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## 2011 Annual Conference

*San Diego, California*

July 28 - 30, 2011

2011 IACA Newsletter  
Presented By:



### PRABU'S POINTS - "Freedom is Not Free"

The freedoms we enjoy in this country – freedom of speech, freedom of religion etc. are often taken for granted. I have seen the point made that "FREEDOM IS NOT FREE" in thanking the brave young men and women of the armed forces.

The freedom to practice Neuromuscular dentistry that we enjoy is not free either. The freedom to utilize NMD to help alleviate years of pain and other symptoms may not always be there unless we act.

"The price of freedom is eternal vigilance."  
- Thomas Jefferson

Our patients assume that their mouth conditions will remain the same for the next 10 years as they were for the last 10 years. Then there is a crisis of a fractured tooth, closed lock, etc. We as Neuromuscular dentists are no different. Most of us take our freedom to practice NMD for granted while there are powerful forces such as insurance companies aiding those that will take that freedom away.

Dr. Charles Greene's report calling for a "standard of care" for TMD was published in the Journal of the American Dental Association's September 2010 issue. If you are unaware of its publication, we know that insurance companies and trial lawyers certainly are. The following are excerpts from his report:

*It is recommended that the differential diagnosis of TMDs or related orofacial pain conditions should be based primarily on information obtained from the patient's history, clinical examination, and when indicated TMJ radiology or other imaging procedures.*

*...the consensus of recent scientific literature about currently available technological diagnostic devices for TMDs is that, except for various imaging modalities, none of them shows the sensitivity and specificity required to separate normal subjects from TMD patients or to distinguish among TMD subgroups. (This statement entirely invalidates use of any bio-instrumentation such as the K7 system)*

*Studies of the natural history of many TMDs suggest that they tend to improve or resolve over*

*time.*

*It has become accepted widely among pain experts in the medical and dental professions that these types of pain conditions must be managed within a biopsychosocial framework, in which behavioral approaches supplement conservative medical care.*

*Therefore, the publication of this new TMD statement could be regarded as the closest thing to date to a true standard of care in this contentious field.*

The Canadian dental journal, OOOOE, Japanese, and other prosthodontic journals have also published basically the same reports. Some Canadian provinces are restricting NMD. This "report" has already been quoted by a liability insurance carrier cautioning an LVI dentist about practicing NMD. One TMD pain organization has already accepted it as their standard of care. It has also been referenced in a malpractice case in California. Is all this just a coincidence?

Do you still want to take your "freedom" for granted?

IACA Editor, Dr. Dan Jenkins and I met with ADA leaders – President, President - Elect, Senior VP Scientific Affairs and Director Council on Dental Practice - a few days back for over an hour to convey the IACA's views on TMD and even showed a video testimonial of a severe case successfully treated with

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## EDITORIAL

*Dan Jenkins, DDS, LVIF, FACD, FICD, CDE-AADE  
Certified Dental Editor - American Association of Dental Editors*

### IACA Meets With ADA

I requested a fifteen minute meeting with the American Dental Association president, Dr. Raymond Gist and ADA president-elect Dr. William Calnon to discuss the AADR article in the Journal of the American Dental Association. In response I received notification that a one hour meeting would be scheduled on February 25th on the 22nd floor of the ADA headquarters with Dr. Gist, Dr. Calnon, ADA Executive Director Dr. Kathleen O'Laughlin, Senior Vice-President of Science and Professional Affairs Dr. Daniel Meyer, Director of the Council on Dental Practice Dr. James Willey, and the Managing Vice-President of Publishing Mr. Michael Springer.

I was pleased and excited that they agreed to meet. However, it appeared they wanted to really talk about the issue and after my cry for reinforcements our IACA President, Prabu Raman, was able to make some changes in his commitments in teaching to attend this meeting.

When the meeting started only Dr's Gist, Calnon, Meyer, and Willey were able to attend. I gave them a binder I had prepared with our plea to the ADA to consider other groups such as the IACA in their publications and meetings. I also included additional information on neuromuscular dentistry, letters that were written to the editor of JADA that were not published due to JADA space constraints, and a history of this issue with the author and the AADR. After I read to them my plea statement Prabu played for them a video of an interview of one of his difficult headache patients who was upset at the idea that her treatment should have just been observed - especially since she had gone through a lot of practitioners for relief and only found it with neuromuscular therapy.

We had a good discussion with the ADA leadership. We were all respectful of each other and they are now aware of the IACA. In fact, they have asked that the IACA participate in the mini-presentations at the ADA meeting in Las Vegas this year. Dr. Meyer also asked if IACA members would be interested in participating in the clinical research programs that the ADA is promoting. They did agree that the ADA does not set a "standard of care" but rather a "parameter of care."

As we left they invited us to stay in touch and we in turn invited them to attend the IACA meeting in San Diego. They did not commit to attending, but they did not throw the suggestion aside either.

What was reassuring was that they did not treat the IACA and neuromuscular dentistry as a bunch of out-cast renegade dentists on the fringes of a minimum standard of care.

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## Abstract Alley

Sahag Mahseredjian, DMD

### Evaluation and registration of the H.I.P. plane of occlusion

H. Rich B.D.S. (Syd.), D.D.S.(Tor.) Australian Dental Journal, Volume 27, Issue 3, pages 162-168, June 1982; DOI: 10.1111/j.1834-7819.1982.tb04081.x

Observations on casts of attrited maxillary dentitions from 32 Aboriginal adults showed a close relationship between the occlusal plane and the Hamular Notch Incisive Papilla (H.I.P. plane). Using the same reference points for 42 casts of edentulous maxillae, a close relationship between the H.I.P. plane and the Frankfort plane was found.

### American Journal of Physical Anthropology

Tooth wear and temporomandibular joint change in Australian Aboriginal populations; Dr. L. C. Richards, Article first published online: 27 APR 2005 DOI: 10.1002/ajpa.1330820313 Volume 82, Issue 3, pages 377-384, July 1990

In a series of studies, the complex relationships between tooth wear and temporomandibular joint morphology and pathology were considered in samples consisting of a total of 58 male and 54 female crania

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## Smile Design

Mike Montalbano, DDS, LVIF-Baton Rouge, LA  
American Dental Assoc., Louisiana Dental Assoc., Greater Baton Rouge Dental Society, Academy of General Dentistry, International College of Dentists, Pierre Fauchard Academy, LVI Fellow, IACA, Served on LA State Board of Dentistry Served on LA State Board of Dentistry for 10 years (sec/treas, vice pres, and president)

Several years ago, I attended a meeting in Las Vegas called TBSE or "The Best Seminar Ever" given by the Madow brothers. It was a high energy, motivational type of meeting with some clinical speakers mixed in as well. One of those speakers was Dr. Bill Dickerson. He gave an interesting talk on cosmetic and reconstruction dentistry, introducing the basics of neuromuscular dentistry. It was his pitch to get us to look at his school for continuing education in dentistry - the newly opened Las Vegas Institute. He was even hiring buses to bring interested dentists out to Summerlin for a tour of the campus. Many, if not most of the cosmetic lecturers that I'd seen before Dr. Dickerson would present their beautiful "gee-whiz" cases, but the implication was that "you probably can't do this type of dentistry." Bill gave me the exact opposite attitude,

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## OH TWO? Ask Dr. Allman

Questions on Dental Sleep Medicine answered by  
Dr. Brian Allman, DDS, DABDSM, DAAPM, FAACP,  
FAGD, FASGD, FICCMO, FAAFO, FIAO.

**Q. What parameters are used to determine if a patient is CPAP compliant or non-compliant?**

A. In medical circles a patient is considered compliant if they are wearing their CPAP four hours a night, four nights out of the week. Or...4X4!

**Q. I have a patient who was referred from a physician, He is 20-30 lbs overweight with narrow arches, vaulted palate, moderate tongue, drooping soft palate. He is C-PAP intolerant due to claustrophobia, etc. He has an AHI of 53.**

The sleep physician says he probably won't get much improvement because of how severe his AHI is, but she is OK with him trying..."any improvement is better than none," she told him. He is coming in for a consult this week.

**My question: Has anyone treated a sleep apneic this severe with MAD alone? I like the SomnoMed appliance. How much improvement can I expect? I realize there are no guarantees about anything (and have told him so), but would like to give him SOME indication of what we might hope for from someone who has treated a few very severe case like this with an appliance alone.**

A. Could one of his issues with C-PAP be nasal patency? (Our record for severity is 124 with desaturation to 54% and a BMI of 42.) Start putting the puzzle pieces together. Managing OSA is not often a single modality, especially for the severe or super severe (AHI > 50) as in this case. Hence, why is he CPAP intolerant? I would expect to combine low pressure air with OAT for best success and this is how you will counsel your patient. It's best to understate the expectations of the MAD only in cases like this.

Keep on learning!  
Brian

2011 IACA CONFERENCE

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July 28-30, 2011  
Manchester  
Grand Hyatt  
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### Smile Design - CONTINUED FROM PAGE 2

that is, you can and should be doing this. Up to this point in my 23 year career, I was successful, but frustrated because I knew I had patients in my practice that I had no clue how to treat. Traditional CR dentistry just didn't work for me, so I chose to not treat or diagnose many of the patients who had come to me for years. That can cause a lot of frustration. The light bulb went on when Bill explained NM and how it could be used to treat more involved cases. One of the cases he presented was that of a young man who had numerous dental problems, which ultimately caused him to give up because he didn't think his teeth could be fixed, and if they could fix his teeth, he nor his parents could afford it. Bill told the heart wrenching story with interviews of the mom and son. He mixed in the clinical aspects of how he restored such a mutilated dentition. When this part of his presentation was finished, there wasn't a dry eye in the place. I think that at the break, after that talk, I went right up to the LVI booth and signed up for Anterior Esthetics. My wife thought I was nuts when I told her what the tuition would be. By the way, Bill treated this young man for free, saying that if you want to be able to provide community dentistry, first you have to be successful. All of that struck a chord in me that day, and I was excited, yet dubious that I could do that type of dentistry.

The Baton Rouge Community Clinic is a network of physicians, dentists, and other health workers that provide health care for free for the working poor in our city. Most of these folks have jobs, but don't have insurance or the means to pay for their care. They don't qualify for public assistance either. They are screened, and if they qualify, are referred to the provider. We notify the organization in advance how many gratis patients we are willing to see in a given year, and we get to decide the level of care that they get. So someone may come in with multi carious teeth and just have extractions to get them out of pain. Or the provider may choose to do root canals and restore the teeth. Most of the time, they get minimal care, since the cases are very involved and expensive to treat. They really don't expect much more than to get their teeth cleaned, get out of pain, and possibly have a couple of fillings done, or maybe an acrylic partial. Paul James came in about a year ago upon referral from the

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## FUTURE IACA 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  
TBD  
July 22 - 24  
Calgary, Alberta

2014 Annual Conference  
Red Rock Casino & Spa  
July 24 - 26  
Las Vegas, NV

## **IACA MEETS WITH ADA - CONTINUED FROM PAGE 2**

Prabu and I feel that this is really a lesson in participation. We have both been participating in the ADA for many years and feel it did indeed have something to do with their giving us an audience and respect.

We also feel it is likewise important for all dentists who share the IACA philosophy of comprehensive dental treatment to attend the IACA annual meetings! While we try to inform IACA members through the Internet of developments and even some limited clinical information by way of this newsletter or the webinar...it is not enough!

This IACA meeting is developing into, once again, the best ever! I have read statements by some of the speakers as to what they are planning and I can hardly wait! (How can they hold that information to themselves for that long? I thought we were friends?)

One fantastic event will be the Saturday night celebration on the flight deck of the USS Midway – a former U.S. Navy aircraft carrier. I think having pictures of yourself beside a fighter jet or a helicopter on your office wall will stir some good conversations with your patients! If you're not getting your picture taken there, find me and I'll take a few and send them to you! But, bring your own camera and take a lot of them yourself – then, share them with us so we will have lots of pics to remember this fantastic meeting. Don't be left out...participate!

## **Smile Design - CONTINUED FROM PAGE 3**

Community Clinic. He was scheduled with hygiene for a cleaning and xrays, then an exam with me. Upon exam, he had no caries or periodontal problems. He did have microdontia, with large spaces between his too-small teeth. The enamel on most of his teeth was mal-formed, and stained from numerous attempts of prior dentists to bond composite. He was very humble, and just wanted to know if I could either think of some way to "fill the gaps" where others had failed, or to just extract his teeth and make him dentures, as was suggested by more than one dentist.



I didn't really know what to do. He didn't fit the profile of the typical community patient that you could get in a couple of times, and take care of their needs. So to delay my disappointing him again like other dentists before me had, I just started talking to him. I found out that he served our country in the armed services and was currently working as a pizza delivery man. He was planning to enroll in community college. I learned that he was very self conscious of his teeth and didn't have much of a social life. I really had flashbacks to that seminar. I had completed all of the core courses through Full Mouth at LVI and had done several full mouth restorations, but never one like this, and I just couldn't justify giving away that much. Besides, we're struggling down here just like a lot of other areas in the country due to the economy. I re-appoint-

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## **Abstract Alley - CONTINUED FROM PAGE 2**

from two Australian Aboriginal populations. The extent and buccolingual direction of tooth wear were assessed using established techniques. Both metric and non-metric description of temporomandibular joint morphology and pathology were developed.

Significant differences in patterns of tooth wear and in the frequencies of various temporomandibular joint changes were evident between sexes and between populations. Furthermore, significant correlations between a number of tooth and joint variables were also evident. In addition, there was clear evidence of relationships between both tooth wear and temporomandibular joint changes and craniofacial morphology.

The results of this study provide additional evidence of the complex relationships between the form and function of the masticatory system.

## **Freedom is Not Free - CONTINUED FROM PAGE 1**

NMD. There are many occlusion and TMD organizations but the IACA is the new kid on the block – yet, it was the IACA which stepped up to the plate as Neuromuscular dentistry's voice to ADA .

Some will be perfectly happy with the IACA carrying the burden for NMD and enjoy the benefits of any of our efforts without actually contributing to it. The world is full of such mentality.

I hope that the NM dentists are of such high ethics and character that they would hate the idea of getting something for nothing...and step up to share the burden through their IACA membership and participation.

"The only thing necessary for the triumph of evil is for good men to do nothing." -- Edmund Burke

Stand up for your Freedom to practice NMD. Tell your friends that practice Neuromuscular dentistry to join the IACA. Register for the annual meeting at [www.theIACA.com](http://www.theIACA.com). Come join our ranks as the IACA fights for everyone's Freedom to practice NMD.

– Prabu Raman, DDS, MICCMO, LVIM

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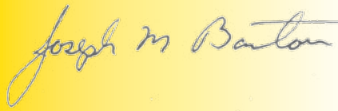


## Attention IACA Members:

**Cranio:** The Journal of Craniomandibular Practice

Cranio is a quarterly journal very open to Neuromuscular Dentistry. For over 28 years, Cranio has published the best of current NMD research. Doctors such as ICCMO Master and Board Regents member as well as IACA member Dr. Tammarie Heit had an article published in the January 2011 issue. The articles and editorial board reflect a multidisciplinary approach to the diagnosis and treatment of temporomandibular disorders. Cranio is today's journal for the Neuromuscular Dentist. As a member of the IACA you are eligible to receive a subscription to Cranio at the significantly reduced rate. The 2011 cost is \$99.00/year (US Residents) for either print or online subscriptions or \$120 usd/year (International). This is a savings of close to 35% off of the regular subscription price. I strongly urge you to subscribe. To receive your discount subscription price, please call Donna with Cranio at 1-800-624-4141 and start receiving your Cranio magazine in April. Click [HERE](#) to view the magazine online.

Sincerely,



Joe Barton, DMD, LVIM  
TMD Alliance, Chair Elect  
IACA, Past President



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ed him really to get out of the uncomfortable moment. When he came in two weeks later, I offered him a deal that I really didn't think he would be able to do. It was my way of getting out of this. I offered to restore him if he would just pay the lab fees. I didn't think there was any way he'd be able to afford that. But, the next day, he called and said his Dad would help him out and he was ready to do it!

We documented the entire process with interviews pre and post op, and of course with normal clinical records. He has been more than open about how his life has changed as a result of his make-over. He says "My smile just changed so much in my life – from my appearance to my confidence level. I find myself smiling a lot more! A lot more easily and a lot more naturally...thanks to Dr. Montalbano!"



I really feel like I've reached a point in my practice career where I've truly helped change someone's life. Sure, you can pull a tooth, or do any other of a number of treatments to get someone out of pain, but, wow, this is different. I know that at some point in applying to dental school, most of us were asked why we wanted to be a dentist. And, most of us probably replied in some fashion "because I want to help people." I truly feel as if I was part of helping someone – and changed his life.

## IACA MEMBER SPECIAL! OfficeMax Retail Connect Card

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