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**2013 ANNUAL IACA CONFERENCE
CALGARY, ALBERTA AUGUST 1-3, 2013**



2012 IACA Newsletter
Presented By:



Randy's Raves

**Randy Jones, DMD, LVIM
Immediate Past President IACA**

As I look back on our education in Hollywood, Florida, I would like to summarize what most of you already know. After reading all the survey feedback, and meeting with the Board of Directors, it seems several things are clear:

- We are the premier dental organization on the market – neuromuscular or not.
- We build friendships and renew old ones better than any other dental group.
- We still have a lot to learn as an organization.
- We learn best from you.
- We listen to our members and try to change the IACA to meet everyone's desires.
- We keep improving and moving forward with forward thinking people.
- We all know how to have fun, but it seems education comes first. We have grown to expect the best in information and in presentation.
- We know it is always a resurgence, a charge, an up-fit, when we return to work.
- We appreciate the dedication our members make to take time to travel and learn.
- The organization would not exist without all of our members. We call you leaders.
- We wish and desire to be the best organization you could electively belong to.

I know what is in store in the years to come. All the members will be happy with the direction and education that is to be presented in the future. I hope you all continue to be a part of what is making history in the dental arena. Stay on board and you will see even better things than in the past. For all those who were in Hollywood...thanks for being so supportive. Wait till you visit Calgary - It will be awesome!



President's MESSAGE

WHO ARE WE?

**Dan Jenkins, DDS, LVIF, FACD,
FICD, CDE-AADE**

The Hollywood Florida IACA meeting was not only a success...but the best meeting yet! To prepare for next year in Calgary many of us even rode the mechanical bull on Saturday night. (I'm still sore two weeks later!) The mechanical bull was only one of the new additions to the IACA meeting. One very popular addition this year was a panel on total health. The participants included dentists, a hygienist, a nutritionist, and a functional medicine medical doctor. I know...you thought we were a dental organization.

The concept that teeth are separate from the rest of the body is as antiquated as blood-letting – which both medical doctors and dentists used to do. We now know that what happens to the body affects the teeth and likewise, what affects the teeth has an effect on the rest of the body.

The IACA started 8 years ago as an outcast group of cosmetic dentists learning about neuromuscular dentistry. They soon found that they were rejected from speaking at other cosmetic dental meetings. Thus that group of outcasts has now grown to be the largest neuromuscular dentistry organization. This interest in neuromuscular physiology has opened the eyes of the IACA members to the whole body.

It is apparent to anyone involved in cosmetic reconstruction dentistry that unless something is done to correct a patient's occlusion a reconstruction will also be destroyed – and pain will be soon coming. It is also known that the reason for the destruction is multifaceted. Even

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Abstract Alley

Sahag Mahseredjian, DMD

Occlusal contact in children with Temporomandibular Disorders. A pilot study.

Oliveira de Santis T, Jansiski Motta L, et al. Eur J Paediatr Dent. 2012 Jun;13(2):97-100.

The aim of the present study was to perform a comparative analysis of occlusal contact points in children with and without signs and symptoms of Temporomandibular Disorders (TMD). A cross-sectional study with one-hundred fifty children between 6 and 14 years of age were evaluated using the Helkimo questionnaire and a clinical exam. The occlusal contact points in each child were recorded during maximal intercuspation with the aid of carbon strips. Digital photographs were taken of the upper and lower arches before and after recording the occlusal contacts. The number of contact points between sides were compared and recorded on individual charts. Student's t-test and Pearson's chi-square test were used for the statistical analysis, with the level of significance set at 0.05, which revealed no statistically significant differences between genders. The Student's t-test revealed a statistically significant difference in the mean number of occlusal contact points between the participants with and without TMD, with a higher number of contact points among those without TMD. There was no significant difference between sides. The results of this study show a difference in the number of occlusal contact points in centric occlusion between children with and without TMD.

CONCLUSION: Regardless of the degree of severity, the number of occlusal contact points is lower among children with TMD.

Is xerostomia a risk factor for cardiovascular morbidity and mortality in maintenance hemodialysis patients? Wilczynska-Borawska M, Baginska J, Borawski J., Med Hypotheses. 2012 Aug 5

Xerostomia resulting mostly from hyposalivation and alkaline salivary pH is a frequent but often underappreciated symptom in the diseased population of maintenance hemodialysis (HD) patients. We reviewed also other xerostomia-predisposing factors, its specific dental and oral clinical signs and features, as well as plausibly detrimental dialysis-specific pro-atherosclerotic and cardiovascular consequences. In view of increasing multidisciplinary importance of xerostomia, its general, pharmacological and emerging treatment methods were presented. Special attention was paid

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if 90% of the cause of a person's dentition's destruction is from occlusion it is only appropriate for the practitioner to seek out that other 10% and have it corrected – whether it be physiological, psychological, anatomical, or nutritional.

As one who seeks to care for my fellow human beings it is my responsibility to continue to learn. This is not because the human evolves that rapidly. I must continue to learn because of my own ignorance. I tell my patients often that I don't grow them...I just work on them. I have not learned everything there is to learn about humans...and never will. But, I am a member of the most progressive dental health organization on earth because I find people from which I expand my knowledge.

Typically our knowledge is based upon previous knowledge. This is why when we have learned a particular philosophy we have difficulty accepting something that is based upon a different foundation. I notice that the deeper down the basic difference is, the greater the emotional response to a different opinion. Thus, if two dentists are discussing how to polish a filling it would be less emotional than if they were discussing whether a filling should be bonded in or just filled and cured.

I hope as the IACA continues to expand our horizons in health care that we also continue our history of being open minded and maintain a professional bearing as we are exposed to new thoughts on nutrition. Nutrition to some means just eating foods of all colors...but that could be M&M's! Nutrition to others might mean weighing all their foods and doing an analysis to determine what additives might be hidden. Of course others can be apathetic to the whole idea of nutrition.

My message to all IACA members, as we prepare for Calgary in 2013, is to prepare for even more new ideas in dentistry – and all that it involves, including: restorations, CMD, sleep disorders, advanced periodontics, neuromuscular physiology, cosmetic dentistry, practice management, case presentation techniques, dental technologies, orthodontics, new adhesive techniques, and...total body nutrition. As we all gather together in Calgary I'm sure that as we learn and once again have more fun than 100 amusement parks, we will all get along. Please sign up for Calgary now so you can plan your Summer holidays around it...you will not want to miss it. This will once again be the best IACA ever!



Guest Editorial- A Call To Action

Drew Markham, DDS

When my life is over, will I look back with fond memories, or regrets about time wasted? Will I have made a difference, or spent more time judging others? If I don't like where I'm headed, is it too late to change direction?

Observation seems to suggest that people can fall into two categories with respect to how they answer these questions – people of action, and people of inaction. It is a constant source of amazement just how many people are dissatisfied with aspects of their lives both professionally and personally, yet do nothing about it besides complain. What is worse is how much of that complaining spills over into negative remarks about others who appear to be happy with their lives. So much energy is focused on these negative targets, that life blends into ticking the days on the calendar until retirement and gearing up for a couple of weeks of vacation/not working per year. The fallacy is that retirement will somehow magically bring about the personal satisfaction and contentment that has evaded them for the past few decades.

It is not so long ago, that I fell into this category. Working in a capitation practice for a few short years, I was already calculating exactly how much had to be saved to quit dentistry at age 52. It didn't feel like success, but there weren't many dentists in my group to model success after. They were however, excellent at pointing out the flaws of those surrounding them personally and professionally. Any lack of personal success could easily be explained by the unethical dentists around them doing things that they weren't willing to do. Who could blame them for thinking this way? Even in dental school, I clearly remember our instructors judging those who outwardly demonstrated a higher standard. We looked up to our instructors as mentors, and the voice of reason both clinically and ethically and some of them were. But there were others who led us to believe that reaching a higher standard was not only unrealistic, but not even a desirable goal because one could only achieve that success by lowering one's standards, or compromising their values.

We have repeatedly heard from our venue hosts, that the IACA conference has a different atmosphere. Convention center staff (that runs these events for a living) always comment on the upbeat nature of the group, the smiles on faces, and the passion for life that we possess that they just don't see with other meetings. We are "People of Action"! But what does that mean?

Well, first and foremost, people of action care...

We care about our patients – so much that we spend thousands of dollars (that we don't have to) on upgrading our skills and knowledge to make their lives better. We care so much about our families, and our teams, and ourselves – and it shows when we all gather together. These are all great things. We should celebrate these values – and we do! There are many other professional organizations outside of dentistry that espouse these qualities and uplift their members to greater heights.

There is one other thing however, that I believe separates us from almost any other group. Lip service is often paid to this subject, but with an undertone of "every person for themselves". The IACA and its members care about our colleagues. We don't just say it – we put our money where our mouth is. We have raised tens of thousands of dollars to allow our fellow dentists to share in the knowledge and excitement of our meeting through the Scholarship Fund. But there is something even simpler that I challenge all of us to take as our calling between now and our next meeting in Calgary...

What separates a person of inaction, from one of action? In some cases, it can be as simple as a few words of encouragement that shows someone the light that illuminates the path to neuromuscular enlightenment. I believe that most people of inaction are simply afraid, lack self-confidence, or simply don't possess the vision in a cause to take the first step. They don't want to be complainers, but they don't know how to change. This is where people of action come in – take the time to reach out to a colleague and bring them into your world. Let them see your practice, watch you change the lives of your patients, and encourage them to do the same. It might not work every time – but it will work!

We at the IACA desperately need to increase our membership – and not for selfish reasons. We are the furthest thing from an organization trying to pad its ego, or satisfy alternate agendas. We need to look no further than our humble president Dan Jenkins who has spent much of the last few years working on our behalf to protect our right to practice neuromuscular dentistry. How we can do our part is in the small yet powerful act of encouraging just one person to consider becoming a member. Through this action, you will profoundly benefit your colleague, but you will benefit yourself even more. You will gain the satisfaction of having inspired a friend, and also in setting in motion a process where many of these actions put together will change the profession. The Board of the IACA is committed to utilising the passion of our members, and transforming many smaller acts into the powerful voice necessary to challenge the people of inaction. We need to continue to stand up against those who do nothing more than complain about the ethics and values of others. We need to silence those who have stopped seeking knowledge and rest on their laurels which have been in part funded by insurance interests – and we can do that by continuing to support an organization of action comprised of hundreds of people of action. So when you look in the mirror – which person are you?

Upcoming IACA Webinar

Webinar: Dr. Leo Malin, October 9, 2012

Title:

Why tissue & bone health sometimes may not be optimal after implant placement or even profitable and how today's technology can solve these problems.

Synopsis:

Many doctors that do implants claim a 90-95% "success rate". But success in many of these cases is defined as not losing the implant. The reality is over half of these cases may not have optimal tissue and/or bone health after placement. This is why many dentist today just restore implant cases. But success should be defined as implant retention and optimal bone and tissue health. Learn how you can attain this with today's technology. Additionally success should also include profitability for the practice. In the past, there were so many variables and unknown cost, implants were just too much of a risk for many offices. However this has also changed with the combination of new implant technology, fixed pricing models, and guided systems for implant dentistry. The combination of all of this has made implant dentistry easier and predictable clinically and financially. This webinar will go into detail on how to make implants easier to do, predicable and profitable.



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Abstract Alley Continued

to the untoward and often neglected pro-xerostomic effects of multiple common medications and substances; they were listed and described in more detail. The combined therapeutic approach of dentists and nephrologists may effectively alleviate xerostomia and support general health condition of maintenance hemodialysis patients. (Editor's note: Another example of dentists needing to think "outside of the mouth!")

Meet the 2012-2013 Board Members



Top Left

Dr. John Krasowski- Dr. Hamada Makarita-
Dr. David Buck- Dr. Drew Markham-
Dr. Timothy Gross- Dr. James Harding-
Dr. Randy Jones

Bottom Left

Dr. Mark Duncan-Dr. Sholina Kherani-
Dr. Chong Lee- Dr. Dan Jenkins-
Dr. Lori Kemmet-Dr. Joseph Barton

2013 Annual Conference

Telus Convention Centre

August 1-3, 2013

Calgary, Alberta

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