



2010 IACA Newsletter  
Presented By:



## THE COLE COMMENTARY

Less than four months until the Boston IACA Meeting – time is whizzing by! The program is set and what a smorgasbord of stimulating CE we have in store for you. If you have a strong interest in neuromuscular dentistry, there is something every session for you. Team will get the motivation and inspiration they need to support the quality of practice you want but at times have difficulty conveying to them. It is amazing when they hear someone else say it ... now they get it! We have a strong emphasis this year on “Making it happen in your practice” - real people, real issues, real solutions. If you are uncertain about where to go with insurance – drop it, take it up again, having the patient handle their own, communication skills to come out as the ‘good guy’ - all this and more will be addressed during the Insurance Panel moderated by Dr. Bill Dickerson – so you know that will be funny and informative and definitely controversial! Not to be missed! Dr. Ron Jackson, Dr. Rocabado, Dr. Thomas, Dr. Rod Kurthy, the irreverent Dr. Brett Taylor, motivational powerhouses and so much more!

The life we lead today is a result of the decisions we made in the past – the IACA Board and team want you to get the inspiration you need to build the future you want deep down inside – we have put together the tools you need to do just that - and besides ... it's LOTS of FUN and there is nothing wrong with that! See you in Boston! – *Anne-Maree Cole, BDS, LVIM*

## NOTES FROM YOUR EDITOR

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

### Freedom

This year the IACA meeting will be in Boston, USA. Boston has a rich history for the USA in regards to its revolutionary war in which one of the main objectives was freedom. It would have been easier for those founding this country to accept things the way they were and not pursue a democracy or different way of doing things. The differences in philosophy caused divisions among friends and even families. My own ancestors changed their name to separate themselves from their family's political allegiance!

The IACA was founded to allow an open philosophy of treatment in dentistry. If this meeting will be your first IACA meeting you may be surprised to find opposing philosophies of dental treatment at the same meeting. The IACA board's philosophy is that we should all be open-minded to at least consider each other's philosophies. In fact, I personally have found that there is always something that I can learn and apply from each speaker I listen to.

Another great benefit in coming to an IACA meeting is the wonderful camaraderie that is felt among the attendees. We know that we can openly talk about our own philosophies and we do not have to worry about someone making fun of us or worse yet to try to make us feel ignorant about the “right” way to do something.

I have been a member of the IACA since its inception 6 years ago and I can guarantee you that this meeting will be one that you will want to come to each year thereafter. This will be because of what you learn clinically, philosophically, and socially. An IACA meeting is something that you really have to experience in order to know what it is like.

I look forward to meeting you in Boston – we are Boston bound!

WEBINAR SERIES

Tuesday, April 13, 2010

3D Cone-Beam CT and  
Neuromuscular Occlusion

*Mr. Richard Greenan*

This webinar will begin at 5pm, pacific.

### the board of directors

Joe Barton	Dan Jenkins
Dianne Benedictson	Randy Jones
David Buck	Sam Kherani
Anne-Maree Cole	Drew Markham
Mark Duncan	Manisha Patel
Chuck Flume	Prabu Raman



## Nothing to Fear

Terry Yacovitch, DDS

The subject to be discussed in this article is fear; the sensation or emotion WE create within ourselves, and infect others with, when presented with situations we do not understand or wish to understand and explore.

- ⇒ There is the fear of change.
- ⇒ There is the fear to evolve.
- ⇒ There is the fear to step out of our zones of comfort.
- ⇒ There is the fear of ridicule by others.
- ⇒ There is the fear of negative opinions or expressed thoughts of those around us.
- ⇒ There is the fear to admit ignorance or lack of understanding.

Remember the adage, "There is no dumb question, just the fear of asking in public what many are already thinking."

Thankfully, we live in a community of forward thinkers, ever exploring practitioners...or do we? The dental community often breeds fear within its members when new ideas, techniques, science, or materials come on to the scene. To question the long standing set foundations and principles of care, to "rock the boat" of that which we learned early in our voyage of learning, can trigger the emotion of fear.

State and provincial Boards are too often populated by "old school" advocates who adhere to the "if it ain't broken, don't fix it" mentality. Any change in accepted treatments/techniques would mean that new rules and standards of care would have to be set into place. Those who regulate would actually have to go and learn something new - Change THEIR status quo. What if they learned that much of what they had been doing and preaching for years was not wrong but could/should have been done in a better way? Fear often precludes this from happening, inhibiting change that is vital for growth in our profession. CONTINUED ON PAGE 3

## Abstract Alley - Sahag Mahseredjian, DMD

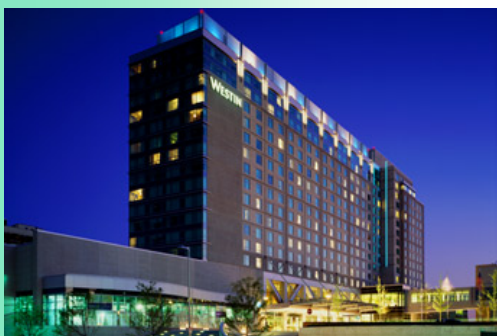
### *Muscle spindle and periodontal trigeminal afferents modulate the hypoglossal motoneuronal activity.*

Tolu E, Caria MA, Simula ME, Lacana P., Archives of Italian Biology. 1994 Mar;132(2):93-104.

Hypoglossal responses to electrical or natural activation of the afferent fibers of the masseteric nerve and to periodontal mechanoreceptors were recorded in rats. Electrical stimulation of the masseteric nerve, at an intensity adequate to excite prevalently the primary spindle afferents, induced various sequences of excitation-inhibition and inhibition-excitation in 55% of the tested hypoglossal motoneurons. Responses were characterized by excitation, inhibition or excitation-inhibition sequences occurring at short and long latencies. Different pattern of responses were evoked in both the protrusive and the retractive motoneurons of the homolateral hypoglossal nucleus. Moreover, jaw lowering and pressure on the incisor tooth induced antagonistic and synergistic effects on the electrical activity of the same hypoglossal motoneurons. The results show for the first time that afferent signals from both muscle spindles and periodontal receptors modulate the activity of the hypoglossal motoneurons aimed at controlling the tongue position in the mouth during mastication.

*(This indicates that Neuromuscular treatment does have an effect on the genioglossus muscles and therefore affects tongue posture related to Obstructive Sleep Apnea.)*

2010 Conference



The Westin Boston Waterfront

**To make room reservations**  
call 888.627.7115 [group code IACA]

## April 1 Presentation Selection Begins

*All presentations, workshops and seminars will be open for registration. Do not delay - reserve a seat to attend your preferred presentations. Check your inbox for the link and instructions.*

### FUTURE MEETINGS

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

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

**2013 Annual Conference**  
Calgary Telus Convention Centre  
July 22 - 24  
Calgary, Alberta

## Nothing to Fear *continued from page 2...*

Traditional techniques and principles continue to be taught in many of our dental schools, often with little acknowledgement of innovation. We who try to educate the next generation of treatment givers owe it to them, and especially ourselves, to admit our learning mistakes. We cannot change the past. We need to show when methods failed. Fear prevents us from doing just that. We need to teach the solutions, teach the "solutions"...not a misspelling here. Perhaps a new term...SOULUTION: "to admit or yield to the change of our spirit in adopting a better path,"

Technology has allowed us to discover new worlds we never knew existed. As the Hubble telescope searches the limits of our universe, we are learning that our perception of our boundaries had been limited by our restricted vision. The old definitions are now being re-examined. The science of dentistry should be viewed in the same manner.

When should standard methods be reviewed? OFTEN!

Fear of departing from the set routines and discovering a new route is prevalent in dentistry today. For those of us who practice in the Cad-Cam world, the early adapters were outcasts, viewed as creating dental restorations that were "inferior." Time has proven this belief to be wrong...so wrong. Today, over 80% of ceramics produced by dental laboratories are Cad-Cam based, (reference Jim Glidewell, ACCD conference San Diego 2009). The truth should be known. Most dentists have no knowledge of this fact!

Digital is here to stay. Digital impressions will do away with traditional impression materials in the near future. The brave new world will not need "impression disinfection." Fear again rises in the face of such change. There are new skills to learn - new technology to invest in. We must learn and adapt, or be left behind by those who saw the light early on.

Evolution is based on the ever-changing world we live in. Adaptation is the keystone to survival in new environments. The same goes for new technologies and techniques. The status quo is no longer sufficient, nor acceptable. The established practitioner, maturing in his/her practice is often fearful of learning a whole new set of technological paradigms. Working smoothly under set, comfortable circumstances...why change? Why? Because our patients deserve it! Frankly, we deserve it! All technologies, all materials have finite lifetimes. The same applies for knowledge. Once we have adopted and mastered new concepts, a great efficiency and joy ensues. We cannot allow fear to hold us back.

Continuing education and professional development pave the way to distinction and setting us apart from the "run of the mill." However, there is a fear of returning to the role of the student (perhaps an unwillingness to return to our harrowing days in dental school). We do not have to learn all over again, we are refining and enhancing the skills we already possess.

As a member of a local study club for some fifteen plus years, I have personally observed those who love to learn and evolve, and those, unfortunately, who have stayed the same. It is a pity that these doctors will not or cannot move forward. "Too much to have to learn," or "my patients won't accept that kind of treatment"...sad prejudgments. They are doing themselves and their patients a great disservice. Their fear holds them back.

Our evolution means changing the set parameters and paradigms of our dental practices. The team supporting us would also have to make changes. Herein lays a common resistance. "My team will not come on board" is a common fear whether it is a reality or simply our perception/misconception. In fact, most team members embrace change when it is properly introduced and they are supported in their efforts to be a part of it all. It is so important to expose our support team early in the voyage to where we are going, where we want to be, who we want to be, who we want to treat, what we love to do. If there is fear of change within our team, then we may not have the people on board to help care for our patients the way we should. Don't be afraid to "free up the future" of any team member who is holding you back.

SO, how do we overcome all these barriers to progress? Education is the key. Finding the right teacher(s) and completing the route is paramount. This last point is SO important. Too many dentists start a "continuum" of specific development, only to stop part way through, thinking "I've learned enough, I can do it now". Mistake...Big mistake!

Going to the end is essential so that all the links in the chain are connected. Yes, that takes time and has costs. We did not get our degrees to practice dentistry by completing only 80% of the courses. Commitment to ourselves and our professional development is a must.

A final note; be mindful of where you choose to pursue your professional development. We practice in Quebec and, locally, there are far too many private educators with "institutes" and "academies" who have stopped their own learning process as the business of teaching consumes them. It should be a given that an "expert" should still be a "student" in the learning process.

A wise man once said, "There is nothing to fear but fear itself"...hmmm...a wise man, indeed!

Until the pen hits the paper again, stay well ... and continue learning!

Terry Yacovitch, D.D.S. Montreal, Quebec  
McGill University Montreal B.Sc. Chemistry 1975, DDS 1979  
Private practice 1979 - today  
McGill University Faculty of Dentistry, Clinical Instructor & Lecturer 1979-1987 Montreal General Hospital  
McGill University Faculty of Dentistry, Clinical Instructor & Lecturer 1993-2000 Montreal General Hospital  
Member CDA, QOD, QDSA, ADA, ACCD, IACA, LVI  
Founding member "Al Dente" Study Club Montreal 1996-2010  
Continuing Education 2300+ hours  
Loving dentistry more and more each day



# DIRECTOR'S CUT

As most of North America continues to nurse its Olympic hangover, I have had a chance to reflect on what has been a moving and memorable experience. While I am generally averse to crowds, the celebration of athletic achievements big and small, and the warm feelings of national pride were very addictive while walking the streets of Vancouver. People who had never heard of a Luge, or the Nordic Combined, suddenly had a vested interest in not only the physical efforts, but the stories behind the athletes. At home, people showed up at the office every morning with bags under their eyes after staying awake to watch ice dancing, or short track speed skating. People were asking each other about their kids' swimming lessons, or cross country skiing races. The Olympics transcend sport, and even more than usual, these Games seemed to make many of us think about some of the core questions in our own lives. Are we striving to be the best? Do we simply settle, because we don't think we can do it, or don't want to put in the effort?

Quickly I was able to start drawing comparisons between my Olympic experience and the IACA. Both my team and I eagerly anticipate the crowds in the exhibit halls, and meeting rooms, as we know that they will be filled with familiar faces. We have the opportunity to follow up with our colleagues on their practice successes and problems, as well as their personal lives. The IACA transcends dentistry. Not only is there a spirit of camaraderie like nowhere else, there is a mind boggling array of experts from all facets of dentistry - internationally recognized motivational speakers, industry leaders in technology, and passionate, brilliant clinicians wanting to share their knowledge with us. While this alone should be enough, the opportunities for socializing/networking are tremendous and lead to lifelong friendships. The IACA is any dentist's annual opportunity to drink from the well of knowledge, recharge your emotional battery, and have an incredible time doing so.

For those of you who may be reading this, and thinking, I'd like to go, but it is too \_\_\_\_\_ (enter reason about time and/or money here) - I want you to imagine that I am sitting on your shoulder talking into your ear. I am writing this in large part for you. Imagine the feelings of pride and satisfaction that an Olympian feels after winning a gold medal. This is how the IACA can make you feel about your life and your dentistry. For those who have never been to an IACA meeting before, please contact me personally so that I may sponsor a portion of your tuition. I look forward to seeing you in Boston this July.

**- Dr. Drew Markham**

## Abstract Alley Part 2

### Rotational vertebral artery occlusion at C1-C2.

Yang PJ, Latack JT, Gabrielsen TO, Knake JE, Gebarski SS, Chandler WF. *AJNR American Journal of Neuroradiology*. 1985 Jan Feb;6(1):96-100.

Compromise of blood flow in the vertebral arteries associated with head rotation is generally considered an uncommon cause of vertebrobasilar insufficiency. It can occur at virtually any level of the cervical spine. We present two cases of transient total occlusion of the left vertebral artery at the atlantoaxial joint during head rotation to the right. In one case, the contralateral vertebral artery was severely hypoplastic, and surgical C1-C2 fusion to protect the larger left vertebral artery resulted in relief of the clinical symptoms related to head rotation.

Paris et al, (Paris AA, Poster CM, Wilmore DW, Agnew CH. Radiologic visualization of neck vessels in healthy men. *Neurology (NY)* 1963;13:386-396), described unilateral vertebral artery occlusion during head turning in 11 of 43 asymptomatic male volunteers; however, the angiograms were not illustrated, and the levels of the occlusion were not specified. With rotational obstruction of a vertebral artery, symptoms of vertebrobasilar insufficiency are unlikely to occur unless the contralateral vertebral artery is either hypoplastic or occluded.

Significant compromise by atherosclerotic disease, osteophytic spurring, or absent or poor collateral flow from the carotid circulations also may contribute to the patient's susceptibility. (Something to consider when going through a client's list of symptoms!)



So, you think you can dance? Sing? Act? How about juggle? ...then the IACA is looking for YOU! If you have a talent beyond the practice of Dentistry, here is your chance to strut your stuff! Join us in celebrating the spirit of the IACA by submitting a short video clip of your impressive performance for a crowd-pleasing evening of laughter and cheer!

**Don't miss IACA's got Talent! [Click here for submission details.](#)**

All videos must be submitted by June 1, 2010.

**The International Association of  
Comprehensive Aesthetics**  
1401 Hillshire Drive  
Suite 200  
Las Vegas, NV 89134  
866.NOW.IACA  
[www.theIACA.com](http://www.theIACA.com)

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