

DCDS connection

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



Mission Statement

Serving the professional
needs of our members

The Family Place

The Family Place opens dental clinic at Ann Moody Place for victims of family violence

Take a breath. You are safe. These are the words that greet clients at The Family Place's new Ann Moody Place; a beautiful, caring environment that fully addresses the needs of The Family Place's clients who have experienced domestic violence.

For the first time, The Family Place will be able to provide dental cleanings and exams at Ann Moody Place through the generosity of volunteer dentists and dental hygienists using a new dental clinic space. Many clients have had little if any dental care, and have suffered dental trauma during their abuse. Volunteer and Family Place Board Member, Kim Greer, and her husband, Dr. Dale Greer, are in the process of setting up the new dental treatment room at Ann Moody Place and are working to secure volunteers and donations of supplies and equipment.

"It's been wonderful to hear the reaction from clients to this state-of-the-art facility that opened in June 2017," says The Family Place



CEO, Paige Flink. "One client told me that she was able to share a traumatic event from her childhood because she felt so safe and secure in her counselor's office. We are working to provide everything our clients need here to recover and grow strong—including, for the first time, a dental clinic. Our clients and their children will benefit in so many ways from these services. There's nothing like having the confidence to smile!"

Every space at Ann Moody Place has a purpose with clients at the center. There are two client waiting rooms, one for single women that can provide peace and quiet, and one for families with children. There are also lockers at the facility so clients have a safe place to store their important documents as they prepare to leave their abusers and live independently.

The 50,000-square-foot building includes a 47-bed emergency shelter, extensive counseling facilities for adults and children, a kennel for clients who don't want to leave their beloved pets behind, a medical clinic and the dental clinic. With the opening of Ann Moody Place, The Family Place now operates three emergency shelters including its Safe Campus, which opened in 2000, and a new



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The Write Stuff

Carmen P. Smith, DDS, MBA, President



It's March Madness... Daylight savings time, warmer temperatures, Spring Break, college basketball playoffs and the Final Four, opening day of Major League Baseball, and potentially higher

practice revenues. According to an article published in June 2016 in Dental Products Report (DPR), "Results indicate that nationally, the busiest months are March, April and June; these primarily spring months are before schools let out, when individuals and families are preparing for the summer months and vacations."

March is a time to move from reflection to a period of growth and development, personally and professionally. The Dallas County Dental Society is leading the way amongst the Dallas Dental Community. With the development of the DCDS Dental Assisting School and Learning Center, we will be able to provide top-tiered training to students, as well as, state-of-the-art continuing education to dentists all across the country. With the development of our Diversity and Inclusion Task Force, we are able to meet and discuss with leaders and members of underrepresented groups to discuss the disconnect within organized dentistry and how we bridge the gap. This initiative was developed by the ADA and challenged to the constituent and component societies to implement on a more tangible level.

As members of DCDS, we mourn the loss of one of our beloved members, Dr. C. Moody Alexander. Dr. Alexander was a gentleman, a husband, a father, a friend, an educator, and a renowned orthodontist. He touched the lives of many, especially his students, and his passion for mentorship led to the development of The Great Expectations program. Some of Dr. Alexander's professional achievements include receiving the Yellen-Schoverling Award from the University of Texas Orthodontic Alumni for outstanding contribution to Orthodontics; the Martin Dewey Memorial Award by the

Southwestern Society of Orthodontists; the Robert E. Gaylord Award for Excellence and Humanism in Dental Education; the Dentist of the Year Award by the Dallas County Dental Society; the Trail Blazer Award by the Texas Orthodontic Study Club; the Founders Award by the 26th graduating class of the Baylor Orthodontic Department; and Medical Volunteer of the Year from the Agape Clinic.

Fallen Limb

*A limb has fallen from the family tree.
I keep hearing a voice that says,
"Grieve not for me".*

*Remember the best times, the
laughter, the song.*

*The good life I lived while I was strong.
Continue my heritage, I'm counting
on you. Keep smiling and surely the sun
will shine through.*

*My mind is at ease, my soul is at rest.
Remembering all, how I truly was blessed.
Continue traditions, no matter how small.
Go on with your life, don't worry about falls.
I miss you all dearly, so keep up your chin.
Until the day comes we're together again.*

-Author unknown

Rest well, Dr. Alexander...job well done!!!!



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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.

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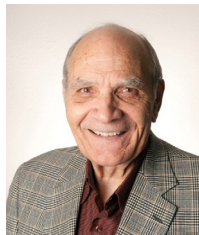
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Impressions

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

If It Ain't Broke



One will hear people in southern states use a familiar aphorism, "If it ain't broke, don't fix it." And that often provides good advice, because

tampering with success in the hope of improving on it frequently results in a less than desirable outcome. But I sometimes think the Japanese notion of wabi-sabi, which posits that everything is imperfect, everything is impermanent, and everything has room for improvement offers more clarity and reality to professional life than that popular southern maxim.

Truth be told, not many of us have the courage, self-esteem, will power or interest in examining our own imperfections. We live in a society and an era that has interest only in success. "Benchmarking" now preoccupies many large corporations as they seek to emulate those who best lower costs, increase profits and maximize growth. Likewise, dentists eagerly seek out gurus who somehow have convinced them that they hold special secrets of unusually effective technologies, practice building, occlusal therapy, TMD therapies, etc.

When a system is working well, its success depends on a long chain of subtle interactions,

and it is not easy to determine which links in the chain are crucial. Even if the critical links were identifiable, their relative importance would shift as the universe around the system changed. That is why dentists can probably learn more by studying their own failures than by emulating success.

Aside from our preoccupation with success and the psychological and cultural threats posed by the study of failure, however, there is another reason we don't have too much eagerness to undertake such self-examination: it is just plain hard to do. We can't always pinpoint exactly when, why, where and how a procedure went wrong.

Taiichi Ohno, a Toyota Auto mechanical engineer and author of *Toyota Production System*, describes how Toyota approached low-defect manufacturing, ruthlessly focused on continuous improvements to production efficiency. This was called concurrent engineering or what Japanese often refer to as Kaizan.

Ohno writes that a secret to improving efficiency starts by asking a simple question; Why? If you will pardon an orthodontic example:

Why did the treatment turn out badly?

The patient would not cooperate with treatment.

Why would he not cooperate with treatment?
He constantly broke his Herbst appliance.

Why did he break his Herbst appliance so much?

It restricted his mandibular movement.

Why could he not tolerate restricted mandibular movement?

He has a low tolerance for discomfort.

Why does he have a low tolerance?

It is a genetic quality.

Why did you not recognize this and plan an alternative treatment?

Why indeed?

After five or six whys, one can more easily see what needs fixing, when where and how it might be done. It may take a few more questions to figure out the solution, but a series of why questions can put us on the road to understanding our limiting flaws.

The study of inadequacies may challenge our self-esteem, threaten us psychologically and intimidate us emotionally, but nothing holds more promise for improving our professional skills. As Vilfredo Pareto, the gifted Italian economist, said almost 100 years ago, "Give me a fruitful error any time, full of seeds, bursting with its own corrections."



From The Hub

by Jane D. Evans, Executive Director

Automatic Texas Prescription Monitoring Program Registration



The Texas State Board of Pharmacy sent an email to all dentists in Texas notifying them about the Texas Prescription Monitoring Program account set up for

them. This was confirmed by TDA that this is legitimate and not a scam.

Following is the message sent:

An account in the Texas Prescription Monitoring Program (PMP) has been automatically setup for you. Please follow the link below to complete the registration process. You must use the email address where you received this message as the login email to complete the registration. For security purposes, this link will expire in 72 hours. If you have received this email but you are not an individual authorized to access the PMP, do not attempt to create an account. Complete your registration. If you have any questions concerning your registration, please contact the PMP at texaspmp@pharmacy.texas.gov or 512-305-8050.

Veterans Texas Mission of Mercy – Save the Date

DCDS Foundation is sponsoring another Veteran’s TMOM in Dallas with the TDA Smiles Foundation on November 9-10, 2018. Mark your calendars to volunteer.

D1/Great Expectations Dinner

On February 1, 2018 the DCDS Building was an exciting place to be. D1 students along with their faculty and ICD mentors gathered for dinner and break out groups. It is always an honor to host this group which is typically their first introduction to DCDS and organized dentistry. One of the students said “this event is truly beneficial to us as students.” Hats off to Dr. Mark Gannaway for all his organization and efforts to find the perfect date to not conflict with the student’s schedules which is not always easy. We missed having Dr. Moody Alexander present as he was instrumental in ICD forming Great Expectations and joining with DCDS each year for the D1 Dinner. Dr. Alexander made such an impact on the dental students as he did many of us over the years and we were sad to hear that he passed away on February 3, 2018 two days after this event.

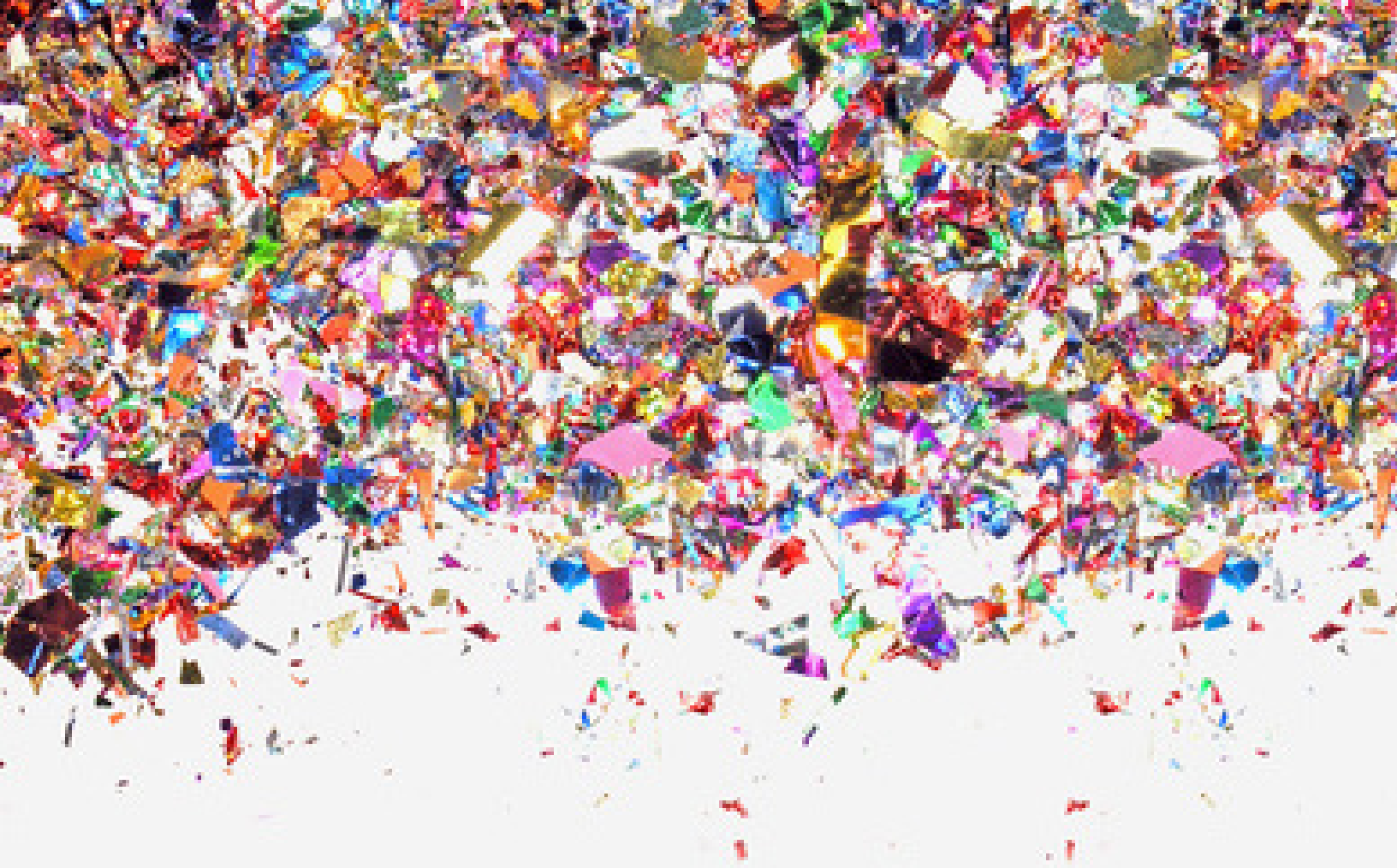
Congratulations to the following students who won door prizes at the event:

- Dana Aborahma
- Krizia Acosta
- Blessing Alagba
- Shayan Amini
- Drew Bell
- Kai Codner
- Michael Filewood
- Hayden Han
- Solji Jung
- Charles Kim
- Kenny Nguyen
- Ashly Okoli
- Gelise Porter
- Richard Rodriguez
- Charlie Stocks
- Cynthia Udeh



Mentors and students enjoying the Great Expectations Event.





In honor of
Jodi Danna, DDS
as incoming president
and the

2018-2019 Board of Directors
Officers and Committee Members

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

May 17, 2018
Hilton Dallas Park Cities
5954 Luther Lane | Dallas, Tx 75225
Reception 6:30 p.m. | Dinner 7:00 p.m.

\$25 Per Person
Business Attire

DCDS Member's Message Board

Welcome New Members!

General Practice

- Harry Bhandal
- Clyde Bowden
- Preeya Genz
- Radina Petkova
- Sowmya Renuka
- Sina Sadeghi
- Sonymeena Setti
- Amber Weems

Pediatric Dentistry

- Fred Kim
- Jin Lin

Graduate Students

- Stephanie Briggs

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

In Memoriam

- Dr. John Allen
- Dr. Moody Alexander
- Dr. Phillip Hart
- Dr. Burton Williams



Networking before the General Membership Meeting.

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 call:

Maxine Robinson

972-386-5741 or email: maxine@dcds.org

DCDS Member's Message Board

Upcoming Events!

March 1, 2018 – SWDC Registration Opens!

March 24, 2018 – Women's Afternoon Tea (The Adolphus Hotel)

March 27, 2018 – General Membership Meeting

April 11, 2018 – TDA National Signing Day at Texas A&M University College of Dentistry

April 22, 2018 – Spring Mix & Mingle

April 17, 2018 – General Membership Meeting

April 27, 2018 – Shred-a-Thon

May 17, 2018 – Installation of Officers

June 23, 2018 – Truck Yard Mix & Mingle

September 6-8, 2018 – Southwest Dental Conference

Upcoming DCDS General Membership Meetings

March 27



**Airway Analysis – A Useful Tool
in Comprehensive Diagnosis**

Aly Sergie, DDS
Co-sponsored by:
Dallas Dental Hygienists Society

April 17



**Issues to Consider when Planning
Full Arch Implant Restorations**

Rowan Buskin, BDS, MSc
Co-sponsored by:
Garfield Refining Company

DCDS Member's Message Board

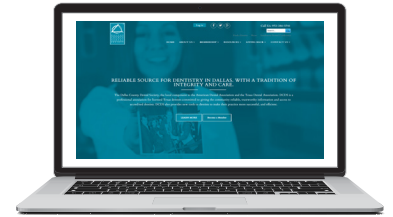
DCDS Membership Benefits

- 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!

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.



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



Don't Forget to Follow us on Facebook, Instagram and Twitter!

BOARD MOTIONS

December 2017

MOTION 12.05.17A A motion was made to approve the minutes of November 7, 2017. **Motion passed.**

MOTION 12.05.17B A motion was made to approve the financials for the month ending October 31, 2017. **Motion passed.**



Dr. Larry Herwig with his Great Expectations Group.

Legal and Ethical Considerations

Editorial by Robert M. Anderton, DDS, JD, LLM

What We Need To Know About Prescriptions



There can no longer be any doubt that our country is suffering from an opioid crisis. There is also evidence that one of the major contributing factors to the cause

of opioid abuse is the administration by practitioners of drugs to patients for the management of pain. In light of this evidence, the US Drug Enforcement Agency (DEA), The Texas State Board of Pharmacy and the Texas State Board of Dental Examiners have enacted and are currently enacting Rules to control the writing of prescriptions by practitioners including dentists. As dentists we are concerned with TSBDE Rule §111.1, and §111.2 which state as follows:

CHAPTER 111 STANDARDS FOR PRESCRIBING CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

§111.1 Additional Continuing Education Required

Each dentist who is permitted by the Drug Enforcement Agency to prescribe controlled substances shall complete every three years a minimum of two hours of continuing education in the abuse and misuse of controlled substances, opioid prescription practices, and/or pharmacology. This continuing education may be utilized to fill the continuing education requirements of annual renewal.

This Rule was published in March of 2017. Apparently, the intent of the Rule is that each dentist who prescribes Controlled substances and practicing in Texas should have completed a continuing education course described above prior to March 31, 2020.

§111.2 Self-query of Prescription Monitoring Program

Each dentist who is permitted by the Drug Enforcement Agency to prescribe controlled substances shall annually conduct a minimum

of one self-query regarding the issuance of controlled substance through the Prescription Monitoring Program of the Texas State Board of Pharmacy.

The Prescription Monitoring Program is a program managed by the Texas State Board of Pharmacy and not the Texas State Board of Dental Examiners although the Dental Board enforces the program along with the DEA. It was formed by the Texas Legislature in 1981 to monitor Schedule II controlled substance prescriptions and amended in September 2008 to include Schedules III – V. It was further amended in September 2017 to require Texas -licensed pharmacies to report all dispensed controlled substances by DEA prescriber number no later than the next business day. This Rule is in effect now.

To conduct the required annual self-query, dentists must register for the Prescription Monitoring Program (PMP) by going to the Texas State Board of Pharmacy website or the TSBDE website and follow the links to register. As stated above, currently dentists are required to conduct a self-query through the PMP once every year, but it has been reported that in the near future, all prescribers of controlled substances will be required to consult the PMP regarding the status of the patient and the prescriber before writing each prescription.

I often see complaints regarding prescriptions which have been inappropriately written. The following are excerpts from the DEA Publication regarding prescription requirements and the Rules of the Texas State Board of Pharmacy:

Title 21 USC Codified CSA Practitioner's Manual - SECTION V SECTION V –VALID PRESCRIPTION REQUIREMENTS

Prescription Requirements

A prescription is an order for medication which is dispensed to or for an ultimate user. A prescription is not an order for medication which is dispensed for immediate administration to the ultimate user (for

example, an order to dispense a drug to an inpatient for immediate administration in a hospital is not a prescription).

A prescription for a controlled substance must be dated and signed on the date when issued. The prescription must include the patient's full name and address, and the practitioner's full name, address, and DEA registration number.

The prescription must also include:

1. Drug name
2. Strength
3. Dosage form
4. Quantity prescribed
5. Directions for use
6. Number of refills (if any) authorized

A prescription for a controlled substance must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued. An individual (secretary or nurse) may be designated by the practitioner to prepare prescriptions for the practitioner's signature.

Texas Pharmacy Rules 22 TAC, PART 15 CHAPTER 315 – CONTROLLED SUBSTANCES

§315.3 Prescriptions - Effective September 1, 2016 (a) Schedule II Prescriptions. (1) Except as provided by subsection (e) of this section, a practitioner, as defined in



(Continue on page 10...)

(Continued from page 9...)

the TCSA, §481.002(39)(A), must issue a written prescription for a Schedule II controlled substance only on an official Texas prescription form or through an electronic prescription that meets all requirements of the TCSA. This subsection also applies to a prescription issued in an emergency situation. (2) A practitioner who issues a written prescription for any quantity of a Schedule II controlled substance must complete an official prescription form.

§315.12 Schedule III through V Prescription Forms - Effective September 1, 2016 (a) A practitioner, as defined in the TCSA, §481.002(39)(A), (C), and (D), may use prescription forms ordered through individual sources or through an electronic prescription that includes the controlled substances registration number issued by the board and meets all requirements of the TCSA. (b) If a written prescription form is to be used to prescribe a controlled substance the dispensing practitioner must be registered with the DEA under both state and federal law to prescribe controlled substances

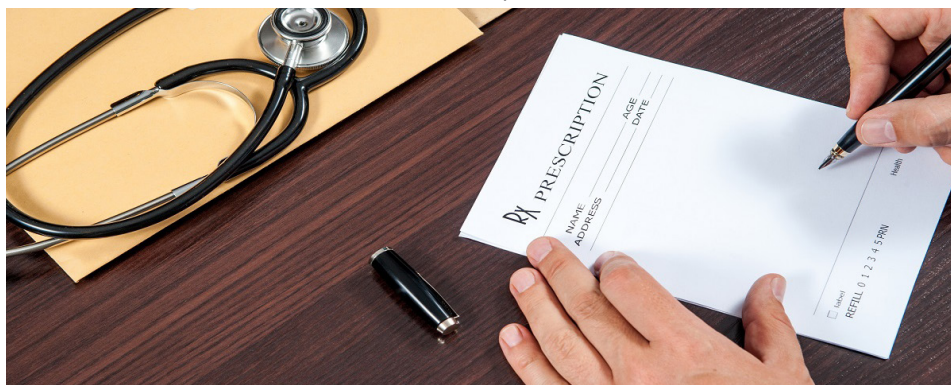
§315.13 Official Prescription Form - Effective September 1, 2016 (a) Accountability. A practitioner who obtains from the board an official prescription form

is accountable for each numbered form. (b) Prohibited acts. A practitioner may not: (1) allow another practitioner to use the individual practitioner's official prescription form; (2) pre-sign an official prescription blank; (3) post-date an official prescription; or (4) leave an official prescription blank in a location where the practitioner should reasonably believe another could steal or misuse a prescription.

Note that it is permissible for an assistant to call in or write a prescription for a practitioner if the assistant has been designated to do so. The designation must be in writing, dated, signed by the practitioner and stored in the office. It must be shown to the pharmacist or DEA agent upon request.

This is a very brief summary of the current Rules regarding writing prescriptions for Controlled Substances now. The Texas State Board of Dental Examiners will be considering new Rules for prescribing by dentists at their meeting on February 23, 2018. These Rules will most likely involve the requirement that practitioners consult the PMP prior to writing a prescription for any controlled substance and the dosage and amount of the drug that may be prescribed. If in doubt about the Schedule of a drug, a complete list of Controlled Substances can be found at: www.dea diversion.usdoj.gov.

By complying with these Rules, although somewhat burdensome, we dentists can do our part in helping to eliminate this deadly opioid crisis.



Legacy West— Restaurants & Shops Spring Mix & Mingle

Sunday, April 22, 2018
2:00-4:00 p.m.

We will meet outside of Legacy Hall at 2:00 p.m.!

Legacy West
5905 Legacy Drive Plano, Texas 75024



Empowered by Implants

4-day CE Course: Surgical and Prosthetic
Implant Dentistry for the General Dentist



Spring 2018 Dates:

- Fri., April 6: 1 - 7 pm
- Sat., April 7: 8 am - 5 pm
- Sat., April 14: 8 am - 5 pm
(Live Surgery)
- Tues., April 17: 6 - 9 pm
(Recap & Graduation)

Tuition:

\$4995: Full course

\$3995: Didactic/Benchtop Hands-on only

This course is limited to 8 participants

Dental Implant Center Continuous Learning Center

The demand for dental implant treatment is continually growing. Through a combination of lecture, benchtop hands-on, clinical observation and live surgery, this course will give you the confidence to provide simple to intermediate dental implant treatment in the private practice setting.

Overview:

- Introduction to Dental Implants
- Review of Oral Anatomy
- Didactic Learning through Case Presentation
- Hands-on (benchtop) throughout Days 1 and 2
- Live Surgery Day 3
- Review and Graduation Day 4



Location:

McFadden Dental Implant Center
5120 W. Lovers Ln. (Lovers at Inwood Rd.)
Dallas, TX 75209

For more information or to register, call
(214)956-9100 or visit **www.DICCLC.com**.



Dr. McFadden lectures nationally and internationally on dental implant treatment. He received his dental degree from the University of Pittsburgh School of Medicine and his Certificate of Prosthodontics from Baylor College of Dentistry. He was awarded Board Certified by the American Board of Prosthodontics in 1995 and by the American Board of Oral Implantology in 2012. After nine years as a professor at UT Southwestern Medical Center, where he established the Dental Implant Center at Southwestern, Dr. McFadden opened his private practice and continuing education center at McFadden Dental Implant Center in 2002, in Dallas, Texas.

(Continued from page 1...)

shelter for men and their children, the first in the state.

While The Family Place has had a clinic at its Safe Campus, counseling clients have not had access to it. The clinics at Ann Moody Place serve both shelter and counseling clients that have often experienced medical neglect, inconsistent immunizations, and injury from abuse in their homes. The medical clinic provides free medical care from a full-time nurse and volunteer physicians who provide health assessments, screenings and immunizations.

“We are so proud that the community has recognized the need for this facility,” Flink says. “With the support of dedicated volunteers, we are going to accomplish so much good work here.”



If you're interested in supporting the new dental clinic at Ann Moody Place (through donations of time, dollars, supplies or equipment), please contact Kim Greer at: kimberligreer@yahoo.com.

Pro Bono Dental Care

How Much Pro Bono Dental Care Do You Provide?

Dallas County Dental Society is interested in learning about the amount of pro bono care our members provide. The pro bono care you provide makes a positive impact on your patients' lives. It also makes a positive impact on DCDS' legislative efforts with the Texas Dental Association on your behalf.

Please complete this form and return by fax: 972.233.8636; email: lori@dcds.org; mail: 13633 Omega Road, Dallas, TX 75244, or visit dcds.org whenever you provide these services.

Case:	Who referred patient to office?	Time spent delivering care?	Value of Treatment?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Print Name: _____

Total: _____



WWW.DCDSFOUNDATION.ORG

Be sure to check out the new DCDS Foundation Website!

You will find information on volunteering, donating online, and you will be able to keep in touch for future events.



TEXAS MISSION OF MERCY

November 9-10, 2018

DCDS Foundation co-sponsoring
Veteran's Mission of Mercy in
conjunction with
TDA Smiles Foundation.

More information coming soon!



Insights

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

The Golden Age of Orthodontics - Decline and Aftermath



As orthodontics' most eminent and thorough historian, Dr. Wahl has assembled material from his other historical documents to offer readers the most

complete body of orthodontic information ever presented. The amount of research and preparation contained in this small paperback tome will astonish readers.

Dr. Wahl considers the time from the end of WWII to about 1970 as a golden age for orthodontists. The baby boomers coincided with the public's increased optional incomes to provide orthodontists with a huge rush of patients heretofore unknown or experienced. Older friends have confided that a six month wait to even see a new patient was not unusual during this time.

Nevertheless, the supply of orthodontists began to outrun the demand for their services, which occurred with the end of the baby boom. Additionally, "the pill," which diminished the number of births, and bonded appliances,

which made it easier for others to apply orthodontic therapy, that happy, almost delirious time for orthodontists came to a halt.

Dr. Wahl uses Part One of the book to describe important events in the early history of orthodontics, such as those from the late 19th century to 1930, and to also describe the development during the Depression of the 1930s to 1950. Dr. Wahl deftly discusses all of the factors that contributed to the decline, such as prepaid dentistry, lawsuits, diminished birthrates, legislation, consumerism, group practices, technology, graduate glut, intradental relations, super clinics and professional complacency.

Part Two brings the reader into the 21st century where Dr. Wahl describes patient supply, GP orthodontics, corporate orthodontics, MSOs and government agencies such as OSHA, HIPAA, ACA, Truth in Lending, electronic health records and continuing education requirements. A further chapter defines patient relations, economic cycles, consumerism, student debt and interdental relations. In a successful endeavor to bring the book completely up-to-date, Dr. Wahl

describes developments such as TADs, customized appliances, aligners, 3-D study models, along with do-it-yourself aligners.

Chapter XIII devotes its contents to practice management issues such as marketing, orthodontics as a business, auxiliaries, pricing/fees, and practice transitions. Chapter XIV deals with risk management subjects such as payment disputes, adult treatments and defensive practice techniques. The final two chapters of Part Two deal with orthodontic education and trends plus a summation of the second part.

Dr. Wahl has collected the most extensive bibliography on orthodontic matters this reviewer has ever seen or probably will ever see. It boggles the mind to imagine all of the research, reading and documenting that went into this book, but if you want to know the who, what, when, where, and how of orthodontic events, this is your book. Any one with even the slightest interest in orthodontics needs to have this book, and orthodontic departments will do their residents a great favor by including this publication in their required libraries.

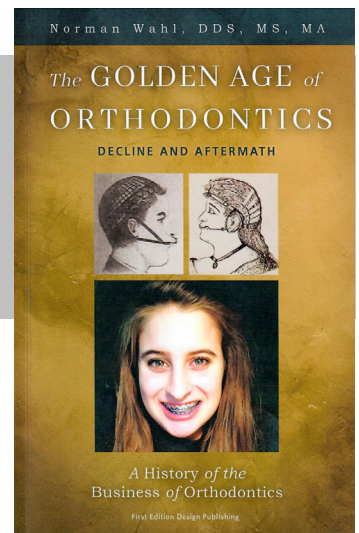
The Golden Age of Orthodontics - Decline and Aftermath

A History of the Business of Orthodontics

Norman Wahl, D.D.S., M.S., M.A

185 pp, \$16.95, First Edition

Design Publishing Inc., Sarasota, FL 34276



Next Book Review:

Keep an eye out for Dr. White's next book review in our May/June 2018 Edition of DCDS Connection!



Jerri Grant, Director of Transitions | Marshall Johnson, DDS (Periodontist) | Kathleen Hamilton, DDS, MBA
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Article by Jennifer Eure Fuentes

Putting an end to the desperation: Dentists play a critical role in shortening the diagnosis window for this rare autoimmune disease

Becky Strong first noticed something wasn't right in fall 2008. That's when the nosebleeds started, and the tiny water blisters started to crop up in her mouth. She blamed it on stress. After all, she was simultaneously planning her wedding, serving as maid of honor in a friend's nuptials, and helping another friend in the wake of heart surgery.

When the water blisters surfaced again, this time during her honeymoon to Antigua in early 2009, she figured it was because of the acidic food and umbrella drinks synonymous with the tropical locale. Then the blisters wouldn't go away. Through the course of the next several months, those blisters turned to large, painful canker sores. By this point, Strong, a registered nurse, had bounced back and forth between her dentist and a GI doctor, trying prescription mouthwash with ingredients like Decadron and lidocaine. It helped, but when she stopped using it, the sores in her mouth came back with a vengeance. Come Thanksgiving, a few bites of mashed potatoes turned pink with the blood from the open sores. Meat was swallowed whole; she avoided her electric toothbrush at all costs, and opening her mouth all the way to talk — forget it.

"I was desperate," recounted Strong, outreach manager for the International Pemphigus and Pemphigoid Foundation, to an audience of students, faculty and staff during a fall 2016 presentation at Texas A&M College of Dentistry. "The greatest time of fear and worry is when a patient hasn't been diagnosed."

One unfortunate part of it all is that Strong saw her family dentist throughout the entire ordeal. But the dentist didn't recognize the disease for what it was. It took an appointment with an internal medicine physician and subsequent referrals to an oral surgeon and dermatologist to pinpoint and treat the source of her pain: pemphigus vulgaris.

Because pemphigus vulgaris manifests itself in blisters, itching, stinging, burning and severe pain, it is often confused with other conditions. This means the average patient with this disease sees five health providers and waits an agonizing 10 months before receiving a correct diagnosis. It does have one telltale feature, however: In most patients with pemphigus, lesions will first form in the mouth. The same is true of one of its counterparts, mucus membrane pemphigoid, which also can affect the eyes, the upper respiratory tract and other mucosal surfaces of the body.

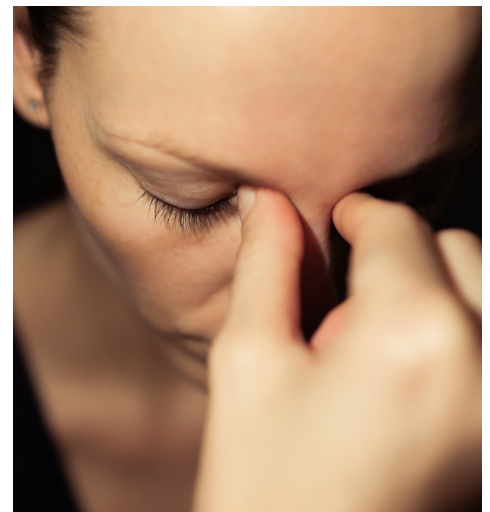
Dr. Terry Rees, professor emeritus in periodontics, who established the college's Stomatology Center in 1984, invited Strong to speak at the dental school. He is quite familiar with these rare yet devastating autoimmune disorders that attack the skin and mucous membranes. His first memory of treating patients with pemphigus and pemphigoid traces back to 1968, when he devoted the majority of an extra year of periodontics training to oral medicine. "The patients we see with these conditions often report that they have been unsuccessfully treated for yeast infections using antifungal medications, for viral infections using antivirals, and for bacterial infections using antibiotics," says Rees. "It is also fairly easy to mistake either of these for toothpaste allergies or allergies to mouth rinses or other oral hygiene products. This, of course, is usually true quite early in the disease process."

There's one rule of thumb — an American Dental Association standard — Rees references that can shorten the arduous journey toward diagnosis. If a patient has dealt with an unexplained oral lesion for more than two weeks, either biopsy or referral to a specialist is indicated. This could include an oral medicine provider, a clinical oral pathologist or an oral surgeon. Because of the disease's divergent symptoms, pemphigus patients often consult

professionals outside the dental spectrum, such as dermatologists, ophthalmologists, and ear, nose and throat doctors.

"I think the primary goal should be recognition that something unusual is going on," Rees says. "Certainly dental colleges often have specialists on their faculty who are at least somewhat familiar with these diseases and who can help with the diagnosis and treatment."

Dr. Nancy Burkhart, adjunct associate professor in periodontics and a registered dental hygienist, reiterates that getting patients to a dental school with a stomatology center or oral pathology department is key. It's something she understands well, as she and Rees have counseled, supported and provided resources to thousands of patients through the college's web-based Oral Lichen Planus Support Group, which they founded in 1997. Their ongoing dedication to early diagnosis and treatment of patients with oral mucosal diseases, including those with pemphigus and pemphigoid, their participation in patient seminars, and their efforts to expand the knowledge of these diseases among dental professionals recently earned them the 2017 Professional of the Year Award from the International Pemphigus and Pemphigoid Foundation. Among other initiatives, the organization offers an annual meeting



for patients and caregivers and even free continuing education programs for dental professionals.

Rees and Burkhart hope that the more knowledgeable dentists are of the autoimmune condition, the more apt they'll be to refer patients to the specialists who can help them. The faster patients can get to these professionals, the sooner they can complete necessary testing — in most all cases, a biopsy with histopathological evaluation and special stain plus immunofluorescence studies will be performed — and the sooner a diagnosis can be reached; in some cases, as early as two weeks.

Then healing can begin on multiple fronts.

“The medications that are used are key in stabilizing and controlling these diseases, but providing emotional support for any mucosal disease is also very crucial,” Burkhart says. “Patients often become discouraged because they may have seen multiple practitioners without an accurate diagnosis. When they

get a complete diagnosis, they become much more involved in their own health care.”

Strong, like many patients, responded to a mix of immunosuppressants, but a vast array of treatment options is available. She no longer needs active treatment on an ongoing basis but still monitors lesion flare-ups just in case. Strong avoids acidic or alcohol-containing mouth rinses, and she sticks only to bland toothpaste and soft-bristled toothbrushes, such as the UltraSuave Red Brush, less likely to create lesions. Since avoiding dry mouth is crucial for these patients, Rees and Burkhart often recommend gel products such as MighTeaFlow, with green tea extract as the key ingredient, and Xerostom, which utilizes olive oil extract.

Strong lives with the reality that relapse is a possibility, but with a diagnosis and medical team now in place, feelings of desperation are kept at bay.

“I'm left with the hope that sharing my story with you could one day help one of your patients,” Strong said during her presentation.

“Dentists can help reduce fear and anxiety by giving clear, concise information. There is a whole patient wrapped around the mouth. Compassion is key.”



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I hope all of you are as happy as I am that this winter season is coming to an end. As the New Year commences and you and your team begin to plan your 2018 continuing education schedule, please do not forget

the 2018 Southwest Dental Conference to be held September 6-8 at the Kay Bailey Hutchison Convention Center. I along with the Scientific Committee have developed an enriching program that is sure to provide you and your office team all of the CE that you will need for the entire year.

Specific learning tracks we are offering that may be of interest to you:

New Dentist: Practice management superstar Dr. Roger Levin will enlighten you with winning strategies for increasing production and building your ideal practice and dream team. Also the

Wells Fargo sponsored programs with Loretto/Shea and Fischer/McRay will discuss owning your practice: the keys to your financial future and starting a practice: building blocks to success.

The Dental Team: Judy Mausolf will speak on delivering W.O.W service – People will forget everything except how you made them feel and also Communications Solutions – attitudes breakdowns and conflict resolutions. The dynamic Dentsply 360 program is sure to please with courses for the staff and team leader. Dr. Glenn Maron will prepare your office for medical emergencies, prevention and management, and Pam Dolberry will educate your team on personality testing, to help you build the team of your dreams.

Dental Implants: I have made a point to focus on this topic and the 2018 SWDC will offer multiple courses from renowned implant speakers discussing dental implant esthetics, treatment

planning, CBCT imaging, dealing with implant/esthetic complications, a component workshop for assistants and an implant overdenture hands on workshop.

Sleep Dentistry: Dr. Rouse will discuss integrating airway and sleep prosthodontics into a restorative practice and Jamison Spencer will provide a dental sleep medicine workshop.

Along with these topics, there are many other outstanding clinicians and workshops to assist you in providing outstanding and up to date care for your patients. Looking forward to seeing you in September!

Dr. Brad Crump
 Chairman, 2018 Southwest Dental Conference

