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The Official Publication of the Pennsylvania Dental Association

JAN/FEB 2012 | v79, n1

The mission of the Pennsylvania Dental Journal is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.

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PENNSYLVANIA DENTAL JOURNAL (ISSN 0031-4439), owned and published by the Pennsylvania Dental Association, 3501 North Front Street, Harrisburg, 17110, is published bi-monthly: Jan/Feb, Mar/Apr, May/June, July/Aug, Sept/Oct, Nov/Dec. Address advertising and subscription queries to 3501 North Front Street, P.O. Box 3341, Harrisburg, 17105. Domestic subscriptions are available to persons not eligible for membership at \$36/year; International subscriptions available at \$75/year. Single copies \$10. Periodical postage paid at Harrisburg, PA. "The Pennsylvania Dental Association, although formally accepting and publishing reports of the various standing committees and essays read before the Association (and its components), holds itself not responsible for opinions, theories, and criticisms therein contained, except when adopted or sanctioned by specificant asymes no responsibility for any program content of lectures in continuing education programs advertised in this magazine. The Association reserves the right to refuse any advertisement for any reason. Copyright ©2012, Pennsylvania Dental Association.

POSTMASTER: Send address changes to Pennsylvania Dental Association, P.O. Box 3341, Harrisburg, PA 17105.

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IMPRESSIONS



By Dr. Bruce R. Terry Editor

1 A.M. and My Tooth Hurts

Yesterday my first patient came in for an exam and treatment. She reported having had a toothache for several days. The radiograph looked a little funny. She obviously had some type of occlusal decay in tooth #19. My assistant, Mary, came to me and warned me that the patient smelled a little funny.

I said, "Like body odor?" "No", she replied, "Something else." Upon my clinical examination, things seemed even more unusual. Something was in the decayed molar. With a spoon excavator I removed a paste-like substance that smelled like garlic. The odor was penetrating through my mask. My assistant pinched her mask above the bridge of her nose to indicate that she was trying to ward off the pungent odor.

I asked the patient about the history of her toothache and she reported that it started several months ago. At first she tried to ignore the problem. Then as the pain became more frequent she started to take ibuprofen. When the pain became more acute she tried Anbesol. Finally the pain became so severe in the middle of the night that she looked up toothache remedies on the Internet and read someone's posting who used a mix of garlic, olive oil and bread ("...mix into a ball and press into the tooth.") She said within 20 minutes the pain began to subside and she felt better. However, a few weeks later the pain returned and replacing the garlic, oil and bread mix only made her pain worse. Finally she decided to see a dentist.

I asked her why she waited so long and suffered all these months. She told me

that she didn't have dental insurance or the money to see a dentist. She thought she would need a root canal and she had heard that they were very expensive. She delayed it as long as she could.

That night I decided to see what others where cooking in the kitchen to relieve their toothache. Numerous remedies are being recommended on the Internet, and to my surprise, everyone seems to have an answer. I found more toothache remedies than Martha Stewart kitchen tips. As dentists, we often hear that someone has tried to use Anbesol or oil of clove. I have had patients claim that crushing an aspirin tablet and putting it into a hole in the tooth is the answer. The Internet opened my eyes to what a person is willing to try to avoid having to see the dentist.

Here are some of the postings I found:

Country of Remedy: USA

Ingredients: Ginger Root Instructions: Buy some Ginger Root at your grocery store. Cut off a piece of it and remove the skin. Put the piece in your mouth right on the painful tooth and bite down on it. The pain will go away immediately! My husband heard about this remedy and suggested it to a friend who had an abscessed tooth — and she said it worked instantly. My husband tried it himself last week on his horrible toothache, and the pain went away in one second! You may have to replace the Ginger in your mouth periodically with a fresh piece — but just keep the rest of the root you purchased in a container in your fridge, and you will always have it when you need it!

Editor's note: Add a little wasabi and let's see what happens!

Country of Remedy: USA

Ingredients: Accupressure **Instructions:** On the sides of both index fingers, just below the bottom of the finger nail apply even but FIRM pressure gently massaging it until pain goes away...REALLY works. Do as often as necessary until pain subsides. *Editor's note:* For more relief dig fingernail into skin until bleeding appears. Make sure not to do this if you are taking blood thinners.

Country of Remedy: Ireland Ingredients: Vinegar, the solution to most of the world's problems! Instructions: Cures toothache — soak cotton wool in vinegar, put into mouth where it hurts and bite down. Pain is temporarily gone. Cleans dentures. Leave in for 15 mins. Whitens teeth. Once a week dip a wet toothbrush in white vinegar and brush teeth (also cures bad breath), make sure when you take vinegar internally rinse your mouth out with plain water, as acid on teeth will damage teeth, oh and it'll clean your sink as well, removing calcium deposits! Editor's note: Vinegar will also remove rust from your vintage automobile bumper or add a little baking soda for a nice homemade explosion!

Country of Remedy: Canada Ingredients: Cucumber

Instructions: Cut a good enough piece to fit on the tooth that is hurting or any pain on the body and it will take the pain away. P.S. Remember to make sure that it is refrigerated it's a better soothing feeling. (Then get to the dentist as soon as you can)

Editor's note: I like the part about getting to your dentist.

Country of Remedy: USA

Ingredients: dried peppermint, salt water, (oats)

Instructions: Place a little wad of dried peppermint leaves around the tooth or abscess, spit out after a few minutes. If you repeat this several times during the day, it should bring the abscess to the

IMPRESSIONS continued

surface, lance it with a pin and treat it again. Rinse with warm salt water. Oats will work to draw out an abscess, but peppermint relieves pain as well. *Editor's note:* 1 like this as an alternative to garlic. Your breath will be minty fresh!

Country of Remedy: USA Ingredients: Bologna

Instructions: This is going to sound insane but this actually worked. Just chew on a piece of bologna for about 30 seconds and then swallow it or spit it out. It only gives you temporarily relief, but it does work and I don't know why... there must be some ingredient within it. I used standard Oscar Meyer bologna. *Editor's note: I think it works because it's kosher.*

It just amazes me what someone will do to avoid going to the dentist. Bologna, cucumber, accupressure. I can understand that cost, fear or busyness prevents one from getting to the dentist, but people shouldn't believe everything they read. Wouldn't it be funny to post a comment that peanut butter is the best home remedy, or standing on one foot while juggling can take away a toothache? People would try it. They would do anything not to have to visit the dentist.

My patient left the office that day with a completed root canal treatment and a temporary restoration of cotton and cavit. Unfortunately for the Internet browser, that was not one of the recommended remedies.

—BRT

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LETTERS TO THE EDITOR

I would like to thank everyone from the great Keystone State of Pennsylvania for the support that you have given the ADA Annual Session. Our annual meeting is a great opportunity for dental professionals from across the United States, and actually the world, to gather and discuss the policies of the ADA as well as enjoy some of the best Continuing Education offerings on the planet. Many smaller dental groups meet at the same time, and in close proximity to the ADA meeting, allowing the entire dental focused community to interact and exchange ideas. This year we had over 27,000 in attendance with more than 8,700 dentists! All of these activities are

supported by the many exhibitors that populate the World Marketplace exhibition hall where most materials, instrumentation and equipment used in dentistry can be seen and tried.

Producing a meeting of this scope is no small task. I would like to recognize Pennsylvania's native son, Dr. Ron Heier, for his service to the Council on ADA Sessions over the past four years. He will be retiring from the council, and we wish him the best. Ron has been an exemplary council member, and Ron was the chair of this year's Exhibit Hall. Those of you that were able to attend Annual Session were able to enjoy a beautiful exhibition, and Ron deserves a lot of credit for that effort. If you were unable to physically attend this Annual Session in person, I hope you logged in to ADA365 and joined us in cyberspace. Many courses that were offered at the Las Vegas meeting are still available, on demand, from ADA 365.

The ADA Annual Session is a great member benefit, and I hope you will all take advantage of it in the future. Next year the ADA will be meeting in San Francisco, and in 2013 we will be going back to New Orleans. We look forward to seeing you there!

Kevin M. Laing, DDS CAS Chair – 2011



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GOVERNMENT RELATIONS

The Year Ahead

Legislators returned to Harrisburg in January for the second year of a two-year legislative session, which will end in November 2012. Any legislation that fails to pass the General Assembly will "die" and need to be reintroduced during the 2013-14 session. Unfortunately, this means that all legislation starts at the beginning of the process, even if it was one step away from passing the General Assembly last session. The pressure is on PDA and other organizations to move legislation as quickly as possible through committee to the House and Senate floors for a vote, and to Governor Corbett for enactment.

Meanwhile, the Governor delivered his budget proposal in February, initiating a round of hearings where members of the House and Senate Appropriations Committees will grill executive agency officials about the Governor's budget priorities for fiscal year 2012-2013, which begins on July 1. PDA continues to monitor budget negotiations for the Departments of Public Welfare, Health, Insurance and State, and will respond to any proposal that may impact the dental profession and the delivery of dental services through federal and state-operated programs.

Where Things Stand

Non-Covered Services

PDA remains committed to passing legislation prohibiting insurers from capping non-covered services (NCS). In December, our lobbyists and Dr. Herb Ray, Tenth District trustee, met with Sen. Donald White (R-Indiana) to secure his commitment to schedule SB 1144 for a committee vote before the end of the year. By then it had become apparent that proposed amendments from Delta Dental and the Insurance Federation of PA to "water down" the bill had effectively stalled SB 1144 from moving through the Banking and Insurance Committee during the fall. Unfortunately, the committee did not pass SB 1144 before the General Assembly adjourned for the holidays. PDA is asking for your help passing SB 144 through the Senate and then on to the House. Log on to **www.padental.org** and click on the Advocacy Center to find an action alert to members. There are talking points to use when speaking to legislators and a sample letter that can be personalized and emailed to legislators quickly. Or you may contact PDA's government relations staff at (800) 223-0016 for assistance with contacting your legislators.

General Anesthesia Insurance Coverage

There is some question as to whether the General Assembly will pass HB 532, legislation requiring insurers to cover general anesthesia when needed to treat young children and patients with special needs, now that plans are being made in the event the state is forced to implement President Obama's health care reform measures. In November, the Department of Insurance issued its recommendation that the state (rather than the federal) government implement its own health insurance exchange, which could become operational as early as 2013. No one has quite figured out how the state's existing insurance mandates will fit into insurance products offered in and out of the exchange.

Nonetheless, PDA will continue to lobby for HB 532's enactment before the end of 2012, so that the state will necessarily include this particular insurance coverage in any further discussion about benefits offered to Pennsylvania consumers.

Assignment of Benefits

Recognizing the need to help members who do not participate with insurance companies, PDA will undertake a campaign to educate legislators and the Governor's Administration about the need to pass HB 1536, legislation requiring insurers to assign benefits directly to the provider. All too often, you and your staff must waste valuable time trying to collect payment for services rendered to patients who carry insurance from a plan to which you do not belong.

This year, we are hoping that the House Insurance Committee will at least schedule a public hearing and vote on HB 1536. But this legislation is difficult for legislators to grasp, simply because many believe the direct payment is a benefit to participating with an insurance company. They need to learn more about how HB 1536 gives patients the right to choose the dental provider right for them.

Malpractice Insurance

On February 9, President-elect Dr. Bernard Dishler testified before the House Insurance Committee on SB 388, legislation requiring most dentists to purchase malpractice insurance in the minimum amount of one million per occurence or claim and three million per annual aggregate.

PDA supports SB 388 after having it amended so that dentists who choose to maintain a license but not actively practice do not have to purchase insurance, unless they make the decision to practice at any time. PDA also passed amendments that exempt volunteer dentists in community-base settings which provide the coverage themselves, and dentists whose employer provides coverage.

We expect this bill to pass the General Assembly before the end of the year.

Log on to the Advocacy section of the website at **www.padental.org**, for information about the legislation PDA monitors and responds to on your behalf.

Want to get involved in helping us pass legislation that impacts your profession and patients? Learn how by contacting PDA's government relations staff at (800) 223-0016, or mss@padental.org. Or check out the Get Involved section under the Advocacy tab on the front page of the website.



GUARDING AGAINST CONCUSSIONS

DR. ANDREW GOULD PROTECTING ATHLETES WITH INNOVATIVE MOUTH GUARD

By Rob Pugliese, Director of Communications

Not a week goes by, it seems, without sports fans seeing a story updating the health status of the latest athlete who has suffered a concussion. It's an epidemic. There are cases everywhere, at all levels — professional, collegiate and high school athletics. Football and hockey have received the most attention as far as the sheer number and the heightened profile of the athletes.

Because of the seriousness of the injury, and a huge rise in awareness of its effects, so much emphasis is being put on studying concussions and finding ways to protect against them. After years of seemingly downplaying the injury, leagues and teams have made concussions protocol a huge focus in an effort to protect these gifted athletes who sustain massive amounts of punishment.

Still, there's no magical remedy.



Some of the National Hockey League's greatest superstars have had their careers dampened or abruptly ended by concussions. Nowhere has this danger hit home more than our state of Pennsylvania, where some of the brightest lights for both NHL teams have been extinguished.

In the 1990s, Eric Lindros of the Philadelphia Flyers was the dominant force in the NHL before a series of concussions (eight in six years) wrecked his career. Beloved Flyers captain Keith Primeau also had a high-profile case, suffering a traumatic concussion in 2005 that forced an early retirement as he battled post-concussion syndrome.

Now, in the last two years, we see the highest profile case yet, with one of the league's elite superstars, Pittsburgh Penguins captain Sidney Crosby having his career sidetracked by recurring concussion symptoms. He suffered a concussion in January 2011 that kept him out until late November, and after playing just eight games, concussion symptoms returned and sideline him again. In December 2011, a pair of Flyers superstars, Chris Pronger and Claude Giroux had their seasons affected, and in Pronger's case ended, because of concussions.

NFL players have also been dropping at an alarming rate. In September, Philadelphia Eagles quarterback Michael Vick sustained a concussion and a lacerated tongue from a collision that occurred when he was not wearing a mouth guard. Amazingly, NFL players are not required to use one, largely because of resistance from the NFL Players Association.

But some players in the NFL and the NHL are seeking help, and taking advantage of the latest technology in protective mouth guards.

Right here in the heart of central Pennsylvania, PDA member dentist Dr. Andrew Gould of New Cumberland is working with one of the most storied franchises in hockey, the American Hockey League's Hershey Bears, to greatly reduce the number of concussions.

As the Bears' team dentist, Dr. Gould is using an innovative mouth guard that is providing players more protection from concussions than ever before. The Mahercor Orthotic mouth guard, an invention of Boston dentist Dr. Gerald J. Maher, is a highly specialized guard — custom molded for each athlete — that fits on the lower molars in the back of the mouth, or Dr. Gould (far right) pictured here with the Calder Cup at Giant Center after the Hershey Bears won their second straight championship in 2010.

on the upper like a typical mouth guard but with an extra molar presence, and helps to cushion blows to the head.

Dr. Gould has made the Mahercor guard for athletes in many sports, including soccer, lacrosse, football, and most notably ice hockey. His work with the guard began when Bears star Chris Bourque made team trainer Dan Stuck aware of it. Bourque, the son of NHL legend Ray Bourque, a longtime Boston Bruins icon, had been fitted with the special guard by Dr. Maher, the New England Patriots team dentist since 1979.

Stuck asked Bourque about the mouth guard he was using, and Bourque explained how it helped prevent him from getting concussions. Stuck asked Gould if he was interested in learning how to make these unique guards. One thing led to another, and now more Hershey players are reaping the benefits of his work.

"Many times when players suffer a concussion, one wonders if it may have been prevented by use of this guard," Dr. Gould said. "This is the only guard that's out there patented to help mitigate concussions. The lower guard mitigates concussions about 95 percent and the upper about 85 percent from what research has shown."

The Mahercor guard was introduced team wide in 2008, available to all players on the roster, but no one has been forced to use it.

Dr. Gould is quick to point out that the guard cannot prevent all concussions. It's not a silver bullet, nothing is when dealing with brain trauma. But it has had a profound impact in reducing the injury.

"The guard is not Superman's cape," Gould added. "Our numbers are about 95 percent reduction in concussions. In my experience with the Bears, we've gone from players missing 48 games in one year because of concussions down to about 8 games, with the guard. So they're still missing games, but they're not missing as much, and the effects are not as long lasting.

The origin of the guard goes back to Dr. Maher's work with legendary boxer Marvelous Marvin Hagler, former middleweight world champion (1979-1987). Hagler, a patient and close friend of Dr. Maher's, would ask him why some

"This is the only guard that's out there patented to help mitigate concussions."

Hershey Bears trainer Dan "Beaker" Stuck and Dr. Andrew Gould.

boxers were susceptible to getting knocked out when they get hit and others weren't.

"He wanted to know what causes the 'glass jaw,' why would one person get a concussion and someone else wouldn't," Dr. Maher said.

Maher, a tempromandibular joint disorder (TMJ) specialist, was able to help Hagler because of his expertise with jaw alignment, positioning the mandible and positioning the TMJ joint.

The Academy of Sports Dentistry has always advocated for custom-fitted mouth guards, something that fits just right.

The lower Mahercor orthotic is made of acrylic. The upper is made of a high density EVA material.

The scary thing about concussions, Dr. Maher said, is that we are just at the tip of the iceberg in recognizing severe consequences that have been prevalent for many years.

"We really did not realize how much damage contact sports were causing to the brain," Dr. Maher said, discussing a recent study that had been done on high school athletes that analyzed an extraordinarily large percentage of students who had gotten concussions and suffered brain damage without ever being diagnosed as such.

Dr. Maher said the only way his mouth guard will be embraced or accepted on a larger scale is if it is mandated.

"I've been in discussions with the National Hockey League and the National Football League as far as having it mandated."

Acknowledging that there is no magical device out there to prevent concussions, Dr. Maher said athletes really like his guard because they can talk with it and breathe easily with it. The guard has been designed to align everything in the jaw and so the athlete's neck is in a much better position to withstand the force of a blow.

"It cuts down on the concussions," Maher said. "Anyone who says there is a device that prevents concussion is a liar. If you get hit in the head, I don't care what's in your mouth. But it cuts down on them.

"It puts the TMJ in a better position to withstand the blow. It's still a basic principle — if you put a jaw in a harmonious position that any TMJ doctor would understand, then you are going to get an increase in performance."

He said that 48 New England Patriots players are using the guard this season, and even in the middle of the year he tweaked the appliance and came up with a new device for linebacker Jerod Mayo.



Dr. Gould works with the Hershey Bears, Harrisburg Senators and Harrisburg Stampede.

"He kept breaking the acrylic appliance during the game, every two weeks he would need a new one," Maher said.

Dr. Maher went to his lab to come up with a new guard that would maintain the stability and the hardness that Mayo needed when he bites down yet had some plasticity so that it won't crack. He used a thermoplastic material for Mayo's guard that he puts in hot water and is able to mold it better for him.

Maher praised Dr. Gould's work with his invention and cited the tremendous results he has achieved with the Hershey Bears.

"He did some brilliant work," Maher said. "I think he did a marvelous job on it."

Dr. Gould does all the dentistry for the Bears, the Harrisburg Senators baseball team and the Harrisburg Stampede indoor football team. Sports have played a major role through his entire life, so sports dentistry was a natural for him.

"I've been an athlete since I was four; I started skating when I was four. I played high school hockey, college hockey and played high school baseball," he said.

A Hershey High School graduate, Gould considered going to prep school to play ice hockey, but knew he wanted to be a dentist since ninth grade. He decided on the University of Pittsburgh for his undergraduate studies and stayed at Pitt for dental school as well, earning his DMD in 1995.

After a graduate practice residency in Baltimore, he was ready to enter private practice in July 1996 and worked with Dr. Alan Barrick before taking over his practice. The two had known each other for many years, Dr. Barrick having first approached Dr. Gould about buying his practice when he was still in dental school.

The professional relationship with the Hershey Bears also came about from lifelong connections, one with Bears President/General Manager Doug Yingst.

"The President for the Bears was my youth hockey coach, and the trainer and I knew each other growing up," Dr. Gould said. "So, when they contacted me, obviously I was elated, but it was sort of a natural fit, having known them all for so long."

Dr. Gould became a member of the Academy of Sports Dentistry (the only ASD member in Central Pennsylvania) and he joined the Bears in 2008.

While most of the general public still thinks of mouth guards in terms of protecting the teeth and gums, the Mahercor guard's purpose is solely about reducing the chances and incidences of concussions.

"I can always replace teeth, but our brain we can't replace," Dr. Gould said. "If a player is out missing a game because of a concussion, everybody loses. The player loses, the agent loses, and of course the club loses.

"When we first got in contact with Gerry [Maher], his company came to me and said we like your hockey background, your knowledge of the game, working with the AHL, would you like to join our side of things in promoting the guard in the NHL?"

Efforts are underway to try to get the guard accepted in the NHL and NFL, Gould said, adding that many athletes in mixed martial arts as well as military personnel already use it.

Even with the heightened focus on concussion prevention, anyone who watches hockey on even a casual basis knows Dr. Gould has had to treat some severe mouth injuries as well.

He recalled a game last season when Bears defenseman Patrick Wellar took a stick to the mouth during a game at Adirondack, and Stuck called him for an assessment of the situation. Wellar needed to be examined as soon as the team got home. Amazingly, he played the rest of the game with gauze in his mouth to prevent more bleeding.

"The scary thing about concussions is that we are just at the tip of the iceberg in recognizing severe consequences that have been prevalent for many years."

"I met the bus at Giant Center around 4:00 in the morning and noticed Patrick was missing three teeth from his premaxilla area," Dr. Gould remembered. "The best part about this was that he was still smiling when he got off the team bus. I gave him antibiotics and pain medicine and he was seen by the oral surgeon for a maxillary jaw fracture the following day.

"Patrick is doing great now. He has three implants placed and will actually be getting his final restorations within the next month or so."

In addition to the Bears, Dr. Gould works with a lot of younger athletes, including many girls soccer teams.

"We find that our number one concussion in athletics is the 14 to 17-year-old female age group," he said. "Their bodies are developed but their neck muscles aren't as stable as what they should be. In soccer, when these young players are doing headers all the time, their neck muscles are not strong enough."

To fit the Mahercor guard, patients come to his office for an initial one-hour appointment that begins the process, followed by a half-hour appointment for the second visit.

"We need a panorex, good models, and then the guard goes out to Las Vegas to be made."

Dr. Gould believes the Maher Orthotic still has a ways to go to get widespread acceptance.

"I would love for this to explode nationally," Gould said. "Would I be able to make guards for every person out there? No way. I'd like to work with the company to try to promote the guard further within the National and American Hockey Leagues."

Some teams, like the Washington Capitals, have started to slowly incorporate the guard. The only way to promote the guard in widespread fashion would be for the NHL/AHL players association to make changes.

"It's a long process, it's expensive, unfortunately," Dr. Gould said. "The guard runs about \$550 for the average athlete and insurance does not typically cover it. Insurance companies still consider this like an elbow pad or a knee pad. They say I'm not going to pay for a mouth piece.

"The insurance companies have a code for an occlusal guard but 99.9 percent of them won't cover it. They are saying, 'we don't pay for knee pads why would we pay for that? The NHLPA/AHLPA is the same way."

Recently there have been talks of the Maher guard being purchased by a larger company, with the hopes of better marketing and promotion of the guard within hockey leagues, including the NHL.

Nevertheless, the Mahercor guard will be getting widespread use on one grand stage this summer. There will be 200 athletes in the 2012 Olympics competing in London wearing this guard.

And as the many hockey players and other athletes that have been treated by Dr. Gould move from team to team and to different areas of the country, they will certainly take their guards with them and promote the good news that started right in Central Pennsylvania with one of our very own dentists.

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Daniel J. Keating, D.M.D. has acquired the practice of

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MEMBERSHIP MATTERS

Thanks to your support, the Pennsylvania Dental Association (PDA) is successfully continuing its commitment to improving public health and advancing the dental profession in Pennsylvania. Over the past 12 months, PDA has achieved significant association accomplishments to enhance your career and improve the profession. During the next 12 months we will continue to deliver the same great service and membership experience you've come to expect.

We know economic growth is limited, and like you, need to routinely scrutinize office overhead and evaluate office efficiency. For 2012, your PDA leaders have successfully contained costs without compromising member benefits, services and resources, thus eliminating the need for a dues increase.

Looking Ahead

What can you expect over the coming months? Here's a brief summary of our future initiatives:

• PDA's website will soon feature the ability for you to register, pay for and receive real-time confirmation of your attendance to social events, meetings or continuing education programs, allowing for a more convenient and efficient way to get involved and become or stay engaged with your dental community.

• We are currently investigating ways to allow for online dues payment. Current dues payments include check or credit card by mail, credit card by phone, prepayment coupons (starting in June) or eDues enrollment. If you aren't yet familiar with eDues, it's as simple as providing a designated bank account from which a monthly amount will be debited. You provide your preferred account and we take care of the rest! As an eDues participant, you are continuously considered a member in good standing, preventing interruption of membership benefits or any insurance policies your membership is affiliated with from becoming in jeopardy of termination. Visit **www.padental.org/edues** for more information.

• The newest additions to the Endorsed Vendor family include ProSites, a website solution services company specializing in professional and affordable websites with search engine optimization; TekCollect, an accounts receivable management and collection services company; and Energy Plus, which allows you to earn cash back on your electricity usage. Negotiations with other prospective vendors are in the works. Visit **www.padental.org/vendors** for more information about these moneysaving products.

Without your membership these initiatives and benefits would not be provided. Thank you and we look forward to helping make you and your profession and successful as possible!



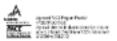
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MEMBERSHIP MATTERS continued

Welcome New Members!

Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Erika Johnston Becker, DMD University of Pennsylvania '04 Eagleville

Ronni Bruck, DMD University of Pennsylvania '05 Philadelphia

Marianna Evans, DMD University of Pennsylvania '06 Newtown Square

Amanda M. Franks, DMD Temple University '11 West Chester

Michael E. Funk, DMD University of Pittsburgh '98 Lititz Angela Gruber, DMD University of Pittsburgh '10 Media

Jennifer M. Harr, DDS West Virginia University '11 Morgantown, WV

Cyelee S. Kulkarni, DMD University of Pennsylvania '07 Philadelphia

Neha A. Kumar, DDS West Virginia University '11 Emsworth

Gloria J. Lee, DMD Temple University '11 Philadelphia Christian J. Lehr, DMD Temple University '09 Wilmington, DE

Matthew J. Miller, DMD University of Pittsburgh '10 Philadelphia

Partha B. Patel, DDS Creighton University '06 Perkasie

Sandeep K. Sandhu, DDS Howard University '10 Hummelstown

Elayne Smithen Ramos, DMD University of Pennsylvania '11 Philadelphia Eric T. Stoopler, DMD University of Pennsylvania '99 Cherry Hill, NJ

Raj Vekariya, DDS New York University '11 Harrisburg

Lauren S. Wolf, DMD Temple University '10 Philadelphia

In the Age of Email

In order for organizations such as the Pennsylvania Dental Association to efficiently communicate with its members, email is an extremely vital tool. With that said, PDA has only 49 percent of the total membership's email addresses. As a result, we can only electronically communicate with half of our membership population.

Why is it important for the association to communicate with you electronically? Email allows PDA to send important information to you in a timely and economic manner. Email has revolutionized the way information is shared from one person, or organization, to another. When breaking news happens, the fastest way to alert people who need to know, such as members, is by email. Email brings information, news, announcements and regular items of business to your finger tips in the blink of an eye.



New for 2012, the bimonthly publication, *Transitions*, will **only** be delivered via email. Some members have already signed up to receive *Transitions* via email, and due to their positive response and for a greener, more environmental friendly approach, PDA will now be sending this previously-printed newsletter electronically. Please look for this new communication to arrive in your email inbox starting in February.

While the average user receives between 34-50 emails per day, PDA respects your time and certainly doesn't want to add to the potential clutter in your inbox, which is why we try to keep our association-related emails relevant and significant, and limit the amount we send. We work hard to make sure you aren't bombarded with association emails to your inbox. In any given month, you could receive up to six emails per month from PDA, depending on which activities you are involved with.

To ensure you receive PDA's electronic communications, please add **padental.org** to your email address book, or visit **www.padental.org/email** to submit your email address so we have it on file.

Disclaimer: Your email address **will not** be shared with any outside parties other than PDA's endorsed vendors. You can opt-out of receiving these mailings at any time, as well as official PDA communication. Simply click on the "opt out" link at the bottom of the email.



Are Insurance Companies Dictating Care?

By Gino M. Pagano, DMD

I have had the honor of serving on the Dental Benefits Committee for three years now. However, I could not be writing this article at a more pivotal time in my personal career. For the first time in 10 years of practice, I'm going to participate in an insurance plan, if the credentialing process goes smoothly.

So will this particular insurance company, or any other for that matter, dictate care in my office moving forward? The answer I would like to believe is obviously "no." However, at the very least they are influencing treatment decisions made every day in every dental office. Although technically they cannot directly dictate care, they often play such a powerful role in how a practice makes decisions that indirectly they are calling the shots. There are subtle and not so subtle ways insurance companies can affect the way we practice.

The most obvious and not so subtle way is by dictating fee schedules if dentists choose to participate with a particular plan. For the first time in my career, someone else will be telling me how much I may charge for a particular procedure. It is easy to forget sometimes that a dental office is a business. Patients feel like family. However, they also think that if we just "sign up" they will magically get less expensive dentistry. The truth is there is still overhead to cover.

Since I am choosing to take an approximate 30 percent reduction in fees by participating I will be forced to change the way I practice in one way or another. My expenses won't go down by 30 percent because I'm now a "participating provider." My rent will be the same, my staff is unlikely to take a pay cut, and my supplier is not going to cut me a break. As a result, if my income is not to suffer I must either produce 30 percent more, cut costs somewhere else, or a combination of the two.

I will use a crown as an example. I could choose to use a less expensive lab, use less expensive impression material, or maybe not even take the time to pack cord. All these could have an adverse effect on the quality of the final restoration. To compound the problem, should I use the same inexpensive lab/materials for cash paying patients who are paying 30 percent more for their crown? I certainly don't care 30 percent less about my insurance patients or 30 percent more about my cash paying patients. This is just one example of how insurance companies can influence the way we run our practice.

The same concept could be applied to any fixed or removable prosthesis fabricated. Another obvious way insurance companies can affect the way we practice is by not covering posterior composites. We as practitioners are put in the position of either doing an amalgam or having to explain why the patient's filling is "not covered" and significantly more expensive. Along these lines is the concept of "UCR." Insurance companies use this terminology to infer our fees are in excess of what is "usual." This is an example of an indirect way to affect the way we set our fees.

Refusing to send payment to nonparticipating providers is a way insurance

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INSURANCE CONNECTION continued

companies can attempt to persuade practitioners to participate in the first place and one that has affected me personally in a big way for obvious reasons. Capping non-covered services is yet another indirect way insurance companies manage to affect the way we practice. We now must alter treatment that is not even covered by insurance companies because we are not reimbursed at the same rate. I did not make the decision to participate in this plan lightly or hastily, however, I do ask myself, "will the insurance company dictate care?" I guess only time will tell.

Transitions Goes to Electronic Format in 2012



Reaching another goal in our constant quest for increased efficiency, we are happy to announce that we have fulfilled our long-term vision of making PDA's Transitions newsletter an electronic publication. Beginning with the upcoming February issue, Transitions will be a completely electronic and green publication. Please be sure we have your current email address in our database so you don't miss a single issue. The newsletter will be sent to you via Informz, as we do each month with the eNews Update, where you will be able to read it electronically. If we do not yet have your email address, please visit www.padental.org/email where you can complete our submit email form.

Supervision of dental hygienists

Members often ask whether they need to be in their offices when hygienists provide hygiene services. The answer is that it depends on how you classify the health of your patients using the ASA Classifications as outlined in the State Board of Dentistry regulations.

Generally, when you classify a patient as being ASA I (without systemic disease) or ASA II (has a mild systemic disease), you do not need to be on the premise when the hygienist performs hygiene duties. This is called *general supervision*, defined as being "in a dental facility, supervision by a dentist who examines the patient, develops a treatment plan, authorizes the performance of dental hygiene services to be performed within one year of the examination and takes full professional responsibility for the performance of the dental hygienist."

You need to be on the premise when a hygienist is performing hygiene duties on patients you classify as ASA III, IV or V (having moderate, severe or life-threatening system diseases). This is called *direct supervision*, which is defined as "supervision by a dentist, who examines the patient, authorizes the procedure to be performed, is physically present in the dental facility and available during performance of the procedure, and examines and takes full professional responsibility for the completed procedure."

This applies for most hygiene duties, but be sure to check out PDA's summary of the regulations under the *laws and regulations* section of our website, which delineates the supervision requirement for **each** hygiene duty. Also, it is important to note that you must always be in the premise if your hygienist is administering local anesthesia (she or he must have a permit to do so), regardless of a patient's health.

Please contact Marisa Swarney at (800) 223-0016, with any questions or concerns. You also may access the complete regulations on the State Board of Dentistry's website.

Journal Unveils New Look in 2012

The Pennsylvania Dental Journal has been a highly regarded, award-winning publication for many years. In 2012, we are pleased to bring our readers an updated look with a fresh design featuring more colorful pages, new graphics and images. We hope you will find the new look appealing and always look forward to your suggestions for future content. Be sure to contact Dr. Bruce Terry, editor, at **pullpulp@aol.com**, or Rob Pugliese, director of communications at **rap@padental.org** if you would like to offer input.





CYBER SALON

The Dental Practice App: What Is It and Why Should You Have It?

By Kaveh Vahdat, chairman, DDS Strategy and Mojtaba Navid, CEO, DDS Strategy

According to a report from metrics company comScore Inc., 82.2 million people in the United State owned smartphones during the three months ending July 2011, up 10 percent from the preceding threemonth period.

Google Android ranked as the top smartphone platform, with a 41.8 percent market share, followed by Apple with 27 percent of the smartphone market. A number of predictions show that the number of smartphone users will continue to grow in the United States.

Besides the growth in the number of users, smartphones continue to become more popular for performing different activities in everyday life. Lots of people use their smartphones to search for their favorite locations or find new locations while they are on the go. Some people have moved away from computers completely and only use their smartphones when searching. The increase in local searches on smartphones has made local advertising (targeted at attracting mobile users) specifically appealing to the owners of small businesses. Dentistry is no exception. The number of patients looking for a dentist on their smartphone grows every day, so it is essential for dentists to make sure they have a good presence on mobile devices.

The growth of smartphones has created many new ideas, and accordingly, different applications for dentists and dental practices. Android and iPhone apps for dentistry are in the early stages at the moment, but they are evolving very quickly into highly useful and sophisticated applications that can be used by dental practices on a day-to-day basis. Some examples of apps that are great aids for dentists are dental practice apps that engage prospective and existing patients and apps that can be used during treatment for knowledge reference, diagnostics help or for the purpose of explaining the treatment procedure to patients.

These apps can be specifically beneficial for driving more patients to a dental practice and facilitating existing patients' access to dental office services. Dental practice apps are the showcases of dental practices on smartphones. They play a role similar to the role a website plays for a dental practice on the Internet. When prospective or existing patients search for a dentist or dental practice on their iPhone or Android, they can be directed to an application that has a true representation of the dental practice. The same can happen when they look for a local dentist by performing a local search. Besides those permanent benefits, because a low percentage of dental practices have a presence on smartphones, having a dental practice app is perceived by patients, at the moment, as a signal of having a leading dental practice.

A good dental practice app should initially be considered a tool that serves patients for their different needs and, as a natural result, it will drive more patients to the dental practice. Therefore, it should have a structure that presents to the patients first what they look for the most. A good dental practice app should have essential features yet should remain simple and easy to use. Easy navigation is specifically important. Patients should be able to find the most important information with one or two clicks from the main menu. A well-developed dental practice app should be beautifully designed with the use of multimedia in a balanced and sufficient level. When it comes to social media integration, it is important for the app to cover integration options with all important social media, because different prospective patients have different social media preferences.

A dental practice app can have many different features, but making the app too complicated by over-implementing different features can be a turn-off that drives prospective patients away from the app. It is important to include the important features, and the important features only, in the app. Some important features to include in a dental practice app are driving directions to the dental practice (including a map), an easy to use appointment request form, contact information for the office via phone and email, social media integration with Facebook and Twitter pages of dental practice, a "smile gallery," with before and after photos of success stories, video testimonials from current office patients, special promotions and, finally, access to Yelp to leave reviews, especially in those areas where Yelp has an active presence.

One good example of a dental practice app, including all the necessary features, is DentiApp, designed and developed by the dental marketing experts at DDS Strategy, which is tailor-made specifically for dental practices. DentiApp is available for iPhone and Android smartphones and benefits from beautiful graphics, easy navigation for patients and a balanced structure with the right number of menus and sub-menus.

Finally, smartphones seem to be here to stay, and having a smartphone app will eventually be as inevitable as websites and a social media presence. Similar to any other emerging trend, the dental practices that adopt the trend first will have the upper hand in the market and, in this case, will have the opportunity to dominate their local mobile space. By the time laggards choose to use a dental app because they have to, the leading dentists will have the knowledge and experience of experimenting with the opportunity for some time and will know how to keep themselves in the dominant position to get a higher share of mobile new patients on a continuous basis.



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IT'S YOUR MONEY

Maximizing Practice Profits in Tough Economic Times

By John P. Cataldo Jr., CPA

Due to recent and ongoing economic conditions, profit maximization has become an increasingly significant issue for all businesses, including dental practices. Throughout my 25 years of experience as a Certified Public Accountant (CPA) specializing in the dental community, I have been approached by many dental practitioners interested in maximizing the efficiency and profit of their practices. These dental practitioners are willing to invest in newsletters, seminars, online courses, written courses and consultants in order to accomplish their goals. The recurring issue is that many dentists find, after considerable investment, that they still have not achieved their goals of efficiency and profitability.

Four major factors contribute to the continued lack of profitability and efficiency that exists despite the efforts of the dental practitioner.

The first factor is a lack of practice structure that creates responsibility and accountability. Second, information obtained from consultants, research and other methods is not implemented into practice operations. Third, the dental practitioner fails to establish yardsticks to measure improvements in practice efficiency and profitability. Finally, practitioners fail to monitor the process of improvement to ensure that changes remain in effect. Often, management documents will be generated; however, they are never implemented. This article will address various methods to improve practice efficiency and profitability, including techniques to overcome the four aforementioned factors that inhibit success.

Practice Structure and Policies

The first aspect of maximizing practice profit and efficiency is the establishment of

a formal written practice financial structure. This process begins with developing an organizational chart for the doctor and staff. The organizational chart creates and formally describes staff duties and responsibilities. Ultimately, the organizational chart establishes accountability in the workplace and, thus, eliminates any uncertainties regarding job descriptions and responsibilities.

The second step in establishing structure is to create a formal written policies and procedures manual. The purpose of clearly defined policies and procedures is to provide staff with knowledge that is essential to processes utilized to perform tasks throughout the practice. Practice policies and procedures should include the following: patient and insurance company billing, collection of outstanding patient and insurance company accounts receivable, patient scheduling, the deposits of cash and checks received, payment of invoices and practice accounting and employee benefits.

Implementation

After the development of an organizational chart and a formal policies and procedures manual, the next, vital step is to implement these policies into practice operations. This aspect of practice improvement is one of the most challenging for both practitioners and their consultants. As a result, failure to implement changes is a common reason for a lack of results despite substantial investments made by dental practitioners. Implementation involves changing the behavior of individuals within the practice. Changing peoples' behavior, especially the behavior of those who have been operating the same way for many years, can be very difficult and is a primary contributor to problems during the implementation phase of practice improvement.

Dental practitioners can overcome the various difficulties associated with the

implementation phase with several techniques. First, new policies and procedures should be produced in writing and be clear and concise. It is essential for staff to clearly understand the policies and procedures. While a written policies and procedures manual is beneficial, it is also necessary to hold routine staff meetings to ensure their understanding and to monitor their compliance with the policies. In addition to staff meetings, the dental practitioner should be involved in a formal, ongoing review to determine whether policies and procedures are being followed and to evaluate the effectiveness of the plan.

The effect of the implementation of an organizational structure and a formal, written policies and procedures manual is the creation and delegation of accountability within the practice. For example, if a policy is established that requires a collection letter to be sent after 15 days of service, the staff member who is assigned this duty will monitor and be accountable for compliance with this policy. The organizational chart can stipulate that the doctor, practice office manager, or an external party, such as the practice consultant or CPA, should perform this duty.

Establishing Yardsticks

Often, practitioners manage their practices in response to crises (poor liquidity or cash flow and significant rising costs of staff payroll and benefits) instead of longterm planning and control systems. Those who operate their practices in this manner tend to believe that stable cash flows within the practice indicate that there are no problems with practice operations. However, this method proves to be a dangerous approach to practice management. Under this method of management, inefficiencies can continue unnoticed until they create significant issues, or crises, that are detrimental to the practice.

IT'S YOUR MONEY continued

In order to avoid crisis within a dental practice, it is necessary for both the dental practitioner and his or her staff to understand what constitutes efficient practice management. Specifically, the staff should know the aspects of efficient, proper performance and should be able to evaluate how their personal performance conforms to these standards. In my experience, I have found that this area of practice management is often insufficient. For example, in many engagements, staff members who are responsible for patient accounts receivable are unable to recognize and, as a result, are unaware that receivables are in poor condition. The development of yardsticks can remedy this situation.

Yardsticks can exist in various forms. The type of yardstick that is particularly important for dental practices involves the use of ratios for practice costs. These ratios include the following: practice costs (dental supplies, staff payroll and benefits, rent, etc.) in relation to practice production and/or collections, percentage of collections to production, and percentage of hygiene cost to hygiene production. My clients find that one of the most beneficial reports that I provide for them is an analysis of ratios for their practice versus ratios for a profitable practice. These reports can be indicative of areas of management weakness. For example, if the cost of dental supplies in relationship to production is above average, it can provide insight into several problem areas for the practice. These problem

areas could include failure to take advantage of discounts on supply purchases, holding excess inventory of certain supplies, and inefficiency in the use of supplies. Another important ratio is collections percentage in relation to production. A decline in this ratio means that the practice is collecting a reduced percentage of revenue produced; hence, accounts receivable is rising. In this situation, the ratio, or yardstick, serves as an early indicator of problems in collecting accounts receivable. Additional yardsticks include establishing weekly, monthly and annual production goals and determining the expected amount of weeks for which the practice is to be scheduled to operate.

The purpose of developing and utilizing yardsticks in a dental practice is to avoid management in response to crisis. Yardsticks allow dental practitioners and their staff to identify and address problems early in their development. Instead of a responsive approach, the dental practitioner can operate in a proactive manner and avoid substantial issues that negatively impact the practice as a whole.

Monitoring

The establishment of a formal policy for ongoing review and monitoring of practice efficiency and profitability is imperative. The dental practitioner should evaluate implementation of established policies and consider the need for policy revisions at regular intervals throughout the year. As mentioned in the implementation section, it is difficult to change the behavior of individuals within a practice. While these individuals may follow new policies in the early stages of implementation, they may revert to prior behavior as time progresses. Consequently, the monitoring of practice operations should be scheduled continuously throughout the life of a practice. I recommend that my clients acquire software, such as Microsoft Outlook, to schedule these reviews.

Several approaches can be taken with regard to practice reviews. First, practitioners can meet with specific employees. For example, the practitioner could schedule a monthly meeting with a responsible staff member to review aged accounts receivable. In addition, practitioners can engage external sources for review. For example, many of my clients will engage me to evaluate the implementation of their policies and to review their practice efficiency and profitability on an ongoing basis.

In conclusion, it is important to remember that your practice is a business with the fundamental objective of producing profits. In order to achieve this objective, a written plan must be implemented and continuously monitored with the guidance of yardsticks. These methods require substantial commitment from both the dental practitioner and his or her staff. However, when properly implemented, they generate the efficiency and profitability that will bring your practice to its ultimate goal.



Dr. Lester M. Cohen Warminster Temple University (1941) Born: 1/1/1918 Died: 10/6/2011 Dr. William E. Evans Allentown Temple University (1961) Born: 4/19/1928 Died: 10/4/2011

Dr. David Post Fogelsville Univ. of Medicine and Dentistry of New Jersey (1985) Born: 2/25/1954 Died: 10/20/2011 Dr. John A. Turtzo Pen Argyl University of Louisville (1967) Born: 3/9/1941 Died: 10/4/2011



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The Buck Hotel, Feasterville, PA "Virtues of Profitable Dentistry"

Presented by Dr. Howard Farran DDS, MBA, MAGD

A noted international lecturer on faster, easier, more efficient dentistry. He has captivated audiences around the world with his innovative, informational and entertaining style. In his seminar entitled, "The Virtues of Profitable Dentistry" he gets down to the nitty gritty details of running a thriving family practice. He can show any dental team how they too can achieve their dreams and goals. Dr. Forran is the founder and publisher of Dentaltown Magazine, which is mailed to more than 118,000 dentists in 43 countries edich month.

Fall Dine Around: Wednesday, November 2, 2011 The Dandelion Restaurant 124 South 18th Street, Philadelphia, PA

"Current Topics in Head and Neck Cancer, Screening, Evaluation, and Treatment of Oral Cavity and Oropharyngeal Cancer" Presented by Dr. Lango MD

> Winter Entertainment Event: Thursday, January 19th, 2012 Del Frisco's Steakhouse 1426 Chestnut Street, Philadelphia, PA

Featuring the breathtaking magic of Oz Perlman (back by popular demand!) and stand up comedian and writer Doogie Horner

Winter/Spring Dine Around: Wednesday, February 22, 2012 Zocalo 3600 Lancaster Avenue, Philadelphia, PA

"The Fully Integrated Practice: It's All About The Patient" Presented by T. Andre Shirdan

CPR: Friday, April 27, 2012 The Buck Hotel, Feasterville, PA

Spring All Day Program: Friday, May 18th, 2012

The Buck Hotel, Feasterville, PA

"A Sound Recession Proof Restorative/Hygiene Practice; Integrating the Team and Creating the Value" Presented by Dr. Lou Graham

> Annual Golf Outing: June, 2012 Philmont Country Club

For more information on Eastern Dental Society, please contact Dr. Michael Salin at Info@Eastern-Dental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org

144TH ANNUAL SESSION



144th Annual Session

Dennis J. Charlton, DMD President



Joseph E. Ross, DMD General Chair

COMMITTEE CHAIRS

Dr. Dennis M. Finton Printing and Publicity

Dr. Timothy C. Gould Registration

Dr. Joseph J. Kohler, III Scientific Program

Dr. Elliott D. Maser Fun Run/Walk/Bike

Dr. Steven T. Radack, III Finance and Fundraising

Dr. Cynthia L. Schuler Entertainment & President's Dinner

Dr. L. William Veihdeffer Hospitality

TAKING FLIGHT!

"This will serve as your final boarding call for flight..." If you have ever been in an airport, you certainly have heard that announcement. The Annual Session Committee wants this

article to serve as your "initial" boarding call for what we have planned to be a whirlwind time in Hershey, barnstorming through many different activities. Of course there will be the usual House of Delegates meetings, but this annual session includes some added attractions not found in recent "trips" to Hershey.

If continuing education is what you have been waiting for, then this is the year for you. We have "book-ended" the Annual Session with seminars. On Thursday, April 26, before the official start of Annual Session, the International College of Dentists-USA Section, District 3 (PA) will sponsor a complimentary half-day afternoon continuing education course on "Advanced Technology Update: Emerging Options in Materials, Diagnostics, and Devices for Dentistry," presented by Dr. Steven R. Jefferies. Then on Sunday, April 29, after all of the official business is completed, the Pennsylvania Society of Oral Maxillofacial Surgeons will sponsor a continuing education course on grafting for implants and the use of Infuse as well as treatment of existing implants. The course speaker is Dr. Bach Le from the University of Southern California and the course fee of \$250 includes breakfast, lunch and a break.

On Thursday night various hospitality suites will be open for visitors to unwind prior to our journey into the business of PDA.

Friday morning, April 27, will feature the First Meeting of the House of Delegates immediately followed by the Reference Committee Hearings where any PDA member in good standing, not just delegates or alternates, can testify to various matters being considered by the House of Delegates. All of our delegates and alternates will enjoy a complimentary lunch hosted by PDAIS; one of the first tastes of the "sweet" cuisine that will be offered by the Hotel Hershey that weekend. As Friday evening nears, the University of Pittsburgh School of Dental Medicine will host a reception for alumni as well as all attendees of the annual session. PADPAC also will host a reception for all attendees. Then to satisfy your sweet tooth, Temple University Kornberg School of Dentistry will provide all attendees with scrumptious desserts. And if you have not had your fill of libations, you can venture back to those hospitality suites for more.

Saturday morning, April 28, will feature another new addition to our activities. This year we will have a Fun Run/Walk/Bike. Yes, we have added a bicycle ride through the picturesque hotel grounds. Since the bicycle rental is for 3 hours, anyone who is not committed to a morning meeting can explore downtown Hershey or a longer nearby trail. The rental fee of \$30 per person includes a required helmet. Make sure you complete the release form. Of course anyone can bring their own bicycle if they desire and participate for a reduced fee of \$15, the same fee as the runners and walkers. All Fun Run/Walk/Bike participants will receive a commemorative T-shirt which undoubtedly will become a collector's item. Following all this strenuous exercise, we will have the district caucuses. All delegates and alternates will be treated to lunch sponsored by PDAIS. During this time voting will take place for our elected officers. After lunch, there will be the Second Meeting of the House of Delegates which will conclude our business for the Annual Session.

Saturday evening all attendees are encouraged to attend the annual President's Reception & Dinner Dance. This year president Denny Charlton has declared the function to be "business casual, no neckties necessary." Since Denny and his wife Lynn are frequent flyers to their Las Vegas home, the dinner will have a Vegas theme where you can lose your necktie, but not your shirt. Remember, "what happens in the ballroom stays in the ballroom!"

After participating in all of our scheduled activities, if you still find yourself with some free time, you can venture out of the hotel and discover a myriad of things to do. If horticulture is an interest, the Hershey Gardens are adjacent to the hotel. Zoology enthusiasts will find ZooAmerica adjacent to Hersheypark the place to be. History buffs will want to visit the Antique Auto Museum, The Hershey Story or take a historic trolley tour of downtown Hershey departing from Chocolate World. Speaking of Chocolate World, we are sure many of you will pay a visit to get your chocolate fix! Other shopping venues include the outlets on Hersheypark Drive. And finally, for all those duffers in the crowd, Hershey Entertainment Corporation manages some of the most pristine golf courses around. From the Hershey Country Club courses to the Spring Creek executive course, we are sure you will find one (or two) challenging enough for your skill level. Mulligans can be purchased from our treasurer, Don Hoffman. Please call Hotel Hershey Guest Services at (717) 534-8860 for additional information about any activity.

The Alliance of the Pennsylvania Dental Association also has planned many entertaining events. All spouses are invited to register and participate in the events described on page 29.

The Annual Session Committee hopes you find the 144th Pennsylvania Dental Association Annual Session weekend enjoyable as well as productive. Do not hesitate to contact any member of the committee if concerns arise.

So, grab your carry-on bag, boarding pass, goggles and scarf, and climb aboard our vintage plane for your flight to Hershey, the Sweetest Place on Earth[®].

Joseph E. Ross, DMD General Chair

26

APRIL 27-28, 2012



Complimentary CE for Annual Session Attendees

International College of Dentists-USA Section, District 3 (PA) is pleased to invite all PDA Annual Session attendees to a lecture on "Advanced Technology Update: Emerging Options in Materials, Diagnostics, and Devices for Dentistry," presented by Dr. Steven R. Jefferies. The course will be held from 3 p.m. to 6 p.m. on Thursday, April 26, 2012, at the Hotel Hershey.

This course will provide broad-based, "rapid-fire" update on the impact of advanced technology on the dental practice. The technological advances that will be highlighted include:

- nanotechnology, advanced photonic for diagnostics and polymerization
- ♦ lasers
- high strength ceramics as metal replacements
- advanced 3-D imaging technology
- new surface treatments and fixture/abutment designs on implants (including an update on small diameter implants)
- bioactive dental materials
- remineralization technology
- new materials for vital pulp therapy and pulp regenerative procedures
- new materials and technology for endodontics
- technology for minimal invasive dentistry

The course will consider cost effectiveness, clinical efficacy and effectiveness, regulatory and legal implications as well as, some current evidence/ outcome-based data on these various technologies and products. PDA is an ADA CERP Provider. PDA designates this activity for 3 credit hours.

About the Speaker

Steven R. Jefferies MS, DDS, PhD is a professor in the Department of Restorative Dentistry, Maurice H. Kornberg School of Dentistry, Temple University. Dr. Jefferies also is the Director of the Biomaterials Research Laboratory in the Department of Restorative Dentistry and Director of Clinical Research for the School of Dentistry.

Dr. Jefferies has been an inventor or co-inventor on 27 issued US Patents and 63 World-wide Patent Disclosures; has authored or co-authored more than 60 scientific articles and abstracts, and has delivered more than 80 oral presentations on various clinical and scientific topics. He is a fellow in the International College of Dentists, the American College of Dentists, the Academy of Dentistry International and Academy of General Dentistry.

PROGRAM HIGHLIGHTS

Pennsylvania Dental Association | 144th Annual Session April 27-28, 2012, Hotel Hershey

Thursday, April 26, 2012	
Registration	2:00 PM
Complimentary CE Lecture	3:00 PM
Hospitality Suites	6:00 PM
Friday, April 27, 2012	
Registration	7:00 AM
House of Delegates	8:00 AM
Reference Committee Hearings	10:30 AM
Luncheon for Delegates and Alternates	12:45 PM
Sponsored by PDAIS	
Reference Committee Hearings Resume	1:45 PM
Pitt Alumni Reception	4:30 PM
Open to all Attendees	
PADPAC Reception	6:30 PM
Open to all Attendees (business attire)	
Temple University Kornberg School of Dentistry Reception	7:30 PM
Open to all Attendees	
Hospitality Suites	8:30 PM
Saturday, April 28, 2012	
Fun Run/Walk/Bike	6:30 AM
PDA Former Presidents' Breakfast	7:00 AM
District Caucuses	8:00 AM
Voting	11:00 AM
Luncheon for Delegates and Alternates	11:30 AM
Sponsored by PDAIS	
House of Delegates	12:45 PM
Hospitality Suites	4:00 PM
President's Reception & Dinner Dance	7:30 PM
Sponsored in part by the Pennsylvania Society of Oral	
and Maxillofacial Surgeons and Thayer Dental Laboratory	

Hotel Reservation Information / Reservation Deadline March 16, 2012*

Reserve your room at the Hotel Hershey by calling (717) 533-2171 or (800) 533-3131 and providing the group code 53084.

Room rate: \$212 single/double plus 11% tax. All guest rooms are non-smoking.

Upgrade to a Woodside Cottage room for an additional \$100 per night, per room plus applicable taxes. Rent an entire cottage (4 or 6 bedrooms) with your family and friends to enjoy the Great Room as a communal gathering place.

*The block of rooms at the Hotel Hershey will be held until March 16, 2012, or until rooms are exhausted. After March 16 or once rooms are exhausted, whichever shall occur first, rooms will be assigned on a space available basis.

April 27-28, 2012

Hotel Hershey

Please fill out this form and return by March 16, 2012, even if you will not be attending any social events. Return to:

PDA Annual Session

P.O. Box 3341 Harrisburg, PA 17105 Fax: (717) 232-7169 OR Register via the PDA website at www.padental.org/as

POUSE/	GUEST	(IF	AT	TEND	ING)

ADDRESS

NAME

CITY

PHONE (WORK)

SPECIAL DIETARY/ACCESSIBILITY NEEDS

Mark the appropriate line with "M" for yourself and "S" for spouse.

PDA Member (District #____) ____ ASDA Member _____ APDA Member (Alliance) _____ Guest

Please help us spend our resources wisely by indicating your attendance plans below.

Event Date	Event	# Attending	Cost	Total
Thursday, April 26	Advanced Technology Update CE Lecture	X	Complimentary	
Friday, April 27	Luncheon for Delegates and Alternates (sponsored by PDAIS) Use zero if you are not attending	X	Complimentary for delegates & alternat	es
Friday, April 27	PADPAC and Candidates' Reception Open to all attendees, spouses and guests; business attire, please	X	Complimentary	
Saturday, April 28	Fun Run/Walk/Bike (own equipment) — Circle T-shirt size: S M L XL XXL	X	\$15 =	_
	Fun Run/Walk/Bike (bike rental) — Circle T-shirt size: S M L XL XXL	X	\$30 =	
Saturday, April 28	Luncheon for Delegates and Alternates (sponsored by PDAIS) Use zero if you are not attending	X	Complimentary for delegates & alternat	es
Saturday, April 28	President's Reception and Dinner Dance	X	\$85 =	
	Children age 12 and under (chicken tenders or buffet)	X	\$30 =	
	 Please make check payable to: 2012 PDA Annual Session Card VISA American Express Discover 	Total Enclosed	\$	

CARD NUMBER

EXP. DATE

SIGNATURE

NICKNAME FOR BADGE

NICKNAME FOR BADGE

ZIP

STATE

FAX

Fun Run/Walk/Bike on April 28

Yes, we added a bicycle ride to the Fun Run/Walk! The rental fee of \$30 per person includes a required helmet. Or, bring your own bicycle and participate for a reduced fee of \$15. Since the bicycle rental is for 3 hours, anyone who is not committed to a morning meeting can explore downtown Hershey or a longer trail on the hotel grounds.

President's Reception and Dinner Dance on April 28

Please join us to celebrate Dr. Denny Charlton's year as PDA President! This year, Dr. Charlton has declared the dinner dance to be "business casual, no neckties necessary." Since Denny and his wife, Lynn, are frequent flyers to their Las Vegas home, the dinner will have a Vegas theme where you can lose your necktie, but not your shirt. Remember, "What happens in the ballroom stays in the ballroom!" Sponsored in part by the Pennsylvania Society of Oral and Maxillofacial Surgeons and Thayer Dental Laboratory.

Cancellations must be received, in writing, by April 6, 2012, in order to obtain a refund. NO on-site ticket sales.

APDA REGISTRATION FORM

Alliance of the Pennsylvania Dental Association

Partnering to promote oral health in the community

The Alliance of the Pennsylvania Dental Association (APDA) welcomes all dental spouses into membership to support oral health education and legislative involvement.

APDA Registration Form

62ND ANNUAL MEETING

Friday, April 27

APDA Registration	9:15 AM
APDA 2012 Membership project*	10:45 AM
Packing senior oral care kits for the	
distribution in the community	
APDA Member Luncheon	NOON
Honoring APDA Past Presidents	
APDA Social Event	2:30 PM
Cupcakes and Cocktails	

* Donations of toothbrushes, toothpaste, dental floss, denture cream or denture brushes will be greatly appreciated. Donations can be dropped off at either registration desk from Thursday evening to Friday morning by 10:45 am. Include your name on all donations. We request a minimum of one dozen like items and kindly no mouth wash. Thank you.

Saturday, April 28

ADPA Registration	9:00 AM
APDA Board Meeting	9:15 AM
Segway Tour	1:30 PM

Make a donation to the senior oral care kits and have a chance to win this tour for free!! One raffle ticket per donation will be entered in drawing. Any previous purchase will be reimbursed.

2012 APDA Convention REGISTRATION FORM

Registration Deadline March 16, 2012

Make Checks Payable to APDA and mail with completed registration to Stephanie Test at 888 Kingswood Lane, Danielsville, PA 18038

Questions? Contact Stephanie at (610) 462-1109

NAME		
COMPONENT		
ADDRESS		
CITY	STATE	ZIP
PHONE	CELL	

spouse's name





Patient Relations Program Goes Electronic By Camille Kostelac-Cherry, Esq., Chief Executive Officer



Beginning March 1

PDA's Patient Relations Program will transition to an all electronic referral service. As part of the change, PDA has partnered with the Pennsylvania Council of Mediators (PCM) in an effort to expand mediation services to those areas of the state where no component patient relations program exists.

All patients will be encouraged to first attempt to work out the concern directly with the dentist. In all cases, the committee chairperson (if one exists) will be the first contact option for referral by PDA.

Under the new procedure, PDA will refer all patient complainants to the public side of the PDA website, or directly to www.padental.org/dentalcomplaints.

The Dental Complaint Resources homepage contains instructional information as well as a general explanation of mediation, the concept upon which the patient relations programs are based. Complainants choose the appropriate county designation to find a referral source. Those components that continue to maintain a patient relations program will be listed first, followed by any known community mediation or alternate dispute resolution centers. Each county listing also will contain a hyperlink to the PCM web referral service.

To the extent possible, PDA has compiled a list of mediation centers across Pennsylvania to which patients can be referred, including those with complaints against non-member dentists. The mediation centers also may handle issues that patient relations committees are not able to accept, such as fee disputes. The PCM maintains its own mediation referral network; its members are professionally trained mediators who have agreed to take dental complaints. (See article on page 32.)

PDA will maintain a listing of dentists who are willing to serve as consultants to PCM's professional mediators. In the event a mediation requires a review of or consultation on dental issues involved in a particular case, the mediator would contact a listed dentist directly. Any dentist who wishes to be included in the listing should complete and return the form that appears below, or contact me at **ckc@padental.org**.

Under the new referral system, complainants will deal directly with the patient relations committee chairman where such a committee exists. Or, they will contact the community mediation center or PCM directly. Those complainants who do not have computer access will be provided with contact information for the appropriate patient relations chairman where one exists, or for the PCM website.

Written complaints received at the PDA Central Office will be returned to the complainant with the appropriate referral information as described above.

PDA will no longer issue or forward letters, process complaints, or keep statistics on patient complaints. In all circumstances, PDA staff will act as a referral source only.

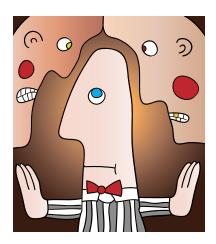
We will provide the ADA training disk for the members of all patient relations committees, and will continue to provide insurance coverage to its component patient relations committees. However, only those committee members who have received training, as certified by the committee chair, will be covered under the policy. Completion of the training program will qualify component societies for insurance coverage in the amount of \$250,000.

Anyone with questions about these changes may contact either Marisa Swarney at (800) 223-0016, extension 116, or Camille Kostelac-Cherry at extension 101.

Component societies may continue to forward peer review issues, those between dentist providers and insurance companies, directly to PDA, to the attention of Marisa Swarney (mss@padental.org).

□ YES, I would like to serve as a dentist consultant for patient complaint mediators.

NAME	DENTAL SPECIALTY	
ADDRESS		
COUNTY		
PHONE		
EMAIL		



Interested in Taking Mediation Training?

For any dentist interested in becoming a professional mediator, there are several necessary steps you need to follow.

A number of community mediation centers offer basic mediation training. The course typically lasts 22-24 hours and combines substantive content with skill building exercises and role play practice. Training focuses on conflict assessment, communications skills, problem solving, decision making and agreement formalization.

After training it's best to co-mediate or work with a mentor to gain some experience. Mediators are expected to take continuing education courses to keep up with developments in the field and sharpen their skills.

Check out the basic and advanced trainings listed on the PA Council of Mediators' website at www.pamediation.org/showtrainings.cfm.

Mediation: A Valuable Tool to Resolve Disputes Between Patients and Dentists

By Phoebe Sheftel, Pennsylvania Council of Mediators

IN the event that problems or misunderstandings arise between dentists and their patients regarding dental services, mediation is an effective tool to resolve the issues.

The Pennsylvania Dental Association, in cooperation with the Pennsylvania Council of Mediators (PCM), has a program that provides disputants with information that can help them decide if mediation is appropriate for a particular situation, and can assist them in locating prospective mediators.

Mediation brings disputing parties together in a confidential setting to explore their understanding of the conflict and empowers them to decide on a resolution. Mediators believe the parties themselves are best able to define the issues and develop their own resolution.

The mediator is an impartial facilitator of the conversation, helping the parties discuss the issues with each other, consider each other's perspective and make voluntary, informed decisions. The mediator does not offer solutions.

Either one or both parties can request mediation. If one party contacts a mediator, the mediator will contact the other party, explain the mediation process and invite them to participate in mediation. Participation is voluntary; both the patient and dentist must agree to participate. Anyone may withdraw at any point if they feel continuing would be counterproductive. Should either party choose not to participate, the other party retains the right to pursue the complaint by other means. Mediators come from a variety of professions, such as law, social work, medicine, human resources, psychology, education, business and the ministry. Their hourly rates usually reflect their training and years of experience. Costs also vary, depending on the complexity of the case and the experience and training of the mediator. Mediation centers may request a small donation, use a sliding scale, or charge fees comparable to private mediators. The parties can agree to share the mediator's fee. Be sure to ask about the fee when you interview prospective mediators.

PDA's website links to that of the Pennsylvania Council of Mediators. The PCM web site offers a tool for searching for mediators who handle dental disputes. You can search statewide or by county by logging onto **www.padental.org** or **www.pamediation.org**. The listing of mediators is offered as a service, but does not imply endorsement by the PCM or PDA.

For general questions on mediation, call the Pennsylvania Council of Mediators at (610) 526-1802.

Phoebe Sheftel is a member of the Pennsylvania Council of Mediators Board of Directors and has worked over 20 years in community, family, employment and environmental mediation.



PENNSYLVANIA council of mediators



ON THE LIGHTER SIDE



THE INTERVIEW By Richard J. Galeone

What did I know? I was a senior in dental school. I knew nothing. I didn't even know that I knew nothing. As an example: I chose the day before my big interview to schedule an appointment with Dr. Heiny, the proctologist, for my inflamed pilonidal cyst. His office was conveniently located right across the street from Fluehr's Funeral Home on Cottman Avenue. I leafed through a four-year-old copy of Anal Annual Review while I waited in the circa 1930 reception area. There was a dead pressed roach between pages 42 and 43 which ruined the end of the article I had been reading on buttocks acne. Upon entering the treatment room I thought I saw a picture of an old flame, but it turned out to be a tastefully framed photo of angry hemorrhoids. Dr. Heiny, it turned out, was a noted amateur photographer.

After a brief medical history, "Are both your parents still alive?" he withdrew a one gauge skewer from its scabbard and had me lean and splay over the examination table. And, though I thought I had excellent health insurance, no time was wasted on the finer points of topical or local anesthetic. Syncope was my anesthetic. In spite of all his skill I was in significant pain the next day.

The interview for the pedo program at Penn was at Dr. Mengele's office. I wore my new blue suit from Robert Hall and a pair of black shoes I'd borrowed from my father. The Corvair was in the shop for another valve job so I had to use public transportation and decided I'd better give myself plenty of time. It was a Saturday morning and I guess I stood out because I was attracting the keen attention of an old crone with flaming Tourette's standing guard at the door. It might have been my squirming on the seat. It felt like Dr. Heiny had left his sword up there. Well, I guess this really annoyed Mrs. Tourette because when I exited the train at 40th Street she cursed like a trucker on speed, stuck out her cane and tripped me. I fell flat on the concrete platform bruising my palms and tearing a hole in my left pant leg. There was a burst of laughter. A gaggle of warmhearted girls from the local reformatory was loose on a field trip. A proud moment indeed for Tourette lady.

As I hobbled from the station I noticed that the corn on my little left toe was throbbing. I found Dr. Mengele's office but was two hours early so I made my way to the Star Trek Diner which was just around the corner. In the Gents I found a stall where I could adjust the bandage on my back. The Star Trek, I soon discovered, had installed new ultramodern toilets featuring an early series of the soon-to-be popular automatic flushers. My toilet suffered from bidet envy. American Standard engineers are still wrestling with this problem. When I took a deep breath it burst to life like a demented Bernini fountain. It was the first real pleasure I'd had all day. There was of course no toilet tissue and the men's room door was flung open just as I was rushed into another stall. I stayed in there until the pervert left.

Back at the lunch counter the waitress raised a brow at my torn, wet trousers. At a dollar and a quarter the Klingon burger purported to put rocket fuel in your liftoff. I ordered a bowl of the Martian clam chowder for sixty-five cents. It was good and spicy just as I liked it. However, after a couple of minutes my upper lip began to itch. Oh no, I thought, I'm allergic to something in this soup. It felt like my upper lip was beginning to swell. Now what? This couldn't be happening. I gimped off once more to the rest room. It was true. Mirrors didn't lie. There was a beef steak growing from the bottom of my nose. It grew right before my eyes. It grew down over my unaffected lower lip. It was approaching my chin. Woe was me. Was I regressing

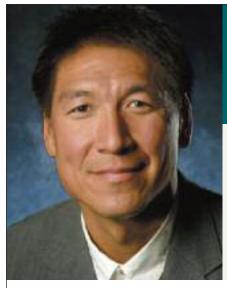
back to the simian? Worse, I looked like I had lost a hundred points of IQ. I shouldn't have been so cheap. I would never learn. I should have sprung for the Klingon burger. Maybe Dr. Mengele would understand. Right. And maybe the pope was German.

But when he invited me into his plush private office I was on the cusp of a panic attack and offered no explanation. He looked on guard. His eyes were easily as big as my lip. As a matter of fact, I could see my lip in them. Was I an imposter? Was this a set-up? A joke? He indicated a chair directly in front of his desk. It was straight backed and wooden. When the entire weight of my voluptuous body landed on the pilonidal wound I could not help but yelp in pain and leap from the chair. Dr. Mengele did a rapid moon dance backward. It was not a good start.

I tried to explain. I tried to apologize. But the moment had passed. When the interview finally commenced I could see that his alarm was morphing into impatience. He had the expression of a man who was late for another, more important, appointment. A pedicure? Perhaps a bikini wax? Yes, he was a complicated man. He kept sneaking looks at his watch and finally took it off placing it directly in front of his eyes on the desk as if it had been itching his wrist. My only hope was that no one else applied to the program.

I had already been accepted elsewhere when the politely worded letter of rejection arrived from Dr. Mengele. It seemed that there had been an incredible number of qualified applicants that year. It didn't actually say that I was one of them. It implied that, if I was, I still would not have been accepted. So I was not to feel too bad. Nevertheless, after all these years, I still wonder if I would have been one of the chosen had I not been suffering from the pilonidal cyst, the scraped hands and knees, torn trousers, swollen lip and throbbing corn. The corn still hurts. But, you know me, I don't like to complain.

-RJG



Francis Scott Key Dental Study Club Presents

Dr. Stephen J. Chu

"Placing & Restoring Implants in the Esthetic Zone Treatment Planning to Avoid Complications"

Dr. Chu is an Associate Professor in the Department of Prosthodontics, Director of Esthetic Education at Columbia University School of Dentistry. He maintains a private practice with Dr. Dennis Tarnow in New York City in aesthetic, restorative, and implant dentistry.

Date & Time: Location:

Friday, May 18, 2012. 9 am to 5 pm

Mt. St. Mary's University, Knott Auditorium 16300 Old Emmitsburg Rd. Emmitsburg, MD 21727

REGISTER EARLY. LIMITED SEATING No Refunds Allowed 30 Days Prior to Presentation

Placing and Restoring Implants in the Esthetic Zone 2012

Make checks payable to: **FSK Study Club** Mail to: 198 **Thomas Johnson Dr., Suite 11, Frederick, MD 21702**

Deadline for Registration is May 11, 2012

Name			Degree		
Address			City	State	Zip
Phone			E-Mail		
Please Ch	eck: 🗅 Dentist 🗅 Stud	ent/Military			
Tuition:	Early Discount (before Dentist: Students/Military	e 4-15-2012)	\$345.00 \$395.00 \$250.00	*Breakfast, Lunch & Snacks Provided *CE Credits 7 Hours	
Amount E	nclosed \$	_(check only)	only) Online Registration Questions: email FSKstudyclub@gmail.com		



AWARDS & ACHIEVEMENTS

PDA Website Honored by IABC



The International Association of Business Communicators (IABC) Harrisburg Chapter presented PDA with a Silver Award in its 2011 Capital Awards competition in November. Our website redesign, launched in December 2010, earned the honor in IABC's website category. Be sure to check the site regularly at **www.padental.org**.

PA Dental Foundation awards grants for GKAS



The Pennsylvania Dental Foundation recently awarded \$1,000 grants to each of the three Pennsylvania dental schools to support their Give Kids A Smile (GKAS) activities. Courtney Walter (left) and Alexandra Jensen (middle), president and vice president of University of Pittsburgh's student chapter of the American Academy of Pediatric Dentistry, accept a representative check from Dr. R. Donald Hoffman, Pennsylvania Dental Association treasurer.

Rosenberg honored

Dr. Edwin S. Rosenberg, a PDA member from Philadelphia, has received The Master Clinician Award, the highest award given to a periodontist, for the consistent clinical excellence he has demonstrated and practiced in the field.

Dr. Rosenberg was past director of Periodontics and Implant Dentistry at the University Of Pennsylvania School Of Dental Medicine and past Chairman of Periodontics and Implant Dentistry at Temple University School of Dentistry. Currently, he is Clinical Professor of Periodontics and Implant Dentistry of Surgical Sciences at New York University School of Dentistry.

Dr. Rosenberg is known as an innovator and early adopter of techniques and technologies such as periodontal prosthesis, guided tissue regeneration, and osseointegrated dental implants. His famously rigorous approach to research and applied science has made him an inspirational role model for the hundreds of periodontists he has taught.

Your Representation on the National Level

PDA would like to recognize and thank all of our volunteers who have given their time serving on ADA councils and committees during 2010-2011.

Following is a list of PDA members and the ADA group that they served on during the past year:

Dr. Gary S. Davis Council on Access, Prevention and Interprofessional Relations, Chair

Dr. Ronald K. Heier Council on ADA Sessions

Dr. John B. Nase Council on Communications

Dr. Lauri A. Passeri Council on Dental Benefit Programs

Dr. Jon J. Johnston Council on Dental Practice

Dr. Thomas W. Gamba Council on Ethics, Bylaws and Judicial Affairs

Dr. Herbert L. Ray Jr. Council on Government Affairs

Dr. Nancy R. Rosenthal Council on Membership

Dr. Craig A. Eisenhart Council on Members Insurance and Retirement Programs

Dr. Stephen T. Radack III Joint Commission on National Dental Examinations

Dr. Brian M. Schwab, New Dentist Committee

Dr. Jay R. Wells, III, American Dental Political Action Committee

Thayer Dental Laboratory Now an Authorized Bruxzir® Laboratory

Greg Thayer, CDT, FICOI, president of Thayer Dental Laboratory, a Certified Dental Laboratory, announced that the company is now authorized to fabricate one of dentistry's most successful new restorations. BruxZir® solid zirconia is a full-contour monolithic zirconia crown or bridge with no porcelain overlay. As an Authorized BruxZir® lab, dentists are guaranteed that Thayer Dental Laboratory uses authentic FDA-registered BruxZir® solid zirconia which virtually eliminates the possibility of chipping.

The strength of BruxZir[®] solid zirconia crowns and bridges makes it ideal for bruxers and grinders who have destroyed other dental restorations. Dentists may prescribe BruxZir[®] from Thayer Dental Lab instead of metal occlusal PFMs and full-cast metal crowns and bridges. While it is more brawn than beauty, dentists and their patients will be impressed with the aesthetics of BruxZir[®] when compared with traditional PFM restorations. BruxZir[®] restorations are designed and milled at Thayer using CAD/CAM technology — then sintered for more than 10 hours at 1,530 degrees Celsius, and finally glazed to a smooth surface. This tough dental restoration has rapidly gained popularity for posterior restorations, when superior strength is required, but the patient is reluctant to have unsightly metal in their mouth.

"To date, we've seen a great acceptance of BruxZir[®] restorations by our customers and their patients," Thayer said. "Our customers are pleased with BruxZir[®]'s monolithic strength and the fact that they can work with a conventional PFM preparation — and everyone is happy to avoid the cost of high noble alloys."

Thayer Dental Laboratory is a full service laboratory, specializing in implants and cosmetic restorations. Established in 1976, Thayer Dental Laboratory prides itself on delivering consistent, high quality restorations, outstanding customer service and innovative treatment planning solutions.

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Dr. Louis DePaola What's New in Infection Control?

Dr. Mark Hyman A Day In the Life of a Top Gun Dental Team

Dr. Donald Lewis Fraud in the Dental Office

Dr. Samuel Low Periodontics

Mr. David Norton Social Networking for the Dental Professional

Dr. Uche Odiatu Get Fit – Get Smort

Dr. Dennis Tarnow Esthetics & implant Dentistry

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For a Preliminary Program,



CONTINUING EDUCATION

University of Pittsburgh

Contact: Lori Burkette Administrative Secretary (412) 648-8370

March 3

A Review of Radiologic Procedures for the Dental Professional: DEP Recommendations *Marie George, RDH, MS*

March 16 (morning)

Update on Local Anesthesia Therapeutics and Complications *Dr. Paul Moore Ms. Marie George, RDH*

March 16 (afternoon)

Clinical Refresher Program for Local Anesthesia Injection Techniques Hands-On/Limited Attendance Dr. Paul Moore

March 17-18

Local Anesthetics for the Dental Hygienist — Part 1 Hands-On/Limited Attendance Dr. Paul Moore With Faculty, Department of Anesthesiology and Department of Dental Hygiene

March 30

The Art and Science of CAMBRA Dr. Doug Young

April 14-15

Local Anesthetics for the Dental Hygienist — Part 2 Hands-On/Limited Attendance Dr. Paul Moore With Faculty, Department of Anesthesiology and Department of Dental Hygiene

April 21

T. F. Bowser Memorial Lecture: The New Perio Medicine Hygiene Protocol *Dr. Timothy Donley*

April 28

Surgical Crown Elongation Dr. Pouran Famili Dr. Ali Seyedain

May 12

Dental Radiography: DANB Exam Prep Course Gayle Ball, RDH Victoria Green, RDH

June 8-9

Recognition and Management of Complications During Minimal and Moderate Sedation — Part 2 Hands-On (Registration Deadline: April 1) *Dr. James C. Phero, DMD Dr. Joseph A. Giovannitti Jr.* *Please note: A ten-lesson online course offered through the adaceonline.org must be completed prior to taking Part 2.

Off-Campus Programs

Altoona

February 23 The Oral Medicine Connection Dr. Scott Derossi

March 15 The ABC's Of Pediatric Dentistry *Dr. Mary Beth Dunn*

April 19

Restoration of the Complex Denture, Fixed & Implant Patient: Pitfalls to Avoid *Dr. Carl F. Driscoll*

Bradford

March 1 Adhesives, Composites, Cements and More Dr. George Freedman

April 26 Can I Do That, and Get Paid, and Enjoy It? Dr. Robert N. Obradovich

September 13 Restorative Dentistry Dr. Jan K. Mitchell

October 25 Complete Denture Fundamentals *Dr. Michael Waliszewski*

Butler

March 15 Restorative Dentistry *Dr. Jan K. Mitchell*

April 19 Periodontics 2012: Pearls for the General Practice Dr. Francis Serio

Erie

March 22 Smart Bonding: Extraordinary Solutions for Ordinary Problems Dr. Howard Strassler

April 19 ABC's of Pediatric Dentistry Dr. Mary Beth Dunn Greensburg

February 24 Oral Surgery for the General Practitioner Dr. John Campbell

March 23 Forensic Dental Casebook: Methods and Techniques Dr. Michael Sobel

April 20 Restoration of the Complex Denture, Fixed and Implant Patient: Pitfalls to Avoid Dr. Carl F. Driscoll

Johnstown

March 30 New Modalities in the Treatment of TMD Dr. John E. Pawlowicz III

April 25 Updates in Oral Medicine & Managing Medically Complex Patients Dr. James Guggenheimer

October 17 Issues on Treating Patients with Cardiovascular Disease Dr. James Lichon November 15 ABCs of Pediatric Dentistry Dr. Mary Beth Dunn

Pittsburgh VAMC

March 14 Modern Endodontics — From Theory to Practice *Dr. Martin Trope*

April 18

What's Hot and What's Getting Hotter Dr. Howard Glazer

May 9 Restorative Dentistry *Dr. Jan K. Mitchell*

Pottsville

February 29 An Overview of Oral Pathology Dr. Bobby M. Collins Jr.

March 29

Can I Do That, and Get Paid, and Enjoy It? *Dr. Robert N. Obradovich*

April 26 Options for the Restoration of the Dental Implant Dr. Steve J. Kukunas

Reading

April 20

Smart Bonding: Extraordinary Solutions for Ordinary Problems Dr. Howard E. Strassler

Mav 11

Restoration of the Complex Denture, Fixed & Implant Patient: Pitfalls to Avoid Dr. Carl F. Driscoll

September 21

Mini Dental Implants Dr. Richard Lipscomb

CONTINUING EDUCATION continued

University of Pittsburgh (cont.)

October 26

The Periodontal Patient – Management and Implications for Overall Health *Dr. Frank Scannapieco*

Scranton

March 28 Achieving Excellence in Treating and Counseling the Oncology Patient Sandra Boody, CDA, RDH, MED

April 18 Restorative Dentistry *Dr. Jan Mitchell*

Steubenville, Ohio

March 29

Options for the Restoration of the Dental Implant *Dr. Steve Kukunas*

April 26

The ABCs of Pediatric Dentistry Dr. Mary Beth Dunn

Titusville

March 14

Achieving Excellence in Treating and Counseling the Oncology Patient Sandra Boody, CDA, RDH, MED

April 25

Can I Do That, and Get Paid, and Enjoy It? Dr. Robert N. Obradovich

Williamsport

March 21 Oral Surgery for the General Practitioner Dr. Allen Fielding

April 18 Periodontics 2012: Pearls for the General Practice Dr. Francis Serio

18th Annual Bowser Memorial Lecture April 21 The New Perio Medicine Hygiene Protocol *Timothy Donley, DDS, MSD*

Temple University

Contact: Dr. Ronald D. Bushick or Nicole Carreno (215) 707-7541/7006 (215) 707-7107 (Fax) Register at www.temple.edu/dentistry/ce

March 7

Dental Management of Emergencies Gray Jones, DDS Allen Fielding, DMD, MD, MBA

March 23

Advancements in Posterior Aesthetic Restorative Dentistry (Hands On) *Steven P. Weinberg, DMD*

March 30

Extraction Socket Grafting for the General Dentist, Making It Easy and Profitable Jeffery B. Wheaton, DDS, MD

April 20

Infection Control: That Thing You Do, Why Do You Do It? John A. Molinari, PhD

April 25

Orthodontics: What the General Dentist Needs To Know Harold Slutskky, DMD

May 9

Radiology Facts – The Spectrum of Dental Radiology: Improving Diagnostic Images Safely and with Accuracy Kathy Schlotthauer, RDH

Brookville

Heritage House Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117

March 9

A Team Approach to Diagnosis and Treatment Planning *Christopher J. Perry, DMD*

April 13

Direct Composite Restorations — Components for Success James Braun, DDS

Greensburg

Giannilli's II Restaurant & Banquet Facility, Greensburg Contact : Rebecca Von Nieda, PDA (800) 223-0016, ext. 117

March 23

Forensic Odontology — Everything You Want to Know, but Didn't Know Who or What to Ask *Richard M. Scanlon, DMD*

April 20

Treatment Planning for Advanced and Complex Dentistry and Esthetic Implant Dentistry *Cyril I. Evian, DMD*

May 11

A Simple Path to Excellent Endodontics Michael J. Ribera, DMD, MS

St. Marys

Gunners Inn and Restaurant Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117

May 11

Managing the Balanced Oral Environment – Assessing, Restoring and Maintaining Dental Health Nels Ewoldsen, DDS, MSD

Dental Society of Chester County and Deleware Count

DKU Continuing Dental Education Springfield Country Club, Delaware County Contact: Dr. Barry Cohen (610) 449-7002 DKUdental@aol.com

April 13 But Aren't They Just Baby Teeth Gregory L. Psaltis, DDS

May 4 The Prosthodontic Sextet for Esthetic Longevity and Success *Fritz Kopp*

Montgomery-Bucks Dental Society

Normandy Farm, Blue Bell www.mbds.org (215) 234-4203

April 20 Optimal Aging — Living to 100 Barbara J. Steinberg, DDS

May 18 My Patient Keeps Getting Cavities... Dr. Brian B. Novy

Philadelphia County Dental Society

Contact: Teresa F. Ravert Executive Director (215) 925-6050 Fax (215) 925-6998 e-mail: philcodent@aol.com or visit the web site at www.philcodent.org

March 21

Electronic Records: Insurance Codes Ms. Christine Taxin CPR Recertification Mr. Jim Spaulding

May 9

Current Concepts in Minimally Invasive Dentistry Dr. Ron Kaminer (in cooperation with Dental Team Concepts: Triodent, Velocsope, GC America)

October 3

Advancing Your Vision in Restorative Dentistry Dr. Lou Graham (in cooperation with Dental Team Concepts: GC America)

December 7

Possibilities in Dentistry: Cosmetic, Restorative, Implant Dentistry & How to Implement Them into Your Practice Dr. David Little (in cooperation with Caulk/Dentsply)

Eastern Dental Society

Eastern Dental Society Contact: Dr. Michael Salin (215) 322-7810 info@Eastern-Dental.org

May 18

The Buck Hotel, Feasterville A Sound Recession Proof Restorative/Hygiene Practice; Integrating the Team and Creating the Value *Dr. Lou Graham*

The Institute For Facial Esthetics

Fort Washington Contact: Linda Maroney CE Coordinator (215) 643-5881 On-Line Registration: www.iffe.net/registration

March 16-17

NobelClinician 3D Computerized Planning Thomas J. Balshi, DDS, PhD, FACP Glenn J. Wolfinger, DMD, FACP Stephen F. Balshi, MBE Robert Winkelman, CDT, MDT

March 26

Advanced Guided Surgery with Zygoma Thomas J. Balshi, DDS, PhD, FACP Glenn J. Wolfinger, DMD, FACP Stephen F. Balshi, MBE

Oral and Maxillofacial Surgery Study Club

Allegheny General Hospital Pittsburgh www.aghcme.org (Pre-registration required)

March 1 Cardiology for OMFS/Dental Practitioner George Gabriel, DO, FACC

At Your Fingertips — What's New on the Web Members Making a Difference

Many PDA members regularly use their time and talents to reach out to the public in a variety of ways. This outreach ranges from donating dental services to those in need to collecting items for children or United States troops. In November, we launched a new section of **padental.org**, "Members Making a Difference," celebrating these efforts. The section is geared toward educating the public about members' volunteerism, as well giving other dentists ideas for ways they, too, can give back.



We encourage you to visit **www.padental.org/makingadifference** and browse through the inspiring stories featured. The section will continue to grow, and we'd love to hear about your outreach efforts. There's a quick and simple form you can fill out online. We look forward to hearing from you! Contact Natalie Kinsinger at **nmk@padental.org** and as always, please email some photographs to accompany your story.

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Andrew J. Mramor, DDS Clinical Director

By Dr. John Reitz



I suspect organized dentistry began because a group of dentists wanted a venue to share techniques and experiences. Although information sharing can still happen on a local level, it is difficult to accomplish on a statewide level. With the advent of the Internet and the ability for instant communication and information gathering, it's time we use this resource to improve our practices, and I hope to do so through occasional articles in this publication.

This article details an intriguing new product for fighting tooth decay.

Based on research by UCLA microbiologist Wenyuan Shi, an extract from licorice root targets and kills the main bacteria (strep mutans) responsible for tooth decay.

Professor Shi studied 1,000 different Chinese herbs looking for a new therapeutic approach to dentistry. Chewing licorice root is an ancient practice in China and other Western cultures for both its taste and health benefits. The initial test tube studies identified licorice root (Glycyrrhiza uralensis) as the therapeutic ingredient.

Nine years ago Professor Shi contacted Dr. John's Candies[®], a health-based sugar free candy company, to develop a sugar free candy that contained the licorice extract. After several attempts, the final product was an orange citrus flavored lollipop, containing the licorice extract, using natural occurring alcohol based sweeteners, the first candy potentially good for your teeth. Results of a clinical study of pre-school children in Lansing, Michigan published in 2010 in the *European Academy of Pediatric Dentistry*, tested the lollipops and found them effective in significantly reducing tooth decay bacteria in children. The original research article can be obtained

at www.deltadentalmi.com/pdf/LollipopsResults.pdf.

I was told by the people at Dr. John's Candies[®] that a similar study was attempted on nursing home residents, however, the adults were not as compliant as the children in following directions using the lollipops, so the study has not yet been completed.

Professor Shi recommends consuming one lollipop twice a day, once after breakfast and again before bed, for 10 consecutive days. Since it takes five minutes to kill the strep mutans bacteria, sucking a lollipop is the ideal delivery method for the licorice extract. The effects of the 10-day regime last for approximately three months. Therefore, it's recommended to repeat the lollipop regimen two to four times a year.

To my knowledge, Dr. John's Candies[®] is the only source of this dentally beneficial licorice extract, which is available online at **www.drjohns.com**.

Since discovering the licorice lollipops I have recommended them to both young children with decay and the elderly with dry mouth. I cannot perform a controlled study in my office, but I can say the response to a fun way to possibly reduce tooth decay has been positively received.

For my next article, I would like to cover digital impressions and milling machines. Please share your experience concerning learning curve and ease of use, plus your process of its integration into your practice. If you have been using digital impressions or milling your own crowns please send your comments to **reitzdds@ptd.net**. We want your input — both positive and negative — so contact us by (date) to share your experiences.



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Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of \$150,000 to \$300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email SJRDMD@aol.com.

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Central Dauphin County

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Busy, long standing city practice with high traffic location and visibility. 2,800 active patients and tremendous potential to boost revenues. Excellent cash flow and return on investment. Real estate also available. Contact **jbruner@paragon.us.com**.

PEDO Practice for Sale

WOW! What an opportunity. Lehigh Valley Area, practice collecting near 1.4 Million and net cash flow is 1 Million. Over 5,000 patients. Great opportunity with great referral resources. Don't wait; call to hear about this opportunity today. Contact Jennifer Bruner at (614) 588-3519 or email **jbruner@paragon.us.com**.

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Practice for Sale

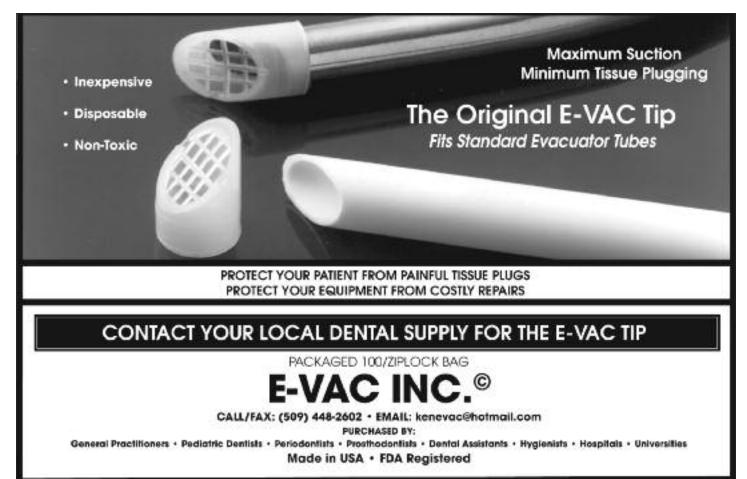
Montgomery County - Wonderful practice located in high demand area!!! 12 ops, digital, Panorex, laser-state of the art!!! The doctor will stay part time if needed!! 135-140 new patients per month. Donna Costa (800) 988-5674, donna.costa@henryschein.com. www.snydergroup.net.

Dental Practice for Sale

South Central, PA - State-of-the-art, 5 ops + 3, 2,100 active patients. Rev., \$800K. Donna (800) 988-5674. www.snydergroup.net.

Dental Practice Sale

Cumberland County - 4 op General. Rev. \$400K. Sharon Mascetti at sharon.mascetti@henry schein.com or (484) 788.4071. www.snydergroup.net.



CLASSIFIED ADVERTISEMENTS continued

Dental Practice Sale

Delaware County - Hot Area! 3 ops + 1 - All FFS. Rev. \$2,00K. Donna (800) 988-5674, donna.costa@henryschein.com.

Practice for Sale

Berks County - 4 ops - new equipment, free standing building. Rev. \$727K. Donna (800) 988-5674. www.snydergroup.net.

Practice for Sale

Southern Schuylkill County - 5 ops - new equipment, digital, paperless. Rev. \$746K. Donna (800) 988-5674. www.snydergroup.net.

Practice for Sale

Luzerne County - 4 ops, Panorex, 1000 sq/ft. Well established referring endo, ortho, perio. Sharon Mascetti at sharon.mascsettichein.com or (484) 788.4071. www.snydergroup.net.

Practice Sale

Bradford County - Bordering NY State, 2,700 s/f, 4 ops, digital. doctor retiring. Rev. \$365K. Call Donna, (800) 988.5674. www.snydergroup.net.

Practice for Sale

NE PA practice. Well established with over 2,000 active pts. 4 days /wk. No HMO - Digital, laser, Panorex. Call Donna Costa at (800) 988-5674. www.sydergroup.net.

Practice Sale

Mt. Airy Section of Philadelphia - General 4 ops, H/O 1,200 s/f corner property. Do Not Have to Live in Home. 30 hrs/wk - Rev \$230K. Donna Costa (800) 988-5674, donna.costa@henryschein.com. www.snydergroup.net.

Practice for Sale

General, Lancaster County - 2,200 s/f, 3 ops + 3. Avg. age of equip 5 yrs or less. Dentrix. Rev. \$493K. Sharon Mascetti (484) 788-4071 or email sharon.mascetti@henryschein.com. www.snydergroup.net.

Practice for Sale

Northampton County - W/E 35 y/o practice. 4 ops with Panorex. 1,500 active patients. Rev \$383K. R/E available. Call Sharon at 484.788.4071 or e-mail sharon.mascetti@henryschein.com. www.snydergroup.net.

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IMMEDIATE SALE: Active general practice - Northeast, PA. Well established, busy, close two-office practices. EXCELLENT gross and net revenues. OUTSTANDING OPPORTUNITY. stanpoll@aol.com.

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NO SMALL ACHIEVEMENT: DREAMING BIGGER

The first of

CHALLENGE: Dr. Moore always dreamed of having a cutting-edge dental practice. And with a growing patient list, he was eager to expand. But his cash flow challenges were limiting his growth potential.

SOLUTION: Dr. Moore had the Cash Flow Conversation with his PNC Healthcare Business Banker, who used his detailed knowledge of the industry to help Dr. Moore tackle keybusiness issues. They consolidated his equipment leases into one monthly payment, which lowered expenses and freed up working capital — and tailored a real estate loan that helped open the door to bigger opportunities.

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