

# DCDS connection

Official Publication of DCDS  
A tradition of integrity and care since 1908



## Mission Statement

Serving the professional  
needs of our members

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## Websites & The ADA

by Robert M. Anderton, DDS, JD, LLM



While we practicing dentists are dealing with increased regulations from government agencies such as OSHA, EPA, TWC, DEA and IRS not to mention the TSBDE

– we now have a new threat regarding the ADA. No, not the ADA to which we usually refer, but the other ADA – the Americans with Disabilities Act. If you have built a new office or have completed major remodeling of your office, you are familiar with increased width of door openings and hallways, wheel chair access, parking space accommodations and restroom access for the disabled to name only a few issues. These changes have all occurred as a result of the provisions of the Americans with Disabilities Act which came into effect in 1991-92. The requirements have been a good thing. They are very beneficial for our patients who are disabled and have greatly increased their freedom and ability to function.

A lesser known requirement of the ADA has recently been applied to dentistry. This one has resulted from a federal court decision last December which held that the ADA requirements apply to websites. The requirements have been in place since 1998, but have never been clarified and well defined. They were originally scheduled to be organized by January 1st of this year and now the schedule is “sometime” in 2018. Nevertheless, they are in effect now and subject to enforcement.

Recently at least one attorney has capitalized on the law by representing a disabled individual who goes into dentists’ websites and reviews the website for violations. If violations are found (and usually they are), a letter from an attorney specifying the violations is sent to

the dentist claiming that the disabled person, the attorney’s client, has been disadvantaged because the website doesn’t comply with the ADA requirements. A demand for an amount of money for settlement is made, and if not paid a lawsuit against the dentist will be filed in federal court.

Serious considerations are immediately apparent:

- What are the elements of a website that can affect a disabled person? So far, size of the font, color and ease of maneuverability through the site are the major ones that have been claimed.
- What are the regulations of the ADA that are involved? Title 42 USC §12101, §12181; WCAG 2.0 AA (Web Content Accessibility Guidelines). This doesn’t mean much to us dentists, but the dentist’s website developer should be familiar with this statute.
- What are the options if I receive one of these letters?

1. Ignore the letter and hope it will go away,
2. Pay the demand, or
3. Call an attorney.

Obviously there are no good options. Ignoring the letter is very dangerous – it could go away, but ignoring it also could result in the doctor having to defend a very expensive lawsuit in federal court. The possibility of winning the lawsuit is questionable at best if the website is actually in violation. The Plaintiff most likely would not have to prove actual damages. Win or lose it could cost tens of thousands of dollars.

Just paying the demand may not make the problem go away unless there is an adequate settlement agreement. This leaves the option

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# The Write Stuff

by Todd M. Baumann, DDS, MS, President



I would like to share some exciting news about what is happening with Dallas County Dental Society. Last May a task force was established to determine the feasibility of creating a dental

assistants school. The task force was hand-picked and consisted of Drs Allison Fowler, Shad Hattaway, Lee Oneacre, Jacqueline Plemons, and chaired by Dr. Hilton Israelson. Jane Evans and Ashley Hawkins represented DCDS staff.

Many of us have felt the frustration of finding a good assistant at one time or another. Sometimes they come to our office poorly trained or no one comes at all since there can often be a shortage of assistants at any one time. Having the opportunity to help train and/or hire a well-trained dental assistant is a huge member benefit.

Through countless hours spent developing criteria for the Dental Assistants School, it became apparent that a top-notch training facility was critical. The plans for this facility include a four operatory suite with a full lab

and instructional area. The facility will serve multiple roles: a training facility for the school and a truly defined learning center for DCDS. Imagine watching a live procedure in the conference room or a larger group observing in the auditorium. The opportunities to utilize the learning center are innumerable. With state of the art technology, DCDS can have live webinars and online CE courses. Did I mention member benefit? Merely scraping the tip of the iceberg here... just think: a live patient procedure occurring in an operatory of the Learning Center that is being watched by hundreds of attendees at the Southwest Dental Conference, or around the state...or even the country!

The task force set ambitious goals and met them in a timely fashion. The Financial Advisory Committee, along with the DCDS Board, voted unanimously to move forward with the Dental Assistants School and Learning Center.

I have had the privilege to serve on this task force and have seen the dedication and diligence it takes to make a dream come to reality. Although the work is not done, we are well on our way to seeing another great accomplishment by DCDS and its members.



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Contributions: articles, letters to the Editor, announcements, advertisements, or other materials submitted for inclusion in DCDS Connection should be submitted electronically via email to the managing editor. Submissions must be received by the second Friday of the month prior to the month of publication. Acceptance of any submission is at the discretion of the Editor, and subject to editing for brevity or content. Anonymous letters or contributions will not be considered for publication. All submitted items must be accompanied by contact information, including the author's name, mailing address, telephone and/or email address. Illustrations should be submitted as .jpeg, .pdf, .eps or .tiff files. Photographs should be high resolution (300 dpi or better) and include a copyright release or statement of permission. Display and classified advertising will be accepted from reputable firms or individuals on a space-available basis in accordance with DCDS Guidelines. For current advertising rates or more information call 972-386-5741 X 225, or email [andrea@dcds.org](mailto:andrea@dcds.org).

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Member Publication  
**AADEJ**  
 American Association of Dental Editors & Journalists

# Impressions

Editorial by Larry W. White, DDS, MSD, Editor

## Why Don't They Perform?



**A** traditional and still popular theory of employee motivation believes that managers must find a secret button for each employee that, when pushed, brings forth unusual

performance. Athletic coaches, military commanders and others who need and often get short-term, heroic performances from basically mediocre people endorse and promote this theory. But should dentists rely on such exhortation to produce first-rate employees in their offices? One well-known motivational expert has averred that exhortation is the most used and least effective behavior changing tool known to man. If you question that remark, recall the exhortations delivered to your own children.

Those who believe in and practice the magic button theory feel that people who are underperforming simply aren't trying and could really do better if they only wanted to. Sometimes this may be true, but in most cases the causes of subpar performance are quite specific, although they vary from person to person. As distasteful as it may be for us to admit, most causes of dental staff failures reside in the dentists' selection and training protocols, rather than in individual flaws of character or dexterity.

One of the best explanations of employee behavior I've ever come across is a thin book published several years ago entitled *Why Employees Don't Do What They're Supposed to Do and What to Do About It* by Ferdinand F. Fournies (107 pages, Liberty Hall Press, 1988). What Fournies discovered and understood is as true now as it was when he wrote it decades ago.

When I review my own failures in personnel training, his suggestions seem on target, and I have an idea they will ring a bell with you too. I can only present a synopsis of Fournies's thesis in an essay, but I imagine you can still find this valuable book somewhere on [amazon.com](http://amazon.com).

- They don't know why they should do it. While doctors may have clarity about office tasks, employees often don't. For instance, staff members may think the dentist is unreasonable in insisting that they answer the phone right away unless they understand how it presents an image of effective service to patients. Management has the duty to explain the problems, goals, solutions, benefits and penalties of failure to employees. Expecting them to understand the overall office strategy without a detailed explanation is unreasonable and presumptuous.

- They don't know how to do it. If telling were the same as teaching, everyone would be a genius. Unfortunately, the only way most people learn anything is by doing it correctly time after time. One should remember that practice makes permanence, not perfection, so permitting employees to groove themselves by repeating errors may make it impossible for them to master tasks properly. New employees need close supervision. And keep in mind that mistakes made while working on patients always cost more than mistakes made on a typodont.

- They don't know what they are supposed to do. If managers don't thoroughly explain employees' responsibilities, misunderstandings easily occur. For example, arriving to work at 8 a.m. may mean serving patients at that time to the orthodontist, whereas to an employee it may mean reaching the parking lot by that time. Asking staff members to describe what they understand their tasks to be, and how and when they should perform them will give you a good idea of how well they really understand.

- They think your way won't work. Dentists don't ordinarily have this problem unless they hire people who trained under a different system and have strong opinions. Remember, people don't mind changing as much as they mind being changed. Selling an idea involves convincing others to accept your concept. Once an employee buys into your idea, cooperation occurs more readily.

- They think their way is better. When management values innovation, workers

occasionally come up with ideas they feel are superior to the ones their bosses insist they use. This requires managers either to evaluate and accept the suggestions or convincingly explain the advantages of the current techniques. Otherwise, doctors will appear insincere about their commitment to innovation.

- They think something else is more important. Most of the time employees are working. But they may not work on what the boss would like. A good example is the office manager who arranges files, pays accounts, calls about invoice disputes, etc., all to the neglect of calling about delinquent accounts - a task few people enjoy. Sometimes the difference between successful and unsuccessful practices is that employees of successful practices work on the important things at the appropriate times. Managers can achieve this by establishing priorities, but not by giving everything a Number 1 priority or by changing priorities without notifying staff about the changes.

- There is no positive consequence of doing it. B. F. Skinner summed this up correctly when he said, "People don't come to work to get paid, they come to work so the pay doesn't stop." The basic tenet of behaviorism is that consequences dictate behavior. Rewarded performances repeat, and those rewards have most effect when they occur immediately following the specific behavior. For many years and even now, when assistants give me a good idea, I reach in my pocket and give them a five dollar bill. Some of the best ideas I have ever gotten have come from employees, and I have good reason to believe that immediate, positive reinforcement has contributed to that. Some might object to rewarding people for something that they should just naturally do, but just think of it as a strategem to get what you are after, e.g., improved efficiency, greater patient comfort, more effective therapy, greater acceptance of treatment plans, etc.

- They think they are doing it. This almost always happens because employees haven't received immediate, accurate and specific

Continue Reading on Page 9.

# From The Hub



## Connecting Potential Patients With ADA Members

It will soon become easier for prospective patients to find and connect with an

ADA member dentist. ADA is launching the first phase of a three-year initiative to drive utilization of dental services for ADA member dentists.

In the campaign's first phase, the ADA is encouraging member dentists to complete their Find-a-Dentist online profile before it unveils an updated, more functional Find-a-Dentist tool this Spring.

The campaign came about as a direct result of member feedback that they want the ADA to help them build successful practices.

The ADA House of Delegates approved the initiative at the October 2016 HOD meeting following a comprehensive eight-month research initiative conducted by the Health Policy Institute to identify the ideal consumers for the campaign. According to the Health Policy Institute, data shows that ADA members have the capacity to see more patients. Based on audience research and technology, they developed a digital strategy to target about 19.6 million potential patients for ADA member dentists.

These prospective patients, according to the audience research, believe in the importance of dental visits but for some reason are not following through with regular dental check-ups.

To better ensure that these potential patients end up in ADA member chairs, the ADA is asking its members to fill out their Find-a-Dentist profiles, complete with a photo, practice information, office hours and dental

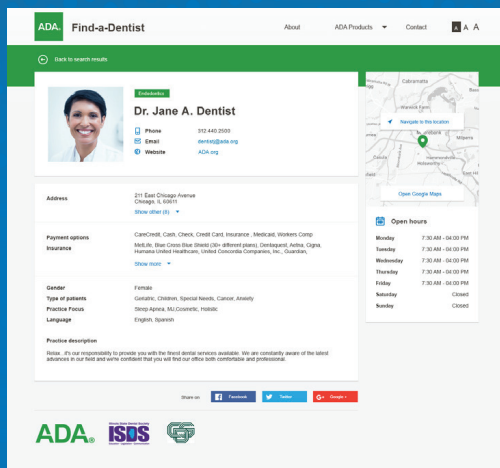
by Jane D. Evans, Executive Director

benefit acceptance. This will only work if members participate by completing their profile so that consumers have a good tool to use.

To update your Find-a-Dentist profile, log in to your MyADA page, ADA.org/myADA, using your member ID number and password.



# Fill a Form, Fill a Chair



## You told the ADA you wanted to see more patients, so this spring, we are launching an enhanced Find-a-Dentist tool to help new patients find you.

By taking 5 minutes to update your member profile, patients can more easily search by geography, specialty and payment and benefit plans. The new tool also prioritizes completed profiles in the search results, and you will have the ability to track how many views your profile receives.

Complete your ADA® Find-a-Dentist™ profile by **May 1, 2017** to be entered for a chance to win a Mercedes Benz C class sedan or GLC SUV 12-month lease or \$10,000 cash award!\*



Login to complete your profile for the chance to win!

\*All active licensed members practicing in the U.S. are eligible to win. Visit ADA.org/fadrules for official rules.

## TEXT MESSAGE REMINDERS

Have you ever wished you could receive reminders for DCDS meetings and events? We have heard so many say they did not put an event on their calendar or forgot about a meeting.

DCDS implemented text messaging so you will not forget another meeting. All you need to do is sign up for the service and you will be reminded of future meetings and events.

**To get text message reminders for  
DCDS meetings & events:**

**TEXT  
DCDSMEMBERS  
to 41411**

DCDS will never sell, distribute, or release your number, and you can unsubscribe at any time.



## 8th Annual DCDS Shred-a-Thon

**April 28, 2017**

11:00 a.m.-1:00 p.m.

DCDS Executive Office  
(behind the building)

**Free to DCDS members**

As a member benefit, DCDS has once again contracted with Action Shred of Texas to provide on-site shredding and e-destruction services in the DCDS back parking lot. This is a great opportunity to securely dispose of documents and electronics while making a positive impact on the environment! Enjoy complimentary lunch (grilled hamburgers, hotdogs and all the fixings) with your colleagues.

### On-site Shredding Services

While you watch, your materials are shredded into tiny pieces. You can see the results through a porthole in the side of the Action Shred truck; ensuring chain of custody has been maintained to meet any regulatory requirements. X-rays should be separated from paper prior to drop off. Due to time constraints, some materials will be shredded at the Action Shred facility.

### E-destruction Services

Ready to upgrade your computers, servers, phones or other electronics? Need to dispose of those outdated electronics? Action Shred will accept PCs, laptops, monitors, servers, cords, cables, keyboards and much more.

**RSVP to [ashley@dcds.org](mailto:ashley@dcds.org) or 972-386-5741 by April 17.**

**Please provide the number attending for lunch along with an email address with your RSVP.**

# Dallas County Dental Society Mentor Program

## What is a Mentor Program?

A Mentor Program forms relationships between doctors and students or recent graduates. It provides insight for the less experienced professional and enables dental students and new dentists to obtain counsel and guidance when beginning a dental career.

## What is a Mentor?

A Mentor is a practicing dentist, who is a member of organized dentistry and is willing to be an additional resource to the dental student or new dentist. A Mentor is:

- ✓ A wise and trusted friend
- ✓ Someone who cares
- ✓ Someone who can help another to develop their own vision and work to their fullest potential
- ✓ Someone who has been in similar situation(s)

## Responsibilities of the Mentor:

- ✓ Initiate first contact
- ✓ Tell and show what your dental office/practice is like
- ✓ Share what it means to be a professional
- ✓ Invite the student or new dentist to attend professional activities (society meetings, continuing education, and interviews with dental suppliers)
- ✓ Share the “wish I had..” or “wouldn’t do that again...” experiences
- ✓ Help ease the transition from dental school into practice life

## Who benefits from the Mentor Program?

Any dental student or recent graduate with a need to learn more about the profession from a more experienced professional. Any dentist with a need to give back to the profession.

### Sample Mentor Program Activities

Call each other and say “Hi!”
Talk about life
Talk about why you are in the profession
Meet each other’s spouses
Talk about personal values
Go out for dinner or coffee
Go to a meeting together
Talk about balancing life and dentistry
Talk a lot about the future
Be a friend

**If you are interested in being a mentor or having a mentor please contact Cortney Manis at: 972-386-5741 ext. 231 or email [cortney@dcds.org](mailto:cortney@dcds.org).**

# DCDS Member's Message Board

## General Practice

Tiffany Chen  
 Geeta Gulati  
 Neha Gupta  
 Aaron Jones  
 Jocelyn Kidd  
 Archana Lankupalli  
 Alyssa Martini  
 Kristina Miller  
 Nathan Muaina  
 Namrata Shah  
 Eunyong Shim  
 Ken Taylor  
 Jessica Trombetta eSilva  
 Mark Whitfield

## Periodontist

Rishika Kapoor  
 Naveen Karim

## Pediatric

Anne Lindley

## Oral & Maxillofacial Surgery

Thalia Shirley  
 Mehrnaz Tahmasbi

## Upcoming Events!

**March 28, 2017 – GM Meeting**  
**March 31, 2017 – Spring CE Express**  
**April 1, 2017 – Women's Tea**  
**April 8, 2017 – Dallas Arboretum**  
**April 18, 2017 – GM Meeting**  
**April 22, 2017 – RoughRiders Game**  
**April 27, 2017 – CE Course**  
**April 28, 2017 – Shred-A-Thon**  
**May 18, 2017 – Installation of Officers**  
**September 14-16, 2017 – SWDC**

## Dentists Concerned for Dentists

*Founded by Dr. James Hill in 1989, the Dentists Concerned for Dentists program provides a free, strictly confidential peer assistance program for health care professionals, their staff, and family members who struggle with drug and alcohol abuse. This award-winning program saves lives; please share with your colleagues and friends.*

**Call the 24-hour confidential hotline:**

**214-206-7496**

## 2017 Spring General Membership Meetings



March 28

**Patient and Provider Optimization: Using Integrative Medicine for Better Outcomes**

**Robert McNeill, DDS, MD**

AGD Code: 730  
 CE Credit: 1 technical and/or scientific  
 CE Verification provided

Ways will be discussed for improving both the patient and provider experience. With respect to patient care an emphasis will be placed on patient safety, improving comfort and the experience in the dental setting. A discussion of mind-body medicine and the placebo effect will take place. A discussion about pain management without opioids and careful consideration of antibiotic usage will be covered. With respect to improving the provider experience the latest concepts in integrative medicine such as helping providers decrease their risks of disability, improving life as well as longevity will be discussed.

**Co-sponsored with:  
 Dallas Dental Hygienists' Society**



April 18

**The Integrated Workflow for Implant Planning**

**Marshal Goldberg, DDS, MS**

AGD Code: 690  
 CE Credit: 1 technical and/or scientific  
 CE Verification provided

Implant surgery can, and should be, carried out with the same degree of precision as we use in the construction of our final implant restoration. We have the ability to predictably place implants in the proper positions to support our final prosthesis and, at the same time, provide sufficient bone support to ensure implant success. Implant planning utilizes exciting new technologies to see in advance how the final restoration will relate to the available bone. This presentation shows how the restorative dentist, the laboratory technician, the implant manufacturer, and the surgeon work in concert to deliver optimal results.

**Co-sponsored with:  
 Origin Bank and Alpha Omega International Dental Fraternity**

## In Memoriam

Frank Duckett  
 Keith Evans  
 Jerrell R. Poindexter  
 John Lewis Rumley Sr.  
 Neil Sternberg  
 William Wise

# DCDS Member's Message Board

## DCDS Membership Benefits

- Free registration for members to the Southwest Dental Conference
- Peer Review mediation service to reconcile complaints between patients and doctors
- Rent the DCDS meeting facility at special member rates
- Continuing education via seminars and general membership meetings
- Pre-printed school excuse forms provided free of charge to dentists treating school-age children
- Free referral program for the public
- Online pictorial membership roster, an excellent referral source
- Confidential free notary public service
- DCDS Connection, the bimonthly newsletter of Dallas County Dental Society (member advertising at reduced rates)
- Member mailing labels available for purchase
- Grassroots legislator contact program with state and national legislative representation
- License and permit renewal reminders
- DCDS members receive all membership benefits offered by the Texas and American Dental Associations (contact TDA and ADA for a list of benefits)

**Plus many more!**

**Looking for a job?  
Have a position to fill in  
your office?**

**List it on the DCDS.org Job Bank!**

Members list for free  
(\$75/month for non-members)  
Email your position or a brief  
summary of qualifications to:  
[andrea@dcds.org](mailto:andrea@dcds.org).



In honor of  
**Carmen Smith, DDS**  
as incoming president  
and the

**2017-2018 Board of Directors**  
Officers and Committee Members

Dallas County Dental Society  
requests your presence  
at the  
Installation Dinner & Ceremony

**May 18, 2017**  
Crowne Plaza Dallas  
14315 Midway Rd. | Addison, Tx 75001  
Reception 6:30 p.m. | Dinner 7:00 p.m.

\$25 Per Person  
Business Attire



### “Impressions” Continued from Page 3.

feedback about their behavior. Simply telling someone, “You’re not cutting the mustard”, isn’t specific enough to get improvement. Nor is the accolade, “You’re getting your act together now”, enough to let an employee know exactly what pleases you. Productivity increases dramatically with no other change than instituting appropriate and frequent feedback, and it costs nothing to deliver it. Costs accumulate only when managers avoid it.

- They are rewarded for not doing it. I once had an employee for 11 long years who, unbeknownst to me, secretly told every new hire, “If you don’t want to do a task he gives you, mess it up and he’ll give it to someone else or do it himself.” Rewarding performance, whether good or bad increases its frequency. In retrospect, I finally understood why delinquent accounts were not called, time-consuming arch wire changes didn’t occur and some employees never learned to trim models, trace cephalograms, do occlusograms or make retainers. I consistently rewarded nonperformance, and it cost me dearly.
- They are punished for doing what they are supposed to do. Behavior that is punished occurs less frequently. Managers often punish unintentionally, such as assigning more difficult

work to an employee who does tasks well without complaining, or by giving a loud, public rebuke to an innovative employee who makes an uncharacteristic error. Dentists who berate staff for delivering unfavorable reports shouldn’t be surprised when announcements of bad tidings don’t reach them until it is too late to remedy them.

- They anticipate a negative consequence for doing it. This differs from actual punishment, although the doctor may have caused such behavioral paralysis by previous punishments. It could also result simply from natural timidity. Doctors need to assure people that they don’t consider any question stupid, that they can question the boss, and that no punishment will occur for failure as long as they are trying to help the enterprise succeed.
- There is no negative consequence of poor performance. Unfortunately, we encourage too many underachievers to stay in their jobs because we can’t or won’t hold their feet to the fire until they either get good or get gone. This doesn’t mean we should scream and badger and carry a big stick, but unless we make it matter whether people perform or not, many employees will remain satisfied by doing the minimum necessary to keep their jobs.

• There are obstacles beyond their control. Staff seldom has responsibility for faulty equipment and instruments, badly written training manuals or maintenance. Management has a duty to remove such obstacles by finding a new supplier, getting the manual rewritten, buying needed instruments or taking whatever action is necessary.

• Their personal limits prevent them from performing. Some people do fail because of a lack of intelligence - or in dentistry, a lack of dexterity - but fewer than 25 percent fail for these reasons. Most people fail because they haven’t had adequate instruction or had enough practice. Dentists need to have realistic expectations and recognize that they don’t need Mensa members on their staffs. Ordinary people with decent values, average dexterity and intelligence will do quite nicely - if we develop the required patience and adopt a reasonable training schedule. After all, good management is little more than doing the things necessary to help people succeed in their work. We owe all our employees that much.



## DCDS Women’s Tea

April 1, 2017 at 2:00 p.m.

Lavendou

19009 Preston Road Suite #200

Dallas, TX 75252

French High Tea includes tea, pastries,  
sandwiches and scones.

\$27.00 per person

Register online at [dcds.org](http://dcds.org), or contact [Cortney@dcds.org](mailto:Cortney@dcds.org)



# WWW.DCDS.ORG

Check out our new, updated website. You will find some exciting new features!



## Are You Looking for a Great Dental Assistant? We Can Help

The Aspire Dental Assisting School is celebrating 5 years of training and producing quality, Certified Dental Assistants. We would like to thank all who have helped with externships or who have hired our graduates!

Call the Aspire Dental Assisting School today at 214.321.6441 if you are looking for:

- Recent Graduates
- Previous Graduates Seeking Employment
- Externship Office Opportunities



Dena Robinson, DDS  
Owner & Instructor



Angie Hallmark, RDA  
Instructor

214.321.6441

aspiredentalassistant.com



**DCDS Takes YOU Out to  
the Ball Game!**  
**Member family and friend event at the  
Frisco RoughRiders**  
**Saturday, April 22, 2017**  
**\$17.00 / person**



“Websites” Continued from Page 1.

of contacting an attorney. The attorney can help make an informed decision – to attempt to negotiate a settlement or try the issue in court. If the decision is to settle, the attorney can ensure that an adequate release and settlement agreement are executed to protect the doctor in the future.

The legal staff of the American Dental Association is aware of and working on this issue. The consensus of opinion now is that dentists who have websites should contact

their website developers to ensure that their website is in compliance with the regulations cited above. If a dentist receives a demand letter, the best option is to contact their attorney immediately. The most serious issue is the threat of a lawsuit either from the United States Department of Justice, the agency that enforces the ADA or from the plaintiff’s attorney, especially since the allegations are violations of federal law and therefore, will be heard in federal court where the expense is great and the sanctions severe.

So far most of the cases are in Texas, but this is an issue that is sure to expand. The Dallas County Dental Society and the Texas Dental Association have issued Alerts and the American Dental Association will issue an Alert in the near future. All Texas dentists should protect themselves by having their websites examined and brought into compliance as soon as possible. Remember the age old adage – an ounce of prevention...



## DCDS Arboretum and Botanical Garden

April 8, 2017 at 11:00 a.m. - 1:00 p.m.

8525 Garland Road  
Dallas, TX 75218

Dallas County Dental Society Retired Dentist Committee invites you and your family to the 32nd Annual Spring Festival at the Dallas Arboretum. Tickets will include entrance to the Arboretum, with the option to purchase a box lunch and pre-pay for parking.

Register online at [dcds.org](http://dcds.org), or contact [Cortney@dcds.org](mailto:Cortney@dcds.org)

# Meeting Space Available

As a member of DCDS, you can take advantage of low member rates for renting the Society's Executive Office for your next meeting.



**The Dr. O.V. Cartwright Reception Hall**  
(Perfect for registration and a pre-function gathering)



**The Dr. Paul P. Taylor Executive Board Room**  
(Can seat 14 around a large conference table)



**The Dr. D. Lamar Byrd Auditorium**  
(1,650 square feet of meeting space that can seat up to 200)  
Audio/visual equipment is available.



For more information please contact:

**Maxine Robinson**

972-386-5741 or email: [maxine@dcds.org](mailto:maxine@dcds.org)

5TH ANNUAL  
LINDA C. NIESSEN  
**GERIATRIC**  
DENTISTRY SYMPOSIUM



SUCCESSFULLY TREATING  
OLDER  
ADULT PATIENTS

**Friday, May 19, 2017 ♦ 8:00 am to 4:30 pm**  
Texas A&M University College of Dentistry ♦ Sixth Floor

According to the ADA, 30% of the income in the typical general practice today is generating from treating older adults. Providing quality dental care for these patients can be rewarding but challenging, due to an array of complex dental and medical conditions associated with aging.

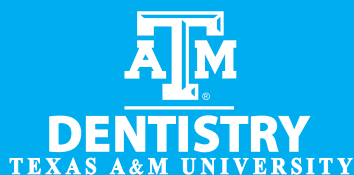
Learn practical tips on selecting restorative materials, exposing subgingival decay, preparation techniques, matrixing and finishing. Discover new preventive strategies.

7 Hours CE credits provided through  
Texas A&M College of Dentistry Office of Continuing Education

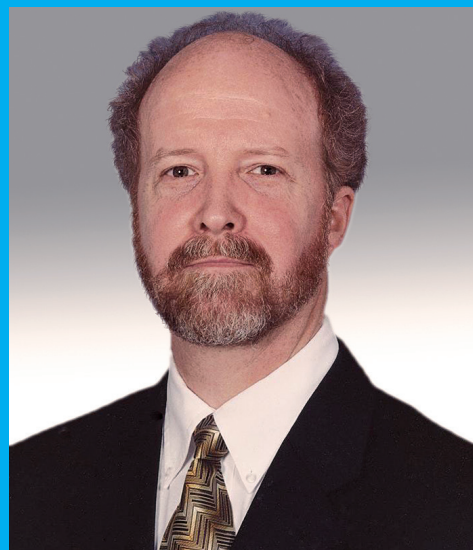
PROGRAM COORDINATOR:



Dr. Helena Tapias  
Associate Professor  
Restorative Sciences



RENOWNED EXPERT:



**Randy F. Huffines, DDS**

Director of Geriatric Dentistry  
at Quillen Medical Center  
Founder of GeriatricDentistry.com

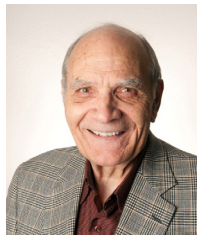
Register online: <https://niessen.eventbrite.com>

Questions? Contact Dr. Helena Tapias: 214.370.7004 or [htapias@tamhsc.edu](mailto:htapias@tamhsc.edu)

# Insights

Book Review by Larry W. White, DDS, MSD, Editor

## Orthodontic and Surgical Management of Impacted Teeth



**D**r. Vince Kokich and his colleague Dr. David Mathews felt that since little had been written on the interdisciplinary manner of diagnosing and

treatment of impacted teeth that it warranted a comprehensive text illustrating theirs and others experiences with these vexing problems. Sadly, Vince died before finishing the last chapter, but his son, Vince Kokich, Jr.; his daughter, Mary; and his wife, Marilyn helped Dr. Mathews finish this fine text.

The authors have attempted to address practically every type of dental impaction with simple but complete narratives supplemented by more than 400 unusually clear photographs and illustrations. They have dedicated chapters to: Impacted Maxillary Central Incisors, Labially Impacted Maxillary Canines, Palatally Impacted Canines, Impacted Premolars, Impacted Mandibular Molars and a final chapter on Complications and Adverse Sequelae.

Dr. Kokich and Mathews acknowledge that the most commonly impacted teeth are the

mandibular third molars, which they do not speak to, followed by maxillary canines, mandibular second premolars and maxillary central incisors. They emphasize the importance of maintaining the integrity of the dental follicle of permanent teeth while removing supernumeraries. They describe four methods for uncovering impacted maxillary central incisors: gingivectomy, apically positioned flap, the closed eruption technique and surgical replantation. They use these and variations of them in the treatment of other impactions. Once teeth are uncovered, they use a variety of techniques to bring the teeth into position, which includes the useful Ballista loop. Labially impacted maxillary canines occur only one-third of the time, while palatally impacted canines occur two-thirds of the time. They emphasize the need to properly diagnose the impaction before choosing a method to uncover the teeth. They do not neglect interceptive treatment of potential maxillary canine impactions and counsel that extractions of primary canines and primary molars can often prevent impactions if performed early enough. More than 40% of these pages concern maxillary canine impactions, which illustrates the complications these teeth offer surgeons and orthodontists.

These superb clinicians show some truly heroic therapies, but wisely advise readers to prudently consider removing the impacted canines rather than jeopardize adjacent teeth and expose patients to unnecessary trauma.

Surprisingly, the shortest chapter deals with the uncovering and alignment of impacted mandibular second molars, which is usually as clinically troublesome as the impacted maxillary canines.

The final chapter addresses complications and adverse sequelae, while acknowledging that inappropriate treatment of impacted teeth is a principal cause of litigation in orthodontics. They analyze each unfavorable outcome and offer diagnostic and therapeutic advice that avoids the problem, e.g., do not ligate impacted teeth and use judicious bone removal during the uncovering.

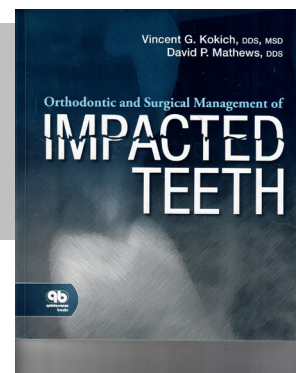
This paperback publication has durable pages with appealing layouts and clear fonts. The images offer first rate clarity. Clearly, orthodontists and surgeons need to study this book together to strategize the complicated therapy that impacted teeth require. They won't find a better or more comprehensive guide.

### Orthodontic and Surgical Management of Impacted Teeth

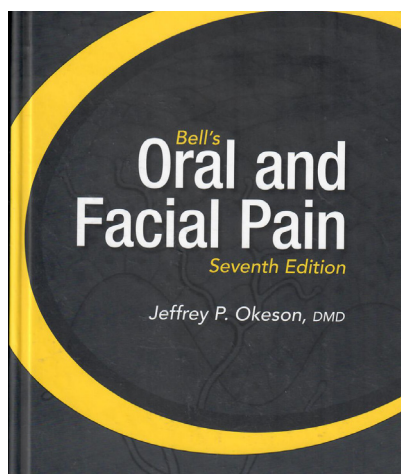
Vincent G. Kokich, DDS, MSD & David P. Mathew, DDS

177 pp, 422 photographs & images

Quintessence Publishing Co., 2014, \$106.00



**Next Book Review:**  
Bell's Oral and Facial Pain;  
7th Edition



Keep an eye out for Dr. White's next Book Review in our May/June 2017 Edition of DCDS Connection!

# Texas A&M University College of Dentistry

by Jennifer Eure Fuentes

## Changing the way we heal through live precision bone printing

**W**hether the need results from a traumatic fracture or surgery to remove a cancerous tumor, decisions about how to restore bone in patients can have a lasting impact on their ultimate recovery. In treating such defects in the skull, upper jaw, lower jaw or orbital bone — the eye socket — regenerating bone often is done in one of two ways.

There's autologous bone grafting, in which a patient's own bone is taken from another part of the body and used to stimulate growth in the injured area. It's not ironclad, though, as implant morbidity is still a present reality, not to mention the toll multiple surgeries can take on a patient.

Another option is grafting synthetic materials to stimulate bone healing; however, timing is a problem. From the time of injury or surgery to the generation and delivery of the material — FDA-approved calcium phosphates, titanium metal and suture-grade polymers — there is a critical wait period of three to four weeks. It's time a patient simply does not have if bone is to heal properly.

"Sometimes you'll have a traumatic fracture injury; the bone will break, and then it will continue to resorb into a defect. In some cases these can involve craniofacial defects in a non-load bearing area, like the skull," says Dr. Venu Varanasi, assistant professor in biomedical sciences.

A new technology from Varanasi and Texas A&M College of Dentistry researchers could stand to revolutionize the treatment process, giving medical professionals another option for healing bone, and a significantly faster one at that.

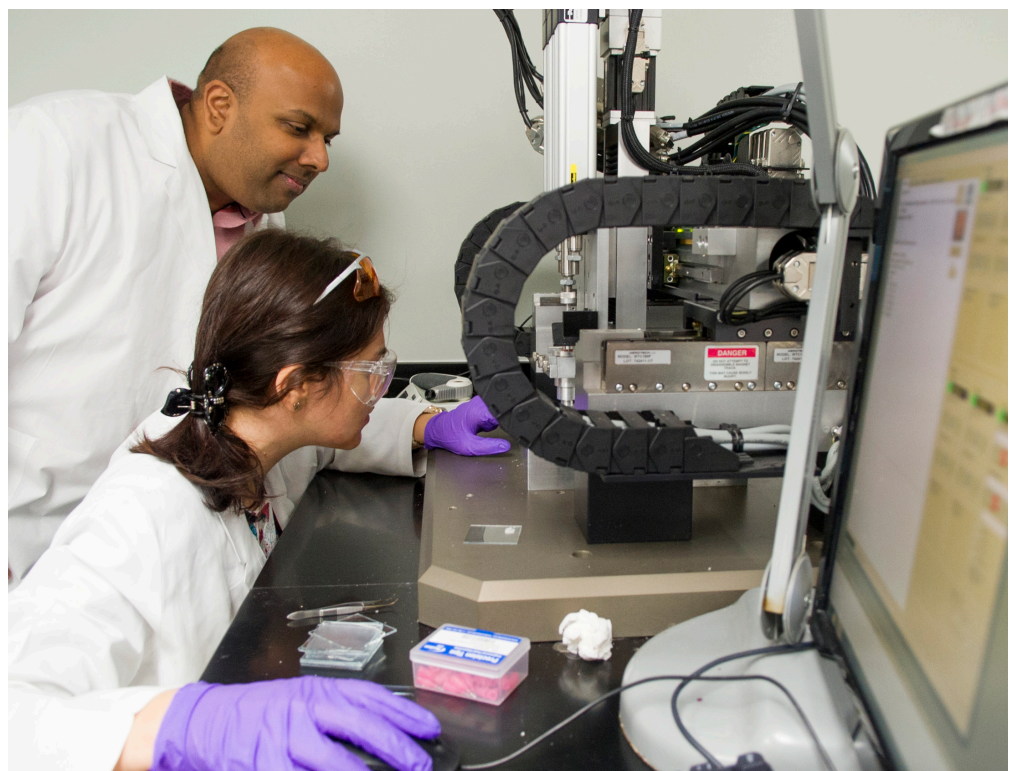
It's called 3-D live printing, a process in which substances such as bioactive biopolymers are integrated with bioceramic materials and literally printed onto the affected area, forming a scaffolding rich in blood, and with it, oxygen, for new bone to grow.

"Our bioceramics are biodegradable, or they can be engulfed through cells," Varanasi explains. "The intent in the end is to rapidly deliver the therapeutic, induce the healing at an earlier point, and then allow the cells and the tissue to overtake the material, consume the material, and allow for full restoration of natural bone."

Jennifer Eure Fuentes is a Communications Specialist at Texas A&M Health Science Center Baylor College of Dentistry.

A 2006 graduate of Texas Christian University, she has worked in the Communications and Editorial fields for more than 10 years.

Texas A&M College of Dentistry (formerly Baylor College of Dentistry) in Dallas is a part of the Texas A&M University and Texas A&M Health Science Center. Founded in 1905, the College of Dentistry is a nationally recognized center for oral health sciences education, research, specialized patient care and continuing dental education.







# Career Day

Article by Mary Swift, DDS

## Educating our Youth on the Importance of Dentistry

**C**areer Day, remember Career Day? Everyone would gather in the classroom and the teacher would introduce the visitors who would tell us about their jobs and what their jobs were like each day. The policemen and firemen would steal the show with their uniforms and badges. The doctors and nurses appealed to the “helping other’s” mindset and there was usually somebody’s Mom or Dad who worked in a bank or something business like. Our young minds were getting a first glimpse at the real world and the career possibilities in front of us.

The teachers and aids at Jack Lowe Elementary held a successful and well organized career day for their students in February. There were, of course, the policemen with their shiny badges and a geologist with his fossils and charts. Due to one of our generous DCDS volunteers and a DCDS Foundation donation, there was a Dentist and toothbrushes for everyone.

Dr. Marty Kahn was our generous volunteer. Dr. Kahn is retired from private practice and now devotes his time and attention towards volunteering. Dr. Kahn graduated from Marquette Dental School in 1967, followed by service in the Navy on a Marine base before landing in the Dallas area in 1971. The last few years in practice Dr. Kahn had a mobile dental clinic which enabled him and his team to provide dental care to underserved areas. Dr. Kahn served DCDS and TDA well during his career and continues his service through volunteerism. DCDS member Dr. Jan Rollow has known Dr. Kahn for many years. “What I think best describes Marty is that he is always there for us. Whenever we have needed a dentist to volunteer for an activity, Marty is the first one to say “I can do that!” and you know he will do it well! This continues even though he is now retired from his dental practice. He certainly is NOT retired from life. I’m sure you will learn about his many volunteer activities, including the Retired Dentist Committee for DCDS. He will begin serving as chair of the Retired Dentist Committee in May 2017.”

Dr. Kahn had a beautiful message for the young eager faces in the third-grade class he addressed. Dr. Kahn asked the class to listen to their teachers, study hard and make good grades. He touched on nutrition, sugary drinks and oral health home care. Dr. Kahn told the class that as a dentist he has had the good fortune of working for himself. He asked the class if they ever heard their Mom or Dad complain about their boss at work and that being a dentist means being your own boss.

Dr. Kahn’s love for dentistry came through loud and clear and the class caught on. Several little hands flew into the air for the question and answer session. Most of the questions the kids asked were a reflection of the good experiences the children have had themselves as patients.

With the message from Dr. Kahn and the children’s positive personal dental experiences, our profession was well represented at Career Day.



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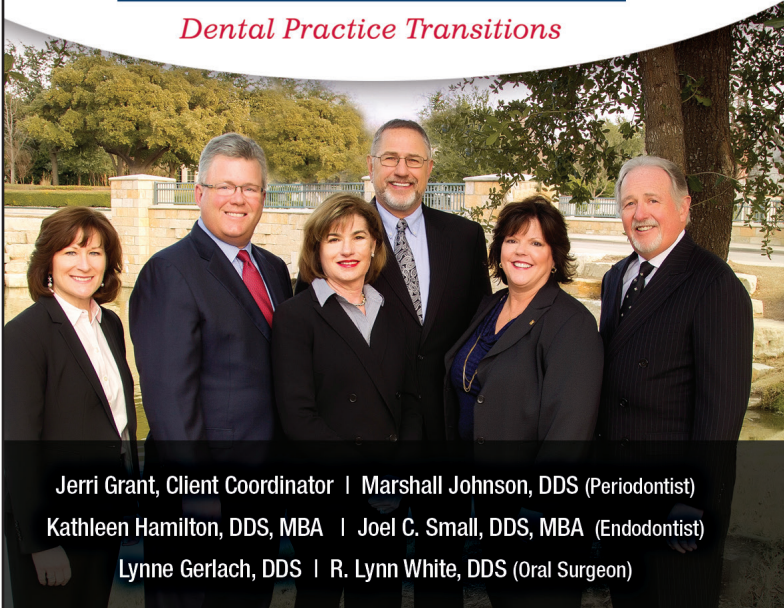
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**ncease@mfdc.net**  
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### ASSOCIATE POSITION

Associate Position (mentored) leading to Partnership & Buy Out of large FFS practice providing treatment in all Dental specialties. Ideal candidates seek clinical excellence in their areas of interest and involvement in the community near this 35 year old practice. Located in East Dallas/Lakewood/Lake Highlands near White Rock Lake.

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Please contact Dr. Robert Tafel at:  
**DrBob@bearcreekfamilydentistry.com** or  
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### ASSOCIATE OPPORTUNITY

Associate needed for a very busy dental practice in Brownwood, Texas. This practice has a strong patient base, tremendous new patient flow, and an amazing team. You have complete patient autonomy and benefits that include: great pay, living allowance, moving allowance, bonus potential, paid company retirement, ownership opportunity, malpractice insurance, health insurance, and continuing education.

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September 14-16, 2017  
Southwest Dental Conference  
Dallas, Texas



**H**appy Spring! Hopefully, your 2017 has started off with a Bang. Southwest Dental Conference plans are complete, all speakers confirmed and rooms are assigned. I can tell you, from a Chairman's standpoint, that it is an amazing feeling. Our brochure is complete, save-the-date cards mailed and hopefully your plans and courses are beginning to be outlined. Don't forget, everything is electronic this year! Registration for the Conference and Omni Dallas Hotel are OPEN! I am encouraging you to move forward with your registration so that the courses that interest you are available for you and your team.

This year, the Scientific Committee has done something a little different than in the past. We

do not have as many local speakers, but we have brought some in from other conferences such as Chicago Mid-Winter, Greater New York and California. This was an opportunity for us to listen to speakers, topics and courses that we have not previously seen.

I am really excited that we have added CE Express for the New Dentists. We still have DDS, Hygiene & Assistants CE Express. The New Dentist CE Express will be held on Saturday, September 16th from 8:00 a.m. - 12:00 p.m. We will host four speakers with topics geared toward the needs of the new dentist. This is open to dental students as well. Please do not wait to sign-up... as with all CE Express, they fill up very fast!

Another must, due to new sedation rules, is Dr. Ernest Luce. His course is structured to satisfy the Texas State Board of Dental Examiners continuing education requirement for dentists with a minimal

(level 1) enteral (oral) sedation permit. Discussion will cover the spectrum of sedation related topics but will focus on the Texas sedation rules, patient evaluation, pharmacology monitoring and effective emergency management.

Please reach out to us if you have any questions or concerns about registration.

*Powering Growth,*  
Jodi Danna, DDS  
2017 SWDC Chairman

