



I A C A

Newsletter Volume 2 Issue 1



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**2008 IACA Conference**  
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## HARDING HEADLINER

The snow has begun to fall and most of us have turned our attention to the New Year. The Board of Directors of the IACA is in full swing gearing up for the annual conference in Orlando next July 30-Aug 2 at the beautiful Dolphin and Swan Resort in Walt Disney World. We are so excited to bring to you, your families and team members what promises to be the best IACA conference yet.

We have recently released the schedule for the meeting and it is power packed line-up! Some of the highlights of the four days promises to be Dr. Bill Dickerson's last lecture outside of LVI. He tells me that he has already been working on this lecture for more than six months! It promises to be an emotional farewell to a person who has not only changed the face of dentistry, but affected so many lives on a personal and professional level.

Other highlights will be keynotes from national motivational speaker Tom Flick, an occlusion panel aimed at unraveling "the religion" of occlusion and a conversation with "the legends" of aesthetic dentistry: Bill Dickerson, Ron Jackson, Ross Nash and Larry Rosenthal. Talk about a power-packed stage!!! We are also going to have a closing breakout by popular demand with Matt Bynum and Art Mowery of BMW fame. So the bottom line is...don't miss what promises to be the best dental meeting on the entire 2008 calendar.



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***The next IACA webinar will be***

See you in sunny Florida this summer!

Jim Harding  
**President**

## EDITORIAL

Dan Jenkins DDS, FICD, Certified Dental Editor - AADE

### A Great 2008!

As I sit here on Christmas Eve looking out of my hotel window down on Time Square in New York City I'm thinking of what it will look like a week from now on New Year's Eve. There will be a lot more people for sure looking forward to the big ball coming down to start a new year. I hope someday to be here to see that personally.

With a new year we can think back on history and what was accomplished and what was not. For instance, I read in my American Airlines flight magazine that in 2006 there were 146 golf courses that went out of business. It was not profitable for them to stay in business due to a lack of people wanting to play at their courses. You might think these closed courses were charging too much for people to play – but virtually all of these closed courses were public courses!

From this glance of history I thought of a parallel to cosmetic reconstruction dentistry. Those golf courses that stayed in business and prospered were those that offered a better service, a better experience. These golf courses held a high standard and charged appropriately. Sure, not every person who played golf, (by the way, I do not play golf!), appreciated the quality of the experience at their courses, but enough did for the course to be profitable.

It is important in a cosmetic dental practice to maintain the high standard that people recognize.

The service for our cosmetic patients needs to stand above what a patient will receive for “every-day” dentistry. This will help the cosmetic dentist

**January 22, 2008 at 5pm  
Pacific, with  
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### **Future Webinars**

**March 11, 2008 - Ashely  
Johnson, JD**

**May 13, 2008 - Prabu Raman,  
DDS**

**October 17, 2008 - Kent Smith,  
DDS**

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### **FUTURE MEETINGS**

**2009 Annual Conference  
The Westin St. Francis  
July 30 - August 1  
San Francisco, California**

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

**2011 Annual Conference  
Grand Hyatt on the Bay  
July 28-30  
San Diego, California  
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to remain profitable – and enjoy their practice.

Cosmetic dentistry is different from “every-day” dentistry. Cosmetic dentistry, like golf is optional. (Although some of my golfing friends disagree with me on this.) When a patient has a toothache the necessary part of treatment is to eliminate the pain and restore the tooth to function. The cosmetic dentistry part is to eliminate the “detractive” and restore or treat the tooth to beauty.

Cosmetic dentistry comes under attack quite often with accusations of “over treatment” or placing cosmetic restorations on teeth that were all “natural” beforehand. This is similar to what took place in plastic surgery in medicine many years ago. Breast reconstructions for post mastectomy patients were accepted easily. But, when augmentations were done the ethicists came out of the woodwork. It was not until the psychologists came to the rescue to explain the benefits of physical self esteem that the words of fire calmed down. There are still accusations of cosmetic surgery being done by improperly trained surgeons and the news industry is always quick to report on that.

Cosmetic dentistry is not a specialty. Instead, it is a part of all of dentistry. Each specialty should be aware of cosmetic concepts in their area of treatment. Each cosmetic dentist should be aware of procedures that can be provided by each specialty also – including those in medicine.

In 2008 the IACA is planning on helping all of its members to learn more and become better trained in cosmetic reconstruction procedures. One precept of the IACA is to include all specialties of medicine and dentistry in the treatment of our patients. We feel this is necessary for the long-term success of cosmetic work. All cosmetic reconstruction dentists should be prepared to learn all they can in order to successfully provide the best service they can. It amazes me when I meet dentists who advertise that they are a “cosmetic

## **Laser Tips**

*by peter pang, dds, fagd*

In the dental marketplace today, there are several different laser wavelengths or types of lasers to choose from. The bad news is that there isn't ONE laser that does it all. However, lasers in the Erbium family are considered, "all tissue lasers" because they can be used on teeth, bone AND soft tissue. All the other wavelengths target primarily soft tissue.

There are two wavelengths within the Erbium family. The Er,Cr:YSGG (2790nm) and the Er:YAG (2940nm) lasers. These two wavelengths are primarily absorbed in water and secondarily in hydroxyapatite. These wavelengths interact with both soft and hard tissues. That's because water is found everywhere. Even within and surrounding the hydroxyapatite crystalline structure.

Our plastic surgeon colleagues utilize Erbium lasers because of the extremely shallow depth of penetration and minimally invasive properties. With proper dental laser training, these same characteristics mean we can accomplish procedures with minimal to no anesthesia and low power settings, yet not compromising efficiency. However, don't be fooled. This tool does not replace a highspeed handpiece for indirect restorations.

dentist" but do not attend any of the cosmetic dentistry organizations' conventions or cosmetic reconstruction training facilities. I realize they are trying to keep their costs down – just like the public golf courses. My grandfather used to tell me the old saying "you get what you pay for." It's true in continuing education too.

I know the attendees at last year's IACA meeting in Chicago felt the meetings were worthwhile – they were all attending the courses instead of just hanging around the exhibit halls during meeting times. Even after the meeting the correspondence always has mentioned how great the Chicago meeting was. This year's meeting in Orlando will be even better. I encourage you to sign up soon as there will be a limit as to how many people can attend. If there are too many people wanting to sign up we will just have to plan for more room for that in 2009 – but you will not want to wait until then!

## **Sleep Disordered Breathing - The Missing Puzzle Piece**

*By: B Kent Smith DDS*

Something isn't right. You have done everything your education (which is vast) has taught you; added that to your years of experience; and then supplemented the results with compassion and resolve. Although Amber has a beautiful smile, built to a healthier position to resolve her temporomandibular pathology and erase her pain, she remains uncharacteristically ambivalent. Amber is having a difficult time losing weight, can't wean herself from her Zoloft, and snaps at your assistant for leaning the chair too far back. Shouldn't she be cheery and full of appreciation? Perhaps another demon is at play. She may not be sleeping well, and the effects may not allow that raving fan you had envisioned before, to answer the bell.

According to the National Sleep Foundation, over 40 million people in the U.S. suffer from sleep disorders. It is believed that as the U.S. population

With today's hectic pace we are always looking for a faster, better way to do things. The Er:YAG wavelength is absorbed in water approximately 10,000 times faster than the 980nm Diode wavelength. That's like comparing a tortoise at .23mph with NASA's X-43A at 7,000mph!

Still other benefits include, eliminating the smear layer and providing bactericidal effects at much lower energy densities than other types of lasers. Ando, Aoki, et al. Bactericidal Effect of Erbium YAG laser on Periodontopathic bacteria. Las Surg Med. 19: 190-200(1996).

“Let there be Light”.

*Dr. Pang holds Advanced & Educator status with the Academy of Laser Dentistry and has been published in several journals. He also is a Fellow of the Academy of General Dentistry, Sustaining member of AACD and holds memberships in IACA, IAO and ADA.*

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## Abstract Alley

### HIP Occlusal Plane

The planes which serve as references for cranium and face in dental clinical application included the occlusal plane, Frankfort plane, Camper's plane and hamular-incisive-papilla (HIP) plane. The HIP occlusal plane is a horizontal plane passing through the bilateral hamular notches and the incisive papilla (Dent Surv. 1975;51:60). The aim of this study was to

continues to age, sleep disorders will increase in numbers, and it is estimated that by 2050 over 100 million people will suffer from some form of sleep dysfunction. Insomnia is currently the leading sleep disorder, but obstructive sleep apnea (OSA) is closing fast.

“Sleep disordered breathing in its various manifestations is arguably the number one health problem in the U.S., and probably throughout the world.” This is a quote by the “Father of Sleep”, William C Dement. Doctor Dement has been working in the field of sleep for more than a half-century, and he is more worried now than ever

before.

If you have not been screening for this in your own patient population, you are missing an opportunity to improve the quality of life for about one third of your patients - and perhaps save many lives. The vast majority of patients with sleep disordered breathing, (more than 90%), are currently unaware of the diagnosis, and as a primary care health practitioner, you are ideally suited to alert them to the dangers.

In a recent course on sleep breathing disorders at LVI in Las Vegas, I had the dentists go to their hotels with a home sleep monitor on the first night. When reading the studies the next day, most of the attendees previously had little idea of the amplitude with which their sleep was being fractured. One showed severe symptoms, desaturating to 70% with more than 40 respiratory events every hour. He is now seeing a sleep physician, and is starting a new life with more energy.

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estimate the relationship between the various occlusal planes and the HIP plane in Taiwanese young adults with approximately optimal occlusion. Study casts of 100 young adults (50 men and 50 women) were selected in this study. All marked points on the maxillary casts were measured by a three-dimensional precise measuring device. The results showed that the occlusal plane defined as the incisal edge of maxillary central incisor to mesiobuccal cusp tips of maxillary second molars had the smallest included angle with the HIP plane (2.61 +/- 0.81 degrees). The incisal edge of maxillary right central incisor to mesiopalatal cusp tips of maxillary first molars had the largest included angle with the HIP plane (7.72 +/- 1.60 degrees). The curve as drawn through the buccal cusp tips of maxillary teeth had better parallelism with the HIP plane.

Three-dimensional Analysis of the Occlusal Plane Related to the Hamular-Incisor-Papilla Occlusal Plane in Young Adults. Fu PS, Hung CC, Hong JM, Wang JC. *Journal of Oral Rehabilitation*, 34(2): 136-40, Feb, 2007. Department of Prosthodontics, Graduate Institute of Dental Science, Kaohsiung Medical University, Kaohsiung, Taiwan.

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**Mandibular position and OSA**

The purpose of this study was to examine the changes in nasal patency induced by forward mandibular displacement or changes in body posture. Fifteen healthy adults participated in this study. To examine the influence of mandibular position, nasal resistance was recorded in

OSA has some devastating effects on homeostasis. Sequelae include insults to the cardiovascular, cerebrovascular, and reproductive system. OSA is included as a precursor to diabetes, depression, enuresis, and GERD. It agitates one's sleep architecture to such a degree that fatigue and sleepiness have become a drain on the economy, and are the cause of many fatal auto accidents. As a dentist, not only can you be an effective messenger and educator, but you can also treat a large number of those with OSA through mandibular advancement devices (MADs). The American Academy of Sleep Medicine, whose membership is almost exclusively made up of physicians, recognized our ability to treat these patients in February of 2006 through a change to their Practice Parameters. The new wording now reads:

“Although not as efficacious as CPAP, oral appliances are indicated for use in patients with mild to moderate OSA who prefer OAs to CPAP, or who do not respond to CPAP, are not appropriate candidates for CPAP, or who fail treatment attempts with CPAP or treatment with behavioral measures such as weight loss or positional change.”

If you still want to know why you should care as a dentist, a 2007 study released by the American Academy of Periodontology showed that lack of sleep ranked just under smoking as the number two lifestyle factor impacting oral health. Once you know the signs and symptoms, you can effectively improve the sleep of your patients.

Start screening your patients tomorrow. Ask them if they snore, or if someone has accused them of this affliction. You will be surprised at the stories, but more importantly, you can alert them to the potentially harmful effects that sleep disordered breathing can have on their health.

It is extremely satisfying to create an artistic smile

intercuspal, middle, and maximum forward positions. To evaluate the effect of body posture, nasal resistance was recorded in the four postures of sitting erect, 30° and 60° dorsally reclined, and supine. The nasal patencies recorded in the middle and maximum forward mandibular positions were significantly higher than those recorded in the intercuspal position. Regarding the effect of body posture, the nasal patency showed a progressive decrease from the sitting erect position to the supine position. These results suggest that changes in mandibular position and body posture significantly affect nasal patency and that mandibular position and body posture should be considered basic information in the treatment of obstructive sleep apnea.

Effects of Mandibular Position and Body Posture on Nasal Patency in Normal Awake Subjects, Shigetoshi Hiyama, DDS, PhD; Takashi Ono, DDS, PhD; Yasuo Ishiwata, DDS, PhD; Takayuki Kuroda, DDS, PhD, *The Angle Orthodontist*: Vol. 72, No. 6, pp. 547-553, Apr 2002.

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for Amber using skills you have learned and the talent with which you have been blessed. It can be even more rewarding to help her live a healthier and more productive life through something as simple as an undisturbed breath.

*Kent Smith is the course director/instructor for [Sleep Breathing Disorders](#) at LVI Global, is the co-founder and co-director of the Dental Organization for Sleep Apnea, and is on the Medical Advisory Board of Sleep Healers®. He can be reached (and solicits your questions) at [KentSmith@21stCenturyDental.com](mailto:KentSmith@21stCenturyDental.com)*



New this year at the IACA, will be an opportunity for all IACA members to display their masterpieces. The Aesthetic Eye of the IACA will feature photographic aesthetic photographs submitted by IACA members that will be highlighted at the Annual Meeting of the International Association of Comprehensive Aesthetics. The submitted photographs in each category will be reviewed by the panel and selections will be made on finalist to be displayed. The categories are as follows:

1. Anterior Aesthetics Views Required
2. Full Mouth: Full Mouth Aesthetics
3. Glamour Portrait Shots