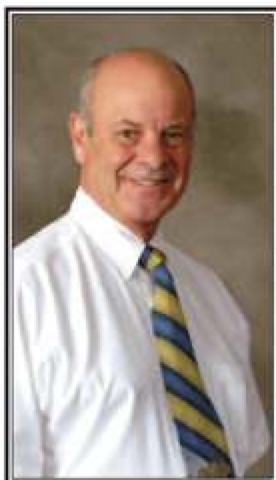
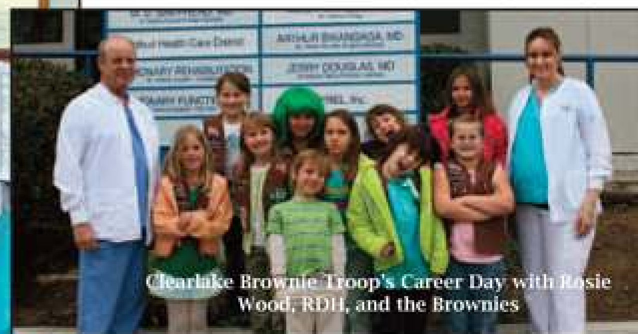
CAGD's "Spirit of Leadership Award" for 2012 to Dr. Rich Ringrose



At work at his desk

By **Lynn Peterson, CAE**
Executive Director, CAGD, Oakley



Clearlake Brownie Troop's Career Day with Rosie Wood, RDH, and the Brownies

I was asked to write this article since I have a special relationship with both this year's recipient, Rich Ringrose, DDS, MAGD and the person who the "Spirit of Leadership Award" commemorates, Deon Carrico, DDS, FAGD, who was my father. Dr. Carrico and a few other devoted California AGD members resurrected the CAGD in 1986 at a time when the CAGD faced great financial difficulty. Dad went on to contribute his time, talent, effort and expertise for the rest of his life towards building and improving the CAGD. The "Deon Carrico Memorial Spirit of Leadership Award" was created in 2002 after Dr. Carrico passed away. The award acknowledges individuals who have for an extended period of time consistently contributed service for the betterment of the CAGD.

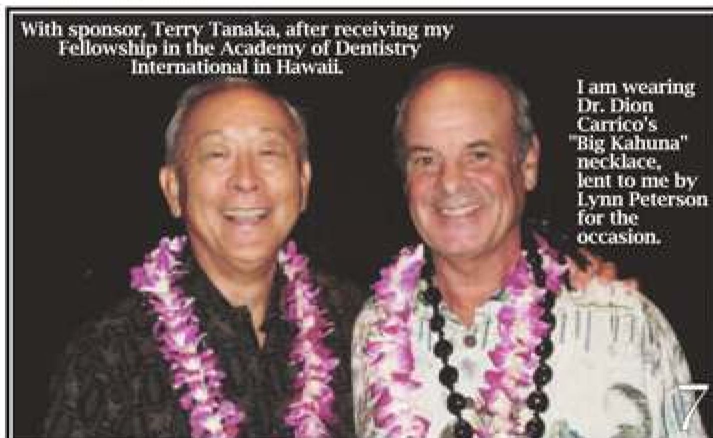
In 2001 the CAGD was in need of someone to champion their MasterTrack program. I was flying home from the AGD Leadership Conference that year and sat next to a member that no one knew much about since he had just shown up at a meeting in our Northern California component. It was Dr. Ringrose. He was interested in getting involved with the CAGD. He brought up the subject of getting his Mastership in the Academy. I told him about the opportunity for him to take over and further develop the MasterTrack Program in the CAGD. By the time we got off the plane he was already making plans on how the program would work to the benefit of our members. As the new executive director, trying to fill the big shoes my father had left behind, I felt a load had been lifted off my shoulders.

FellowTrack Student Leadership Conferance. *(L to R):* Tracy Trinh, USC 2014; Bethany Kum, USC 2014; Stephanie Cappiello, UCLA 2013; Dr. Cheryl Goldasich, FellowTrack Coordinator; Dr. Ringrose.

Under the leadership of Dr. Ringrose as the course director, the CAGD MasterTrack program has been nothing short of a great success. *It is the premier program for achieving a Mastership in the United States.* There is always a waiting list to get into the next program. Although Dr. Ringrose served as Vice President, President-Elect and President of the CAGD, he continued as course director of the MasterTrack Program and at times as Continuing Education Chairman as well. His term as the CAGD President concluded in 2009. We are now in the middle of the tenth year of continuous MasterTrack programming and Dr. Ringrose has planned our next series (2014 through 2018). *Talk about leading from the front!*

It has been my pleasure to work with Dr. Ringrose and see first hand the leadership he brings to this very important program for our members. He is always organized, polite, thoughtful and considerate of everyone's time who is involved in the courses. Although my father and Dr. Ringrose never met, I know they would have been good friends since they share the qualities of a good sense of humor, the ability to laugh at themselves, the joy of playing a good game of golf and an interesting glass of wine at the 19th hole.

Congratulations Dr. Ringrose and thank you for your leadership and dedication to the CAGD.



With sponsor, Terry Tanaka, after receiving my Fellowship in the Academy of Dentistry International in Hawaii.

I am wearing Dr. Dion Carrico's "Big Kahuna" necklace, lent to me by Lynn Peterson for the occasion.

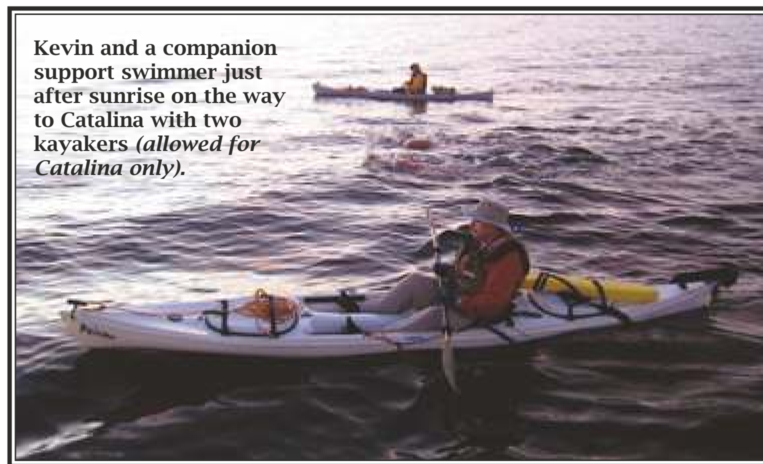
San Diego Dentist Hoped To Go for the "Triple Crown" in Open-Water Swimming

Editor's Note: *San Diego dentist, Dr. Kevin Anderson, went to England with his crew for his second attempt at the English Channel this past August. His first attempt was in August of 2008. He was pulled three miles from the French coast in the middle of the night with hypothermia. "We do learn more from our failures than our successes, but that's another story." This article is presented to help one understand the difficulty and the variety of factors that go into an attempt on the English Channel.*

I sent an e-mail to Dr. Kevin Anderson on September 21, 2012: "Did the conditions ever get sufficiently good enough for you to make the attempt on the Channel?" Bob Hubbert, Editor, GP News

His response: "Never were good for the eighteen days in late August-early September that we were there. My pilot asked if I could wait ten more days, but we needed to get home for the kids' school. I still attempted, but was faced with a 3.8 knot flood tide working against me and came up three miles short after thirteen-plus hours when my crew decided to pull me after twenty-six miles. A new world record was set ten days later. My pilot was right. I should have waited...! I plan to return next summer, provided I can get a good position with a pilot."

The "Triple Crown of Open Water Swimming" consists of successfully swimming Catalina, Manhattan and England. There are less than sixty swimmers in the world that have accomplished it and less than six that have accomplished all three over the age of fifty ("Half Century Club"). "I have two legs of the triple completed and, with England, was looking to finish off the third to secure a spot in swimming history—all in less than a calendar year—which three others have ever done over the age of fifty.



Kevin and a companion support swimmer just after sunrise on the way to Catalina with two kayakers *(allowed for Catalina only).*

The English Channel is considered the penultimate achievement for open-water marathon swimmers *(greater than 15 miles).* Those swimmers that are successful are well-known in the open-water marathon swimming world. The Channel is steeped in history with incredible world achievements. The first woman ever was an American. Some sad endings—swimmers being lost by their escort boats later to be found dead. This year, an Irish swimmer perished just one mile from the French coast due to an exertion-induced heart attack.

The English Channel measures about twenty-two miles at its shortest straight line—the way the crow flies—but a solo swimmer will typically track more than thirty miles in the crossing due to the huge tidal swings and the reverse "S" shape of the swim. A channel swimmer has to start on land and finish on land. The English Channel swim is now allowed in only one direction—England to France. The start is from a beach outside of Dover Harbor named Shakespeare Beach ("Shaky's"), or from a beach several miles away named Samphire Hoe, depending on the calculation by the team considering the speed of the swimmer and where a landing might happen. The landing point, while predicted, rarely hits the mark. A swimmer can be a mile away from the French coast and, due to currents, have an additional three hours to swim. Many swims fail with less than two miles to go.

The swimmer books a "neap" tide with an experienced escort pilot. The neap, as opposed to the "spring," is the tide where the least amount of water moves through the channel. One can think of the English Channel as essentially a river between England and France that flows in one direction for about six hours and then turns and flows in the other direction for the same amount of time. Where our tides in California are measured in feet (e.g. +5.4), they measure in meters with a good low to high tidal differential on a "neap" tide being twelve feet!

Not only is the tide critical, but the wind and water temperature are determining factors as well. A solo swimmer arrives in Dover and essentially waits for an opportunity to give it a go—often referred to as the "Dover Rollercoaster" because there is no pre-set day to swim. There are instances where the swimmer gets "weathered out" of an opportunity to even try and the expenses ($15,000+) and years of daily training are wasted. Then there are instances where swimmers are on an apparently good day, and a dense fog rolls in with all swimmers pulled for safety reasons. It has happened where swimmers are just 300 meters off of the French coast! Wind can produce

(continued on the next page)

Readying for the big swim from England to France.

Kevin's wife, Mary, applies the vaseline and lanolin to minimize chaffing.

whitecaps, or "white horses" as the English call them, that can briefly launch a swimmer out of the water and slam them down with enough force to dislodge their cap and goggles— *Can you say "E" ticket...?*

A swimmer is not allowed to wear a wetsuit or anything that will aid in thermal protection or buoyancy. Only a "Speedo" type suit, or what the English refer to as a "costume," as well as a bathing cap and goggles are allowed for official recognition. A vaseline / lanolin combination can be applied under the arm pits, around the neck and groin to prevent frictional chaffing. There have only been approximately 1000 successful swim crossings in comparison to say, Mt. Everest, that has had over 5200 successful climbs. The cold water temperature is the limiting factor, so that attempts are made each year during only a ten-week window from mid-July to early Septem- ber when water temperatures range from 58 to 62 degrees. There are about sixty attempts made each year with about twenty-four successes.

Kevin says: "My crew is critically important for my safety as well as my success. They have prepared for simple things like their own sea-sickness all the way up to using an AED unit on me. We travel with a 'defib' unit. They prepare my food *(or what we call 'feeds')* during the swim which are all warm liquid carbohydrate and electrolyte-type preparations. They continually monitor conditions, my stroke count and attitude as the swim progresses and determine whether to give me such things as a pain reliever for a jelly sting, a gel pack of caffeine for decreasing stroke count or a protein enhanced feed if I complain of extreme hunger. Feeds must take place very fast, preferably in less than ten seconds, so that we lessen the chance of hypothermia. My crew and I all know my mental and physical signs and symptoms of my body's conversion to burning fats—what runners refer to as 'hitting the wall'—which typically happens three or four times during my marathon swims with the first one coming at the four-hour mark. They have my permission to 'lie' to me when I might be going through a rough patch or dark period. Applause and cheering are common on the quick feed stops. Never will they ask me how I am doing because that will can lead down a negative path. They are versed to address my complaints in a quick, positive manner and to get me swimming again as quickly as possible. Often the less that is said, the better. My initial smiling and strong kicking on a marathon swim start are replaced with dragging feet and a head strong attitude at the eight- and ten-hour points."

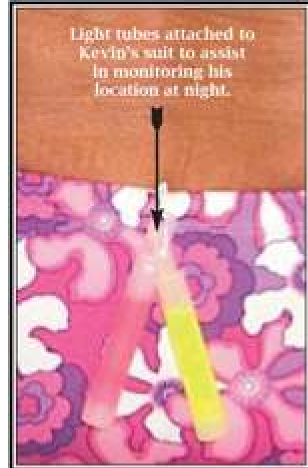
The English Channel is the busiest shipping lane in the world with over 600 commercial ships using the channel daily. There have been crazy instances where swimmers have had to swim in a circle in order to avoid a freight carrier. Other factors to consider include debris and jellyfish. There are no Mr. Whitey's (Great Whites) in the Channel. The deepest part of the Channel is a relatively shallow 200 feet. Severe jellyfish stings can quickly end what would otherwise have been a successful crossing.

Dr. Anderson's training has included swimming through the winter in cold, open ocean (even at nighttime) over the last eight years without a wetsuit. In the last year alone, he has successfully crossed the Santa Barbara Channel, Catalina Channel (twenty-two miles), the length of Tampa Bay (twenty-four miles) and circumnavigated Manhattan Island (twenty-nine miles). Conditions in his swims have included sixty-one degree inky black open water, mostly at night, in his Catalina crossing, to jellyfish stings and seventy-two degree water in Tampa Bay and Manhattan. Vomiting has been common enough *(due to inevitable ingestion of salt water)* that he has always expected and planned for it.

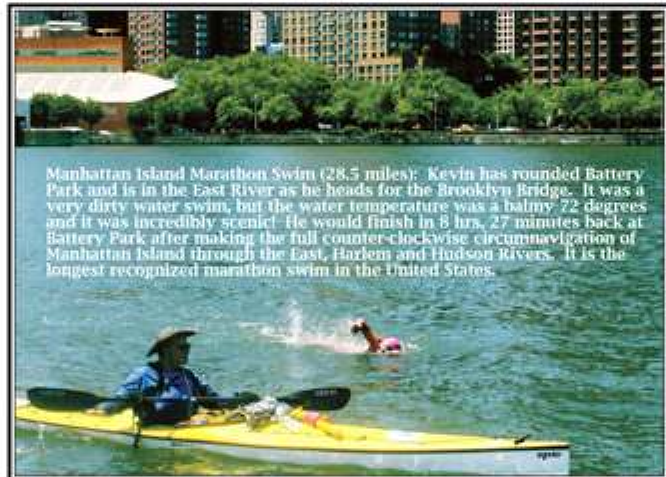
He had hoped for a little window of decent conditions in order "sneak across" as he expressed it to me. *"Maybe next year."* ❐

Swimmers Dr. Kevin Anderson, C[illegible] Walsh and David Smith *(all from USA)* in front of the swimming starter [illegible] morning six-mile practice swim. It would be nine more days on a Blue Moon night (Aug. 31) that Kevin would make the attempt on the Channel.

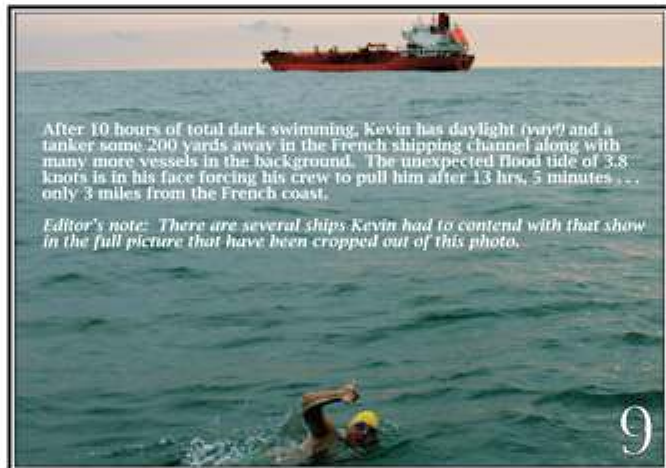
Kevin stops for a "feed stop" on his Catalina solo swim. Water temperature was a cool 62 all the way across the Channel. He would swim 22 miles with 7 hrs of darkness and finish in 11 hrs, 57 min and become #224 in history to successfully solo to Catalina



Light tubes attached to Kevin's suit to assist in monitoring his location at night.



Manhattan Island Marathon Swim (28.5 miles): Kevin has rounded Battery Park and is in the East River as he heads for the Brooklyn Bridge. It was a very dirty water swim, but the water temperature was a balmy 72 degrees and it was incredibly scenic! He would finish in 8 hrs, 27 minutes back at Battery Park after making the full counter-clockwise circumnavigation of Manhattan Island through the East, Harlem and Hudson Rivers. It is the longest recognized marathon swim in the United States.



After 10 hours of total dark swimming, Kevin has daylight *(yay!)* and a tanker some 200 yards away in the French shipping channel along with many more vessels in the background. The unexpected flood tide of 3.8 knots is in his face forcing his crew to pull him after 13 hrs, 5 minutes . . . only 3 miles from the French coast.

Editor's note: There are several ships Kevin had to contend with that show in the full picture that have been cropped out of this photo.

MAXIMIZE ESTHETICS AND FUNCTION

Implant Abutment Selection

Stephen Lockwood, DMD, MAGD, *Associate Fellow AAID, La Jolla*

The proper selection of an implant abutment can enhance the restorative outcome. Each implant manufacturer utilizes a variety of abutment components referred to as stock abutments. Stock abutments include straight, angled, titanium, and zirconium. In some clinical situations a clinician may find there needs to be severe modifications to a stock abutment that sabotages the restorative effort esthetically and/or for long-term success. This article will address the use of implant abutments specifically in patients with adjacent natural teeth. These types of cases pose unique periodontal, esthetic, and hygiene concerns compared to the abutment selection for an all-implant supported FPD or the abutments used for overdentures.

The main problem in replacing a missing tooth with an implant is that the periodontal and peri-implant tissue and papilla management is challenging. Consideration must be given to the amount of remaining bone, health and esthetics of the adjacent teeth, and the occlusion. The biomechanical forces may be leveraged by compensating morphology of an implant abutment as it differs greatly from the previous anatomy of the replaced tooth and periodontal tissue. Dental technicians perform their best-efforts to achieve optimal esthetics and function when fabricating a crown. The most challenging cases are the request to fabricate an implant crown when an awkwardly placed implant exists. The dentist can make the technician's job much more predictable by requesting a custom abutment from an implant level impression. Custom abutments, such as the Atlantis abutment, can be fabricated via CAD/CAM milling and use titanium, gold-plated titanium, or zirconium materials. A Rx is completed by the dentist who determines the degree or steepness of the divergent profile and the subgingival margin placement. The abutment is returned to the ceramic lab technician for implant crown fabrication.

A review of the ideal abutment will be helpful in making this judgment call.

The ideal abutment must:

i. Minimize food impaction
ii. Help support surrounding keratinized tissue and papilla
iii. Maintain hygiene (cleansability)
iv. Distribute off-axis loading forces (minimize fracturing of material)
v. Exhibit natural emergence profile
vi. Redirect angled or off-centered implants (related to (iv) above)
vii. Make for ease of cement removal (when cemented)
viii. Achieve parallelism for implant bridges

Some stock abutments, even with slight modifications, can achieve the above, but if not, the option of a customized abutment can reduce a lot of stress and achieve a higher level of clinical success and satisfaction.

Images 1-4 show large anterior space restored with narrow titanium implants and titanium custom abutments to achieve a more full contour.

Images 5-7 illustrate use of stock and custom abutments to achieve best tissue support, esthetics and cleansability.

Images 8-9 show the prep-like morphology of the Atlantis abutment. This will allow a more natural contoured crown to be restored and reduce food trapping.

Images 10-15 show a subcrestally-placed implant restored with a custom (Atlantis) titanium abutment. The deep emergence profiles are very smooth and cleansable, but the crown margin is less than 1 mm subgingival for easy cement removal. Avoid stock abutments where access to cement and OH are limited.

Images 16-19 show custom Atlantis abutments in titanium (thick biotype) and zirconium (thin biotype). The support gained by the emerging abutment allows the lab technician to focus on the crown fabrication with less concern about creating "black triangles."

Images 20-21 demonstrate that a stock abutment is perfectly adequate for most bicuspids (#28i). Here, the emergence profile of the stock abutment aims to the interproximal contacts. If a custom abutment were fabricated it would look almost identical to the stock abutment used here. Note the difference in abutment design (#29i-30i bridge) and tissue response of about twenty years.

***Image 22** helps to illustrate how to evaluate and select an abutment. Basically, if stock abutment can mimic the cross-section of a tooth, then a well contoured implant crown can be esthetically and functionally successful.

Each case is unique and some cases can be restored with either a stock or custom abutment. Some of the custom abutments fabricated look very similar to a slightly modified stock abutment. These are the cases that could be restored with a stock abutment and would, most likely, result in a lower laboratory bill. I prefer to keep my implant crown fee the same regardless of abutment type.

I cannot usually predict the type of abutment in advance. I usually decide at the implant level impression appointment after adequate healing has occurred and I can visualize the peri-implant morphology and biotype. Thin biotype often requires a gold-plated titanium or zirconium abutment. Thick biotypes in less critical esthetic zones can afford to have titanium abutments. Narrow platform diameter implants restored with zirconium abutments may be are more fragile especially if occlusal/incisal or parafunctional stresses occur. Custom abutment manufactures do inform users of limitations with narrow diameters and severe angles. Moreover, there is a limited warranty on zirconium versus titanium Atlantis abutments, in general. Care must be taken in customizing stock zirconium abutment as modifications can weaken the material.

The beauty of a custom abutment is that it mimics the cross-sectional anatomy of a natural tooth. Moreover, abrupt, yet smooth subgingival contours of a custom abutment remain highly cleansable and prevent food impaction. What benefit does a patient receive if food impacts under implant crown contours much like food impacted under a bridge?

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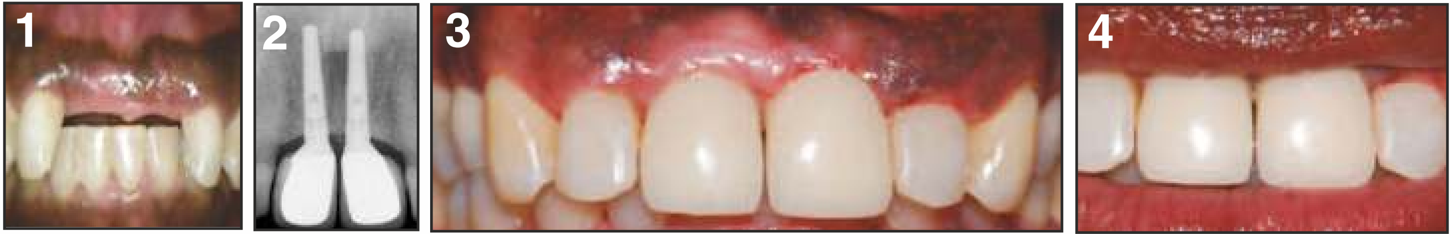
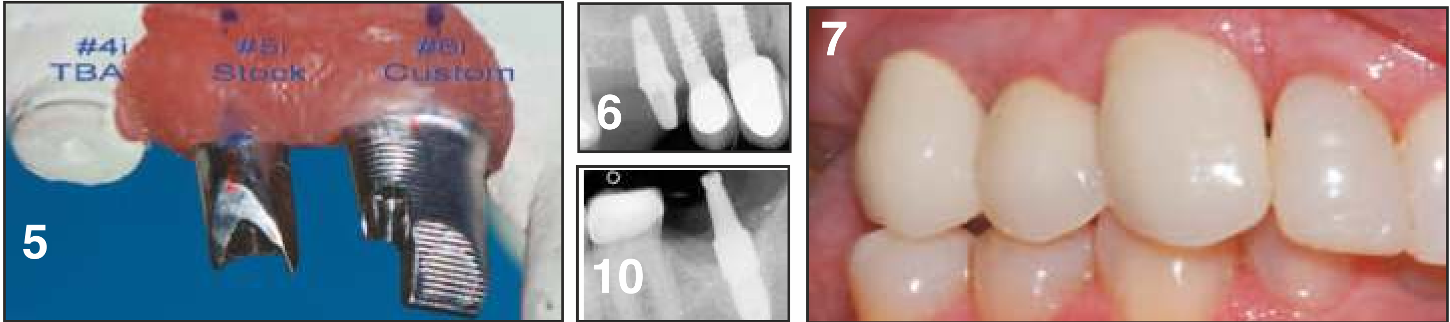
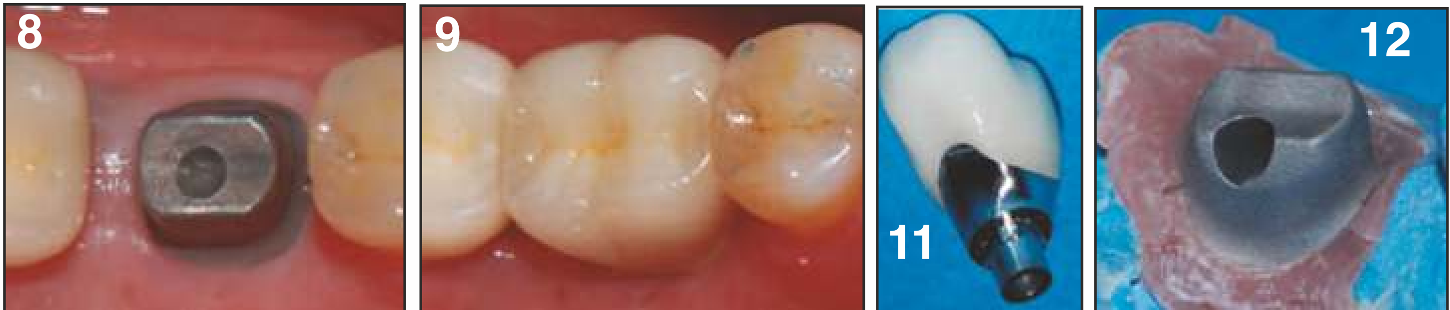
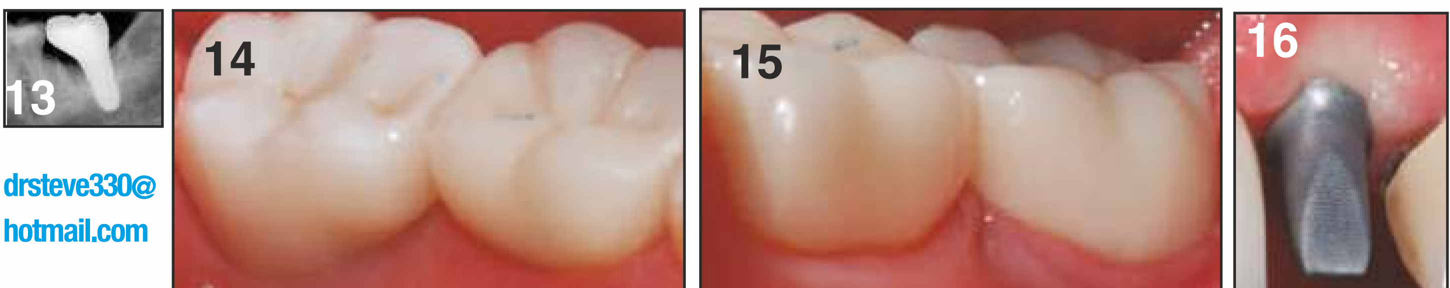
IMPLANT ABUTMENT SELECTION *(continued from page 10)*









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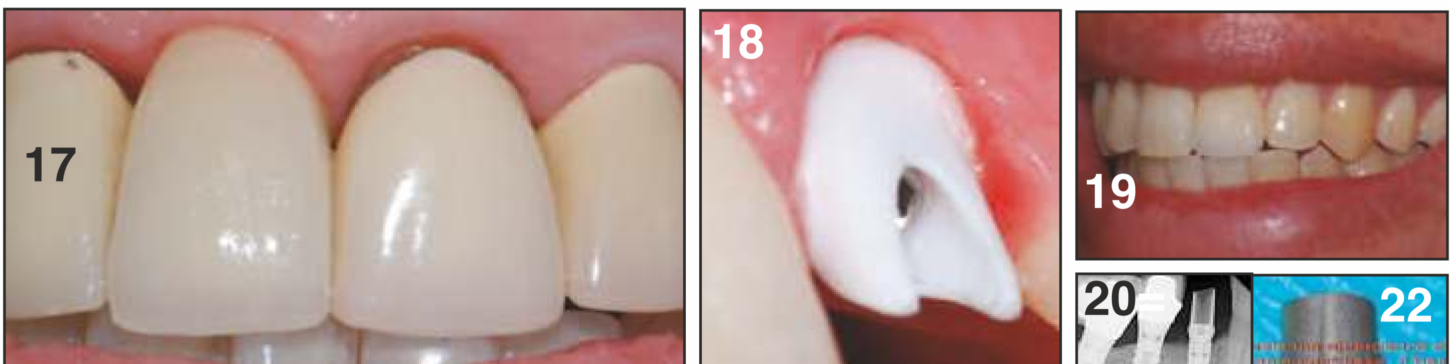


Below are general clinical guidelines for selecting an implant abutment.

Custom Abutment Uses:
Most 1st and 2nd molars; some maxillary central incisors/cuspids; bridges (3-unit); severely angled/positioned implants; subcrestal implants

Stock Abutment Uses:
Almost all mandibular incisors/cuspids; most bicuspids; *Stock abutments that "aim" towards the interproximal contact of adjacent teeth (see image 22).

Say 'Ahhh' To Get More 'Zzzzs'

Rosemarie Rohatgi, DMD, *San Diego*

DR. ROHATGI

Healthy teeth, healthy gums and now...*healthy sleep?* Dental sleep medicine is a growing segment of dentistry that focuses on managing snoring and sleep apnea with oral appliance therapy (OAT)—an effective alternative to the standard continuous positive airway pressure (CPAP) machine and mask. According to the American Academy of Dental Sleep Medicine (AADSM), up to fifty percent of sleep apnea patients do not comply with or tolerate CPAP.

CPAP has the maximum benefit for patients only when they are willing and able to use it continuously. Unfortunately, some patients are unable to do so. Dental sleep medicine focuses on managing sleep-disordered breathing like snoring and obstructive sleep apnea using oral appliance therapy—a relatively unknown, but very effective treatment option.

Oral appliance therapy (OAT) uses a device inserted in the mouth and worn only during sleep to maintain an open, unobstructed airway. OAT devices prevent the airway from collapsing by either holding the tongue or supporting the jaw in a forward position. For many, oral appliance devices are more comfortable to wear than a CPAP mask. The devices are also quiet, portable and easy to care for. Research suggests that oral appliance therapy often can equal CPAP in effectiveness and offers a higher patient compliance rate than CPAP. There are more than eighty different styles of oral appliance devices that have received FDA clearance.

Dentists trained in dental sleep medicine work in conjunction with a sleep physician and recommend a specific oral appliance device based the patient's personal needs.

AADSM recommends oral appliance therapy for people with mild to moderate obstructive sleep apnea. Once a board-certified sleep physician diagnoses a patient with primary snoring or obstructive sleep apnea, a dentist trained in dental sleep medicine, can provide treatment with OAT.

Obstructive Sleep Apnea

According to the AADSM, at least 12-18 million adults in the U.S. have obstructive sleep apnea, which causes them to stop breathing hundreds of times a night for anywhere from a few seconds to more than a minute. People who have OSA stop breathing repeatedly during sleep because the airway collapses. As a result, air is prevented from getting into the lungs. When healthy sleep is interrupted in this way, it puts a strain on the heart and other vital organs, which can lead to a number of serious health conditions. Sleep apnea is a potentially life-threatening condition that can increase the risk of serious health problems from congestive heart failure, stroke, high blood pressure and heart disease to diabetes, obesity, depression and impotence, if left untreated.

Identifying OSA Patients

There is a tremendous number of people who have signs and symptoms of sleep apnea—aside from snoring—who are just unaware of it. As a general dentist, you may see these patients several times a day in your practice. Patients with sleep-related breathing disorders are often times obese, middle-aged men with a large neck or crowding of the upper airway. However, OSA can occur in men, women and children of all ages and sizes. Some people who suffer from OSA do not even realize that they have the condition. Typically, it is the bed partner who recognizes the first signs of OSA. Over the past sixteen years, approximately half of the patients I've seen showed some signs or symptoms of sleep apnea. Other contributing factors for dentists to consider that show a potential for sleep disorders are mouth breathing habits, coating on the tongue, scalloped tongue from teeth clenching, enlarged uvula, enlarged tongue, tooth erosion, tooth wear, bruxism, gastro-esophageal reflux disorder, and more.

Clinical Findings

It is important to record screening evaluations which include a review of the patient's medical and social history, TMJ/TMD, muscle tenderness, dentition/oral evaluation, and clinical findings. The following should be included when evaluating clinical findings: the tongue, the teeth and periodontal structures, the oral and nasal airways, the posture of the head and neck and an extra-oral evaluation.

(continued on page 22...see APNEA)

DR. ACHESON

Watchdog REPORT

Dr. Guy Acheson, DDS, MAGD, *Watchdog Committee Chairman, CAGD President, Fair Oaks*

AN OVERVIEW OF WHAT'S ON THE TABLE FOR 2013

A new year. A blank slate. What will the Dental Board of California and the California legislature do to gain our attention this year?

2012 was an over-the-top year for Advocacy efforts by the CAGD. SB-694 was **THE BIG EFFORT**, but we also had some significant input into how the Dental Board of California (DBC) addresses dentists using Botox and dermal fillers. Years back the DBC had taken a position that Botox and dermal fillers could only be used by dentists who had a special Elective Facial Cosmetic Surgery Permit. Only oral surgeons who had training in these and other procedures could apply for that permit and the use of those materials is restricted to within an accredited surgical facility. After the CAGD brought several experts to testify about Botox and dermal fillers, the DBC posted their new position on their website. It now states that, "A dentist may, therefore, use any legally prescribed drugs to treat patients as long as the treatment is within the aforementioned scope of practice." This is a huge change, but it puts the burden on the dentist's shoulders to show that they are using these medications to treat a dental condition. The take-home message is that you must have a dental diagnosis to support your treatment when using these materials.

SB-694 is by no means dead. It is only hibernating. Senator Padilla publically declared his intent to bring it back during a special session of the legislature for healthcare that was supposed to happen in December. That special session is now slated to begin in January so the battle may begin anew as you are reading this article. Although CDA has taken a position supporting a study of non-dentists doing surgical and irreversible dental procedures, they deserve serious credit for making sure that any study will be done to very high standards; specifically, not the very low standards of an OSHPD workforce pilot project.

The Dental Board is undergoing significant changes this year. Their very effective Executive Officer has retired. His hand-picked Assistant Executive Officer is retiring. The appointments of several dentists on the Board are complete. The governor has not yet appointed any new people. Will the new people be general dentists? Specialists? AGD members? Will there be a quorum for the next meeting?

Some ideas for action in 2013 include:

Trying to get the DBC to allow dentists to use Botox and dermal fillers for purely esthetic reasons.

Take a more active role in monitoring all proposed legislation that could affect dentistry.

Make sure proposed regulation of mobile dental offices does not limit home visits by dentists and hygienists.

Stimulate the DBC to publish detailed statistics on our dental workforce as required by law (AB-269).

Pay attention to the proposed legislation to require dental laboratories to register with the DBC.

Not a bad list for our just born advocacy efforts.

The position of the California Academy of General Dentistry regarding the issue of [mid-level providers] is consistent with that of the American Dental Association:

*"We do not believe that **under-trained, under-educated, non-dentists** be allowed to perform irreversible surgical procedures on children or anyone, for that matter.* —MYRON "MIKE" BROMBERG, *CAGD Legislative Chairman*

DR. JAMES VERNETTI SDAGD "DENTIST OF THE YEAR" AWARD

San Diego AGD Honors Dr. Harriet Seldin

The San Diego Academy of General Dentistry sponsors the James Vernetti Award. This is given to the dentist, who in the opinion of the past recipients has done something that promotes the Academy of General Dentistry or the practice of general dentistry.

The award is named after one of our most venerable members, Dr. James Vernetti, who was known for his dedicated humanitarian and dental service to the San Diego Community. Dr. Vernetti passed away in 2007 at the age of 93.

Dr. Vernetti was born in Globe, Arizona, and grew up in Miami, Arizona. He attended the University of Arizona for a year before transferring to the USC School of Dentistry, where he graduated with honors in 1937. He practiced dentistry in Coronado, California, for thirty-eight years, He was President of the San Diego County Dental Society, the American Academy of Gold Foil Operators and American College of Dentists.

He was a Fellow in Pierre Fauchard Academy, International College of Dentists, American College of Dentists, and Academy of Dentistry International. The Southern California Pierre Fauchard Academy presented their Outstanding Dentist of the Year Award to Dr. Vernetti in 1983, and then Pierre Fauchard Academy awarded him their prestigious Gold Medal in 1999.

Dr. Vernetti was a founding member of the San Diego Academy of General Dentistry. He was known as kind and caring dentist who embodied the principles of our Academy.

Past recipients of this award are:

- Dr. Kevin Anderson (2003)
- Dr. Carol Summerhays (2004)
- Dr. Roger Tibbets (2005)
- Dr. Irv Silverstein (2006)
- Dr. James H. Thompson (2007)

The 2012 recipient is Dr. Harriet Seldin.

This year, the California State Legislature debated Senate Bill 694 which would have created a California Dental Director and established a pilot project to study the implementation of a new Dental Care Provider, the dental therapist.

The qualifications would originally have been to pass an eighteen-month to two-year technical post-high school program. The scope of practice for this therapist would have allowed them to prepare teeth for restorations, place restorations and do limited dental surgery. For the first time, irreversible surgical procedures would be allowed to be performed by someone who was *not qualified* to attend dental school.

The reason for this legislation was to increase [Access To Dental Care] for the poor and underserved. The position of the Academy of General Dentistry is that *"Only a trained and licensed dentist should be allowed to perform irreversible surgical procedures."* It is the Academy's position that to do otherwise is to establish

(continued on page 22...see SELDIN)

Dr. Jay Thompson presents the San Diego AGD Dr. James Vernetti "Dentist of the Year Award" to Dr. Harriet Seldin *(2012)*

Northern California AGD Happenings

Chitra Shikaram, DDS, *Editor, NCAGD, Campbell*

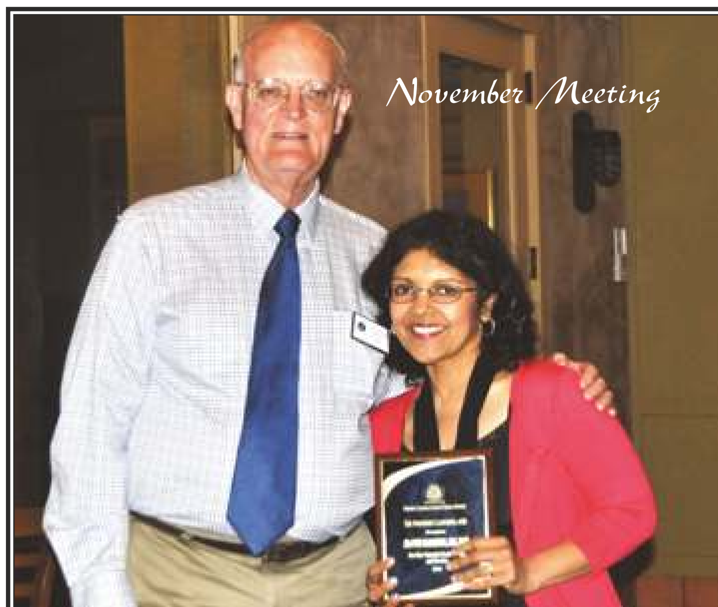
It is that time of year to reflect on all that we have accomplished. *The NCAGD has had a good year!* We aimed to provide quality continuing education courses presented by the very best instructors to benefit our membership. All of our courses this year received very good reviews.

The NCAGD presented "Prosthodontic Pearls for the General Dentist" in San Jose in August. Dr. Dai Phan traveled from South Carolina to lecture and provide insightful tips on making removable prosthodontics more successful. Dr. Phan, a maxillofacial prosthodontist, was very highly praised by attendees.

We are very fortunate to have leaders who are very passionate, who have gone above and beyond to make sure that the "voice" of the general dentist is heard; who recognize, encourage and mentor future leaders. Most of all, they have served selflessly! We are excited about 2013, and have some great courses planned.

Dr. Sun Costigan *(second from left),* **Dr. Ralph Hoffman** *(sixth from left),* **and Dr. Mina Levi** *(seventh from left),* **with dental students at the Semi-Annual CAGD Student Meeting held in October at the Hilton Hotel, Oakland Airport.**

Dr. Dai Phan, *Oral and Maxillofacial Prosthodontist*, presents his program, "Prosthodontic Pearls," to NCAGD dentists in San Jose in August.



At our Membership Dinner in November, the NCAGD honored Dr. Shanthi Madireddi for her hard work and for all that she did as president in 2011. We are very fortunate to have her continue to serve as an advisor and mentor. Dr. Craig Crispin *(above),* **2012 NCAGD President, presents Dr. Madireddi with a plaque honoring her for leadership and continuing support.**

(left to right)
Dr. Tim Verceles
Dr. Kinnari Ghia
Dr. Dai Phan *(speaker)*
Dr. Shanthi Madireddi

"The difference between the impossible and possible lies in a person's determination."

The NCAGD applauds the following California dentists for their extraordinary achievements in 2012 by taking their learning to the next level:

LLSR recipients:
- Guy Acheson
- Nicholas Davis

MAGD recipients:
- Sireesha Penumetcha
- Chris Chui
- John Tong

FAGD recipients:
- Mahmoud Ahmad
- Gurrinder Atwal
- Michael Bissiri
- Joseph Field
- Phillip Fletcher
- Kinnari Ghia
- Hemant Joshi
- Gary Pape
- Feras Rezk
- Nancy Salisbury
- Sarah Sibbach
- Sameen Singh
- Michele Yamada

The NCAGD is prepared to make a difference in 2013 with it's proposed slate of officers.

They are:
- Dr. Mina Levi, *President*
- Dr. Ralph Hoffman, *President Elect*
- Dr. Kinnari Ghia, *Treasurer*
- Dr. Helen Trinh, *Secretary*
- Dr. Chitra Shikaram, *Editor*
- Dr. Craig Crispin, *Immediate Past President*

"Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has."
—Margaret Mead

AGD LEADERSHIP CONFERENCE IN CHICAGO

Why YOU Should Attend

Michael Lew, DDS, MAGD, *CAGD Regional Director, Novato*

The Academy of General Dentistry headquarters in Chicago sponsors a Leadership Conference every two years. These conferences should be attended by any dentist who desires to improve his or her personal skills, dentists who want to learn the latest business trends in dentistry, and dentists who are becoming leaders for our California AGD.

Front row, left to right: **Michael Lew, DDS, MAGD; William Kushner, DDS; Sireesha Penumetcha, DDS, MAGD; Harriet Seldin, DMD.**

Back row, left to right: **Craig Crispin, DDS; Kirk Hobock, DDS, MAGD; Ralph Hoffman, DMD, MAGD; Steve Lockwood, DMD, MAGD; Mike Bromberg, DDS; Eric Wong, DDS, MAGD.**

This year, fifteen Californians attended the Leadership Conference in Chicago. *Courses presented by successful AGD dentists from Canada and from the United States included:*

How we can increase the representation for the general dentist

Building a successful constituent

Hosting profitable continuing education meetings

How to increase the relevancy of the AGD to the younger dentist

While each course is specific toward building the AGD, my experience with these courses is that the material and attitudes given in each course can be applied to our dental practices.

I have summarized two courses below about the future of the AGD and its members to show what I mean.

The American Dental Association discussed how the utilization of dental services actually had begun its decrease before the start of the great recession, how the increase in the number of dental schools will create an will create an over-supply of dentists, and how large student debt is changing the future of private practice.

Inspirational speaker, Mary Byers, discussed how non-profit organizations must change to remain relevant to their membership.

Some lessons for both non-profits and private practice:

Stop doing what is not working.

Does your structure support where you want to go?

The people that are doing your work—are they just warm bodies or are they workers?

You get the behavior you expect.

Do you have a commitment contract?

Boards *(or dental offices)* which have the highest requirements to be part of that Board will also have the longest waiting list to be included.

No does not always mean no. Follow up with the question, maybe now is not the right time.

People care for what they help create.

I encourage you to become active with your local AGD component.

It will help your association.

It will develop your business skills.

It will make life more fun for you!

Lunch and Learn

HERMAN OSTROW SCHOOL OF DENTISTRY

University of Southern California

Tracy Trinh, *AGD Secretary, Herman Ostrow School of Dentistry of USC*

TRACY TRINH

On October 6, 2012, student leaders from all over California were given the opportunity to congregate in the city of Oakland. We were able to absorb the wisdom and advice shared by dentists who make up an integral part of the California Academy of General Dentistry. Presentations were given on practiceology, student resources, social media, and even on success in dentistry. We experienced interaction with other dental students and dentists from across our state. Several pathways were outlined that dentists can take as a general practitioners.

Back at USC, and inspired by the students and dentists we met at the conference, we asked our very own Dr. Cheryl Goldasich to share her insight as our first speaker of the year. At that "Lunch and Learn," it was apparent that student interest at USC is at an all-time high and continues to grow tremendously. We are looking forward to the growth of our student involvement and appreciate the continued support of our dentist-leaders in the AGD.

Editor's Note: Dr. Yolanda Mangrum (Sonoma) started the FellowTrack several years ago. Initially, her efforts were directed toward schools of dentistry in the Bay area of our state. That spread to Southern California. She gave generously of her time and opened her office frequently for students to learn more about our profession and the treatment of patients. At present, the FellowTrack programs are helping future dentists in four of the six schools of dentistry in California.

Dr. Cheryl Goldasich
(Faculty Advisor, Torrance)
speaking to AGD FellowTrack students about dental insurance at the December "Lunch and Learn" meeting held at USC.

FELLOWTRACK OFFICERS
(all in the Class of 2014, left to right):

Bethany Kum, *President*
Kunle Ajanaku, *Treasurer*
Tracy Trinh, *Secretary*
Andrew Young, *Vice President*
Dr. Cheryl Goldasich, *Faculty Advisor*

Academy of General Dentistry's

FellowTrack

"LUNCH AND LEARN"

at the

Herman Ostrow School of Dentistry

of the

University *of* Southern California

Students from all four USC classes in attendance at the FellowTrack Orientation meeting where the benefits of becoming a FellowTrack member were discussed.

University of California at San Francisco

Radka Varimezova, *Student California AGD Project Coordinator, UCSF*

RADKA VARIMEZOVA

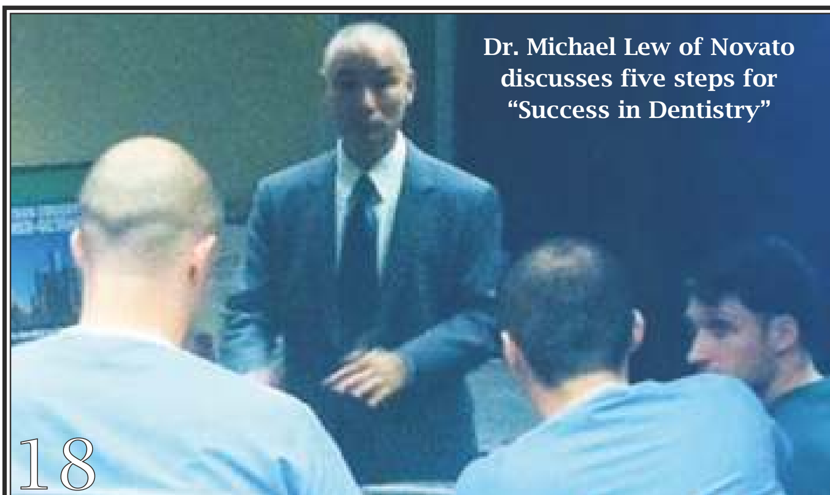
The AGD chapter at the UCSF kicked off a great year with an outstanding orientation event that took place at the start of the Fall quarter of 2012. Still under the inspirational Student Leadership Meeting held at the Oakland Hilton Hotel, our board members worked hard to make sure the AGD is known among their fellow classmates.

We were honored to have Dr. Ralph Hoffman present at the orientation. He answered numerous questions. It was a pleasure to see the smiles on our participants' faces when they walked into the room. Each student who attended the orientation session delightfully received a toothbrush, a meal, and participated in the distribution of many raffle prizes, and among them was a $200 toothbrush generously donated by Philips. Most importantly, it was great to see the excitement about becoming AGD members and their interest in learning about the AGD and the student chapter at the event.

Soon after the orientation event, the CAGD FellowTrack Program presented the first continuing education course for the 2012-2013 academic year. The "Success in Dentistry" practice" management seminar was given by Dr. Michael Lew. The seminar was free to all students to learn about Dr. Lew's five simple steps for personal success. They also got to hear about the future of dentistry with strategies for success as well as about outcomes through practice management. After the lecture, the students were fortunate to interact with Dr. Lew one-on-one and to network with other colleagues over food and refreshments.

The AGD at UCSF is looking forward to more interesting courses, such as practice management, implants and endodontics in planning for the year of 2013.

Dr. Ralph Hoffman of Corte Madera addresses students at the AGD Orientation Session.



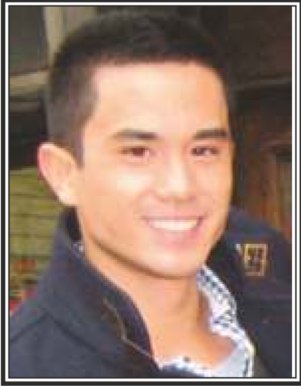
Dr. Michael Lew of Novato discusses five steps for "Success in Dentistry"

Nobody went away hungry...!

Lunch and Learn

University of California at Los Angeles

Giancarlo Santos, *Student FellowTrack Co-president, UCLA*



GIANCARLO SANTOS
AGD FellowTrack Co-President

Over the past year, UCLA's AGD student chapter has endeavored to broaden student awareness of what to expect after four years of dental school education. Co-Presidents, Lauren Goldman and Giancarlo Santos, spearheaded a lecture series entitled "What I Wish I Had Learned in Dental School." Their vision was to encourage students to participate in discussions on certain issues related to their profession, not directly addressed by a traditional dental school curriculum. General dentists from all over southern California were invited to speak on topics such as:

A Female Dentist's Perspective on Balancing Family and Professional Lives

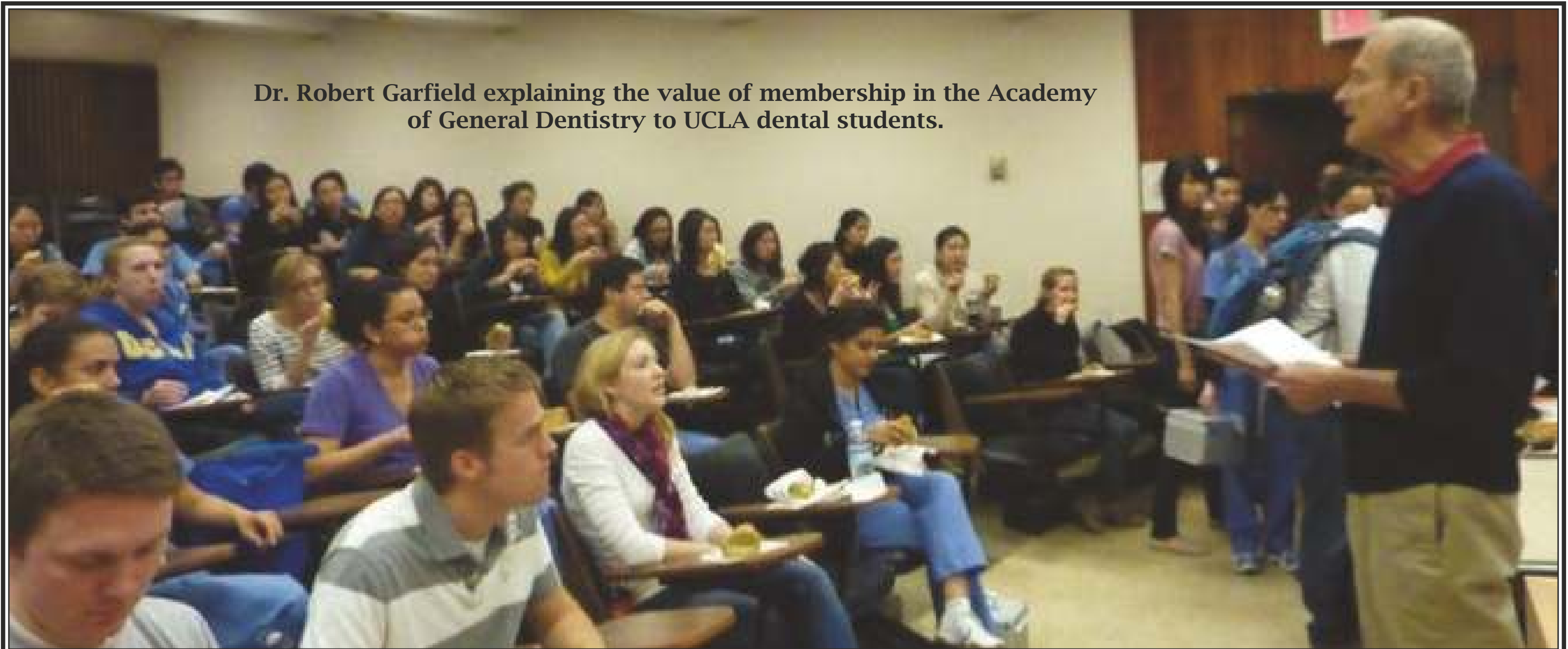
Managing Post-graduation Finances

The Economy's Impact on the New Dentist's Job Search

Fundamentals of Career Networking

By hosting lectures such as these, the student organization has high hopes of increasing dental student interest in future involvement in AGD sponsored activities. The student chapter is also currently working on opening a volunteer-based clinical rotation at a free dental clinic in downtown Los Angeles.

Under the supervision of a clinical faculty member, AGD student members would be able to provide basic dental care to those most in need in this area. The student leadership has high hopes of making this a signature UCLA-AGD event in the upcoming year.



Dr. Robert Garfield explaining the value of membership in the Academy of General Dentistry to UCLA dental students.

After a UCLA student FellowTrack presentation by Dr. Briana Chavez with comments by Dr. Robert Garfield

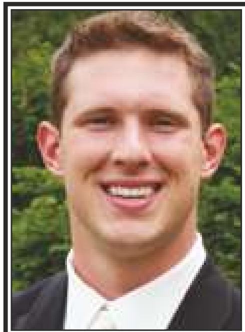
Puja Patel, Shahrzad Morim, Lauren Goldman, Jennifer Yau Dr. Bob Garfield, Rupali Gupta, Alphonse Ramos, Jessica Lee, Dr. Briana Chavez *(speaker)*, Carlo Santos

Dr. Robert Garfield explaining to UCLA dental students the AGD clinical educational opportunities.

A Student Perspective on the Use of Mid-Level Providers

University of the Pacific School of Dentistry

Brandon Hooper, *President, AGD FellowTrack Program, University of the Pacific*



BRANDON HOOPER

Whatever you call it—alternative workforce, dental therapist or mid-level provider—each one of us should take a moment and review the current information to decide if we agree or disagree, as professionals and in our own convictions, with this potential solution to the problem of access to care. Personally, I think the institution of dental therapists is an act of good intent but, in reality, puts patients at needless risk. It may be a mistaken financial investment as well as a warning for dentists that if we don't take responsibility for our community's health, less dentally-informed voters will.

To understand what other dental students think about this issue, I surveyed students in my own school. Though the questions were clearly biased toward my personal opinion, the survey results show the majority disapproved of the use of mid-level providers as a sustainable solution to increase access to care. Out of 100 random students surveyed at the University of the Pacific, Arthur A. Dugoni School of Dentistry, 80% believe not only that the utilization of mid-level providers is not the best solution to the problem of access to care, but the majority of students surveyed also do not support mid-level providers performing irreversible procedures. Only 4% were in agreement with this model and 16% were undecided. 74% of students reported that mid-level providers should not perform a Class I restoration, and 83% would not want mid-level providers performing Class II restorations. In Addition, it is important to note that 72% of students agreed with moving towards a model based on community care coordinators who will not perform irreversible procedures, but rather assign patients to some establishment of rotating volunteer dentists. A financial investment would be made on a regional basis to provide shared clinics closer to underserved populations, but far-reaching areas without a dentist, such as in Alaska or other very rural regions, would still have trouble accessing care.

One of the simple factors separating dentists from physicians is that dentists are both the diagnosing doctor and the surgeon. Because there is so much variation in technique and philosophy, dentistry should sustain that unique design. A number of testimonies have taught me that models in which one general dentist forms a treatment plan while another performs the work creates ethical and technical dilemmas. We often see this problem arise in dental "chains" and dental schools, since the patient is seen briefly by many dentists and specialists. In our profession, treatment requires the practitioner to have the end in sight before beginning the work. It is this reason that demands a highly trained dentist to both plan and provide treatment for most cases. The Academy of General Dentistry's definition of dental therapist states that they "needto receive approval for a treatment plan from a supervising dentist before performing restorative or surgical procedures." Will the dentist review the plan thoroughly at chairside, or at a distance? If the treatment plans are not what the dentist would choose, will he overstep the therapist, or let it slide? There is too much disconnect between the doctor and the patient, especially since the population being cared for in these cases can be highly medically complex. Multidimensional dental needs may be masked by a few seemingly simple fillings and extractions. In my opinion, it seems depraved to have therapists treating higher risk patients, while so many well-trained and capable dentists are preoccupied with less risky procedures like veneers or whitening. Instead of spreading funds thin by educating and employing mid-level practitioners, we should take control of the care for underserved populations by empowering dentists to do more good in their local communities. Increasing federal and state dental care plan funding to a reasonable level, and putting less bureaucratic and legal constraint on dentists who are willing to accept these types of plans would be a benefit to the dentist while, above all, keeping patients safe.

My conversations with fellow dental students bring me to one final point. A classmate of mine predicts that widespread use of dental therapists will allow dentists to increase practice production. Without heavy regulation, there is high potential for abuse of a system where hygienists manage prevention and mid-level providers manage therapy. Dentists could merely "review" charts for several dental therapists who are willing to work on the majority of patients for less cost than if dentists did the work themselves. In-sourcing the dentist's workload may increase practice production and decrease staff costs. This will in turn drive competition up, decrease the quality of dental care as a whole, and increase the use of mid-level providers across all income ranges rather than only to underserved populations. Dentistry is more competitive now than ever and if some group practices abuse the use of mid-level providers, it will increase the financial strain on smaller practices. While I have some faith in policymakers that this form of exploitation will not be allowed, I believe it may become difficult to decide where that line should be drawn in the future.

It is my belief that mid-level providers are not a current threat to the financial aspect of dentistry. However, the problem persists that non-dentists are drafting laws and regulations that leave too much room for abuse and give diminishing regard to the voice and power of dentists. The separation of doctor from patient will increase with the current mid-level provider model. We have enough dentists consistently entering the workforce to treat people in need and the focus of legislature should be empowering dentists to do so.

References

Student Survey, Star Tribune article, AGD Definitions of Mid-Level Providers

*Every general practitioner needs to be aware of the fact that **the AGD is the only organization** that **speaks solely for the general dentist**. Our state and national associations represent **all** specialties in dentistry.*

Sacramento-Sierra AGD News

Erin Carson, DDS, *President, SSAGD, Elk Grove*

DR. ERIN CARSON

The Sacramento-Sierra AGD finished 2012 licking our fingers at our Annual Induction Meeting at Lucille's Smokehouse Barbeque in Lincoln. While feasting on pulled pork, ribs, brisket and all the sides, we celebrated another successful year.

Here is a fond look back at 2012:

Our Annual CE meeting "Restorative Implant Procedures —Lecture and Hands-on Workshop" was held in Stockton, sponsored by Hoissen and was well attended despite being on a holiday weekend.

Membership Appreciation Night at the Patterson facility in Rocklin where we learned more about Sirona and 3D imaging.

At our last study club meeting in October, Drs. Alan Golshanara and Samer Alassaad presented cases on implant placement and restoration followed by a vibrant discussion of both successful and unsuccessful cases in our own practices. We are looking forward to these two teaming up in 2013 for a study club meeting with case presentations of CAD/CAM technology.

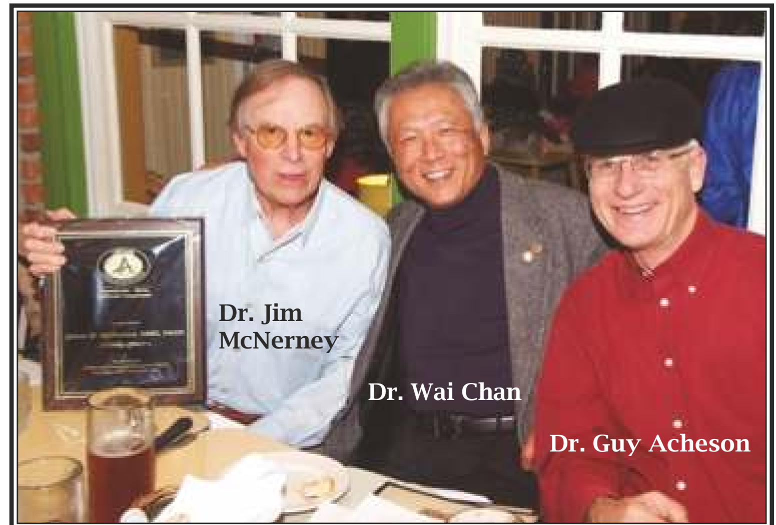
Dr. Jim McNerney officially stepped down as our CE chair after serving on our board for twelve years. We thank you for your all of your years of commitment to the SSAGD!

Our board grew this year for a perfect blend of fresh faces and seasoned veterans to include Drs. Guy Acheson, Ashkan Alizadeh, Brenda Boyte, Howard Chi, Alan Golshanara, Smita Khandwala, Kevin Kurio, William Kushnar, Arden Kwong, Jim McNerney, Sireesha Penumetcha, Maryam Saleh, Kayee Siu, Eric Wong and our executive director, Mrs. Terri Wong.

After three fantastic years, Dr. Howard Chi relinquished his role as president. The SSAGD has thrived under his leadership, with our educational programs, financial stability and long term planning goals. He has truly made a lasting impact on our organization. *Thank you!*

Lucille's Smokehouse Barbeque

SSAGD's Annual Induction Meeting and Dinner



Dr. Jim McNerney

Dr. Wai Chan

Dr. Guy Acheson

Our tireless board members continue to be involved at the state and national level. In November, Drs. Eric Wong and William Kushnar traveled to Chicago to represent SSAGD at the National Leadership Conference. Three of our board members will also be serving as officers for CAGD in 2013; Dr. Howard Chi as Treasurer, Dr. Sireesha Penumetcha as Vice President and Dr. Guy Acheson as President.

As I start my term as the SSAGD president, I am acutely aware that I am attempting to fill the shoes of giants. Former SSAGD presidents have and continue to shape dentistry and dental education in Sacramento, California, the nation and the world. I am humbled and extremely grateful for their time, commitment and passion to our profession and hopeful that they will continue to share their wisdom!

SSAGD Officers for 2013:

President: Dr. Erin Carson
Treasurer: Dr. Smita Khandwala
Secretary: Dr. Maryam Saleh
Immedediate Past President: Dr. Howard Chi
Executive Secretary: Terri Wong

APNEA (continued from page 12)

Helpful questions to ask your patients:

Do you snore?
Do you wake up tired? Are you tired during the day?
Do you fall asleep in meetings or social situations?
Do you have high blood pressure?
Do you experience or has someone observed you to stop breathing during sleep?

Taking the Right Steps

According to the American Academy of Sleep Medicine's new Practice Parameter Guidelines, published in SLEEP, Vol. 29, No. 2, 2006, by Kushida, MD, Bailey, DDS, et al., "Oral appliances should be fitted by qualified dental personnel who are trained and experienced in the overall care of oral health, the temporomandibular joint, dental occlusion and associated oral structures. Follow-up polysomnography or an attended cardio-respiratory (Type 3) sleep study is needed to verify efficacy, and may be needed when symptoms of OSA worsen or recur. Patients with OSA who are treated with oral appliances should return for follow-up office visits with the dental specialist at regular intervals to monitor patient adherence, evaluate device deterioration or maladjustment, and to evaluate the health of the oral structures and integrity of the occlusion. Regular follow-up is also needed to assess the patient for signs and symptoms of worsening OSA."

Formal training is imperative. Knowledge is key! The best way to effectively help and treat your patients properly is to educate yourself. Dentists who treat patients for snoring and OSA should have a clear understanding of the relationship between OAT, how it affects the temporomandibular joints and range of motion in the joints. The dentist should have a thorough knowledge and be able to evaluate anatomical bite issues, teeth mobility, recessed chins and small mouths to help determine if a patient is a good candidate for OAT.

You simply cannot learn dental sleep medicine in a few hours or by taking a weekend course. Would you ever place a dental implant or begin a full mouth restorative case after only a few hours of training? Dental sleep medicine is no different. Invest the time for formal training for the betterment of the patients you treat so they can live a better and longer life.

Dr. Rohatgi is an active member of the American Academy of Dental Sleep Medicine and the American Academy of Sleep Medicine. She completed her Sleep Medicine Mini-Residency at the UCLA School of Dentistry. She is the Immediate Past President of San Diego Academy of General Dentistry and is an active Board Member of the Parkinson's Association of San Diego and the American Parkinson's Disease Association.

Questions? Website: **www.SanDiegoSleepTherapy.com**

The CAGD's website is there for you 24/7

HTTP://CAGD.COM

SELDIN (continued from page 14)

a "two-tiered" dental care system that would have made it more difficult for the poor and underserved to have access to a trained and licensed dentist for their dental needs. Dr. Seldin worked tirelessly this year. She personally visited and lobbied California legislators. She worked with the California Academy of General Dentistry and the San Diego County Dental Society in their efforts to defeat this bill. The result was that the California Assembly Appropriations Committee, the final committee before a bill reaches the assembly floor, suspended the bill.

Although the bill has not been passed to date, there is concern that, as the California Legislature returns to session, there will be efforts made to revive SB-694. The CAGD is monitoring the situation.

Dr. Seldin also served as the Local Committee Chair for the AGD Outreach last year. Under her leadership and direction the SDAGD, the CAGD, AGD volunteer dentists, out-of-state military dentists *(with California licenses),* along with UCSD and SDSU pre-dental students, RDAs and a few RHDs treated homeless veterans referred by Veterans Village of San Diego in mobile clinics in the San Diego Convention Center during the AGD Annual Meeting in San Diego.

The [Access To Care] issues facing dentistry are still being debated. We all hope that [Access To Care] includes the right to have a dentist provide that care. Dr. Harriet Seldin is a champion in this battle.

Congratulations, Dr. Seldin.

2013 GENERAL MEMBERSHIP APPLICATION

For more information, call us toll-free at
888.AGD.DENT (888.243.3368)
or join on line at **www.agd.org**

Referral Information:
If you were referred to the AGD by a current member, please note information below:

MEMBER'S NAME

CITY, STATE/PROVINCE OR FEDERAL SERVICE BRANCH

Member Information

FIRST NAME | MIDDLE INITIAL | LAST NAME | DESIGNATION *(e.g. DDS, DMD, BDS)* | INFORMAL NAME *(if applicable)*

Type of Membership *(check one)*:

Active General Dentist | Active General Dentist *(but, a recent graduate in last four years)*
Associate | Resident | Dental Student | Affiliate

- -
Date of Birth *(month/day/year)*
Required for access to the AGD website

Do you currently hold a valid U.S./Canadian dental licnese? Yes No
LICENSE NUMBER | STATE/PROVINCE | DATE RECEIVED *(month, year)*

If you are not in general practice, indicate your specialty:

Current practice environment *(check one)*: Solo | Associateship | Group Practice | Hospital | Resident

Faculty *(institution)*: | Federal Services *(branch)*:

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. Military Counterpart | Local Canadian Constituent

Contact Information

Your AGD constituent is determined by your address *(Northern California, Sacramento-Sierra, Southern California or San Diego)*

PREFERRED METHOD OF CONTACT: E-Mail | Mail | Phone
PREFERRED BILLING/MAILING ADDRESS: Business | Home

BUSINESS ADDRESS | CITY | STATE/PROVINCE | ZIP/POSTAL CODE

NAME OF BUSINESS *(if applicable)* | PHONE | FAX

HOME ADDRESS | CITY | STATE/PROVINCE | ZIP/POSTAL CODE

PHONE | PRIMARY E-MAIL | WEBSITE ADDRESS

Education Information

ARE YOU A GRADUATE OF AN ACCREDITED* U.S./CANADIAN DENTAL SCHOOL? YES | NO | Currently Enrolled

DENTAL SCHOOL | GRADUATION DATE *(month and year)* -

Are you a graduate of an accredited U.S. or Canadian post-doctoral program? YES | NO | Currently Enrolled | TYPE: AEGD | GPR | Other

Post-Doctoral Institution | STATE/PROVINCE | Begin Date *(month and year)* to End Date *(month and year)*

Optional Information

GENDER: Male | Female

Are you interested in becoming a: MENTOR | A MENTEE

ETHNICITY: American Indian | Asian | African-American | Hispanic | Caucasian | Other

HOW DID YOU HEAR ABOUT US? AGD Member *(please indicate information in the Referral Information box, top right)* | AGD Website | AGD Constituent | Newsletter | Advertisement | Mailing | Dental Meeting | Other

Dues Information

AGD HDQTR. DUES

Active G.P.	$354
Associate	354
Affiliate	177
Resident Program	71
2010 Graduate	71
2009 Graduate	142
2008 Graduate	212
2007 Graduate	283
Student	16

CALIFORNIA AGD DUES

Regular (GP/Assoc.)	$150
First Year Graduate	5
Retired Dentist	30

AGD Hdqtr. Dues:
$

plus

California AGD Dues:
$

equals

TOTAL AMOUNT ENCLOSED
$

Payment Information

Check *(enclosed)* | VISA | MasterCard | American Express | Diners Club | Discover

Note: Payments for Canadian members can only be accepted via VISA, MasterCard or check

Expiration | PRINT THE NAME AS IT APPEARS ON YOUR CARD

I hereby certify that all the information I have provided on this application is correct and, by remitting dues to the AGD, I agree to all terms of membership.

Signature | Date

Return this application with your payment to:
AGD, 211 East Chicago Avenue, Suite 900, Chicago, Illinois 60611-1999
Credit card payments, fax to: 312.335.3443

California Academy of General Dentistry
2063 Main Street, PMB 418
Oakley, California 94561-3302

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Welcome To Our New Members

Dr. Mohamed Ali, *San Francisco*
Dr. Alfred Ayala, *Whittier*
Dr. Kaitlin Benchimol, *San Francisco*
Dr. Robert Berger, *Palos Verdes*
Dr. Angela Bernedo, *Los Angeles*
Dr. Derrick Call, *Oceanside*
Dr. Justin Carl, *San Diego*
Dr. Poppy Carlig, *Richmond*
Dr. Joohyn Cha, *San Francisco*
Dr. Chia Chi, *San Francisco*
Dr. Megan Clarke, *San Diego*
Dr. Carlos Compean, *Chino*
Dr. Jeff Davies, *Los Angeles*
Dr. Sonia Dhillon, *Livermore*
Dr. Nita Dixit, *Valley Village*
Dr. Brandon Dole, Temecula
Dr. Alexander Faign, *Mountain View*
Dr. Niloofar Farahani, *San Francisco*
Dr. Daniel Fenn, *San Francisco*
Dr. Justine Fong, *Sacramento*
Dr. Alice Fukui, *Westminster*
Dr. Krizia Garcia, *San Francisco*
Dr. Jesus Guzman, *Arleta*
Dr. Marcela Hasbun, *Concord*
Dr. Gene Allen Herrera, *Concord*
Dr. Leighton Holley III, *Riverside*
Dr. Jonathan Hurng, *Cupertino*
Dr. Alexander Ivanoff, *Sonoma*

Dr. Jinho Joe, *Loma Linda*
Dr. Venkateswarlu Kadiveti, *San Francisco*
Dr. Katarzyna Kalka, *Santa Clara*
Dr. Joshua Kats, *Oceanside*
Dr. Phillip Kaw, *Monterey Park*
Dr. Juan Kim, *San Francisco*
Dr. Sang Woo Kim, *San Francisco*
Dr. Tae Kim, *San Ramon*
Dr. Yi Ko, *Walnut*
Dr. Stephanie Kroll, *Ventura*
Dr. Hau Kuan, *San Francisco*
Dr. Mikoyan Lagrimas, *Torrance*
Dr. Mohammed Lakhani, *San Diego*
Dr. Dat Lam, *Alhambra*
Dr. Jennifer Lam, *Mountain View*
Dr. Dustin Le, *Huntington Beach*
Dr. Yoon Haeng Lee, *San Francisco*
Dr. Brandon Malan, *San Francisco*
Dr. Gerald Massimei, *San Diego*
Dr. James Mattingly, *Walnut Creek*
Dr. James Mergelmeyer, *Yorba Linda*
Dr. Hwi Moon, *San Francisco*
Dr. Kim Morita, *Santa Monica*
Dr. Michael Morris, *San Francisco*
Dr. Manuel B. Lara-Murillo, *Sacramento*
Dr. Diana Nguyen, *San Diego*
Dr. Thang Nguyen, *West Sacramento*
Dr. Danielle Niren, *San Francisco*

Dr. Gabriella Orona, *Thousand Oaks*
Dr. Karan Pannu, *Modesto*
Dr. Medha Patel, *San Francisco*
Dr. Jeffrey Patten, *San Francisco*
Dr. John Perez, *Gilroy*
Dr. Annie Pham, *Santa Clara*
Dr. Derrick Pham, *Costa Mesa*
Dr. Monica Huitzacua-Puentes, *Downey*
Dr. Rad Radulovich, *Culver City*
Dr. Azar Saeidi, *San Francisco*
Dr. Alana Saltzberg, *Brea*
Dr. Joseph Sarkissian, *Glendale*
Dr. Kevin Sauer, *Irvine*
Dr. Thomas Schaffer, *Loma Linda*
Dr. Maurice Simanian, *Los Angeles*
Dr. Piyush Sisodia, *San Francisco*
Dr. Maheshkumar Solanki, *Los Angeles*
Dr. Jeremy Starr, *San Francisco*
Dr. Nidhi Taneja, *Los Angeles*
Dr. Hoang-Ahn Tran, *El Monte*
Dr. Albert Truong, *San Francisco*
Dr. Amanda Tsoi, *Fremont*
Dr. Win Tun, *South Gate*
Dr. Abdul Majid Wahedi, *Fremont*
Dr. Martin Weinstein, *Santa Ana*
Dr. Suzanne Wen, *Los Angeles*
Dr. Erica Wu, *Tustin*
Dr. Andy Yoon, *Redondo Beach*

The Academy of General Dentistry is the premiere organization for the general practitioner.

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