

Register NOW

2011 Annual Conference
San Diego, California

July 28 - 30, 2011

2010 IACA Newsletter
Presented By:



PRESENTED BY



PRABU'S POINTS

It has been said that "Good is the enemy of Great". So too, is complacency with the status quo, the enemy of innovations and improvements.

The vision of IACA is to be the leading-edge dental organization that promotes comprehensive aesthetics.

Comprehensive, by definition, is inclusive. Our Boston IACA program included presentations on the connection between aesthetic dentistry and Physical therapy, sleep apnea, pharmacology, myofunctional therapy, muscle bio-physics, orthodontics to name a few. But that is not all. There were also many presentations on the implementation of these concepts in our practices including communication skills. I can't think of anything more comprehensive than that!

The program for IACA 2011 in San Diego is sure to exceed the high mark of Boston meeting. So should the attendance. Dentistry needs IACA to keep raising the bar. Our goal is to reach 500 doctor registrations for 2011. We are about half way there already.

Come join us with your families...and bring a dentist friend...to find YOUR place in the sun....in sunny San Diego....at Grand Hyatt on the Bay, July 28-30, 2011.

- Prabu Raman, DDS, MICCIMO, LVIM

NOTES FROM YOUR EDITOR

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

IACA FIRST

The 2010 IACA meeting in Boston was a resounding success! Those who were able to make it were satisfyingly happy that they arranged their schedules to go. Some that I talked to were not sure they would be able to make the meeting this year for various reasons - and the economy was a common reason. However, the members said they knew that they were taking home information that would help them through the tough times...this recession as well as future recessions.

I was pleased to hear members tell me that while they are also members of other cosmetic dentistry organizations, they chose to come to the IACA meeting. For some, it was a decision between coming to IACA or another meeting due to finances.

The IACA meeting is not the same as other meetings. Those who practice Neuromuscular Dentistry will find no other meeting that provides as much emphasis on NMD along with cosmetic dentistry, dental sleep medicine, and practice management.

One of the problems dentists have that have attended many CE classes is in getting value for their educational dollar. After a while the higher educated dentist will find they do not learn as much from the CE classes they take. It is interesting at the IACA meetings that some of the most highly educated dentists I know of are sitting in meetings and asking questions so they can learn from those who are lecturing.

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WEBINAR SERIES

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the board of directors

- | | |
|--------------------|---------------|
| Prabu Raman | Randy Jones |
| Anne-Maree Cole | Joe Barton |
| Dianne Benedictson | S. David Buck |
| Mark Duncan | Jim Harding |
| Dan Jenkins | Chong Lee |
| Drew Markham | Manisha Patel |





Conventional Knowledge... “Convention...All...Knowledge”

Terry Yacovitch, B.Sc. D.D.S. Montreal, Quebec, Canada
Edited: Suzanne Bechard-Yacovitch B.Ed. “Mrs.-D.D.S.”
(IACA Boston attendee!)

Did you ever notice that when you attend a major scientific event, your mind is piqued, ready to be inspired, ready to learn even more from the “Masters?”

Our article was spawned by the recent IACA Boston experience. The camaraderie between attendees and organizers was evident. Many presenters/lecturers were also focused students in other presenters’ lectures. This is what is so special about the IACA. The exchange of knowledge and wisdom is uplifting. The openness of the presenters to engage in dialogue with attendees is wonderful to see and experience.

The choice to attend a conference sends us into a learning mode. We are inherently put into a focused enlightened state of mind just like when we were in college or university. A conference or convention, creates a venue for us to absorb knowledge from those who are “all knowing” in their specific field. A buzz is felt as we approach the registration desk, old friends are connected with, conversations are excited and lively. There is such a positive energy in the air. We are here to expand our horizons.

The reality in the new global economic situation we find ourselves in of late is that too many dentists are fearful of taking time away from the office. Some are afraid of the costs versus the potential returns to “go back to school.” Pity! Not only do the doctor and team lose, but so do their patients.

Wanting to know more and not being complacent is key to being able to help our patients achieve better health. Yearning for more knowledge advances our skills. Exploring new interests expands the services we offer to our patients and friends. We might even find out something new about our own health!

Knowledge is power. Knowing is more powerful. Advancing your learning is to know even more. Seeing what has been missed in the past then allows use of new knowledge to help others. Do not be afraid to admit ignorance of something we did not know. Go and learn. Ignorance may be defined as “simply not knowing.” Stupid, more often than not, is “knowing, but not acting.” Tough words here!

We should look at conferences and conventions as critical venues to truly learn. We should review past events that have been attended and measure what the real return has been. We should talk to our colleagues who have attended different conferences and get an honest assessment of the final value. The time invested to attend a meeting must have solid value returned to the attendee.

Sherry Blair, head of Team Programs at the Las Vegas Institute, talks openly about the positive effect that the learning

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Abstract Alley

What you can and cannot see in TMJ imaging – an overview related to the RDC/TMD diagnostic system.

Petersson A.Sweden, Journal of Oral Rehabilitation, 2010 May 18.

In the current version of the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD), imaging of the temporomandibular joint (TMJ) is not required for a diagnosis. Research has shown that radiological findings of the TMJ do not always support the clinical findings of the RDC/TMD diagnosis. But imaging should only be performed when it is known that it could contribute to

- (i) a proper diagnosis and
- (ii) treatment with a better prognosis.

Several techniques are used to image the TMJ: panoramic radiography, plain radiography, conventional and computed tomography (CT), digital volume tomography or cone-beam computed tomography (CBCT), arthrography, and magnetic resonance imaging (MRI). Osseous changes are best visualized in tomography, and the newly developed CBCT is a promising method but must be evaluated in a comparative analysis with other tomographic techniques. And although MRI is the method of choice for imaging the disc, a systematic review found the evidence grade for the diagnostic efficacy of MRI to be insufficient. Today, there is no clear evidence for when TMD patients should be examined with imaging methods. Future research designs should be randomized controlled trials where various radiological examination findings are analyzed in relation to therapeutic outcome. In future versions of the RDC/TMD diagnostic system, recommended radiographic techniques must be evaluated and defined, diagnostic criteria well defined and observers calibrated.

Comparison of mandibular advancement splint and tongue stabilizing device in obstructive sleep apnea: a randomized controlled trial.

Deane SA, Cistulli PA, Ng AT, Zeng B, Petocz P, Darendeliler MA, Sleep; 2009 May 1;32(5):648-53.

STUDY OBJECTIVES: To compare the efficacy of a mandibular advancement splint (MAS) and a novel tongue stabilizing device (TSD) in the treatment of obstructive sleep apnea (OSA).

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2011 Conference



July 28-30, 2011
The Manchester Grand Hyatt
San Diego, CA

To make room reservations or for more info, please go to

<http://www.manchestergrandhyattsandiego.com/>

Or Call 619.232.1234 [group code LVI]

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
July 22 - 24
Calgary, Alberta

Conventional Knowledge... "Convention... All... Knowledge" continued from page 2...

experience has on doctors and team members when the total team attends events. Upon return to the office the energy and synergy is shared by all on the team. It is not just "the doctor" coming back with new ideas. Everyone on board has heard the same message but has interpreted that message in their own way and learned something new in their own way - This why total team participation is SO important. Team members also have the opportunity to connect with other office teams. A community spirit is established. New friends are made. Team members find unique solutions to common problems. The experts DO inspire all to a higher level!

At the recent IACA meeting in Boston, the energy of the speakers and attendees was outstanding. The vendors in attendance echoed this unanimously. "What a group of positive people!" The "new" speakers could not believe the focus and knowledge of the IACA members. New members/first time attendees were impressed with the wonderful spirit that exists amongst all within the IACA. Congratulations to the organizing committee and the IACA membership who supported them.

A personal high point of the Boston conference was Dr. Brett Taylor's presentation. The gist of Dr. Taylor's presentation was to refrain from saying good things to patients just to make them feel better about their bad situation. Tell it straight and to the point, in the long run, that honest approach is more appreciated. After all, the facts are the facts about the patient's status. No need to "sugar coat" anything. Food for thought...

The knowledge and insights gained in Boston were invaluable. The exchange of ideas and lessons learned reinforces the foundation for continued development and improvement. Stepping into new avenues of care, expanding services in house, these are the keys to success in private practice ... and perhaps in life!

We cannot know it all. Dear Dr. Norm Thomas admits to being a constant student. One phrase we often hear from Dr. Thomas is "Please, tell me more!" The within the IACA events. We learn to present patients with more defined treatment choices. We become informed about the coming sciences to

ABSTRACT ALLEY continued from page 2...

DESIGN: A randomized crossover design was used.

PATIENTS: Twenty-seven patients (20 male, 7 female), recruited from a tertiary hospital sleep clinic.

MEASUREMENTS AND RESULTS: The apnea-hypopnea index (AHI) was reduced with MAS (11.68 +/- 8.94, P = 0.000) and TSD (13.15 +/- 10.77, P = 0.002) compared with baseline (26.96 +/- 17.17). The arousal index decreased for MAS (21.09 +/- 9.27, P = 0.004) and TSD (21.9 +/- 10.56, P = 0.001) compared with baseline (33.23 +/- 16.41). Sixty-eight percent of patients achieved a complete or partial response with MAS, compared with 45% with TSD. The Epworth Sleepiness Scale (ESS) score was decreased with MAS (P = < 0.001) and TSD (P = 0.002). Subjective improvements in snoring and quality of sleep were reported, with a better response for MAS than TSD. Compliance was poorer for TSD, and the side effect profiles of the 2 modalities were different. All patients were satisfied with MAS compared to TSD, and 91% of patients preferred the MAS.

CONCLUSION: Objective testing showed the MAS and TSD had similar efficacy in terms of AHI reduction. Patients reported improvements with both devices; however, better compliance and a clear preference for MAS was apparent when both devices were offered. Longer term studies are needed to clarify the role of TSD.

understand our patients' situations better. We learn from "friends" who have carved a path. This is the spirit of the IACA. Egos aside, all focused on caring for those who trust us with themselves and their families to the best of our abilities. Is this not why we all chose this great profession?

Final point here, if you believe in the IACA and the value delivered, don't hesitate to register for next year's conference in San Diego. Show the Board we believe in their mission.

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

See you all soon in Las Vegas at LVI and next year in San Diego.

IACA FIRST continued from page 1...

So, if you are thinking about attending another organizations' meeting instead of the IACA... I suggest you to look at who's speaking and what is the topic. I think that as a NM dentist you will find there is nothing there for you and also may not have anything new for you. It is this exclusion of the cutting edge of dentistry, (neuromuscular dentistry), that has made other meetings obsolete for neuromuscular dentists and the IACA the most progressive, cutting edge, pertinent organization in dentistry.

I encourage all dentists to make arrangements now for the San Diego meeting July 28-30. Block out your schedule now so you do not have to worry about having to rearrange your schedule next year. You would not want to lose out on the NMD information you will learn from the meeting. You deserve to learn all you can when you are taking your time and spending your hard earned money for CE. You deserve to put your self-improvement in dentistry first. Sign up for IACA San Diego before you commit to any other organization. Make IACA first!

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