



2013 IACA Newsletter  
Presented By:



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## **President's MESSAGE TO GO OR NOT TO GO** **That is the question!**



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

When I was “employed” by the U.S. Navy there were many times when there was nothing to do but sit around in “discussion groups.” In one group discussion on education and testing Bob related that one time he sat down for a test and there was just one word, “Why?” Below the one word was just a blank page. He said he had no idea what the teacher wanted. He thought about many things to write but finally in frustration he wrote two words – “Why not?” Perhaps there are people who ask, “Why go to the IACA meeting?” Some may ask, “Why even have IACA meetings?” Typically all meetings are for dissemination of information or education. In our modern technological age we could indeed just record the presentations and make them available on the IACA website to be accessible at everyone’s convenience.

Sometimes it is helpful in considering a decision between two options to write down the pros and cons of each option – in this case, to go or not to go to the IACA Calgary meeting.

### **Cons:**

**Financial:** If you are travelling from Atlanta your flight on Air Canada would be about \$500 RT. Your hotel will be about \$600 for 3 nights and your IACA registration will be \$1395 if you had registered before April 30. While it is best if you bring your family and your team you should at least bring yourself! If you had set aside \$600/month between then and the meeting you would have the funds.

**Vacation interference:** While the location and dates were announced a few years ago it is possible that some still scheduled vacation elsewhere at the same time as IACA Calgary. If you can’t convince the family that they will have a better time in Calgary, (use PrimeSpeak on them!), and that as a result of you going you will be in a better financial and psychological position to make them happier, then that is just the way things go. **Weddings, funerals, graduations:** Again, use PrimeSpeak; to convince everyone to get married some other time, (who gets married in August anyway?); OK...hard to schedule funerals ahead of time; and like weddings, who is graduating in August?

**Foreign Language:** If you have a hard time understanding Canadian English there will be several hundred helpful fellow members to translate for you. In fact, I have already been contacted by an organization that will be bringing 30 Russian dentists again this year. They have translators who translate the lecturer’s words via ear pieces. They have come to every IACA meeting for the last 6 years! Let’s face it...if you are using language as a Con you are stretching it!

**Customs:** While Customs can be a pain, I found Customs to be a cinch at the Calgary airport.

Now for some of the Pros – there are too many to list here but, you will find more once you attend.

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## Self-reported aural symptoms, headache and temporomandibular disorders in Japanese young adults.

Akhter R, Morita M, Ekuni D, et al, BMC Musculoskelet Disord. 2013 Feb 6;14(1):58.

To investigate the associations of aural symptoms, headache and depression with the presence of temporomandibular disorder (TMD) symptoms in a young adult population in Japan. A personal interview survey was conducted on first-year university students (n = 1,930) regarding symptoms of TMD, aural problems, headache, shoulder pain and depression. Logistic regression was applied to assess the associations of these problems with the presence of TMD symptoms after controlling for age and gender.

Among the 1,930 students, 543 students exhibited TMD symptoms and were classified into 7 groups: clicking only (Group I, n = 319), pain in the TMJ only (Group II, n = 21), difficulty in mouth opening only (Group III, n = 18), clicking and pain (Group IV, n = 29), clicking and difficulty in mouth opening (Group V, n = 48), difficulty in mouth opening and pain (Group VI, n = 11), and combination of three symptoms (Group VII, n = 97). The control group (n = 1,387) were subjects without any TMD symptoms. After adjusting for age and gender, a strong association was observed between TMD symptoms (Group II and IV) and tinnitus (OR = 12.1 and 13.2, respectively). TMD symptoms (Group I, II and III) were also associated with vertigo and headache. Oralgia and depression were significantly associated with the presence of clicking only.

**CONCLUSION:** TMD symptoms were significantly correlated to aural symptoms and headache. A functional evaluation of the stomatognathic system should be considered in subjects with unexplained aural symptoms and headache.

## Death by a Thousand Cuts in Alzheimer's Disease: Hypoxia-The Prodrome

Daulatzai MA., Neurotox Res. 2013 Feb 12.

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# War in Canada

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

Many of our members are aware of a frontal attack on neuromuscular dentistry by the Canadian Agency for Drugs and Technologies, (CADTH). CADTH is touted to be an independent agency, funded by the government, to provide scientific reports on requested drugs and technologies for the government.

This last January CADTH released their report, (Click [HERE](#)) based on elimination of 581 articles on neuromuscular dentistry and including only 15 articles for their evaluation. The Journal of the Canadian Dental Association published this announcement on their new blog site "Oasis Portal," (Click [HERE](#)). Many IACA members have emailed responses to both entities. A formal letter to CADTH has been sent by the American Alliance of TMD Organizations. This alliance comprises various organizations such as; AACCP – American Association of Craniofacial Pain, AAPM – American Academy of Pain Management, AAES – American Equilibration Society, IACA – International Association of Comprehensive Aesthetics, IAO – International Association for Orthodontics, ICCMO – International College of Cranio-Mandibular Orthopedics, SOTO-USA – Sacro Occipital Technique Organization, and CRANIO.

At the Calgary IACA meeting we are holding a special presentation at the beginning of the convention on this CADTH issue as well as the earlier Ontario issue to update our members from Canada as well as those from the rest of the world as if not checked; this will surely spread to other countries. For those who are unable to attend the whole three days of the meeting we will be allowing all dentists to attend this important presentation at no charge – this is THAT important!

Canadian dentists should NOT miss this special meeting on Thursday morning, Aug 1st!

**Pros:**

**Financial:** Each year I have someone tell me they learned enough to pay for all of their travel, lodging, food, and registration fees through what they learned from another attendee at the meeting – all the speakers and specials from the exhibitors were gravy! Those who brought their team members found they understood more of what the dentist was trying to accomplish in the office and the office prospered. (Pretty good benefit, huh?)

**Vacation:** Calgary and the surrounding area is a GREAT place to vacation...even if you had to cancel wherever else you were going and lost your deposit! I visited Calgary this time last year. I had seen pictures and read accounts of it but I seriously can't wait to get back there and see more. (Of course, I had Calgary IACA member Curtis Westersund as my tour guide!)

**Weddings, funerals, graduations:** What a great place to have any of these! Just go early or stay later and have the wedding in Calgary...maybe the evening before IACA and we could all attend? If it is a graduation have them transfer to a school in Calgary...great educational institutions there!

**Language:** Seriously, everywhere I went I could understand what the amazingly friendly people of Calgary said to me. They didn't even make fun of my speech!

**Education:** The presentations at IACA are never repeated. NEVER! Therefore all the information you hear will be new and you get to apply it once you go home. Many of the speakers you would not be able to hear at any other dental convention. This year, we are emphasizing many beginner neuromuscular presentations. These NM basics are great for new team members or for your whole office to go over some basics that they may be leaving out of your protocol.

**Camaraderie:** Meeting with people you have been in classes with before or developed friendships with at past IACA meetings is special. IACA members have a bond that they cannot have at other meetings since the neuromuscular philosophy is unique in dentistry.

**Food:** The food served at lunch time has always been outstanding and this year will be even better!

**Deals on office supplies and equipment:** The exhibitors are going to be anxious to give you even better deals. Each year they are delighted with the orders given to them at the meetings and now they will have more competition. Be sure to hold off on your orders until the meeting and bring your shopping list.

If you are trying to decide whether “to go or not to go” to the IACA Calgary meeting consider all the reasons why you should go. Consider how much better your office will be because of it and how much better you will be for it. Just remember when you ask yourself “Why should I go to IACA Calgary?” to also ask yourself “Why not?”

## **PrimeSpeak at IACA Calgary! Michael Sernik, BDS**

At IACA Calgary you will be exposed to rejection-proof communications that will simplify and improve all of your team training and practice options. First will be PrimeSpeak for the unconcerned (but cosmetically challenged) patient. The dentist will often see opportunities to improve the cosmetics of a patient. However, if the patient has not asked for this kind of treatment, it can be an awkward topic to bring up. Trying to convince such a patient to agree to cosmetic treatment can cause offense. This PrimeSpeak lecture will demonstrate proven methods of how to have the patient talk about their appearance and how to guide the patient to ask for the treatment the dentist had in mind. When applied correctly, the PrimeSpeak techniques have no potential of damaging the relationship.

Second will be the PrimeSpeak Management Framework. The skills and systems of a practice will ultimately dictate the patient's experience. The patient's experience is the ultimate factor that determines the success of any practice. With so many management factors to deal with, using last century's management thinking is now inadequate. This talk will explain how having a specific Practice Management Framework is essential for today's modern practice.

Your practice will forever be: before August 2, 2013 and After August 2, 2013. At IACA Calgary Primespeak you will be exposed to the new world of running a practice. Don't be left behind by not attending this lecture at the IACA Calgary meeting. The PrimeSpeak Management Framework is now used by some of the world's largest dental corporations. The demand for PrimeSpeak has made it a world-wide phenomenon. Courses are regularly run in Europe, North America, and Australia.



## PRACTICE SWINGS

PrimeSpeak is like making a meal. You have the food, the chef and the diner (patron, customer, eater). A great chef can make much out of very little. A poor chef can make very little out of very much. The diner brings a multitude of likes/desires and experience to the table. The same meal will not please each diner equally, but the more skill the chef has and the better the ingredients he has to work with the more likely he is to make the customer happy. If you want to get better at PrimeSpeak communication then you need to practice. Acquire new ingredients and practice combining them to see what works best in your hands.

**Michael Sernik, BDS**  
**LVI Director, PrimeSpeak**

As an oral physician you treat the patient from Both the "Outside-In" and the "Inside-Out." Learning more about the oral/systemic link in regards to your patient's perio status (inside-out) will help increase your success to your patient's restorative status (outside-in)! Come to the IACA and find out More "Inside-out" approaches to Perio from a holistic view.

**Jill Taylor, RDH, BS**  
**LVI Hygiene Director**

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 judgement. So sign you and your Team up for this year's IACA and get ready to watch your practice soar!

**Ashley Johnson, CDT, JD**  
**LVI Dental Practice Coach**

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**

There's an old adage, "You Don't Get What You Expect... You Get What You Accept." Did you know that team related stress is actually optional? Don't let practice drama take you off your game, get out in front of it. Your best team members will love you for it and your bottom line will see a positive bump too. A great first step to setting clear expectations and popping the stress bubble is a policy & procedures manual. In addition to sending a strong leadership message, you'll also have peace of mind in knowing you're compliant with all US state & federal laws.

**Ginny Hegarty**  
**Dental Management Consultant**

## **Abstract Alley Continued** Continued from Page 2

A wide range of clinical consequences may be associated with obstructive sleep apnea (OSA) including systemic hypertension, cardiovascular disease, pulmonary hypertension, congestive heart failure, cerebrovascular disease, glucose intolerance, impotence, gastroesophageal reflux, and obesity, to name a few. Despite this, 82 % of men and 93 % of women with OSA remain undiagnosed. OSA affects many body systems, and induces major alterations in metabolic, autonomic, and cerebral functions. Typically, OSA is characterized by recurrent chronic intermittent hypoxia (CIH), hypercapnia, hypoventilation, sleep fragmentation, peripheral and central inflammation, cerebral hypoperfusion, and cerebral glucose hypometabolism. Upregulation of oxidative stress in OSA plays an important pathogenic role in the milieu of hypoxia-induced cerebral and cardiovascular dysfunctions. Strong evidence underscores that cerebral amyloidogenesis and tau phosphorylation—two cardinal features of Alzheimer's disease (AD), are triggered by hypoxia. Mice subjected to hypoxic conditions unambiguously demonstrated upregulation in cerebral amyloid plaque formation and tau phosphorylation, as well as memory deficit. Hypoxia triggers neuronal degeneration and axonal dysfunction in both cortex and brainstem. Consequently, neurocognitive impairment in apneic/hypoxic patients is attributable to a complex interplay between CIH and stimulation of several pathological trajectories. The framework presented here helps delineate the emergence and progression of cognitive decline, and may yield insight into AD neuropathogenesis. The global impact of CIH should provide a strong rationale for treating OSA and snoring clinically, in order to ameliorate neurocognitive impairment in aged/AD patients.

### **Toxic effects of daily applications of 10% carbamide peroxide on odontoblast-like MDPC-23 cells.**

Lima AF, Ribeiro AP, Soares DG, Sacono NT, Hebling J, de Souza Costa CA., Acta Odontol Scand., 2013 Jan 28.  
Source

**Abstract Background.** Tooth bleaching has been widely studied, mainly due to the possible undesirable effects that can be caused by this esthetic procedure. The cytotoxicity of the bleaching agents and its components to pulp cells has been demonstrated in several researches. The aim of this study was to evaluate the toxic effects of successive applications of 10% carbamide peroxide (CP) gel on odontoblast-like cells. **Materials and methods.** Enamel-dentin discs obtained from bovine incisors were adapted to artificial pulp chambers (APCs). The groups were formed as follows: G1: Without treatment (control group); G2: 10% carbamide peroxide, CP (five applications/one per day); G3: 10% CP (one unique application); and G4: 35% hydrogen peroxide, HP (three applications of 15 min each). After treatment, cell metabolism (MTT), alkaline phosphatase (ALP) activity and plasma membrane damage (flow cytometry) were analyzed. **Results.** Reductions in cell metabolism and alkaline phosphatase activity along with severe damage of the cytoplasmic membrane were noted in G2. In G3, no damage was observed, compared to the control group. Intermediary values of toxicity were obtained after 35% HP application. **Conclusion.** It can be concluded that one application of 10% CP did not cause toxic effects in odontoblast-like cells, but the successive application of this product promoted severe cytotoxic effects. The daily application of the bleaching agents, such as used in the at-home bleaching technique, can increase the damages caused by this treatment to the dental pulp cells.

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