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2009 Annual Conference
San Francisco, California

JULY 30 - AUGUST 1

2009 IACA Newsletter
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KHERANI'S KORNER

The IACA Board, the subcommittees of the Board and the management have been very busy making sure that the upcoming Annual meeting meets and exceeds our stringent standards. To that effect, we have lined up a wide variety of speakers along with the many other aspects that makes an Annual meeting an exceptional experience for any discerning health professional.

Along with the high-energy **Motivational Speakers** on the opening day, we have arranged for an **Economic Panel** which will lead a frank, eye-opening and informative discussion on today's economic landscape as it pertains to dentistry. This panel will consist of dentists that are doing extremely well in these times as well as financial advisors familiar with the dental world. The third day will open up with a **Team Panel** which will address the functioning of a high-touch, high-value dental office. This panel will consist of some of the leading dental consultants who will share their expertise to realize harmony, productivity and success.

In the speaker's arena, **Dr. Dave Singh**, an orthodontist and research scientist with a PhD, will talk about "Epigenetic Orthodontics" where he will explain why and how one can expand maxillary arches in adults. We also have **Dr. Kent Smith** who will further peel off layers of enigma about Sleep issues that confront millions of Americans and others worldwide. **Dr. Stephen Cohen**, author of the textbook "Pathways of the Pulp", will share his life-long experience in the field of Endodontics. **Dr. Robert Jankelson**, the son of the late Bernard Jankelson founder of Neuromuscular Dentistry, will share his life's learnings in the arena of predictable functional dentistry. **Mr. David Keator**, a financial advisor who has an innate understanding of finances in dentistry, will address the economic situation as it unfolds and share with us what is expected as we go through these challenging times and many more!

We have organized social gathering places and events where you can have fun, mingle and learn from others. It has been said that most of the learning happens outside of the lecture rooms. San Francisco, being the historic city that it is, has allowed us to organize some interesting tours for attendees and their families. We recommend attendees to consider coming into San Francisco either a few days before or stay a few days after the meeting to take advantage of the San Francisco vista but at the same time do not miss the social events planned during the meeting.

Finally, as we get close to this 5th Annual meeting of the IACA, please make sure that you are registered and that arrangements for travel and tours have been made well in advance to avoid disappointment. —*Shamshudin "Sam" Kherani, DDS, FAGD, LVIM*

NOTES FROM YOUR EDITOR

Dan Jenkins, DDS, FICD
American Association of Dental Editors, Certified Dental Editor

Sleeping at Night

John, one of my supply house reps, was in today discussing some of his observations about the economy and his clients. He said he had noticed that his clients who are doing the best are those who offer a higher level of dentistry. He felt that the clients who offer the lowest cost treatment plans were those who were feeling the recession the most. We surmised this was because those patients did not value dentistry that highly. This could be because they are not aware that anything better exists.

John mentioned one young dentist who was accepting the recession and only offering what she felt her patients could afford. After discussing low cost treatment with a patient while John was in her office he asked her to go back to the patient and start chatting about the great new LCD and Plasma televisions that are out now. She agreed. Soon, she came back and was amazed as she told John that the patient told her how he too was excited about his new large screen HD LCD television. She said she would never have thought he would have that kind of money. However, she did not want to discuss reconstruction or cosmetic dentistry with her patients because she felt that would be "over-treating" and she felt much better "sleeping at night!"

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WEBINAR SERIES

Immediate Dentin Seal and Esthetic Inlays/Onlays
A Technique Update
Ronald Jackson, DDS

Tuesday
June 2, 2009 5:30pm Pacific

Members: Free Non-Members: \$95

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Swallowing Issues and Neuromuscular Dentistry

Dr. Donna Blair

As practicing Dentists, we have all had the opportunity to evaluate patients for swallowing issues. Obvious examination of the oral cavity includes evaluating the tonsils, the size of the soft palate and the tongue, ruling out intra-oral swellings as well as a lymph node evaluation. If all checks out we may refer the patient to our MD brethren for further evaluation, tests, and imaging to attempt to determine the etiology of the problem at hand. I had the opposite situation recently with a patient coming to see me with a chief complaint of the inability to swallow anything except liquids. The extent of her problem had become so severe, that she had to self-administer the Heimlich maneuver to alleviate her blocked esophagus on two occasions.

When she came to see me she presented as an otherwise healthy 54-year-old woman, blind since birth. She articulated her medical journey quite succinctly which involved esophagrams, CT scans, endoscopy, and barium swallow which fortunately had ruled out any benign or malignant lesions as a source of the problem. Additionally, a procedure was done to attempt to increase the internal diameter of the esophagus, to no avail with regards to being able to swallow solid food.

Being blind since birth, the patient did not develop a normal horizontal gaze, due to the lack of external visual stimuli. While going out to greet the patient in the reception room I noticed that when I stood in front of her to greet her, she immediately turned her head upward and to the left. (The picture with the green walls shows this). While she was seated with this head posture I asked her if she had any hearing difficulties, and whether she turned her head to hear me better. She stated that actually she hears better out of her left ear (which was now turned away from me). I had my assistant take a picture of her seated in the reception area, while she was speaking with me and the prominence of the SternoCleido-Mastoid muscle is apparent. She was not aware of this habitual head tilt since she had no visual cues.

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Abstract Alley - Sahag Mahseredjian, DMD

Dental occlusion and postural control in adults.

Tardieu C, Dumitrescu M, Giraudeau A, Blanc JL, Cheynet E, Borel L. Faculté d'Odontologie, Université de la Méditerranée, 27, Boulevard Jean Moulin, 13385 Marseille Cedex 5, France. Neurosci Lett. 2009 Jan 30;450(2):221-4. Epub 2008 Dec 6.

We studied the influence of a dental occlusion perturbation on postural control. The tests were performed in three dental occlusion conditions: (Rest Position: no dental contact, Maximal Intercuspal Occlusion: maximal dental contact, and Thwarted Laterality Occlusion: simulation of a dental malocclusion) and four postural conditions: static (stable platform) and dynamic (unstable platform), with eyes open and eyes closed. A decay of postural control was noted between the Rest Position and Thwarted Laterality Occlusion conditions with regard to average speed and power indexes in dynamic conditions and with eyes closed. However, the head position and stabilization were not different from those in the other experimental conditions, which means that the same functional goal was reached with an increase in the total energetic cost. This work shows that dental occlusion differently affects postural control, depending on the static or dynamic conditions. Indeed, dental occlusion impaired postural control only in dynamic postural conditions and in absence of visual cues. The sensory information linked to the dental occlusion comes into effect only during difficult postural tasks and its importance grows as the other sensory cues become scarce.

Assessment of temporomandibular and cervical spine disorders in tinnitus patients.

Björne A. Vertigo, Tinnitus and Pain Unit, Ystad Hospital, Sturegatan 2A, SE-271 31, Ystad, Sweden. Prog Brain Res. 2007;166:215-9.

In treating patients with temporomandibular joint (TMJ) dysfunction it was noticed that tinnitus and vertigo were common in such patients and there was also muscular tension in jaw and neck. During treatment of these patients it was also noted that injection of lidocaine in a jaw muscle (m. pt. lat.) reduced not only their muscular problems but also that the tinnitus was reduced while the local anesthetic was active. Evaluation of 39 patients with disabling tinnitus, and all suffered from tinnitus, revealed that 10 of them had bilateral tinnitus and TMJ disorders revealed that pain in the face, temples or jaw occurred often among these patients. Many of such patients had also symptoms of cervical spine disorders, head, neck and shoulder pain, and limitations in side bending and rotation were also frequent complaints. One-third of these patients could influence tinnitus by jaw movements and 75% could trigger vertigo by head or neck movements. Treatment of jaw and neck disorders in 24 patients with Ménière's disease had a beneficial effect on not only their episodic vertigo but also on their tinnitus and aural fullness. At the 3-year follow-up, intensity of all symptoms were significantly reduced.

2009 Conference



The Westin
St. Francis

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REGISTER NOW FOR 2009 CONFERENCE PRESENTATIONS AND WORKSHOPS

[Click here](#) and select the "Already Registered" link

You will need to enter in some information to reserve your seats, including the confirmation code you received when you registered for the conference, and the email address that you provided when you registered.

The lectures and workshops are listed by date and time, and you can choose your preferred events.

FUTURE MEETINGS

2010 Annual Conference
The Westin Boston Waterfront
July 22 - 24
Boston, Massachusetts

2011 Annual Conference
Manchester Grand Hyatt
July 28 - 30
San Diego, California

2012 Annual Conference
The Westin Diplomat
July 26 - 28
Hollywood, Florida



After receiving copies of the various reports for the medical tests that had been run, conducting an initial exam of the head, neck and oral cavity, the patient was referred for a seated CT image to evaluate the airway and other structures of the head and neck. Since she presented with a Class II malocclusion, a cephalometric x-ray was also ordered. Aside from her malocclusion and the resultant generalized abfraction lesions from the non-neuromuscular mandibular position, the patient appeared in good health. Muscle palpation revealed tenderness in the occipital area bilaterally as well as the body of the SCMs, (sternocleidomastoid muscles), particularly on the patient's right side.

It was decided to do Ultra Low Frequency, (ULF), tensing of cranial nerves V, VII and XI, (at Prabu Point), for one hour with the patient in idealized posture of the head and neck which did necessitate reminders through the session. After an hour, the patient, while maintaining the stable head and neck position, was given bottled water to attempt to swallow. She related her surprise at how much better it felt to swallow. Following the water, she was asked to take a small bite of a thin mint cookie and again had no issues with swallowing. Lunch followed which consisted of a chicken salad and the patient had no problems swallowing the chicken or the lettuce. Since the patient lives by herself, the reminder to keep her head down and to the right will need to be internally driven, primarily because after 54 years of holding her head in her pathologic position, it will likely be "down and to the right...where it feels wrong!"

Neuromuscular Dentistry has provided me with the ability to think and problem-solve "outside the box." It doesn't always involve cutting enamel or dentin and changing teeth or a smile. The saying, "If you have a hammer everything looks like a nail," applies for many things in dentistry. Luckily, my Neuromuscular tool box provides me with a wide variety of tools to aid me in advanced care for my patients!

Dr. Donna Blair, an IACA member and LVI Fellow, has a private general practice in Fresno, California, USA. If you wish to contact her regarding this article you may email the editor of the IACA Newsletter. Reprints of this article may be done with permission of the IACA and the author.

Sleeping at Night *continued from page 1...*

Let me say that I feel very strongly that dentists should practice ethically and be in peace with themselves over their decisions and actions. However, I also feel that ethically each dentist owes it to themselves, their patients, and the profession of dentistry to be a perpetual student. This does not mean listening to a speaker and taking everything they say for granted just because they are a popular speaker or have more grey hair, or less hair, than you do! A parallel of this would be those who follow religious zealots who lead them to death and destruction. Those followers are like sheep and it makes them feel at peace because they do not have to think, or take responsibility for making decisions.

Dentists should not be like sheep. Dentists should always be trying to provide a better service. If dentistry was about doing things the way things have always been done we would still be running competition with the barbers for extracting teeth!

Dentists have an opportunity this July 30 to August 1 to learn about many new treatments during the annual meeting of the IACA in San Francisco. The subjects are so varied this year that purchasing an iPod with all the lectures is really the only way to get all the information that is available. This year there will be lectures on cosmetics, practice management, finance, Endodontics made easy, neuromuscular TMJ treatments, centric relation treatments, treatment presentation, adhesive dentistry, and ... sleep! There are courses for the dentists, spouses, dental hygienists, dental assistants, office managers, and accountants.

We look forward to your coming to the meeting. You do not want to sleep in ignorance of the knowledge that you could find at this meeting. Come to this meeting and you will find you will instead sleep at night in the peace of knowing you have learned all you can to provide the best dental care available in 2009.

IMPORTANT AESTHETIC EYE NOTICE

Las Vegas Esthetics has agreed to sponsor the Aesthetic Eye for the 2009 conference in San Francisco. Because of their generosity there is no longer a submission fee to enter.

There is still time to make your submission. [CLICK HERE](#) for detailed information and a submission form.

Do not delay; prepare your case(s) TODAY!



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