IACA
The International Association of Comprehensive Aesthetics
Hollywood, Florida 2012
The Aesthetic Occlusion Connection

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JULY 26-28, 2012

2012 IACA Newsletter
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Randy's Raves

Spring is here! A new season! No matter how you think time (and everything else) stands still, it does not. Time goes by. Things change. That is such a SIGNIFICANT reason why you should attend this year's IACA. Things change! If you want to keep up, it's easy. Just follow us, and we will keep you up to date in this fast-moving profession. Bonding agents, impression materials, porcelains, cements....they all change at a rapid pace. The IACA keeps filling you with the knowledge to know what to use where and why.

Spring is here! A new season! Get involved in the change. Look for the "Call for Board Members" in your inbox. Apply for a position on the board to help make a difference! There are five openings this year for the IACA board. Be active in your profession and join us in making dentistry exciting.

Spring is here! A new season! Summer is approaching fast – July 26th to be exact. The first of three fun-filled days on the sunny beach in beautiful Florida. Take a break from your practice to "work on your practice" at the Westin Diplomat. Go to www.theiaca.com for more information . Spring to it!

Randy Jones, DMD, LVIM President IACA 2012

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Practice Swings HELPFUL TIPS FROM PRACTICE CONSULTANTS

One of the keys to a successful referral marketing program is knowing who your' ideal and less than ideal patients are. Group them as:

- "A" patients are your ideal or most valuable referral source.
- "B" patients may not be perfectly ideal,
- "F" patients are much less than ideal.

See the article below for details.

Ashley Johnson, JD: Ashley's Coaching

According to a 2010 survey by Simply Hired, 83% of job seekers say they would rather have a job they love than a job that pays well. Now of course, that doesn't mean people don't value money. Money is a motivator in that you must pay people enough to take money off the table by allowing people the security to know they can pay their bills and take care of their families. Daniel Pink, author of Drive believes people have an innate sense of fairness about pay. What they want most is AUTONOMY, MASTERY & PURPOSE

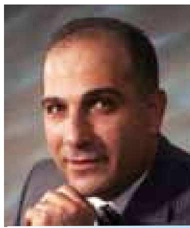
GINNY HEGARTY, SPHR Dental Practice Development,

Periodontal disease is a Silent Epidemic according to the Sureon General with the U.S. having a National statistic of over 75% Active Disease in the adult population. The progressive LVI practices this year that have had Practice Profiles calculated have been treating this Silent Disease from 2% to 9% of their total Hygiene production. How can you get your practice to at least a realistic 30% treatment level? Make a commitment to revamp your Perio Philosophy and Vision this year!

Jill Taylor, RDH, BS, LVI Hygiene Consultant

VALUE YOUR WORTH. Stop worrying that your fees are a few dollars more than the practice down the street. That is like comparing apples to oranges. Charge a fair fee for the services YOU are providing based on materials, time, and education.

Sherry Blair, LVI Director of Team Programs



Abstract Alley

Sahag Mahseredjian, DMD

Electrical stimulation speeds bone graft healing and can increase success of grafting for dental implants

Feb 23, 2012

Electrical stimulation expedites bone graft healing and can increase the predictability and contribute to the overall success of this option for patients who lack the bone density required for dental implants, a University of Maryland research team reported at the 27th Annual Meeting of the Academy of Osseointegration (AO).

In a pilot study of the effect of electrical stimulation on healing bone grafts, an animal study with adult male rats, Dr. Garima K. Talwar, Baltimore, Md., a postgraduate student at the University of Maryland Baltimore Dental School, concluded that electrical stimulation produced significantly more bone formation and less remaining graft than a control group that received no electrical stimulation.

The finding may attract patients to dental implants who might otherwise bypass implant treatment because grafts can be unpredictable and have been associated with lower success rates, extended healing times, and morbidity.

In the study, bipolar platinum stimulated electrodes were overlaid on the center of a graft in adult male rats. They received electrical stimulation three times a day for 10 days. After six weeks, the grafted areas and surrounding bone were harvested. Animals that received electrical stimulation had approximately eight-fold more new bone (3.81 (3.6)%; p=0.034) compared to the control group (0.47 (0.52)%). The amount of remaining graft material in the control group was significantly higher, and no significant difference was found in the amount of connective tissue.
Temporomandibular disorders and declarative memory.

Yang D, Ye L. Med Hypotheses. 2011 May;76(5):723-5. Epub 2011 Feb 26.
Temporomandibular disorder (TMD) is a somatic manifestation of stress. Previous researches suggested hypothalamic-pituitary-adrenal (HPA) axis hyperactivity in TMD, through which TMD patients exhibited abnormalities of the stress response hormone - causing additional cortisol release. Increased cortisol, the principal circulating glucocorticoid in humans, would impair memory retrieval of declarative material. This effect on memory retrieval may in particular be due to glucocorticoid receptors (GR) in the hippocampus.

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EDITORIAL-Ethics

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

Recently I read a program announcement by a dentist who said he was hoping to convince his attendees that neuromuscular dentists using surface EMG's in TMJ disorder treatments are being unethical. Typically this dentist, as others ignorant of true neuromuscular dentistry and lacking of proper training in surface EMG's points to issues of specificity and sensitivity with this equipment. Sensitivity measures the proportion of actual positives which are correctly identified through a study. Or, which people in a study actually have TMJ disorders. In other words the study would be sensitive to those having TMJD or CMD. Specificity measures the proportion of negatives which are correctly identified. Or, which people don't have a TMJ disorder. Thus the study would specify who is healthy and who is not.

At the 2011 ADA annual meeting this was addressed and properly shown to not be applicable to surface EMG's for TMJ studies by IACA members Norman Thomas and Prabu Raman in the scientific discussion where a disciple of the above dentist was on the opposing view.

What bothers me now is this dentist's declaration that neuromuscular dentists are being unethical! He feels this way because he feels that TMJ disorders are bio-psycho-social – or a biological mental response to social influences upon an individual. While I do believe in the hypothalmic-pituatary-adrenal axis (HPA) playing a major stress role in TMJD/CMD I have noticed in many cases, as I'm sure our IACA members have, that there are indeed occlusal and postural issues that need to be addressed to relieve that stress on the system. This dentist promoting this philosophy has fought neuromuscular dentistry for many years – and has lost every time. I have a feeling this latest barrage from him and his cohorts is a "last hurrah" charge of the "dark brigade" before they leave this world. Even non-neuromuscular dentists have joined together to oppose his unsubstantiated views. In the January, 2012 Journal of CRANIO Mandibular Practice Clifton Simmons pointed out in his rebuttal of this dentist's philosophy that the society of psychologists does not list TMJ disorders as a psychological disease. Thus it would seem that treating TMJ disorders solely as a psychological disease would be… unethical!

This is ironic as the aforementioned dentist feels neuromuscular dentists are unethical for over treating their patients by changing their bites through either reconstruction or orthodontics – even if the patient is better after treatment. This brings to my mind a statement by Norm Thomas at the ADA discussion: "We must remember that while over treatment is wrong…a failure to properly diagnose and treat is also wrong!"

No doubt this issue will go on for some time. I hope you all will be coming to the Florida IACA meeting where we all can learn more in helping our patients achieve better health in both pain relief and increased self esteem through a fantastic smile. It will be through our own education that will enable neuromuscular dentistry to persuade those ignorant of what we have taken the time and effort to learn.

The Sleep Connection

Terry Yacovitch B.Sc. DDS. Montreal, Quebec

The relationship between Sleep Specialists in the medical community and our dental world is improving. With additional specific training by dentists and their teams, using this knowledge and the proper approach, the "Mayo Clinic" model of patient treatment can be put in place by the dental community. This total team, multi-disciplinary approach assures great patient care and treatment. This focus on "the patient" and THEIR care, with the goal of better health, should be established.

Sleep affects focus, mood, energy, creativity, attitude, blood pressure issues, diabetes, healing and many more modern health issues. Society in general is not well informed about the links between sleep and health. The same can be said about sleep and job performance.

The medical community alone are given the right to diagnose sleep disorders. We dentists can screen and gather essential information from our patients via simple questioning. Using the Epworth or Berlin questionnaires much information can be gathered about a patient's sleep status to help initiate the referral process.

This article is a reflection of recent events and clinical experience by this practitioner as relates to the subject of Sleep Medicine and Sleep Dentistry. Advanced training and education is available, liaisons can be established across the professional borders, with details being "properly" done.

As an emerging area of dentistry there is a major responsibility attached to such treatment. Practitioners MUST not just treat snoring with appliances. The TOTAL patient diagnosis and evaluation is essential to not miss an underlying apnoea state. It is not sufficient to simply test a patient who snores, and then deliver a Mandibular Advancement Appliance to help with the snoring. A significant percentage of patients who snore, also have a more grave health issue with Sleep Apnoea. A significant percentage of Apnoea patients do not snore.
Diagnosis of Apnoea IS the realm of the medical community, but as stated above WE can screen and guide patients for appropriate testing and treatments.

A proper questionnaire will quiz the patient to find via descriptions of their underlying symptoms, insight into their status.
Casual questioning by all personnel can help identify those with definite need for investigation.

1) Do you wake up sleepy or feeling tired after a "normal" night's rest?
2) If you could "steal" an extra hour of sleep in the morning, would you?
3) Do you wake up several times during the night and find it difficult to get back to sleep?
4) Do you wake up several times during the night feeling you need the washroom, but find it was just a feeling; the trip to the washroom was non-productive?
5) Do you wake up grumpy? Are you moody during the day? Is your temper shorter than it used to be?
6) Would you fall asleep reading a book in the sun, sitting on your couch?
7) On a drive somewhere, do you all of a sudden realize you are half way there?
8) Driving as a passenger for more than an hour, would you fall asleep?
9) Do family members note changes in your mood?
10) Do you have trouble focusing on tasks at work?
11) Are you forgetful?
12) Do you ever find yourself daydreaming during the work day?

There are many indicators of Sleep Deprivation, but the above questions can give some insight in a non-threatening way.
Develop a relationship with sleep physicians. Develop a relationship with sleep testing facilities where a "complete team" is available.
Ensure testing can be done with the briefest delay once sought and prescribed.
Ensure that results are reviewed quickly by true "specialists" in this area … Respirologists, Pneumologists, Cardiologists, a complete team… hopefully locally. This is so patients have someone to see locally and be followed locally. Please understand the importance here.
Ensure when required, that patients are seen by the medical team associated with the test facility quickly.
Request where the sleep study data is analyzed. If this is "offshore" or in another country, how can we talk to the experts after the analysis if we have specific questions? Whom can we talk to directly? This may seem like a small point, but communication and details of OUR patient's status is essential when coordinating future treatments and follow up testing.

Hospital testing exists, but referrals most often must come from within the medical community and delays can be significant. Wait times can be a problem. The return of reports can suffer time delays.

Private testing facilities ("certified centers") will very often accept referrals from the dental community. Certified centers will see patients for testing often within two weeks. Usually this is dependant on the patient's schedule - not the testing facility's. Reports come back quickly from most private centers, often within seven to ten days. Private testing center results are VERY detailed and complete compared with public centers (this author's experience here).

Continued on page 4

The Sleep Connection- *continued from page 3*

Elect for the best way to help YOUR patients receive a diagnosis and treatment possibilities, without undue delay. Be THERE for your patients as results are received. Be ready to discuss their treatment choices. Be armed with connections for chosen treatments, without delays.

The Baby Boomer population is increasing. A greater than expected percentage of this population having had Orthodontic treatment as young adults are showing a more than expected incidence of Apnoea. Historically the cause seems to be the prevalence of four bicuspid extraction cases where the dental arch size was reduced compared with the tongue space required for airway patency. With inadequate room for the tongue in these arches, once relaxed, the tongue has a tendency to fall back in the throat and block the airway. This situation is too complex to cover here, but it is a current area of concern.

Apnoea is a very complex syndrome, but we dentists "see" our patients for greater appointment time periods (as do our hygiene teams) than our friends in the medical circles. Questions can be easily posed during these sessions even if there is "work to do." If we can educate on dental issues, we can educate on Sleep and Apnoea.

Showing concern and educating our family of patients shows we care. We do! We often care for our patients more than they may care for themselves. How often do we coach on hygiene, smoking habits, diet, and health only to hear: "Yes, you talked about that last time, I never found the time to do anything."

Repetition allows the message to finally land a home in the patients' thoughts and psyche. Enlist family member participation, just be very diplomatic, talk in general terms, and let THEM connect the dots to their loved one's troubles!

We hear very often upon chatting and quizzing that MANY patients have family, friends, or co-workers that are using CPAPs or are being evaluated for Sleep problems. Generate conversations around their stories. Have "for your information" media venues in your waiting room. Have data sheets and questionnaires "sitting around" reception areas and wherever your patients may discover them!

TALK!

If we as members of the Dental Community can save just one life, each of us … would this not be a wonderful "give back" to our family of patients!

Abstract Alley - CONTINUED FROM PAGE 2

The hypothesis we proposed is that TMD might result in declarative memory impairment by increasing the cortisol.

Neuronal connectivity and interactions between the auditory and limbic systems. Effects of noise and tinnitus.

Kraus KS, Canlon B., Hear Res. 2012 Mar 7.
Acoustic experience such as sound, noise, or absence of sound induces structural or functional changes in the central auditory system but can also affect limbic regions such as the amygdala and hippocampus. The amygdala is particularly sensitive to sound with valence or meaning, such as vocalizations, crying or music. The amygdala plays a central role in auditory fear conditioning, regulation of the acoustic startle response and can modulate auditory cortex plasticity. A stressful acoustic stimulus, such as noise, causes amygdala-mediated release of stress hormones via the HPA-axis, which may have negative effects on health, as well as the central nervous system. On the contrary, short-term exposure to stress hormones elicits positive effects such as hearing protection. The hippocampus can affect auditory processing by adding a temporal dimension, as well as being able to mediate novelty detection via theta wave phase-locking. Noise exposure affects hippocampal neurogenesis and LTP in a manner that affects structural plasticity, learning and memory. Tinnitus, typically induced by hearing malfunctions, is associated with emotional stress, depression and anatomical changes of the hippocampus. In turn, the limbic system may play a role in the generation as well as the suppression of tinnitus indicating that the limbic system may be essential for tinnitus treatment. A further understanding of auditory-limbic interactions will contribute to future treatment strategies of tinnitus and noise trauma.

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FUTURE IACA MEETINGS

2012 Annual Conference	2013 Annual Conference
The Westin Diplomat	Telus Convention Centre
July 26 - 28	August 1-3
Hollywood, Florida	Calgary, Alberta

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