

# Show Me Dentist

Flagship Publication of The Missouri Academy Of General Dentistry

Welcome to the premier issue of the newly redesigned **Show Me Dentist**. Our Goal is to deliver to you a publication that is informative and easy to read that you look forward to receiving every quarter. We'll strive to be on the cutting edge providing you with the latest information on the hottest topics in dentistry. Some of the topics to be covered:

- The Latest Clinical Information
  - Latest CE Offerings
  - The Political and Regulatory News That Affects Dentistry
  - The Latest News in Dentistry
  - Practice Management
  - Marketing
  - Patient Relations
- Comments and Questions?** Email: editor@moagd.org

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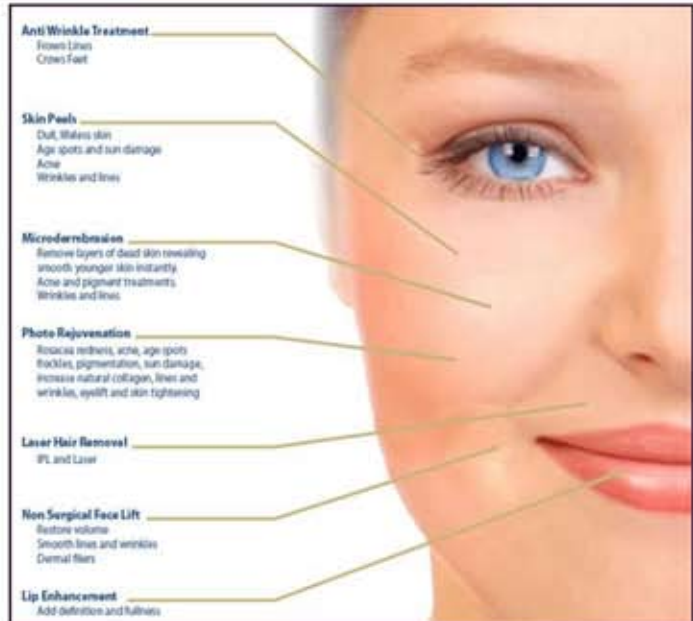
December, 2009

## Botox and Dermal Fillers Dentistry's Next Big Thing or Looming Disaster?

Louis Malcmacher, DDS, MAGD, high profile lecturer and dental consultant, is promoting a course teaching dentists to deliver Botox and dermal filler injections to their patients. He believes offering Botox and dermal filler injections is the natural extension and perfect compliment to the esthetic dentistry practice. He argues that dentists give injections all the time and this is just learning to give another type of injection that is outside the mouth. He goes on to say that dentists have a distinct advantage over dermatologists, plastic surgeons, medical estheticians and nurses who commonly provide these procedures in that we can deliver profound anesthesia in these areas before the filler procedures

In 2008 nearly \$5 billion was spent on botulinum toxin and dermal filler therapy in the United States. Interestingly, money spent on non-surgical elective esthetic procedures has increased during our recent recession, perhaps because these procedures are more affordable than more expensive surgical options.

Botox is used for smoothing wrinkles by eliminating wrinkles caused by facial muscles in motion. Dermal fillers are commonly used to add volume to the face in the nasolabial folds, lip augmentations, oral commissures and marionette lines.



But, according to a study published in the *Journal of Neuroscience*, researchers have found that botulinum neurotoxin type A--more commonly known as Botox--can migrate into the central nervous system after it's injected into the skin. The discovery raises new questions about the toxin's safety.

Botulinum toxin is one of the most poisonous substances on Earth. The toxin cuts off communication between nerve cells by destroying SNAP-25, a protein that controls the release of neurotransmitters. Paralyzing the muscles controlled by the nerve cells. This property allows treatment of strabismus (or "crossed" eyes), migraines, and the chronic and severe muscle spasms that accompany some nervous system

injuries or diseases, such as cerebral palsy. Small doses are injected to paralyze facial muscles, thereby making lines and wrinkles less visible.

The study's results came just weeks after the U.S. Continued on Page 3

## Meeting Schedule Mark Your Calendars

Minor Tooth Movement - What's Practical, What's Possible.  
Perry Jones, DDS FAGD  
February 12-13, 2010 St. Louis U.

Predictable Cosmetic and Restorative Dentistry  
Mike Malone DDS, FAGD  
April 16-17, 2010 UMKC

MOAGD Annual Meeting  
September 2010  
Location, Date and Speaker TBA

## President's Message:

### My Dear Colleagues of the Missouri AGD:



Connie White, DDS  
President  
Missouri AGD

***"The AGD  
represents your  
right to practice  
general dentistry  
in the  
autonomous  
fashion that we  
all hold dear"***

Greetings from Kansas City! I hope this letter finds each of you enjoying the beauty of our fall season. I honestly cannot believe that the holidays are nearly upon us again. A wise colleague of mine told me some time ago that as we age the days grow longer, but the years grow shorter. How true it is!

I spent part of this past weekend trying to reorganize my files and sift through years of forgotten paperwork from many semesters at the School of Dentistry. So many wonderful dentists have come through our school, and I remember most of them like it were yesterday. "Where have many of them gone?" I stop to think. "Why do I not see some of them at our Missouri AGD activities?" Perhaps they are not members. Perhaps they are members and are not engaged in our organization. Whatever the reason, it makes me sad.

As a 30-year member of the Academy of General Dentistry, I tell each of my students and each of you that there has never been a more important time to join the AGD and be active in the organization that represents us as general dentists. In the current climate of our country, with the healthcare policies changing before us, the AGD represents your right to practice general

dentistry in the autonomous fashion that we all hold dear. The Academy has truly been our voice in so many arenas over the past year that it is staggering. Our white paper on increasing access to and on utilization of oral healthcare services is a definite read and is just one example of our powerful advocacy.

How many of you have visited the AGD's website in the past year? Did you know that you can link into a practice management section of the website to download wonderful patient documents and to set up a free webpage? Also, through AGD Smile Savers you can get appointment reminders, online forms, and patient e-newsletters and surveys. All of this is free with your AGD membership. Dentists in practice pay thousands of dollars for this same service. It more than pays for the cost of membership. Despite all of that, I joined the AGD right after dental school because I loved their philosophy of lifelong learning and enjoyed the challenge of seeking their prestigious Fellowship and Mastership awards. You are going to take the continuing education anyway, so why not track your hours and elevate your level of accomplishment at the same time? None of us knows what tomorrow may bring or what opportunity might be waiting around the next corner. As I

often advise my own children, spend each day making yourself better than the last, and you will never look back and wish you had given more.

The Academy stands as my voice for general dentistry, contributes to my growth as a general dentist and health professional, and provides wonderful tools of success through their website. But I still love the Academy for the friendships I have made. I am and continue to be connected to colleagues all over the U.S. and Canada. This to me is the real value. How is it that some of my friends, colleagues, and former students are not members? Perhaps I have not told them with enough fervor why I love it. Have you told someone why you are a member?

Your Missouri AGD needs you! We are working harder than ever to serve you, our members. We would love to hear from you and see you at meetings. Most importantly, tell your colleagues why the AGD is important to you; spread the word. After all these years, let's get reacquainted and enrich each other's lives through our beloved Academy of General Dentistry.

Sincerely,  
Connie L. White,  
President MoAGD

**Did You Know...  
Missouri Is One of  
Only Seven States  
That Does Not  
Accept The  
AGD Licensing  
Board Transcript  
As Proof of  
Meeting CE  
Requirements**

The AGD Licensing Board Transcript is an excellent tool to organize members' CE

Most state dental boards accept the AGD Licensing Board Transcript as proof of meeting CE requirements. But Missouri does not. We need your help. The Missouri Dental Board could and should

accept the AGD Licensing Board Transcript as proof of meeting CE requirements. Make your voice heard.

**Take Action:** Copy and paste the below in an email to the Missouri Dental Board, [dental@pr.mo.gov](mailto:dental@pr.mo.gov)

*As a member of the Academy of General Dentistry, an or-*

*ganization of nearly 500 members statewide, and a practicing general dentist, I strongly encourage The Missouri Dental Board to accept AGD Licensing Board Transcript as proof of meeting CE requirements.*

## Minor Ortho, What's Possible? What's Practical?

Howard Farran, DDS MADG was recently quoted as saying, "If you're so stupid that you are not doing **INVISALIGN**... just call your state board and turn in your dental license." -- pretty strong words! Of course minor tooth movement should be part of every general dentist's practice. But how? Essix Retainers? Spring Retainers? Fixed Appliances? Invisalign? What's practical? What's possible? This is the subject of the MoADG February 12-13, 2010 Mastertrack program at St. Louis University Center For Advanced Dental Education.

Our speaker is Dr. Perry Jones a 1974 graduate of Medical College of Virginia Dental School, where currently

he is an Adjunct Faculty Associate Professor in the Oral Maxillofacial Surgery Department as well as the Oral Pathology Department. A general dentist, he is a Fellow of the Academy of General Dentistry and maintains an active private practice in Richmond, VA. Orthodontics has been a practice focus for some 30 years. One of the first Invisalign certified GP providers; Dr. Jones has been a member of the Align speaker team since 2002, presenting some 300+ Invisalign certifications. A contributing editor for many Invisalign publications, he is an Invisalign consultant and has consulted on some 6000+ ClinChecks. A featured speaker at past and most re-

cent 2009 Invisalign GP Summits, this year Dr. Jones gave both an IPR technique presentation (The Great IPR Debate) and a detailed ClinCheck software presentation, "Maximizing Your ClinCheck".

But the course is not just about Invisalign. Essix and Spring Retainers will be covered as well as some fixed appliances and each participant will take home over \$200 worth of supplies and equipment from the hands-on course. Whether you presently offer orthodontics in your practice or not, stop right now and go to [www.moagd.org](http://www.moagd.org). Register for the February 12-13 course while there are still spaces available.



Perry Jones,  
DDS FAGD

**"If you're so stupid that you are not doing **INVISALIGN**... just call your state board and turn in your dental license."**  
Howard Farran,  
DDS MADG

## Botox and Dermal Fillers continued from page 1

Food and Drug Administration began investigating widely publicized reports of Botox-related deaths. Although neuroscientists admit it can be tricky to set a safe dose for medical and cosmetic uses, Botox has been used for more than 25 years

with very few complications unless overdosed according to neuroscientist, Christopher von Bartheld of the University of Nevada School of Medicine in Reno.

Editor's Note: Let me get this straight... its safe unless there is

an overdose but tricky to decide what a safe dose is? I think I'll pass! What do our members think? Do you offer these services or plan to? Send your response to [editor@moagd.org](mailto:editor@moagd.org).

## Denture Cream Neuropathy, Another Reason to Recommend Dental Implants

Many popular denture adhesive creams, such as Fixodent and Poligrip, contain zinc. Although a small amount of zinc is necessary for a healthy and balanced diet, excessive amounts can cause copper depletion, hypocupremia, and zinc poisoning, hyperzinemia, when ingested in large amounts. Severe zinc poisoning can lead to neurological problems, such as neuropathy, and even death.

In August 2008, a study published in the journal "Neurology" reported on four patients who suffered neuropathy and other neurological side effects associated with zinc poisoning from denture cream. The study, which was con-

ducted by researchers at the University of Texas Southwestern Medical Center in Dallas, concluded that zinc contained in denture creams could have been responsible for the patients' symptoms. Notably, while one tube of denture cream should last 3 to 10 weeks, patients in the denture cream study were all using at least two tubes of denture cream a week.

According to the Consumer Healthcare Products Association, as Washington, DC based non-profit representing the interests of makers of OTC medicines and nutritional supplements, "Zinc containing denture adhesives are safe and effective when used according

to labeled directions." A statement from Proctor and Gamble estimates that consumers who use Fixodent properly would ingest no more zinc than would be contained in most multivitamins or six ounces of ground beef

The Food and Drug Administration (FDA) currently does not require denture adhesive cream manufacturers to disclose the potential health risks of denture adhesive cream use, and many of the more than 35 million Americans who wear dentures as well as many dentists are unaware of the possible link between denture adhesive creams and neuropathy.



**Excessive use of adhesives has been linked to zinc overdose neuropathy and even death.**

### Preparing for an H1N1 Outbreak

Here are some things you can do:

- Educate your staff about H1N1. The Centers For Disease Control and Prevention has a section devoted to H1N1 in dentistry at "www.cdc.gov/oralhealth/infectioncontrol/index.htm" or visit "www.cdc.gov/h1n1flu/investigation"
- Post educational posters or signs reminding patients and staff to minimize face to face contact including handshaking.
- Encourage staff to receive H1N1 vaccine (now available thru some local dental societies.)
- Consider liberalizing policies concerning sick leave and time off to care for a sick family member.
- Advise patients who are sick to stay home.
- Establish a policy for allowing staff who have been sick back to work that minimizes the risk of disease spread.
- Encourage patients and staff to use hand sanitizers frequently



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Melanie White D.D.S.

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**Periodontal programs** – Broaden participation

**Radiography** – Set new office standards of care

**Fee balancing** – Adjust fees for your area

### Want to Be An Author

Do you have something to say that other dentists should hear? The new **Show Me Dentist** is interested in publishing your article. You may want to write about an interesting experience, review a particular material, technique or new piece of equipment, or voice an opinion on an issue affecting dentistry. The new **Show Me Dentist** is published quarterly and our mission is to provide Missouri General Dentists with current information on the hottest topics in dentistry. Submit your articles to [editor@moagd.org](mailto:editor@moagd.org)

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Active Patients in Practice: 2,907			
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WIS WINGS	\$11,239	WIS WINGS	\$43,293
Taking the Highest Profitable Fee for Office's Reporting		Taking the Highest Profitable Fee for Office's Reporting	
ESAND	\$17,884	ESAND	\$98,808
Using all of Patient's Remaining Budget for Office's Reporting		Using all of Patient's Remaining Budget for Office's Reporting	
PERO	\$91,854	PERO	\$195,344
Using all of Patient's Remaining Budget for Office's Reporting		Using all of Patient's Remaining Budget for Office's Reporting	
TOTALS	\$285,449	TOTALS	\$646,897
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Sample Practice Analysis Summary



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**1**  
**MORE**  
**VOICE**

**Strengthen the voice of general dentistry**

The Academy of General Dentistry is the only Organization in the State of Missouri that solely represents the interests of the General Dentist. Make your voice heard. Volunteer to serve on the Board of Directors or one of our committees.

Contact any AGD Board Member or email [info@moagd.org](mailto:info@moagd.org) for Information

### Lab-On-A-Chip



*Will Dentists  
Soon Screen For  
Breast, Lung or Oral  
Cancer Using Simple  
Chairside  
Lab-On-A-Chip  
Salivary Tests?  
Check out our  
March issue.*

## What Have You Done For Me Lately, You Might Ask!

The AGD is the ONLY organization to exclusively represent the interests of the general dentist. The AGD's far ranging initiatives represent general dentistry before congress, state legislatures, state dental boards, the ADA and the general public. There are 138,701 general dentists in the United States, 99,352 of them belong to the ADA. Many believe the ADA represents their interests but the ADA membership includes many powerful, well organized and well funded constituencies of specialist members, all pressing for their own agendas, many of those agendas seek to limit the rights of the practicing general dentist.

Only 31,949, 21.7% of general dentists belong to the AGD. (In Missouri there are approximately 3200 general dentists, 452 of whom belong

to the AGD, only 14.1 %.) If the rest of the general dentists knew what the AGD has been doing for them and understood that no other organization represents the interests of the general dentist, I would think that more general dentists would want to get involved.

We are now being threatened with the return of "barbershop dentistry", as Hugh Flax, President Elect of the AACD puts it, in the guise of "mid-level providers" who will be able to prepare teeth and place fillings without dental school training. Minnesota is leading the way with the supposed public benefit of "Access to Care" but other states are sure to follow if passed. The AGD is closely monitoring "access to care" legislation throughout the nation.

The ADG is strengthening it's representation in the ADA House of Delegates. Raymond Gist, DDS, an AGD member is running for President Elect. Please give Dr. Gist your support.

The AGD has been actively fighting for members right to announce Fellowship and Mastership credentials to the public and in a recent court decision Florida recently put the restriction aside. A coalition of the AAID, ABOI, AACD and the AGD had to sue the Florida Board but the court found the restrictions unconstitutional on many grounds.

Here are some of the other things our great organization has done on our behalf.

Continued on Page 7

***Powerful, well organized and well funded constituencies of specialists within the ADA are pressing agendas that seek to limit the rights of the practicing general dentist***



***"Little Shop of Horrors" is how 57% of Americans think of a trip to the dentist. But there is one low cost, almost free practice enhancement that will make any practice stand out as the exception."***

## New Dentist's Corner

### A Simple Solution For Practice Growth

As I read through my pile of journals every month, I find scores of articles on the latest materials, techniques and equipment. As well as practice building articles on leadership, teamwork, staff motivation, practice efficiency, marketing, goal setting, hiring, firing, and bonus systems. Letters to the editors worry that the economy will wreck disaster on the writers' practices. Dentists spend thousands learning sophisticated cosmetic, implant and reconstruction techniques and many spend thousands more trying to attract patients.

But there is ONE low cost, almost free practice enhancement that will make any practice stand out and will do more to elevate your reputation as an exceptional dentist than anything else. That enhancement is patient comfort. The fact is that even today with all the techniques we have at our disposal to make dentistry comfortable, "Little Shop of Horrors" is how most Americans view a trip to the dentist. But nothing engenders patient loyalty like painless injections and profound anesthesia.

Fortunately painless injections and profound anesthesia are within the reach of any dentist who wishes to take the time to perform them. Over 15 years ago Clearwater, FL dentist, Bill Strupp, DDS described a surprisingly effective technique for painless injections, more recently the X-Tip (Dentsply) intra-osseous perforator and needle guide have made profound pulpal anesthesia fast and predictable, and since the introduction of Articaine anesthetic, infiltration injections rarely miss anymore.

Below is Dr. Strupp's painless injection technique. If you are not using it already, try it. There is no longer ANY excuse for hurting our patients with the needle.

#### Step 1

Enthusiastically tell the patient that a new technique for giving completely painless injections is going to be used. The pain that patients experience comes from three sources: 1.) feared pain, 2.) actual pain and 3.) perceived pain. Understanding these sources of pain leads to greater success. Actual pain could come from any of four areas. a) Mucosal penetration, b) periosteal contact, c) nerve contact or d) palatal injections. The pain of mucosal penetration is eliminated with this technique and the fear of pain is greatly reduced through the dentist's enthusiasm when describing the technique. Don't use palatal injections. Insert the needle instead, through the already numbed buccal tissue to numb the palatal tissue.

#### Step 2

Dry the tissue with a 2x2. Topical anesthetic doesn't stick as well to wet tissue and doesn't work as well either.

#### Step 3

Apply topical anesthesia and leave in place for 30-60 seconds. Dr Strupp uses Topical (Premier) but I've found that it doesn't matter what you use. We place it on a cotton swab or cotton roll and then cover it with the 2x2 to keep saliva from washing the topical anesthetic away.

#### Step 4

Slowly inject a small bolus of Citanest 4% Plain (Astra) anesthetic just under the mucosa. Withdraw the needle and mas-

sage the anesthetic into the tissue. Say, "There now, that is all you are going to feel. Now if you feel anything at all I want you to tell me." Use Citanest Plain. There is no substitute!

#### Step 5

Re-enter the original injection site and very slowly inject a few drops of Citanest 4% Plain as you advance the needle to 4-5 mm beneath the surface. Be careful not to contact the periosteum. Withdraw and massage again. Say, "Did you feel that? Isn't this a great technique?"

#### Step 6

Now give your injection with the anesthetic of your choice directly through the previous injection site. Slowly advance to the ultimate site where the bulk of the anesthetic will be deposited. As you advance, be sure that a plume of anesthetic precedes the tip of the needle.

That's all there is to it. It may take a minute or two longer and cost a tiny bit more but the dividend in patient satisfaction is greater than from any other innovation one could add to his or her dental practice.

Barry Brace, DMD FAGD

What Have You Done  
Continued from Pg 7

the ADA into asking for an FTC investigation and resulted in Align's easing of the deadline.

- Has worked tirelessly to counter specialist efforts to restrict conservative non-surgical periodontal care. Created great consumer web sites [www.knowyourteeth.com](http://www.knowyourteeth.com) and the dental maven blog.



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What have you done For Me Lately continued from page 5

- Created a white paper on oral health.
- Started a task force on dental implant therapy to counter specialist efforts to limit general dentists placement of implants.
- Published economic statistics on the contribution of dentistry to state economies [www.eyeonwashington.com/agd/](http://www.eyeonwashington.com/agd/)
- Created "A dentist goes to Washington" program to train volunteers in lobbying

legislators.

- Organized the efforts of 1445 dentists to protest Align technologies' recent decisions regarding minimum case requirements which helped push

Continued on Page 6

***"With all the Healthcare legislation issues on the table, it is very important that the General Dentist be heard! "***

### Member First Person: David Dear, DDS FAGD



I joined the AGD as a dental student at UMKC. It seemed like a great way to keep up on new techniques and

technology; as I had decided to start a rural practice. It's pretty easy to fall behind, when it's 3 hours drive to a major city, for CE classes. The dentists around me had been in practice for decades, and really hadn't kept up with modern dental techniques. I didn't want to do that, so the AGD membership requirements forced me to keep up. Remember, that 25 years ago: there was no State Mandated CE.

Now I try to get to the Master Track Courses and the National Meeting. I still am active with the ADA/MDA, so that is a bunch of CE!

I am the present Legislative Chairman for the Missouri AGD. This is a fairly new position, as the AGD hasn't been heavily involved in lobbying efforts. With all the Healthcare legislation issues on the table, it is very important that the General Dentist be heard!



**Mike Malone,  
DDS FAGD  
Past Pres. AACD**

## PREDICTABLE COSMETIC AND RESTORATIVE DENTISTRY

Dentists often find that crown and bridge insertion appointments turn into "try-in" appointments. When the margin is open, the occlusion is high, or the bridge will not seat, who is responsible, the dentist or the technician? With the growing popularity of all ceramic veneers, crowns, and bridges, predictability becomes more critical than ever before. The April 16-17 MoADG Mastertrack program at UMKC will review techniques designed to reduce the stress of cosmetic and restorative dentistry in a general or prosthodontic practice.

Our presenter, Dr. Mike Malone, says course participants will be able to:

- Complete the preparation phase faster and with more control.
- Manage soft tissue and take ideal impressions every time.

- Complete and seat finished restorations with predict Ability.

In the hands-on portion participants will learn:

- a direct technique for rapidly making adjusting and finishing a comfortable, long-lasting night guard and
- principles of smile design used to develop an ideal diagnostic wax-up and how to transfer the information in the diagnostic wax-up into a completed provisional that rivals the final restoration.

Dr. Malone received his dental degree from the LSU in 1974 and establish a private general practice in New Iberia, LA. His commitment to excellence in restorative and cosmetic dentistry started early with extensive continuing education with his primary mentors: L. D. Pankey, Pete Dawson, Alvin Fillastre, and Mike Schuster and he was awarded

ADG Fellowship in 1988. He has been a member of the American Academy of Cosmetic Dentistry since 1988, and was accredited in 1992. In 1995, Dr. Malone became a member of the Accreditation Board of Examiners and went on to become an Appeals Examiner for the A.B.O.E. After serving four years on the Board of Directors Dr. Malone was elected AACD President for 2003-04. In addition, he is on the advisory committee and is a clinical instructor and featured presenter in the Cosmetic Dentistry Continuum offered by the C. E. Department of LSU School of Dentistry. He is a published author in leading journals and speaks internationally on cosmetic and restorative dentistry. Dr. Malone maintains a full-time dental practice limited to cosmetic and reconstructive dentistry in Lafayette, LA.

Register today for April 16-17 MoAGD Mastertrack Course at [www.moagd.org](http://www.moagd.org).

**The current  
Senate bill would  
impose a 5% tax  
on whitening,  
crowns, veneers,  
implants and  
even composite  
fillings**

## Botax Schmotax Contact your senator [www.stopcosmetictax.org/](http://www.stopcosmetictax.org/)

I hope you will take a moment to call or email your US Senators and tell them you oppose the proposed 5% cosmetic tax currently being offered as a way to fund the health care reform bill. What? You say this doesn't affect you? Wrong!

The current wording of the Senate bill is poised to tax teeth whitening, dental crowns, veneers and dental implants as well as Botox, dermal fillers, and many more procedures. The verbiage is such that expansion to composite fillings could also be included.

The tax lumps dental treatments into the same category with alcohol and tobacco – the so-called "Sin Tax." That tax was put in place to attempt



to modify the bad behaviors which cause the health problems that we all wind up paying for. It also helps pay the costs incurred by the current health care system resulting from the use of these products. Why, then, should someone be penalized for taking steps to maintain their oral health??? The outcome of the above mentioned procedures has the exact opposite result of the behaviors targeted by the Sin

Tax.

Taken from page 2045 of current Senate Bill: "COSMETIC SURGERY AND MEDICAL PROCEDURE.—For purposes of this section, the term 'cosmetic surgery and medical procedure' means any cosmetic surgery (as defined in section 213(d)(9)(B)) or other similar procedure which—"(1) is performed by a licensed medical professional, and"(2) is not necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease."

Excerpted from *Dental Maven Blog* 12.9.09