IACA
The International Association of Comprehensive Aesthetics

NEWSLETTER

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IACA

2013 IACA Newsletter
Presented By:

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President's MESSAGE

MINORITY REPORT

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

On "Star-date" 2513 the Enterprise was asked to quell a civil war on a planet. The leaders of both sides ended up on the Enterprise and it was noted that one unique feature of the leaders was that their faces were dark skinned on one side and light skinned on the other. When Captain Kirk asked them what their differences were the majority leader said the minority were inferior and caused trouble because they thought they should be as respected as the obviously superior majority. Kirk asked him in what way they were inferior as both seemed to be intelligent beings. The leader said, "Isn't it obvious? He and his kind are light-skinned on the wrong side!"

The episode I mention was poignant in pointing out the irrationality and ignorance in judging someone just because they are different than us– or the majority. Throughout history minority groups have been demonized, suppressed, derided, persecuted, enslaved, and even exterminated. This has been done due to skin color as well as philosophy of thought.

Typically minorities are attacked out of the ignorance of the majority. Assumptions are made that because the minority is different there must be something wrong with them and that could cause harm to the majority.

Our IACA membership includes those from many countries and ethnicities as well as different dental philosophy backgrounds. Our common bond, besides being fellow intelligent humans, is our open minds and acceptance of the right of other dentists to practice as they wish. Our majority of member dentists are neuromuscular dentists. We have had several non- neuromuscular dentists not only attend but even give presentations at our meetings. However, none of them were derided or chastised for their position as we have witnessed being done to neuromuscular dentists at some other dental organization meetings!

Neuromuscular dentists are a minority in the dental world. At other dental meetings a neuromuscular dentist may find themselves hiding their own philosophy – in the closet! Of course our neuromuscular members feel very comfortable at our IACA meetings. At an IACA meeting attendees can feel free to speak their mind and let their guard down. Perhaps that is one reason we all feel so great just being at the meeting?

Unfortunately there are those who would like to take all of this away from our happy members. There are not that many dentists who even wish to deal with TMJ issues so that places all TMJ dentists in a minority. Those TMJ dentists who attack neuromuscular dentistry do so through their influence upon those in power who will admit their own personal lack of knowledge of TMJ disorders … let alone neuromuscular dentistry. Even when confronted with many scientific articles refuting what the attackers have to say those in power are hesitant to back down. In some cases they may worry about their own position in their organization as not being strong or being a sympathizer to neuromuscular dentistry. Some may act like they know the facts yet are unable to scientifically discuss it. It is possible that some are too embarrassed to retract what they have said before – most of us dentists do not like being wrong. Many leaders in dentistry have been invited to learn more about neuromuscular dentistry and attend our IACA meetings – but no takers yet!

The battle against neuromuscular dentistry, (NMD), goes back thirty-plus years and this is mainly by one well politically entrenched dentist in the largest dental organization in the USA. This dentist, through deceit and apathy was

Continued on page 3

Abstract Alley

Sahag Mahseredjian, DMD

Clinical and MRI investigation of temporomandibular joint in major depressed patients

Lopes SL, Costa AL, Cruz AD, Li LM, de Almeida SM; Dentomaxillofac Radiol. 2012 May;41(4):316-22.

The aim of the present study was to describe the clinical and MRI findings of the temporomandibular joint (TMJ) in patients with major depressive disorders (MDDs) of the non-psychotic type.

40 patients (80 TMJs) who were diagnosed as having MDDs were selected for this study. The clinical examination of the TMJs was conducted according to the research diagnostic criteria and temporomandibular disorders (TMDs). The MRIs were obtained bilaterally in each patient with axial, parasagittal and paracoronal sections within a real-time dynamic sequence. Two trained oral radiologists assessed all images. For statistical analyses, Fisher's exact test and $\chi(2)$ test were applied ($\alpha = 0.05$).

Migraine was reported in 52.5% of subjects. Considering disc position, statistically significant differences between opening patterns with and without alteration ($p = 0.00$) and between present and absent joint noises ($p = 0.00$) were found. Regarding muscular pain, patients with and without abnormalities in disc function and patients with and without abnormalities in disc position were not statistically significant ($p = 0.42$ and $p = 0.40$, respectively). Significant differences between mandibular pathway with and without abnormalities ($p = 0.00$) and between present and absent joint noises ($p = 0.00$) were observed.

CONCLUSION:

Based on the preliminary results observed by clinical and MRI examination of the TMJ, no direct relationship could be determined between MDDs and TMDs. Spasmodic torticollis: the dental connection.

Continued on Page 5

Practice Swings

Stop the swear words!

Because we are so kind and caring in dentistry we have a tendency to want to soften situations and end up using minimizing words with our patients. A little bit of infection. A tiny area of decay. A simple procedure. It's only...it's just. Think about what we are doing to our patients. I, as a patient, hear from the clinical team all those swear words and then I am taken to the "big bad money person". They now tell me that the treatment to be done is going to be $5000. How can that match in my head.... just, little, small, simple procedure can't equal $5000? Stop confusing the patients. Tell them the facts. There is decay. There is infection, period. Stop the swear words and watch your treatment acceptance improve.

Sherry Blair
LVI Director of Team Programs
Dental Management Consultant

Plan to Work Less in 2013

Do You Have the Right Team on Board to Make This Happen? "If you're going to work hard, you might as well be working hard at working less. The real measure of success is how free you are—financially, mentally, emotionally, and spiritually—to live life the way you want to live it."

Ginny Hegarty
SPHR passing along T.Harv Eker's great advice

Strengthen your patient's immune system!

What better way to help someone strengthen their immune system this flu season and prevent systemic disease is to accurately diagnosis and treat their Gum Disease!

Jill Taylor, RDH, BS
LVI Director of Hygiene Program

Deliver Excellent Patient Care

The parallel aims of a dental practice are to deliver excellent patient care through highly trained and motivated employees and to maximize income and profit. Achieving these aims demands a clear vision, sound preparation, planning and marshaling of resources, broad business knowledge, an understanding of a rapidly changing world, and above all wise judgment. So sign you and your Team up for this year's IACA and get readyto watch your practice soar!

Ashley Johnson, JD: Ashley's coaching

Continued on Page 5

finding success until a Congressional investigation exposed his unethical methods. Three years ago, in an act of "final charge" desperation, he had the gall to attack all occlusion-based TMJ philosophies by saying not just that TMJ disorders are Bio-Psycho-Social, (BPS), based … but that practically all TMJ disorders are BPS. Of course he has gone on to say that NMD is wrong and no dentist should practice this way. Interestingly, he has admitted that he does not treat TMJ disorders in his own office!

In response to his attack the IACA confronted this attack through letters to the editor as well as a personal meeting with several officers of the American Dental Association. Be advised…the officers were invited to attend an IACA meeting. But, none ever came. (What are your feelings about that?)

The next year, 2011, the California Dental Association attempted to change their Peer Review Guidelines on TMJ disorders which would have made BPS the standard and excluded NMD. The IACA members were responsible for contacting all of the CDA trustees, Executive committee members, and editor to give them information on what this would mean. One trustee told me, with tongue-in-cheek, he might actually like that BPS concept as to him it meant he could set anyone's occlusion however he wanted and if they developed TMJ disorders he would not be held liable! The leaders of the CDA were also invited to attend the IACA meeting that year in San Diego … but none of them came. (Do you feel they should have come?)

In 2012 JADA published a paper speaking against surface electromyograms written by some faculty at the University of Alberta. Dr. Norm Thomas and I wrote a letter to the editor of JADA published in the Oct 2012 issue. Our letter is published on our website for our members or anyone else to review. (Since the University of Alberta is in the same province as IACA Calgary do you think it only proper for any of these authors to come to our meeting and learn more about NMD?)

Also in 2012, another frequent Italian detractor of NMD had a "study" published in "Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology" that concluded that surface electroymyograms, (SEMGs) used in evaluation of TMJ disorders is not accurate or appropriate…even unethical! Dr. Thomas and I sent a letter to the editor pointing out the fallacies in the study, and how SEMG's are useful, and pointing out that the K6 they were using was out of date and also had NEVER been back to the factory for any factory re-calibration nor had the operator, contrary to the author's statement, been properly educated about the K6 - but the editor, replied that he did not feel it added to the discussion. This letter is also now on our website for viewing by any who might be perusing this subject on the Internet. Again, the people involved were invited to come to an IACA meeting and learn more about NMD…no response. (Do you feel they would have learned something?)

Recently, in Quebec, Canada, the President, Ordre des dentistes du Québec sent out a directive not only supporting BPS as the standard of care of TMJ disorder treatment but writing against NMD. Besides many IACA members writing to the president, the IACA sent an official letter and also…invited him to come to the IACA meeting in Canada…in Calgary to learn more about NMD philosophy. He has given no response. (Even with an opportunity to learn more he has followed the others and refused – is that a wise thing for a dentist to do?)

It is fortunate that as a member of the IACA, neuromuscular dentists have a voice against those who would take the NMD philosophy away. It is unfortunate that so many leaders of other dental organizations do not see the advantage for them to learn about NMD and evaluate for themselves the philosophy. I do suspect that many do so out of little desire to get involved in TMJ treatments. Thus, they are reacting with the "knowledge" taught them in dental school or what is fed them by NMD detractors. It is unfortunate that they do not feel like they owe it to their own members to learn more about something of which they are ignorant. In refusing to learn more are they not guilty of the very thing they are accusing neuromuscular dentists of – being unethical?

While it is easy for those of us who have been educated IACA neuromuscular dentists to dress down our detractors we at the same time need to take an introspective view at ourselves. What were your feelings about those dental leaders who have been invited to learn more about TMJ and NMD and yet have decided to dismiss the opportunity to learn more just because they think they do not need to know more? Did you feel they were missing a big opportunity? Did you feel they were being sub-intelligent to miss out on the best dental meeting on Earth? Did you feel they were really being foolish to not at least come to Calgary and learn something they did not know about before?

Aren't you glad you are not like them and that you are coming to Calgary…don't you wish everyone was?

What Is Normal?

Terry Yacovitch, DDS, Katy Yacovitch, DMD, and Susan Yacovitch

The 2012 Hollywood Florida IACA event was an educational extravaganza. To hear from so many experienced, wet hands practitioners that live in the same world as the attendees was illuminating on all points. The exchange of knowledge and the updates presented on many sectors of current dental and health trends fulfilled the thirst for knowledge for so many aspects of modern dentistry. Topics from implants, occlusion, material sciences, to nutrition, etc. were so well presented.

Reflection of all this information led to the topic for this article. What IS normal? Some people feel normal is just the drudgery of the same thing, day in day out. Same routine, same schedule, same diet, same old "job", same people around us … just a "normal" life! What we experience day in and day out with our personal health and social issues is OUR normal. Consider how the chronic pain of arthritis is NORMAL for those who suffer from the disorder… but it is NOT normal to live with such pain everyday. It is a disease state, accompanied by chronic pain. Normal life should mean living pain free!

The chronic oral degeneration of the periodontal patient has had time as its worst enemy. The slow degradation has allowed that patient to forget what normal health WAS. They have adjusted to accept their evolving situation.The cardiac patient becomes motivated to "get it together" after their first or sometimes second cardiac or arterial surgery! The alcoholic eventually decides to reform when too much has been lost! The tinnitus suffers live with a constant barrage of disturbing "noise" that would drive most of us crazy, but human adaptability allows them to accommodate to their new "normal".

The nutrition panel presented at the IACA opened the doors for we dental professionals to gain some insights on coaching our family of patients towards improved health. Choices of supplements and more importantly food choices can improve overall health IF we pay attention to our needs and our symptoms. We must recognize the abnormal daily symptoms from the signs of improved health.

Slow deterioration masks the chronic disorders of busy lives.Normal – society today has everyone running around, rushing, running late, for some offices this is their normal? What were the events and choices made to allow such a "topsy turvy" lifestyle to evolve? Normal – distracted, stressed doctor? When the doctor is TOO BUSY to actually see what's right in front of their eyes? Again, what happened to allow this to become "normal"? It certainly is not proper behaviour for a professional!

If there was one overriding theme from the IACA 2012 event, it was that we are poised at a point in time to truly make major contributions towards improved overall health by listening to the coaches who gave us their pearls of knowledge. Dr. Norman Thomas has said from the get go, look at, examine, ask your patients the pointed questions, then listen and SEE what is in front of you. Touch them to see where the trigger points of pain are, and then explain why this is not "normal". Observe first hand what disorders are present, look for the abnormal posture, gait, stance, etc. Slow down and listen. Dr. Leo Malin covered in great detail, the complications possible with implant dentistry, their origins, and most importantly how to correct and prevent them. Pearls from years of experience for those who place, those who restore, or even more important, knowledge for all to understand the complex nature of implant physiology and anatomy.

Dr. Ron Jackson and Dr. Byoung Suh explained the intricate science behind modern bonding techniques, providing simplified guidance and product choices for consistent success and comfort. Normal should be predictable techniques for successful outcomes with everything we do. Hygiene topics covered by Jill Taylor coached doctors and team members to ideal patient care scenarios.

Master technicians present such as Lee Culp, Bob Clarke, Mike Milne, and the teams from the IACA supporting labs, all being present and approachable, allowed we clinicians to interact with those who make us look great! They are the gifted artisans that create a better "normal" for the patients in our care. We were reassured by so many lecturers that there are no failed cases, rather, there are just may be situations where healing is incomplete or issues are still resolving. Continued on Page 4

TENSING TIPS FROM MYOTRONICS

As important as it is to hook up your patient to a Myo-monitor properly to achieve good TENSing results, it is equally important that when you are going to use a Myo-monitor to relax a patient's muscles, that the patient is in a relaxed environment. A comfortable chair, pillows to place their arms on, quietly reading or closing the eyes, and subdued lighting are all factors that can help your patients relax. Ask patients how long it has been since they have eaten anything. Some doctors say that experience has convinced them that patients relax more quickly if they don't have low blood sugar. These doctors keep a supply of fruit juice on hand to provide to the patient who hasn't eaten for some time. Also, please be sure to give your patients a bottle of water to replenish and refresh your patient after they have finished TENSing.

Abstract Alley Continued Continued from Page 2

Spasmodic torticollis: the dental connection

Sims AB, Stack BC, Demerjian GG. Cranio. 2012 Jul;30(3):188-93.

Spasmodic torticollis or cervical dystonia (CD) is the most common form of focal dystonia and is characterized by sustained abnormal muscle contractions in the head and neck area resulting in abnormal positioning or posturing of the head. The dystonic muscle spasms associated with spasmodic torticollis may affect any combination of neck muscles. Three cases are reported of spasmodic torticollis that were treated by a dental appliance with individual varying occlusal heights to open the maxillomandibular vertical dimension. Upon increasing the vertical dimension of occlusion, there was a slowing and/or discontinuance of the symptoms of cervical dystonia. The proposed hypothesis for this reversal is that there may be neuritis of the auriculotemporal branch of the trigeminal nerve, which has direct input into the reticular formation (RF), and it may activate the cells of the pontine region of the RF known for the control and deviation of head posture. There is growing clinical evidence that temporomandibular joint (TMJ) dysfunction may be a factor in this neurological and painful disorder when it coexists.

Practice Swings Continued from Page 2

Invest in Yourself

Learn to place and restore dental implants in your practice. This makes more sense than using your marketing dollars to enhance your competitions' practice success - or your specialist's practice success. Patients are seeking your services. You are qualified, you just have to change your mind and participate. It is your practice, it is your choice … simply decide.

Dr. Leo Malin
LVI Director of Implant Programs

Continued from Page 4

By establishing routines and set protocols based upon past successes, we can be more confident with complex situations.

By listening to the experiences of presenters we can avoid many pitfalls of the novice clinician adopting and attempting new procedures. Learn from others' experiences and trials and tribulations.

Initiate basic clinical protocol principles such as encouraging the team to consistently photograph as much as possible prior to treating. Then continue during treatments to document healing, track events, evaluate successes. Show and tell to educate!

Practice is made as close to perfect as possible by continuing to learn and further develop skills. Confidence is contagious when all are involved in the decision process. Understanding that normal may actually be abnormal does lead to the ability to significantly improve our patients' lives.

Understanding the pathology of sleep disorders and how this is SO often the missing link to complete healing and problem resolution gives the "open to learn practitioner" more tools for success.

Normal then should be redefined by the observer rather than the "victim" of our patients' disorders being normal.
Plan on attending the 2013 IACA events in Calgary!

The topics to be covered will expand our knowledge of so many important aspects of current, progressive dentistry. Caring for our patients with an even greater understanding of their "normal!"

See you all in Calgary August 1-3, 2013 and before at LVI!

2013 Annual Conference

Telus Convention Centre
August 1-3, 2013
Calgary, Alberta
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