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2013 IACA Newsletter
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President's Message

Chong Lee, DDS, LVIM

The following is my first memorandum to you via the IACA Newsletter, an interaction that I value and take very seriously; as seriously as I value my membership and position with the IACA. Let this communication serve as my written commitment to work diligently for my fellow IACA colleagues and friends.

Let me be the first to congratulate everyone that has signed up for the IACA Membership. The IACA is the voice for Neuromuscular Dentistry. Additionally, I would like to thank every doctor that has signed up for the meeting to learn more about the most recent and up-to-date innovations in Neuromuscular Dentistry. These innovations not only benefit you as a practitioner by keeping you fresh and engaged with the new ideas in our chosen profession, but also these advancements ultimately benefit our patients.

For the folks that have not yet signed up, please consider signing up. This is our 10 year anniversary of the IACA and, as such, we will be honoring Dr. Ron Jackson with the Lifetime Achievement Award for his advancements in adhesive dentistry. We have a great line-up of lecturers attending the meeting.

Our venue is the spectacular Atlantis resort and casino in the Bahamas; a delightful location to set the scene for your practice's success. So, bring your team and we will help you motivate them to take your patients and your practice to new frontiers.

Don't miss this opportunity and sign up today for our 10th anniversary meeting!

Abstract Alley

Sahag Mahseredjian, DMD

Effect of occlusal splints for the management of patients with myofascial pain: a randomized, controlled, double-blind study; Zhang FY, Wang XG, Dong J, Zhang JF, Lü YL.; Chin Med J (Engl). 2013 Jun;126 (12):2270-5.

Controversy exists in reporting whether occlusal splints are successful for treating TMD-myofascial disorders. The study was to provide objective evidence in assessing occlusal splints through clinical assessments and surface electromyography measurements of the masseter muscles.

The 18 subjects in each placebo splint and occluding splint group were assessed clinically and with sEMGs of the Masseter muscles at the start of the study and after one month.

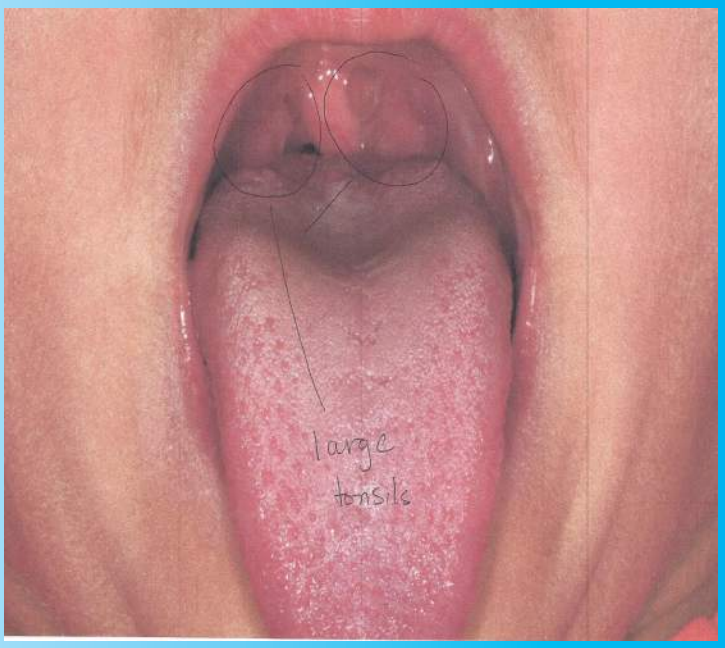
It was found that 89% of the occluding splint group experienced either complete recovery or clinical improvement. Only 22% of the placebo splint group experienced a spontaneous improvement. The authors concluded; "Occlusal splint could eliminate or improve the signs and symptoms of TMD patients with myofascial pain. sEMG analysis indicates that the wearing of occlusal splints may reduce the degree of fatigue of the masticatory muscles. The splint therapy outcome has a correlation with the electromyographic changes in the masticatory muscles.

Referring Airway Obstructed Children to an ENT

Conchi M. Sanchez-Garcia, DMD

We as neuromuscular dentists have the opportunity to impact the lives of our patients for the better. One way we can do this is by identifying children with potential airway obstructions due to enlarged tonsils and adenoids. If untreated airway obstructions can sentence the child to a life of chronic ear, sinus, and throat infections. This may lead to an increased risk for sleep apnea, TMJ pain and dysfunction, and obligate mouth breathing; causing poor arch form and mid-face development leading to excessive orthodontic intervention, etc.

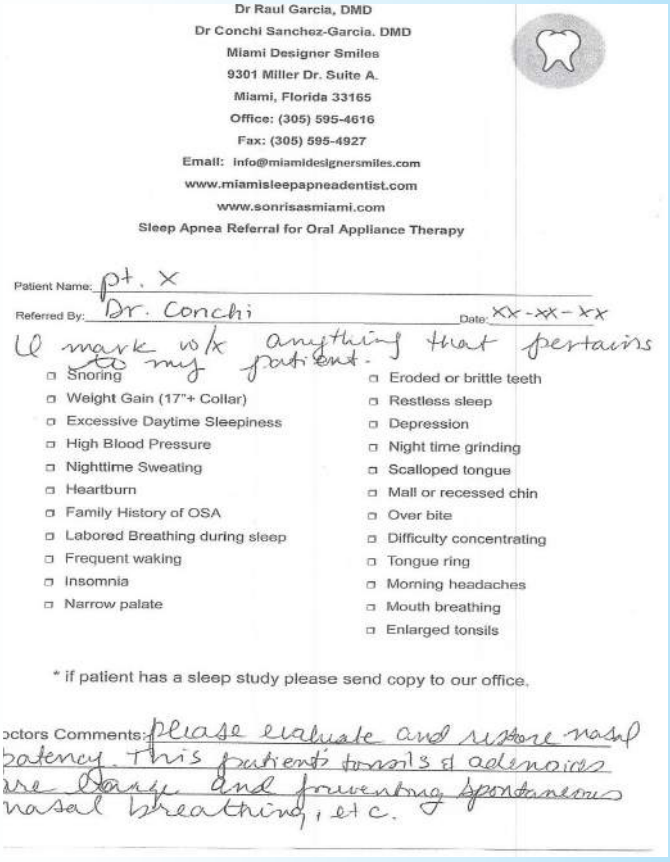
With a timely referral to an ENT, the child can be evaluated for airway obstruction caused by enlarged tonsils and/or adenoids. The ENT can surgically remove the offending tissue and the child can be freed of their limitations imposed on them by poor airway. To make the referral of a child in need of an ENT evaluation proceed as smooth as possible I do the following:



1. I verbally explain to the parents why I am making the referral.

2. I recommend a local ENT who understands the impact of a healthy patent nasal airway on the ideal growth and development of the mid-face and airway, the position of the teeth, and in turn the systemic long term health of the child and their TMJ complex.

3. I give the parents a packet of items to take to the ENT from me when they take their child.



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Sleep Apnea Referral for Oral Appliance Therapy

Patient Name: pt. X
Referred By: Dr. Conchi Date: xx-xx-xx
U mark w/x anything that pertains to my patient.

- ☐ Snoring
- ☐ Weight Gain (17"+ Collar)
- ☐ Excessive Daytime Sleepiness
- ☐ High Blood Pressure
- ☐ Nighttime Sweating
- ☐ Heartburn
- ☐ Family History of OSA
- ☐ Labored Breathing during sleep
- ☐ Frequent waking
- ☐ Insomnia
- ☐ Narrow palate
- ☐ Eroded or brittle teeth
- ☐ Restless sleep
- ☐ Depression
- ☐ Night time grinding
- ☐ Scalloped tongue
- ☐ Mall or recessed chin
- ☐ Over bite
- ☐ Difficulty concentrating
- ☐ Tongue ring
- ☐ Morning headaches
- ☐ Mouth breathing
- ☐ Enlarged tonsils

* if patient has a sleep study please send copy to our office.

Doctors Comments: please evaluate and restore nasal patency. This patient's tonsils & adenoids are large and preventing spontaneous nasal breathing, etc.

In the packet I send:

a. The ENT's business card.
b. A referral slip from me with some symptoms checked off as they relate to the child.
c. A handwritten note from me describing briefly what I would like the ENT to evaluate.
d. A copy of Dr. Bill Dickerson's "Why Are We So Screwed Up?"
e. A copy of the Academy of Otolaryngology's clinical indications for surgical removal of tonsils and or adenoids in children. In this last document, I usually circle one eg as that is the indication that mentions the appropriate nature of the child's dentist making a referral of this nature.
f. I also send a cephalometric radiograph with the large adenoids circled and a picture of the enlarged tonsils.

I usually ask the parent to do me a favor and deliver the packet to the ENT on my behalf as it has important information that relates to their child. That is usually enough to get

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the parent to read the enclosed material and go to the appointment as an informed parent acting as an advocate on behalf of their child. The ENT will usually follow through on my treatment recommendations as they know that I can properly identify children who indeed need their help and make a timely referral.

In the end it is all good. Sick children are treated by skillful caring professionals and get better so they can grow up and become healthy adults that can enjoy and appreciate life and health. I hope most of you find this information helpful and can use it to better the life and health of your children and your patients.

Knowing When to Stop

Dan Jenkins, DDS, LVIF, FACD, FICD, CDE-AADE
Certified Dental Editor- American Association of Dental Editors and Journalists

I'm sure you have been at a party when some guy said a pun or humorous remark that caused everyone to laugh. But then, he made another remark and another…but they don't seem as funny. You're starting to think, "This guy doesn't know when to stop!" Of course you are not thinking this is a good thing. As with many things in life some things can wear out their welcome quickly while others you might not ever want to stop – like breathing.

The organization of the IACA started about 10 years ago. It is one of those things that many of us do not ever want to stop. However, there are those who would like the IACA and its neuromuscular dentists to stop having the freedom to practice neuromuscular dentistry. Over the last 10 years the IACA has represented not only its own members but all neuromuscular dentists in publications and in person to leaders of national and state dental organizations, world-wide journals, governmental officials, and dental conventions in defense and education of neuromuscular dentistry.

After 10 years of these "battles" should the IACA stop? The succinct answer is of course, "No!" Should the IACA seek to re-align itself with some of the organizations that actually brought about the IACA? The IACA is a growing cosmetic-neuromuscular organization at a time when other organizations are experiencing diminishing numbers at their meetings. Of course, as always, non-IACA members are welcome to attend the annual IACA meetings. With the recent surge in membership in the IACA it would seem more logical to consider not slowing down rather than stopping!

The purpose of the IACA is to facilitate learning and knowledge in physiologic based aesthetic dentistry for its members. Learning should be a basic desire of all professionals.

Interference with a desire to learn is what has brought about the rise of the IACA. It is a common occurrence in human history for a new movement with different thoughts or science to be attacked by those who do not try to learn. In regards to neuromuscular dentistry it is apparent that the attacks come from those who have, at the most, dabbled in neuromuscular dentistry. Thus, the IACA is faced with those who are indeed ignorant of the actual science of neuromuscular dentistry. Those who oppose neuromuscular dentistry have even been offered free tuition at LVI to help them understand what neuromuscular dentistry is really based on. None have taken advantage of that!

Currently your IACA is still working to protect your freedom to practice. IACA representatives keep contact with the leaders of many other dental organizations, review many publications, and write letters to editors to keep them aware of neuromuscular dentists when they consider anti-neuromuscular dentistry articles for publication. When it comes to defending your freedom to practice as you see fit the IACA does not know when to stop.

LVIF-LVIM Eligible for FIACA

*** Already registered for the 2014 IACA Conference**

***Michael Adler, LVIF, *Trevor Archibald, LVIF, David Babin, LVIF, *Kenneth Barney, LVIF,*Joseph Barton, LVIM, *Robert Beebe, LVIF,*Mark Birnbach, LVIF, *Bryan Blankenship, LVIF, Thayne Blunston, LVIF, *Chad Boger, LVIF, *Yanik Boucher, LVIF, *Robert Bryce, LVIM,*S. David Buck, LVIM, *Michael Bufo, LVIF,*Stephen Buch, LVIM, *Matt Bynum, LVIF, *Fred Calavassy, LVIF,*Patrick Casey, LVIF,*Neil Cheesman, LVIF, *Chris Chui, LVIF, *James Clarke, LVIF, *Anne-Maree Cole, LVIM, Judith Cope, LVIF, *Danielle D'Aoust Gallagher, LVIF, *Isabelle Deschenes, LVIF,*Bill Dickerson, LVIM, *Heidi Dickerson, LVIM, *Kathleen Dillon, LVIF, *Nickolaos Douvis, LVIF, *Mark Duncan, LVIF,*Brad A. Durham, LVIM,Clint Esler, LVIF, *Lawrence Evola, LVIF *Jon Feist, LVIF *Michael Firouzian, LVIF, Daniel Gallagher, LVIF *Raul Garcia, LVIF, *James Green, LVIF,*Timothy Gross, LVIF, *Sam Guirguis, LVIF, *Rania Haddad, LVIF, *Jim Harding, LVIF, *Joe Henry, LVIF, *Jim Hey, LVIF, *John Highsmith, LVIF, *Mandy Holley, LVIM, *Dennis Ikuta, LVIF, *Patrick Im, LVIF, *Daniel Jenkins, LVIF, *Kent M. Johnson, LVIM, *Randy Jones, LVIM, *Lisa Kalfas, LVIF, *Ted Kawulok, LVIF, *Shawn Keller, LVIF, *Lori Kemmet, LVIM, *Sholina Kherani, LVIF, Ronald Konig, LVIF, *John Krasowski, LVIF,*Michael E. Kun, LVIF, *Michael Kuzma, LVIF, Greg Larson, LVIF, *Chong Lee, LVIM, *Jess Legg, LVIM, *Matthew Littleton, LVIF *Christopher Lota, LVIF,*Kelly J. Lytle, LVIF,*Sahag Mahseredjian, LVIM, *Hamada R. Makarita, LVIM, *Noor-Allah Manji, LVIF, Ian Maratos, LVIF, *Drew Markham, LVIF, *John Marque, LVIF *James W. McCreight, LVIF Kevin McCurry, LVIF*Daniel Melnick, LVIF*David Miller, LVIM,Ian Miller, LVIF *Alan Montrose, LVIF *Carol Morgan, LVIF *Dennis Nagata, LVIF *Mehrnaz Naini, LVIF *Nancy Nehawandian, LVIF *Sean Nelson, LVIF, Amy Norman, LVIF, *Jay Ohmes, LVIF, *John R. Ormond, LVIF, Manisha R. Patel, LVIF, *John E. Pawlowicz, LVIF, *Mark Provencher, LVIF, *Joseph Quartuccio, LVIF, Russell Rainey, LVIF, *Prabu Raman, LVIM, *Michael Reece, LVIM, *Edward Reeves, LVIF, *Ryan Reeves, LVIF, *Konstantin Ronkin, LVIF, *Concepcion Sanchez-Garcia, LVIF,*Sharon Schindler, LVIF, *Evetta Shwartzman, LVIF,*Joel Smith, LVIF, *Kathryn Sudikoff, LVIF, *Steven Taylor, LVIF, *Brett Taylor, LVIF, Vasilios Terzis, LVIF, *Mark Tompkins, LVIF, *William Vitalie, LVIF, Scott Wagner, LVIF, *Byron W. Wall, LVIF, Mary Walsch-Cole, LVIF, *Tesha Whaley, LVIF, *Laurie Wilhelm-Johnson, LVIF, *Kevin Winters, LVIF**