



Publication of the Stanislaus Dental Society

Summer, 2014



Who ARE These People?!

(answer inside on Page 3)

Inside: Regulation Updates, Articles, Member Moments and More!

Presidential Pondering

As a member of the Stanislaus Dental Society Board of Directors I have had the opportunity to view organized dentistry from a new perspective. I have become more aware of all that my membership can do for me and the profession of dentistry. The benefits of membership are many.

The voices of the CDA and ADA are heard loud and clear in many political arenas. You are well represented and your rights are protected by the tripartite. If you ever question the value of your membership, I would encourage you to consider the alternative of not being represented. You may not get a check from the SDS each month, but you could certainly see a change in your income if the profession of dentistry was not protected at the local, state, and national levels.

In addition to my benefits as a member, I have enjoyed the opportunity to serve on the board for the Stanislaus Dental Society and be involved in decisions to change and improve our component. I have been able to participate in meetings at the local and state levels that have been both interesting and educational.

Your local executive director, Robin Brown, is available and ready to help you. She is a wealth of information locally and she is also able to direct you to many resources at the CDA and

ADA. Everything you and your staff need to be current and in compliance with constantly changing laws and regulations is available at minimal or no cost to you. Many of the continuing education courses required for license renewal are available right here through your local component. Learn about your member benefits and take full advantage to get your moneys worth. The SDS website (www.stanislausdental.org) is a tremendous resource you should be familiar with.

Involvement begins at the local level. Member participation and involvement has been an ongoing challenge. Your response to surveys is a great way to get started and we welcome your input and ideas. I appreciate the efforts of your dedicated and motivated board of directors and committee members. I encourage you to attend SDS meetings and events, get to know your colleagues, and consider serving on a committee or becoming a member of the board.

For me, the rewards of participation have far outweighed the small amount of time invested. The tripartite is constantly changing to serve your needs. No man is an island. There is strength in numbers. Your involvement is needed to make organized dentistry the best it can be.



Matt Swatman, DDS, MSD
SDS Board President

“IF YOU EVER QUESTION THE VALUE OF YOUR MEMBERSHIP, I WOULD ENCOURAGE YOU TO CONSIDER THE ALTERNATIVE OF NOT BEING REPRESENTED.”

FEATURES

Regulation Updates	4
CDA Cares	6-7
CDA News Bites	9
Robin's Relevant Remarks	10
Member Moments	11-12
Community Health	15
Clinical Pearls/Updates	16-17
Membership Data	21
Licensure Required to Show Movies	22
Classified Ads	25

Meet your 2014 SDS Board of Directors

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Sean Mullins, DDS

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Nicholas Poblete, DDS

Secretary
Wesley Wong, DDS

Editor
Brian Hutto, DMD, MS.Ed

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Immediate Past President
Brad Pezoldt, DDS, MSD

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Bruce Valentine, DDS

Community Health
Cesar Acosta, DDS

Continuing Education
Dean Brewer, DDS

Dental Liason
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Forensic Odontology
 & State Emergency
Garry L. Found, DDS

Legislative
Andrew P. Soderstrom, DDS

Membership
Wesley Wong, DDS

Peer Review
**Jennifer Leon-Guerrero,
 DDS**

Program
Sean Mullins, DDS

Well-Being
Lee Mettler, DDS



1



2



3



4



5



6

Matt Swatman, DDS, MSD

SDS Board President
 Orthodontist
 Graduated UCSF -GD - 1989
 UOP, Art Dugoni-Ortho
 2000
 SDS Member: 23 years
 Interests: Snowboarding,
 wakeboarding, golf, back-
 packing, fishing, scuba
 diving, family, friends,

1

Sean Mullins, DDS

SDS Board President-Elect
 General Dentist
 Graduated USC - 2005
 SDS Member: 9 years
 Interests: Playing the violin
 and Irish fiddle music,
 hiking, bird watching, travel
 and spending time with
 family, watching baseball
 and soccer.

2

Wesley Wong, DDS

SDS Board Secretary
 General Dentist
 Graduated UOP,
 Art Dugoni—1998
 SDS Member: 6 years
 Interests: Video games
 (decent), golf (struggle),
 hockey (good). Also
 coaches hockey.

3

Nick Poblete, DDS

SDS Board Treasurer
 General Dentist
 Graduated Creighton
 University 2001
 SDS Member: 11 years
 Interests: California red
 zinfandels, home roasting
 coffee beans from central
 America and playing tennis
 when I'm not wrestling with
 my 3 little boys.

4

Elizabeth Demichelis, DDS

SDS Trustee, past SDS
 President
 General Dentist
 Graduated Marquette
 University 1991
 SDS Member: 21 years
 Interests: Traveling, piano,
 reading, community service
 (Salvation Army, Rotary),
 organized dentistry
 (leadership in ADA/CDA),
 CDA Cares.

5

Brian Hutto, DMD, MS.Ed

SDS Editor
 Oral/Maxillofacial Surgeon
 Graduated University of
 Pennsylvania— GD 2001
 Graduated Baylor College-
 2007-Oral & Maxillofacial SX
 SDS Member: 1 year
 Interests: reading, traveling,
 play sports with kids.

6



Update on Regulations for Dentistry

Leslie Canham, RDA - CDA

Regulations pertaining to healthcare and dentistry are constantly changing. There are new OSHA, HIPAA, and Dental Practice Act regulations that require dentists to take action. Here are a few of the tasks you need to complete to be IN COMPLIANCE.

OSHA

The New Hazard Communication Standard

The OSHA Hazard Communication Standard became effective in 2013. Dentists must train their workers in the new label and safety data sheet (formerly called MSDS) requirements by December 1, 2013.

Aerosol Transmissible Diseases

In 2009, OSHA issued a requirement for dental practices to train employees in Aerosol Transmissible Diseases (ATDs). The dental practice must have written injury and illness prevention plans addressing ATDs and adhere to the CDC Guidelines for screening patients who may be infected with an ATD. ATDs include all types of influenza, varicella diseases, measles, smallpox, SARS, TB and other diseases and pathogens.

Bloodborne Pathogen Training

OSHA requires that employers ensure that all clinical employees participate in a training program. Training shall be provided at the time of initial assignment and at least annually thereafter. Documentation of the training must be maintained by the employer for at least 3 years.

New HIPAA Regulations require covered entities to complete required tasks

In January 2013, the new HIPAA Omnibus Final Rules were published implementing changes to HIPAA Privacy, Security, Breach Notification and Enforcement Rules. All covered entities must revise their written policies and procedures to comply with the new rules. Training must be provided to workforce, both clinical and administrative.

Here are some of the things you need to do:

1. Conduct and document a "Risk Assessment"
2. Re-write and post your HIPAA Notice of Privacy Practices.
3. Update your Business Associates Agreements and have each business associate sign the new agreement.
4. Create new written plans to demonstrate how the dental practice will adhere to HIPAA regulations.
5. Train your workforce on the new regulations.
6. Understand how to prevent breaches and know when you must provide breach notification to patients.

Create various Logs:

- Amendment Request Log
- Disclosures of Patient Information Log
- Complaint Log
- Breach Log
- Security Incident Log
- Emergency Access Log
- Maintenance Repair Log
- Electronic Media and Hardware Movement Log

(cont. Pg. 5)

(Cont. from Pg. 4)

I highly recommend that your practice purchase the American Dental Association (ADA) "Complete HIPAA Compliance Kit" where you can find the written forms and logs.

Dentists and Hygienists to provide "Notices To Consumers"

Two separate "Notice to Consumers" posters are required for both dentists and dental hygienists informing patients that Dentists/Dental Hygienists are licensed and regulated by the Dental Board of California/Dental Hygiene Committee of California. The phone number and website of the Dental Board of California/Dental Hygiene Committee of California must also be on the poster. All letters must be in 48 point font.

*SDS ED note: You can download both notices from the SDS website, stanislausdental.org, Pearls of Dentistry, 2014 Labor Law.

Unlicensed Dental Assistants

If hired after 1-1-2010, unlicensed dental assistants must possess the 8 Hour Infection Control certificate, take a Dental Practice Act course and hold a current CPR certificate. The supervising is responsible for assuring dental assistants obtain these certificates within 1 year of employment.

If you would like a complimentary copy of an OSHA Training Checklist, send an email to Leslie@LeslieCanham.com.

In the dental field since 1972, Leslie helps dental teams simplify complex regulations. She provides in-office training, mock-inspections, consulting, and hands on implementation of HIPAA. Contact Leslie at 209-785-3903 or www.LeslieCanham.com.

Out.....



SDS Member, Dr. Mike Gerber's Office Staff at Relay for Life, May 2014

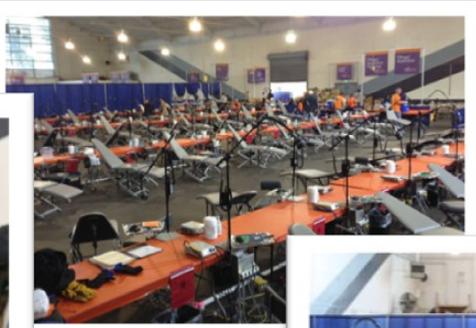
.....and About!



Dr. Stephen Snow and attendees at the SDS sponsored CE – Digital Dental Photography in May



Dr. Peter Soderstrom ran the lab and helped provide partials and dentures.



Restorative Treatment Area
Left—Initial setup
Below—Treatment in progress



L to R: Neal Cadra, LeAnn Rawlins, Erik Cadra, Dr. Jake Barber, Tiffany Brouwer, Samantha, Dr. Michael Cadra, Stephanie McCabe

cda cares
California Dental Association Foundation

Solano
April 25-26, 2014

A special thanks to:

- 301 Dentists
- 37 Oral Surgeons
- 89 RDHs
- 521 EDAs
- 15 Lab Techs
- 833 Community Volunteers

1,796 volunteers

1,959 patients received care

Nearly **\$1.5 million** in oral health care services provided at no charge to patients who experience barriers to care.

10,655 total procedures!

179 complete and partial dentures and denture repairs

cdfoundation.org/cdacares



Robin Brown, Drs. Clarke Filippi, Andy Soderstrom, Elizabeth Demichelis, Peter Soderstrom

"I worked at CDA Cares in Vallejo Last Friday, April 25 and did prosthetics with Dr. Soderstrom. One of my morning patients was a lady that was a single mom and had lost her teeth about three years ago. She said she's been looking for a job but couldn't get hired because she had no teeth. I did an upper and lower Larell Denture in about an hour and a half. When we were done and she looked in the mirror, she started crying and said, "Now I can get a job". I had the opportunity to change someone's life for the better and did 9 dentures on that one day."

**John Swearingen, DDS
SDS Member**



Dr. Larry Wallace and Dr. John Swearingen with a grateful patient.

Many of the assistants who were helping me at CDA Cares Solano were 2nd and 3rd year dental students, and it was very rewarding to help them in return by answering their questions about their future careers in dentistry."

Katherine Kucera, DDS



Dr. Katherine Kucera

Thank you to the SDS Members and staff who served at the CDA Cares Solano event

- Jake Barber, DDS
- Michael Cadra, DMD, MD, FACS
- Rupinder Chahal, DDS
- Elizabeth Demichelis, DDS
- Brian Hutto, DDS
- Clark Filippi, DDS
- Katherine Kucera, DDS
- Andrew Soderstrom, DDS
- Peter Soderstrom, DDS
- John Swearingen, DDS
- Bruce Valentine, DDS



SDS Calendar - 2014

JULY

3 Board of Directors Meeting

18 CE—Pearls of the Practice

21-25 ADA Mgmt. Conf.
Office closed

AUGUST

14 SDF—Annual Dinner

SEPTEMBER

1 Labor Day—Office closed

4-5 CDA Presents-San Francisco

11 Board of Directors Meeting

18 SDS Staff Appreciation

26 Well-Being Conference
Office closed

OCTOBER

23 General Membership Mtg.

24 CE—TMD & Pain Mgmt.

NOVEMBER

13-16 HOD-Office closed

19 Board of Directors Meeting

21-22 CDA Cares—Pomona
Office closed

27-28 Thanksgiving
Office closed

DECEMBER

11 SDS Holiday Mixer

27-
Jan. 4 Winter Holiday
Office closed



CDA Files New Legal Action Against Delta

CDA received a ruling on April 10 from the arbitrators hearing the case against Delta Dental, who decided that CDA cannot participate as a claimant in the arbitration because CDA itself is not a party to the Premier provider agreement that contains the arbitration clause. However, CDA can still offer legal representation to all dentists who are parties to the binding arbitration and will continue to work with and support them throughout the proceedings.

Delta's effort to prevent CDA from participating directly in the arbitration is surprising because CDA had been willing to present the entire issue to a single binding arbitration, which would have been a simpler and more efficient process. However, Delta's position gives CDA the opportunity to proceed with a civil action; and as a result, CDA has filed a lawsuit in San Francisco County Superior Court challenging Delta's actions on behalf of all members with Delta Premier contracts (other than those in arbitration) to prevent Delta from implementing its proposed amendments.

CDA's legal action stems from Delta's August 2013 notice to providers that it intended to delete key provisions of participating dentist agreements, including the deletion of a key promise that Delta made to participating dentists in 2010 that, once set, the maximum fee for dental services would not be reduced unless a reduction were justified by filed fees and other specific criteria. CDA contends that the deletion of this key provision is a first step in Delta's unilateral reduction of the maximum fee levels by an average of 8 to 12 percent. In addition, CDA claims that Delta is failing to determine the newly reduced fees by the contractually required "actuarial calculation" in the Provider Agreements. CDA also contends that patients with Premier policies will be directly harmed by significantly reduced benefits if any unilaterally reduced fee drives Premier dentists out of the Premier network.

CDA will continue to keep members informed on the progress of this legal action in the [Update](#), newsletter and on cda.org.

One App. Everything CDA

Imagine one place where you can get all of your CDA news, access practice support information and plan your experience at *CDA Presents The Art and Science of Dentistry*. That's the beauty of the new, easy-to-use CDA app.

[iPhone](#)

[iPad](#)

[Android phone](#)

[Android tablet](#)

[Mobile Web \(BlackBerry, Windows Phone\)](#)



- **Access CDA Presents** meeting schedules, process C.E., read speaker bios, get real-time updates from the convention floor, plus there are maps as well as information on exhibitors and local hotels
- **Get the latest news** about the profession of dentistry as well as breaking-news alerts
- Put the power of **CDA Practice Support** at your fingertips

Participate in surveys, share your opinions and help shape how CDA acts on your behalf and for your benefit.

Robin's Relevant Remarks or What am I doing here?

Robin Brown, SDS Executive Director

For those of you who are unsure, my primary job is to help make your dental practice, along with the efforts of your staff, run smoother.

I receive calls from members and their employees asking me for assistance with various issues including; providing resumes, HIPAA and OSHA compliancy issues, continuing education requirements and opportunities, community service projects, dental practices for sale, job openings and sometimes, even the location of that left missing sock. If I don't have the answers, I can usually find someone who does; although that missing sock may take some time. My newest task has been to generate our bi-annual society newsletter in-house. Please let us know if you like what you see; we welcome your feedback. I am your quick resource for anything dental and strive to keep our membership connected, informed and thriving.

What can you do for me in return? When anything changes about your practice; for example you have a new or additional office location, you're changed email addresses or updated your website, you've set a well-deserved retirement date, you're looking for an associate, or are a dentist searching for associate placement, etc...please contact me. I can smooth over the bumps associated with these transitions as well as maintain our local, CDA and ADA records. We love to see our members and want to create quality events, speakers and venues, so please



"YOUR PARTICIPATION MAKES A HUGE DIFFERENCE.
PLEASE KEEP COMING AND ENCOURAGE YOUR
COLLEAGUES TO BECOME A PART OF OUR
ORGANIZATION."

register in a timely manner for all SDS events. As the planner and coordinator of the business and social events, extensive behind-the-scenes preparation is vital to ensuring that everything runs smoothly. Last-minute registrations can create unnecessary challenges and doesn't leave me time to find that sock!

What can you do for our dental society? Please attend the events sponsored by SDS. In recent months, it has been most heartening to see more and more of you seizing the opportunity to interact with your peers, swallow a pearl of wisdom from our educators and graciously provide input into improving our inner workings. Your participation makes a huge difference. Please keep coming and encourage your colleagues to become a part of our organization. This is designed to be fun, productive and informative. With relatively little lost time in our busy lives, simple tasks provide a wonderful service to SDS. Please take a few moments to complete the brief survey requests we send out – this input often steers our efforts on your behalf. Additionally, we'd love to see our members serve on one of our few committee positions, or become a member of the executive board, which can be lots of fun and not as much of a time requirement as you may think. The board and I are

to answer any questions you may have.

What can you do for each other? The last five months have been particularly trying as three of our beloved long-time members have passed away. These members were fully engaged during their time with SDS and leave a legacy of service to our organization that has benefitted us greatly over the years. Recently, while one of our members was going through challenging medical issues, several of you have volunteered to maintain excellent patient care for the practice. We have had other members who needed to take time off for medical or personal reasons and who have contacted me for help. If you are in a position to help cover another member's practice, please contact me so I can help facilitate this transition. This is our dental community and we need to watch out for each other. SDS business and social events create a forum for you to get to know each other and the opportunity to share your knowledge and support.

This is your village – only with all of us working together will it shine.

Addendum: Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.

SDS Member, Dr. Robert DiGiorno, Strikes it Big on, Let's Make a Deal!



Congratulations!



“I was on Let's Make a Deal that aired in February, 2014. I picked the curtain and won an all inclusive trip for two to Argentina. I'll be going in August. I was very lucky to win such a great trip (the other two contestants had ZONKS in their box and curtain #1 luckily kept the money).”
Robert DiGiorno, DDS

My Dental Mission to Kenya by Gladys Gesicho, SDS Member

As the only dentist in a group of other medical professionals that went to Africa to offer services, it was quite overwhelming to see the dental needs of the communities. At least 70% of the people who came to seek help stated that they had dental problems. With the limited supplies I had carried from my office, it was all gone within a short period. I felt so helpless!

To unwind, taking advantage of the year round good weather, we enjoyed boat

rides, camel rides, and drove through the Maasai Mara game reserve where we saw plenty of animals.

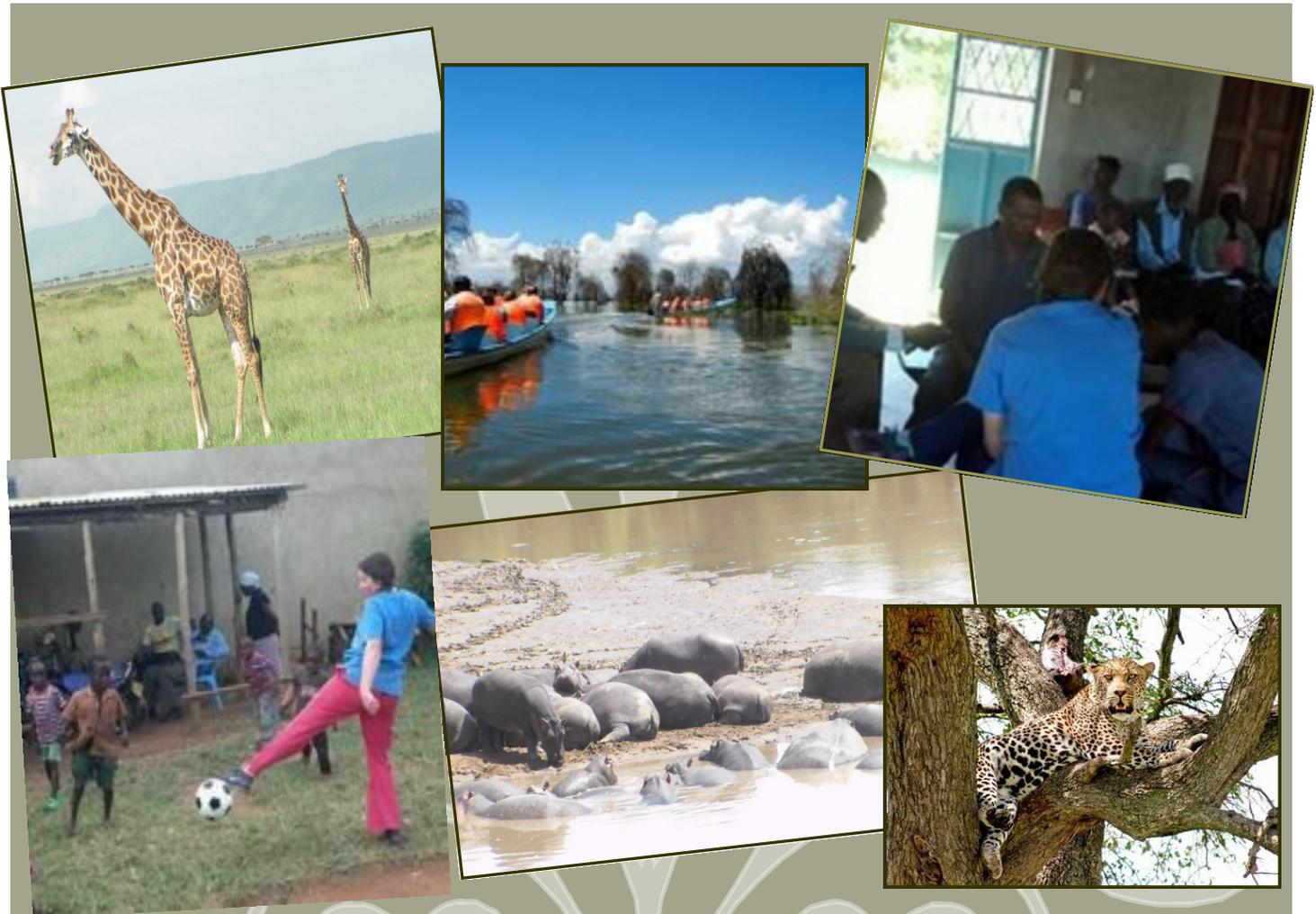
I hope that next time I go (hopefully end of year), I will be more equipped with supplies to be able to treat more people. I hope that a few dentists will accompany me for the mission and perform some humanitarian services while enjoying the beautiful natural sceneries and watching wild animals.

Included are pictures of some members of one of

our groups, patients we saw and a live leopard we photographed with its prey in a tree.

If there is any dentist interested in taking a trip to Kenya to provide some dental services to the poor communities in the village while enjoying the beautiful natural sceneries, wild game, and even throw in a round of golf, you can contact me for details.

Gladys Gesicho, DDS
ggesicho@gmail.com



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In Memorandum

Dee Rowe, DDS
4/25/1920-1/17/2014
SDS Member 41 years



John Padmos, DDS
9/21/1943-4/05/2014
SDS Member 43 years



Michael Gerber, DDS
10/25/1959-6/12/2014
SDS Member 25 years



You will all be missed!

A Quick Reflection and a Moment of Thanks

Cesar Acosta, DDS
SDS Community Health Chair



In our world of today we often times lose track of how important the little things are. How important the little influences we make in our daily meetings with our patients and especially our littlest of patients, the children we see. We get lost in the demand and instant gratification that our patients and those around us place on life and our profession. Everything from the "look at me I can touch my toes" postings on Facebook that people want to be praised for to the "you mean to tell me I cannot have my implant and crown in that infected site today?!" People want, better yet, demand that instant praise and instant results. Sometimes we too get caught in that expectation of instant results, but today I want to take a moment and reflect on the effect of the little things that we do and the great long term effects they can have.

I cannot tell you how much I enjoy

going out into our community to promote our profession by providing community service through volunteering and by helping in our schools with dental screenings. For me, the interactions with our community members and in particular with the kids in our schools takes me back to my own personal experiences, those smallest of interactions that made a huge impact in my life. I can recall when I was a kid, right about 3rd grade, and the dentist that came into my class and gave us a toothbrush, showed us how to brush our teeth and gave us the tablet that made our teeth pink; yes, I know now it was JUST a fluoride and disclosing tablet, but at the time it was like magic. The point for me was that that smallest of interactions was the pebble that rippled through the pond that seeded the interest that grew into my pursuit for the best profession in the world.

I take this moment of your time to share this reflection and thank all of you gracious volunteers who have dedicated your time to serving in our communities, especially with regards to the elementary dental school screenings. Most of us don't realize that there are 93 different elementary schools throughout our county and within those 93, oftentimes we see kindergarten, third graders and even preschool kids. It would be a tragedy to minimize or diminish the importance we make with our small interactions because they are very important. They are not only important in their long lasting effects they can have with the school kids and their oral healthcare, but also in the knowledge that the little gesture of kindness and caring we provide will go beyond that instant gratification and will seed the next generation of caring dental professionals.

Important!

**For all Denti-Cal patient referral requests,
ask the patient to contact:**

**Denti-Cal
Referral Line
(800) 322-6384**

The list of those accepting Denti-Cal changes as new dentists are either added or dropped and the Denti-Cal office maintains the current listing. This prevents a patient from having to make multiple phone calls to get needed dental assistance.

Dietary supplement interactions with medications used commonly in dentistry

According to NIH, more than 1/3 of all Americans take dietary supplements including vitamins, minerals, herbs or other botanicals with sales of multivitamins and minerals reaching over \$4.8 billion in 2009. Nearly 70% of prescription drug users do not discuss their dietary supplement use with their health care providers usually because the clinician did not ask or the patient didn't think to bring up the topic. It is important to recognize and avoid potential interactions between dietary supplements and prescribed medications.

The authors compiled a list of medications most commonly used in dentistry (analgesics + anti-inflammatory agents, antibiotics/antifungals, local anesthetics, sedatives and emergency drugs) as well as the 20 top-selling herbal dietary supplements in the US in 2010 and evaluated the drug-dietary supplement interactions of clinical concern.

The study found significant interactions between *St. John's wort* (increases narcotic-induced sleep time, can reduce effectiveness of multiple drugs), *Valerian* (may cause additive sedation + adverse effects), *Evening primrose* (additive anticoagulant effect) and *Ginkgo biloba* (decreases blood coagulation) and some of the commonly used medications seen in our dental practices. For patients taking these dietary supplements, potentially stopping these medications for at least 4 half-lives before a dental appointment involving drug administration may be prudent.

Supplement	½ life	Discontinue
Ginkgo	3.9-7 hours	28 hours
St. John's wort	9-25 hours	4 days
Evening primrose	2.7-4.4 hours	24 hours
Valerian	0.5-2.7 hours	24 hours

Authors: Mark Donaldson and Riva Touger-Decker

JADA July 2013 144(7): 787-794; doi:10.14219/jada.archive.2013.0188

<http://jada.ada.org/content/144/7/787.full?sid=74c649a4-0454-4cd2-9c6a-5687153a19f5> (full text)

Minimally invasive resin infiltration of arrested white-spot lesions

Enamel white-spot lesions due to enamel demineralization are a common sequelae of poor oral hygiene with a varied prevalence (5-97%) in patients undergoing orthodontics. These may regress naturally with salivary remineralization and tooth brush abrasion (predominantly within the first 3 months after removal of orthodontic appliances), however complete regression does not occur for most lesions and since these usually affect a young patient population, treatment is often desired.

Reported treatments include:

1. Topical remineralization using casein phosphopeptide amorphous calcium phosphate and/or low-concentration fluoride (minimal improvement, often clinically insignificant);
2. Bleaching (limited esthetic improvement, associated with tooth sensitivity + reduction in enamel microhardness);
3. Microabrasion (effective, but can remove large amounts of enamel)
4. Tooth restorations including resin-based composites, veneers or crowns (effective, but require removal of enamel beyond the demineralized zone perhaps extending into dentin).

Treatment using resin infiltration (acid etchant used to remove the outer layer of sound remineralized enamel exposing the demineralized lesion body, with subsequent filling of the lesion using a low-viscosity resin) was evaluated in this study. A total of 20 patients completed the study with 46 teeth treated and 20 had no intervention (control group). Photographs comparing the white-spot lesions before treatment, immediately after treatment and 8 weeks after treatment were analyzed.

The results showed that the resin infiltration was effective, relatively non-invasive and had advantages over other treatment options like fluoride (arrests remineralization in the subsurface portion of the lesion); microabrasion (removes up to 360 micrometers of demineralized enamel vs. about 80 micrometers using the resin infiltration technique); and more invasive restorations (further enamel removal + possible esthetic matching tooth shade challenges).

Authors: Seth V. Senestraro, Jennifer J. Crowe, Mansen Wang, Alex Vo, Greg Huang, Jack Ferracane, and David A. Covell, Jr.

JADA September 2013 144(9): 997-1005; doi:10.14219/jada.archive.2013.0225

<http://jada.ada.org/content/144/9/997.full> (full text)

FDA approves new hand-held auto-injector to reverse opioid overdose

First naloxone treatment designed to be given by family members or caregivers

The U.S. Food and Drug Administration approved a prescription treatment that can be used by family members or caregivers to treat a person known or suspected to have had an opioid overdose. Evzio (naloxone hydrochloride injection) rapidly delivers a single dose of the drug naloxone via a hand-held auto-injector that can be carried in a pocket or stored in a medicine cabinet. It is intended for the emergency treatment of known or suspected opioid overdose, characterized by decreased breathing or heart rates, or loss of consciousness.

Drug overdose deaths, driven largely by prescription drug overdose deaths, are now the leading cause of injury death in the United States – surpassing motor vehicle crashes.

Naloxone is a medication that rapidly reverses the effects of opioid overdose and is the standard treatment for overdose. However, existing naloxone drugs require administration via syringe and are most commonly used by trained medical personnel in emergency departments and ambulances.

Evzio (0.4 mg naloxone) is injected into the muscle (intramuscular) or under the skin (subcutaneous). Once turned on, the device provides verbal instruction to the user describing how to deliver the medication, similar to automated defibrillators. A trainer device is included along with the delivery device. Because naloxone may not work as long as opioids, repeat doses may be needed and is not a substitute for immediate medical care.

The use of Evzio in patients who are opioid dependent may result in severe opioid withdrawal. Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, accelerated heart rate (tachycardia), increased blood pressure, uncontrollable trembling (tremulousness), seizures and cardiac arrest.

**For more complete information, refer to the news release article on the FDA website www.fda.gov*

Pedi Crisis Mobile App

This free mobile application was created by a multi-disciplinary team at The Children's Hospital of Philadelphia to aide health care practitioners gain quick access to a compendium of crisis checklists at the first hint of trouble.

Each checklist starts by summarizing the problem it addresses, and then lists relevant factors to consider and possible steps to take in the event of that particular emergency. The checklists include drugs treatments if appropriate, along with a handy weight-based dose calculator.

The full list of topics covered by the checklists is:

- Air embolism
- Anaphylaxis
- Bradycardia
- Cardiac arrest
- Difficult airway
- Fire (airway and OR)
- Hyperkalemia
- Hypertension
- Hypotension
- Local anesthetic toxicity
- Loss of evoked potentials
- Malignant hyperthermia
- Myocardial ischemia
- Tachycardia
- Tension pneumothorax
- Transfusion and reactions
- Trauma
- Head trauma

Particularly helpful is the weight-based medication dose calculator and the record of the time total of the incident + contemporaneous log of the interventions and medications employed. This app is very useful in simulating emergency events, debriefing and reviewing possible treatments.

General Membership Meeting, May 2014



Exhibitors:
(above) Union Bank
(right) Benco



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*There is a 45 day no-risk trial period. After the 45 day trial has passed, an early cancellation fee of \$500 would be imposed if the agreement is canceled before the end of the first full year of service.



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Congratulations!



SDS Member is a dad....AGAIN!

Gianna Poblete, daughter of SDS member/board Treasurer and his wife April, was born April 2. Here she is with Logan (L) and Ellis (R). All are well.

SDS Member receives prestigious honor

SDS Member and former board President, Dr. Michael Cadra, MD, DMD, FACS, was recently inducted as a Fellow of the prestigious American College of Surgeons (ACS) during a convocation ceremony at the college's 2013 Annual Clinical Congress in Washington, D.C.

First time Grandma!

Lily Ann Brown, granddaughter of SDS Executive Director, Robin Brown, and daughter of her son Jacob and fiancé Sam, born May 28. All are well.



Welcome Members New to SDS!

Shilpa Avula, DDS
Pedodontist
 4101 Tully Rd. Ste 201
 Modesto
 526-0982
 UOP 2001-GD
 St. Barnabas Hosp, 2004-
 Pediatric

Jacob Barber, DDS
Oral & Maxillofacial Sx
 201 E Orangeburg Ave.
 Ste. A
 Modesto
 527-5050
 UOP, Art Dugoni - 2014
 In practice with Drs.
 Baker/Cadra

Chun Huang, DDS
General Dentist
 2030 Coffee Rd, Ste 4
 Modesto
 238-9444
 Instit of Dntl Med Yangon,
 1980
 In practice with Dr. Soe
 Wynn

Yung-Ming, Kang, DDS
Endodontist
 4101 Tully Rd, Ste 602
 Modesto
 529-1698
 Nat'l Taiwan Univ-GD,
 1987
 Boston University-Endo,
 1995

Brett Melgosa, DDS
General Dentist
 700 Crane Ave.
 Turlock
 634-5858
 Temple University School
 of Dentistry, 2002
 Taking over Dr. Douglas
 Decker's practice

Ravneet Otal, DMD
General Dentist
 2900 Standiford Ste 2
 Modesto
 577-5008
 Tufts Dental Sch-GD,
 1987
 Lutheran Medical Center,
 AZ 2014-AEGD

Miguel Padilla-Hernandez, DDS
General Dentist
 No practice address yet
 765-3191
 University of Pennsyl-
 vania, 2013
 New graduate

Sumeet Pannu, DDS
General Dentist
 2045 W. Briggsmore Ave.
 Modesto
 Universidad de la Salle,
 Mexico 2012
 Transfer from Santa Clara
 Dental Society

Gurminder Sidhu (Uppal), DDS
General Dentist
 1807 Central Ave.
 Ceres
 537-7357
 UOP, 2007
 Transfer from SFDS

Nina Tecson, DDS
General Dentist
 4101 Tully Rd., Ste 201
 577-0777
 UOP, 2012
 Transfer from SJDS

Membership at a Glance

By the Numbers
 Active – 182
 RDO – 3
 RD1 – 3
 RD2 – 8
 RD3 – 4
 RD4 – 2
 Life Active – 19
 Dual—3
 Life Retired – 36
 Retired – 2
 Disability – 3
 Market Share-82.8%

Congratulations to the following members who have attained Life Active status (more than 35 years of service).

Member	Years of Service
Ronald L. Champion, DDS	39
Charles L. Duchscher, DDS	40
George J. diCristina, DMD	38

Retired
 Douglas Decker, DDS
 March 15, 2014
 SDS Member 32 years

 Robert Venn, DDS
 June 1, 2014
 SDS Member 36 years

 Alan Vincent, DDS
 July 1, 2014
 SDS Member 49 years

Licensure Required to Show Movies

Article: CDA Practice Support

04/07/2014

Dentists must obtain license to show movies in waiting room

Inquiries have increased to CDA Practice Support recently on the subject of movie licensing.

Dental practices are being contacted by mail or in person by individuals seeking to collect licensing fees. Many dentists assume it is OK to play movies they have purchased in their waiting rooms, but that is not always the case.

The following information is from Chapter 2 of the *Legal Guide for California Dentists*, available on cda.org/practicesupport.

I purchased DVDs of children's films to show in my waiting room. I own the DVDs — why can't I play them in my waiting room?

When you purchase or rent a DVD, you are licensed to view the movie at home with family or a small circle of friends, as long as you do not conduct any commercial activity in your home or seek reimbursement for rental fees or refreshments, etc. This permitted use does not include showing or displaying the movie in the waiting room of your dental office.

In order to show or display the movie at your office (a public place of business), you need to obtain a public performance license. Fees for these licenses are generally very small. The primary entities that handle such licenses include:

Motion Picture Licensing Corporation (mplc.com);
Swank Motion Pictures Inc. (swank.com); and
Criterion Pictures (criterionpicusa.com).

It is important to comply with the copyright law because infringement carries significant penalties. For example, if an infringement is considered "willful," you could be subject to statutory damages as high as \$150,000 for each infringed work. Moreover, even if the infringement is considered inadvertent, you could be subject to statutory damages ranging from \$750 to \$30,000 for each infringed work. You may also be subject to other costs, including reasonable attorneys' fees to the prevailing party.

Do I need a license to play movie DVDs in the waiting area?

When you purchase or rent a DVD, you are licensed to view the movie at home with family or a small circle of friends, as long as you do not conduct any commercial activity in your home or seek reimbursement for rental fees or refreshments, etc. This permitted use does not include showing or displaying the movie in a commercial establishment such as a dental office.

Does it matter if my patients bring in their own DVDs to play in the waiting room?

Yes. This would still require a public performance license unless they bring their own personal players. If you provide the means for the infringement (i.e., by providing the DVD player, video screen, etc., in the waiting room) and allow your patients to play their own DVDs, you may be liable for contributory infringement because you had the right and ability to monitor the infringing activity. If your patients wish to bring their portable DVD players or laptop computers for their own use, you are not contributing to infringement.

My patients watch DVDs while undergoing treatment — is this considered a "public performance"?

Yes. Because the dental operatory is part of a business, showing or displaying the movie would be considered a public performance for which there is no nonprofit exemption. Thus, for the reasons discussed above, you would be required to obtain a separate public performance license.

SDS Goes (to the) Nuts!

Another successful event! The party deck was filled to capacity, the Nuts beat the San Jose Giants 3-2 in extra innings, and the fireworks were amazing. Sorry if you missed it!



SDS Member, Dr. Sean Mullins and family



1st pitch winner!



All you can eat tri-tip/hot dog dinner. Yum!



Is that SDS Member, Dr. Dean Brewer?



All the Almond and a fan



All the Almond and Wally Walnut and a taller fan

Dental License Fee Increasing

Effective July 1, 2014, both the initial license and biennial license renewal fees will increase from \$365 to \$450. The fee increase was determined necessary by the Dental Board of California to correct the deficit between its revenue and expenditures.

Licensure fees are used by the Dental Board to carry out its responsibilities such as issuing licenses, investigating complaints, regulating the California Dental Practice Act, and managing the Diversion Program for dentists impaired by drug or alcohol abuse. The fee increase will continue to support these efforts while providing enhancements to the Dental Board's enforcement program.

To learn more, you may read the [Dental Board's](#) official announcement and regulation amendments.

Compliance updates

Mandatory changes to Worker's Compensation and Paid Family Leave will go into effect beginning July 1, 2014.

Paid family leave to care for a seriously ill "family member" has been extended to include a grandparent, grandchild, sibling or parent-in-law.

Workers' Compensation now contains new regulations that change the employee criteria when pre-designating a personal physician or medical group for work-related injuries or illnesses. Employers must distribute revised pamphlets which should include two new forms: one for pre-designating a personal physician and one for pre-designating a chiropractor or acupuncturist.

To access these forms and for a list of forms required to assure compliance, contact the SDS office or download Required Notices and Pamphlets from the SDS website, stanislausdental.org, under Pearls of Dentistry, 2014 Labor Law.



Practice Support

Where **smart dentists**
get smarter.®

Tips of the Week – can be found on cda.org. **Bolded words denote downloadable forms provided on the Practice Support Center.**

*When treating a minor patient, ensure you are obtaining the health history update from a legal guardian at each appointment. Obtain the legal guardian's signature to document the update. Ask the guardian in advance of the appointment if the minor will be accompanied by a non-legal caretaker and complete the **"Authorization for a non-legal care-taker to accompany a minor"** form.

*Be sure your practice has a written **Injury and Illness Prevention Plan**. A frequent Cal/OSHA citation for dental practices is the failure to have this plan.

*Every dentist, dental health and other licensed health professionals who perform a service on a patient in a dental office shall date and sign his or her name, or use an ID number and initials, in the **patient record** next to the service performed.

*State law requires a technique chart for each x-ray machine. The chart establishes for each view commonly performed: patient size versus selectable exposure factors; source-to-image distance (if not fixed); grid data; film/screen combination; and patient shielding.

Full time Associate

Full time GD associate to work in my office in Modesto. If interested, contact SDS Member, Maulik Shah, DDS at 247-3307 (cell) or email: drmaulikshah@gmail.com.

Our group practice is seeking a highly motivated, self-disciplined and out-going Associate. Our offices are equipped to deliver implants, orthodontics, endodontics, pediatrics and laser therapies. We also desire a Dentist with great communication skills. We will help train and guide your development as a dental professional. Please submit a resume to employment@qualitydentists.com if you think you are up for the challenge.
SDS Member—Dr. Wesley Wong

Full time GD associate to work in my office in Ceres. If interested, contact SDS Member, Gurminder Sidhu Uppal, DDS at 537-7357 or email: kuppal@k3dental.com

Part-time Associate

*Limited to children. Must have GPR, AEGD or Pedo and pediatric oral conscious sedation certificate. If interested, contact SDS Member, Toshi Hart, DDS, 402-3354 (cell) or email, toshihartdds@att.net or toshihartdds@comcast.net

Practice for Sale**Location - Modesto**

On a 2-day week, profits totaled \$211,000 on collections of \$378,000 in 2013. Owner unable to devote the attention the practice requires and as such realizes this practice would be better served by someone who can devote full attention here. 4-ops (3 equipped) and digital radiography. To learn more, contact Ray Irving at [415-899-8580](tel:415-899-8580).

Location - Modesto

Small office, all digital turn key. Dr. will mentor on sleep TMC if interested member will just take over the payment. Dr. will finance the new op-200 pan and all other equipment. Can keep the business name, Graceada Park Dental. Rent \$1,600 a month, \$1,200/month equipment including what Dr. finances. Many supplies included. If interested, contact Dr. Tim Mickiewicz at (916) 457-7710.

The above Classified ads are also listed on the SDS website, stanislausdental.org.

SDS offers its members free advertising related to their practice including, member employment, equipment to buy or sell and practice sales or purchases.

For more information, contact Robin at the SDS office, 522-6033.

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Oak Valley Community Bank
Marketing Associate
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ljuarez@ovcb.com



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5 Hours / Units of Core Continuing Education Credits

Friday, July 18, 2014

8:30am – 1:30pm

Jacob's Fine Dining Restaurant

General Membership Meeting

2 Hours / Units of Core Continuing Education Credits

Thursday, October 23, 2014

6:00pm-Social / 6:45pm-Dinner & Business meeting

Trudenta Therapy for Migraine and Myofascial Pain

Tim Mickiewicz, DDS

Jacob's Fine Dining Restaurant

TMD and Sleep Medicine

Tim Mickiewicz, DDS

5 Hours / Units of Core Continuing Education Credits

Friday, October 24, 2014

8:00am – 1:30pm

Jacob's Fine Dining Restaurant

Published by the Stanislaus Dental Society

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