THE NUGGET

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

FEBRUARY 2013

LOOKING BACK...

THE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME

Inside: Looking back at implants

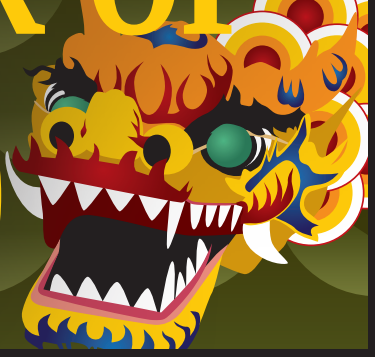
PLUS: Fire inspections — do you need to comply?
A call for leadership — get involved!

STILL ROOM TO ATTEND!

WALK-INS WELCOME!

Sacramento District Dental Society presents the 33rd Annual MidWinter Convention & Expo

THE YEAR OF GOOD



THURSDAY & FRIDAY: FEBRUARY 7 & 8, 2013

Sacramento Convention Center (1400 J Street • Sacramento, CA)

It's not too late to sign up!

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THE NUGGET

FEBRUARY 2013
VOLUME 59, NUMBER 2

THE NUGGET IS A FIVE-TIME INTERNATIONAL COLLEGE OF DENTISTS JOURNALISM AWARD WINNER:

GOLDEN PEN (HONORABLE MENTION, 2007)
Article or series of articles of interest to the profession

OUTSTANDING COVER (2007)
Remarkable cover

OVERALL NEWSLETTER (2007)
Exceptional publication overall

PLATINUM PENCIL (2010)
Outstanding use of graphics

OVERALL NEWSLETTER (2012)
Exceptional publication overall

PRESIDENT'S MESSAGE

Looking Back... and Moving Forward

By **Gary Ackerman, DDS**
2013 SDDS President

Looking back... and moving forward. That is a phrase that seems to be common these days. But in order to look forward, and see the direction and path that we are traveling, I believe that it is necessary to look back and see from where we have come.

As we look back we see that 33 years ago (1980!) the SDDS MidWinter Convention was first held here in Sacramento. Dr. Robert Burkhard was the President of SDDS and the face of continuing education was about to change here in Sacramento. MidWinter has served our members well and continues to be one of the best component meetings in the nation. Speakers/Educators around the nation are always complimenting us on what a great member service this is for our members. I encourage you to explore "YOUR" meeting.

> I'm sure the founding fathers of the MidWinter Convention are smiling as they look at what this meeting has become.

The Continuing Education Committee is made up of our peers within the SDDS. The Committee and SDDS team work tirelessly to help make this a great meeting for us. Where else can you attend one/two days of meetings, get a total of 15.5 hours in two days, have lunch (included in your registration) on the Expo floor with vendors and exhibitors who have the ability to make your life easier and also allow you and your team to network with your peers?

You don't have to travel far, as some of the best speakers in the nation are coming to Sacramento to educate and enlighten you on new procedures and products. You and your team can complete the necessary California required courses, and update you all on new technology, products and practice management courses. Who says you can't mix business with pleasure?!

Those who were forward thinkers have gone before us to provide an opportunity and road map to continue to be the best at our profession. Take advantage of the opportunity to improve yourself and educate you and your staff to the wonderful and honorable profession of dentistry.

33 years ago. I'm sure the founding fathers of the MidWinter Convention are smiling as they look at what this meeting has become. This is "your" dental society to take ownership and make it the best that it can be. The proceeds that are derived from this meeting are returned in to the budget of SDDS and help to reduce the cost of our local dues. I can only imagine what the next 33 years will bring. So come to "The Year of Good…" and have some "good" fun. It's never to late to join the party! ■

Back in time…

CAN YOU IDENTIFY THIS SDDS MEMBER?

The first SDDS member to call the SDDS office (916.446.1227) with the correct answer wins **$10 OFF** their next General Meeting registration.

Only the winner will be notified.
Member cannot identify herself.

WATCH FOR THE ANSWER IN THE MARCH 2013 *NUGGET!*

Answer from January 2013 issue:
Dr. George Gould
Correctly identified by Dr. Gordon Harris — nice job!

FROM THE EDITOR'S DESK

A Flash Back

By **Ash Vasanthan, DDS, MS**
Associate Editor

Looking back at past issues of the *Nugget* — are the articles still relevant?

During our recent Editorial Committee meeting discussion of topics for the upcoming year, Dr. Malick brought up the fact that SDDS has published numerous articles over time and it may be a good idea to revisit some of them. I have personally seen some ground-breaking articles or some rare classic articles being re-published a few decades later. This is probably because of their relevance in today's dental practice.

I jumped at the opportunity, as I felt it would be exciting to go through some of our old issues and see what's relevant today. I spent a few hours over a couple of days at the SDDS office, where there is a mini library containing every article of the *Nugget* and, most importantly, some hand written minutes of meetings dating back to 1905. It was a great feeling for me to see small diaries to big notebooks with personal hand-written writings from 1905 to typed up minutes in 1955 and printed publications of the *Nugget* stacked up in the order of decades. I could also see how the *Nugget* has evolved to where it is over time and I felt a sense of pride in being a member of such a great society with so much documented history.

I started looking at articles and writing down some interesting ones that I felt might be worth being published again. There were quite a few of them and all of them were of a different topic. I decided to pick a topic under a certain aspect of dentistry that was very interesting to me and something that will be noteworthy to read. I ended up in one of my favorite areas: "implant dentistry." As I selected these articles, I tried to get one or two per decade, beginning in the 70s and leading up to 2010.

The first article (below) will state the dental implant research done here in UC Davis and how blade implants will be the future. Following that will be an article in the 80s, predicting hollow cylinders with threads as implants of the future, which ended up being the case. The next article by Dr. Leo Angel will talk about implant maintenance. We can agree that not much has changed about that over the last two decades and it is still a valuable piece of dental implant success. The article by Dr. Gillis in the 90's clearly sets up the stage for a methodical approach in treatment planning implant cases and even talks about the use of a radiographic guide for a tomogram, which I felt was visionary. As we have more and more offices with Cone Beam CT scans, a lot of surgeons are starting to use radiographic guides and surgical guides generated from these scans. The article by Dr. Orsi speaks about the importance of occlusion and that is critical even today. The last article, published just a couple of years ago, illustrates where implant dentistry is currently heading, with technology making great results more predictable and achievable.

This attempt is a novel approach for us at the Editorial Committee and it is my hope that we do this once a year, or at least once in two years. During my time spent at the SDDS library I came across so many articles which are of great interest currently and we don't have to look further than just our own publication to get meaningful answers to a lot of our questions. ■

HOME TEAM SCORES AGAIN

Originally published in the February 1972 issue of *The Nugget.*

Implants were the story of the evening at the membership meeting January 17 when Drs. Lee Wight, Donald Hagy, Richard Brown and Lionel Richards, all of SDDS, presented the scientific portion of the program. Drs. Wight and Richards are two of the five members of the American Academy of Implant Dentistry in Northern California.

Dr. Wight felt that the rational level of use of implants was now coming to the forefront, and failures in the early history of the use of implants were not to be found now because of increased knowledge. Two types of implants are currently being used — subperiosteal implants for cortical bone and endosteal for cancellous bone. It was found that the subperiosteal implant must fit the bone just as an inlay, while the present use of the blade endosteal implant is successful.

After an explanation of the technique for the impression of the bone for the subperiosteal implant, Dr. Richards discussed his research at UC Davis with endosteal blade implants. These blades were implanted with no occlusal stress in dogs and were removed with bone every three months for histological examination. The results shown in radiographs and histological slides gave these conclusions: (1) No inflammation; (2) No down growth of epithelium alongside the implants; (3) Few osteoclasts present in slides; (4) Dense connective tissue near the surface of the bone; (5) Bone in contact with the blade deeper in the cancellous portion. From this research with two dogs and, from his clinical experience, Dr. Richards has concluded that the clinical use of endosteal blade implants is favorable.

Dr. Donald Hagy explained the physical evaluation of the patient and the laboratory studies required to select properly the patient who will withstand the surgery and heal properly. A movie showing the placing of maxillary and mandibular endosteal blade implants was presented by Dr. Richard Brown. A crucial point made was that the implant should fit the boney incision as accurately as possible.

During the summation and question period several points were made. Dr. Wight said that blade implants could also be used as abutments for fixed bridges. There is the possibility that blade implants could be used for the traumatic loss of anterior teeth in children. Dr. Richards said that there are contraindications such as diabetes, controlled or uncontrolled, bruxism, and alcoholism. Dr. Wight explained that endosteal implants could be used for removable as well as fixed appliances. It was stressed that periodontal disease could occur around implants so that the removal of plaque was of the utmost importance. ■

CATHY'S CORNER

Yup... Looking Back for Sure!

By **Cathy B. Levering**
SDDS Executive Director

Happy 120th birthday SDDS!

I loved proofing this issue of the *Nugget!*

Dr. Ackerman's look back at the beginning of MidWinter Convention in 1980, Dr. Vasanthan's look back at some of the *Nugget* articles and the relativity of where we are now. It's the perfect time to announce that 2013 marks the 120th Anniversary of the Sacramento District Dental Society.

Our, YOUR, Dental Society was founded on December 22nd, 1893. This year, 2013, will be a grand year for us and it is starting out to be just that:

- Our Geriatric Oral Health Committee made an awesome presentation at the January General Meeting — congratulations team! *(see page 35)*
- MidWinter Convention is going to be one of the best — sold out Expo, lots of people getting loads of CE, a great theme!
- Smiles for Kids 2013 is going to be as great as ever and we're taking care of so many kids who need it — thank you SDDS members!
- We launched our new Facebook page — do you like us?
- Our planned move to a bigger building is moving forward and, if all goes according to our plan, we'll have a HUGE move coming this spring … to a much bigger office!

And our plans for the rest of the year are even more exciting!

This is your dental society. The people before have laid wonderful groundwork. We have continued the traditions and seen much improvement, growth, success and have begun our own traditions that, a hundred years from now, our successors will write *Nugget* articles about.

What an exciting year this will be — and has begun to be.

Enjoy the ride with us! ■

Cathy

Like us on Facebook

Do you "like" us?

Visit Facebook and search for:
"Sacramento District Dental Society and Foundation"
to show your support and get connected!

SACRAMENTO DISTRICT DENTAL SOCIETY
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LEADERSHIP

The *Nugget* is published monthly (except bimonthly in June/July and Aug/Sept) by the SDDS, 915 28th Street, Sacramento, CA 95816 (916) 446-1211. Subscriptions are free to SDDS members, $50 per year for CDA/ADA members and $125 per year for non-members for postage and handling. Third class postage paid at Sacramento, CA.

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LETTER TO THE EDITOR

Dear Editor:

The focus on dental mid-level providers in the January 2013 *NUGGET* prompted me to write this letter. As chair of the CDA Policy Development Council and very close to this issue this past year, I feel a responsibility to respond - not only to offer an alternative perspective to those shared in the January issue, but also to ensure my colleagues have accurate information in an environment that is often filled with concern [fear], misunderstanding and in some cases, incorrect information.

I know many viewpoints exist on expanding the dental team to include a new "restorative" provider and I understand many of the concerns expressed. What I would like to be sure members understand is that the policy adopted by the CDA House of Delegates in 2011 and reaffirmed in March 2012 is to take an evidence-based approach to decision-making — something I can proudly say is the hallmark of our profession and our association. That policy calls for rigorous research to answer as yet unresearched questions about the quality, safety and cost effectiveness of restorative care (i.e. irreversible procedures) provided by non-dentists.

To be clear, CDA policy supports gathering the evidence needed to make an informed decision; it does not support creating a "mid-level" provider. CDA policy is committed to the dentist as the head of the dental team and recommends research that keeps the dental team as a team, with the most highly skilled member - the dentist — as the head of the team. I think it is also worth noting that the term "mid-level provider" is specifically not used in CDA policy; it has no universally accepted definition and its use can be a source of confusion. Is a mid-level provider someone who practices independently, without supervision? How about someone who is between the most skilled provider in a field and the least skilled? Or perhaps it is a professional with an advanced degree?

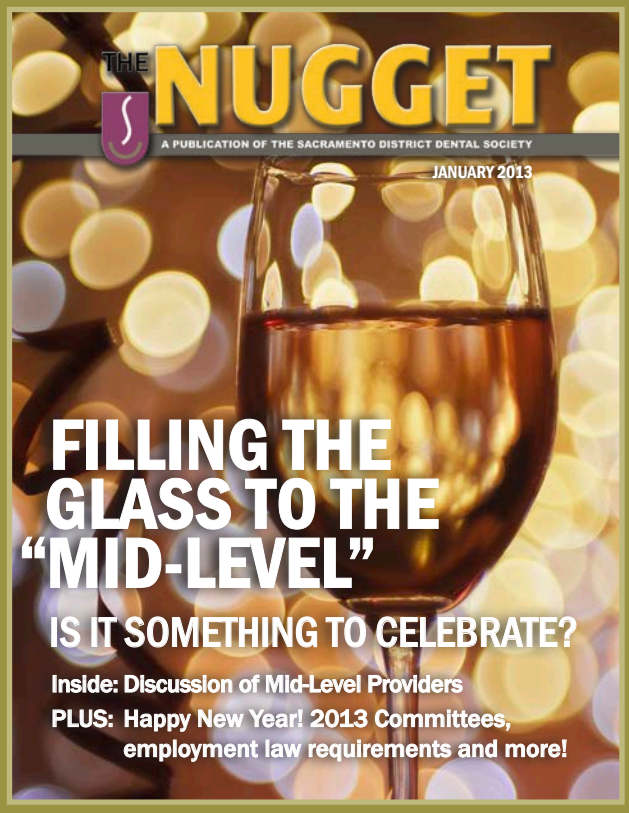
Another misunderstanding I detected is confusion between a "pilot project" and CDA's call for a "study." An important distinction is that rigorous research at the university level and overseen by a dentist is not the same thing as a pilot project. Pilot projects test a particular scenario for viability, with the assumption if all works out well, that tested scenario will be incorporated into practice. CDA policy expressly pursues research — research that will inform the knowledge-base for future decision-making — also expressly delineated as a separate process in CDA policy.

A couple of other misconceptions in the NUGGET that I would like to clear up relate to your comment, Dr. Musser, that "two levels of care" may be created, and cites two years of training for someone right out of high school. The proposed research is expressly designed to study disparities in quality and safety of care and answer the "two levels" question. Additionally, the research as outlined in SB 694, and supported by CDA, calls for building on the existing education and training of California's allied dental professionals – dental hygienists and the newest registered dental assistants in extended functions (RDAEF2) - not a high school graduate, as you indicate.

As I think about what is most important to communicate about this very complex and controversial subject, I am aware that none of the articles reference the work and findings of the taskforce that studied this for two years and that recognized that there are MANY barriers that keep those who need dental care the most from getting that care. Some are geography and distribution of dentists, some are strictly financial, some are due to patients' cultural expectations or their physical and mental conditions — and some are simply because some people don't place dental care higher up on their list of priorities and take the initiative necessary to get the care they need. The taskforce found that because of these multiple factors, it will take multiple approaches to improve the oral health of the most vulnerable Californians. The taskforce also found that the most vulnerable are children, as children are not responsible for their fate. The taskforce made the recommendation it did because they saw potential value in bringing more care directly to children and believe completing the research to answer the unanswered questions on this matter were the right thing for the profession that is most responsible for the oral health of Californians to do. The CDA House agreed and since that time, CDA's response to SB 694 — and all subsequent activities to improve access to care — has followed the House adopted policy.

Respectfully,

Walter G. Weber, DDS
Chair, Policy Development Council



Have something to say?

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Send us your thoughts via email, at sdds@sdds.org
Note: Anonymous letters will not be printed.

From years of listening to the challenges of my husband's position as Fire Marshall, I knew he had never mentioned that all businesses need to be inspected annually.

Sac Metro Fire District Fire Inspections — Are They Being Completely Honest with the Public?

Beginning in September of 2012, many SDDS members who do business within the Sacramento Metropolitan Fire District (SMFD) received bills for fire inspections. This new inspection program is being sold to the public under the guise that these inspections are mandated by the California Fire Code. SMFD is claiming that all businesses are "required" to be inspected annually, but this is far from the truth.

When my bill arrived in late October, I thought it was a scam. After doing business in the same location for 20 years and having never being billed for or having such an inspection, I think it is natural to question the validity of such a bill. The letter that accompanied the bill appeared to contain misleading information. I knew this because I am not just an orthodontist; I have been married for 17 years to the fire service. My husband has been in the fire service for 27 years. All of these years have been spent in prevention, including 14 years as a fire marshall.

From years of listening to the challenges of my husband's position as Fire Marshall, I knew he had never mentioned that all businesses need to be inspected annually. I knew that certain businesses were required to be inspected and that his department, like many others, barely had the staffing to take care of the mandated inspections. So I started looking up the California Fire Code (CFC) Sections referenced in the SMFD letter. It's all on the internet. I also read the California Health and Safety Code, plus I found a document from the State Fire Marshal that outlines which businesses have to be inspected and how often. Schools, hotels/motels, apartments and high rises must be inspected annually and jails every two years. This document mentions all types of letters that classify types of occupancies. I had to ask my husband how my office would be classified. He told me that the typical dental office is a Class B occupancy. I couldn't find anything within the California Fire Code, the California Health and Safety Code or the document from the State Fire Marshal's office that mentions anything about B occupancies. There is no mandate to inspect such businesses. Yet the letter from SMFD states that they are required to inspect us.

Now let me clarify something from the start. It is clear that local fire departments/districts have the right to inspect businesses; and I think I should make it known that I am not against fire inspections. As a member of a profession that promotes prevention of oral disease every day, I would be a hypocrite to be against inspections that may prevent a fire in my business. However, this is where the letter really got interesting. Since my business was deemed "low-risk," I could do my own fire inspection and pay them for it. Again the California Fire Code does allow for fire departments to charge cost-recovery fees for services rendered. Have I received a

PHOTO CREDIT: ISTOCK PHOTO

LETTER TO THE EDITOR

service here? Businesses like mine could do self-inspections two out of every three years for $91 instead of the $182 charged for an actual inspection.

Where do I begin with my list of concerns with the self-inspection program? Frankly, I don't feel I am qualified to do a fire inspection of my office. Like most professions, it requires training to be a fire inspector. In order to pass this inspection you also have to rectify any problems in your business. I do not own my building. I would be required to inform my landlord of any infractions and request they repair them. I have no power to enforce that. Most importantly, my signing of that inspection form will make me liable. What if there is a fire in my building and it starts in my suite? After they investigate the cause and find it was because I missed something on my self-inspection, who do you think they are going to hold responsible?

Alright, so I established that this bill from SMFD was misleading. What do I do now? My first thought was to call SDDS, because I know that our organization is always looking out for us. Sure enough, they had already received phone calls about the bill and had looked into it and assured me that is wasn't a scam. I realized, though, that they didn't have all the information I had just researched and didn't know the premise of the bill was dishonest. None of the callers had mentioned this fact. They sent me right to the top, Cathy. After discussing it with her, she felt the matter warranted looking into further. She gave me the green light to look into the situation and put it on the Board's agenda.

Have something to say?

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My husband and I discussed the matter and he consulted with other members of his profession. One colleague, for whom he has a great deal of respect, suggested that we should, as a professional courtesy, ask for a meeting with the Fire Chief and Fire Marshal of SMFD rather than going straight to their Board, their bosses. So we scheduled an appointment on December 13th.

Initially both Chiefs were very confident that their fire inspections were both required and necessary. When we challenged them, the Fire Marshal (Chief Iverson) began to read from the California Fire Code sections mentioned in the letter. We reviewed them together and pointed out to them that Class B occupancies were not mentioned. He tried to review more sections, but my husband, who is quite familiar with the code, finally cut him off and said the code did not require inspections of Class B occupancies. Chief Iverson stated that it may not be in black and white, but it was more the "spirit" of the code. After going a few rounds, the Fire Chief (Chief Henke) finally conceded that they were not required, but it was now SMFD policy to inspect all businesses. He feels that it is the right thing to do. For the record, neither Sacramento City Fire nor Roseville Fire inspects B occupancies. Then we questioned the self-inspection program and its obvious inadequacies. Chief Iverson stated that it is done in other jurisdictions. So that makes it right? I was thinking of my 13-year-old when she says to me, "Mom, everyone is doing it."

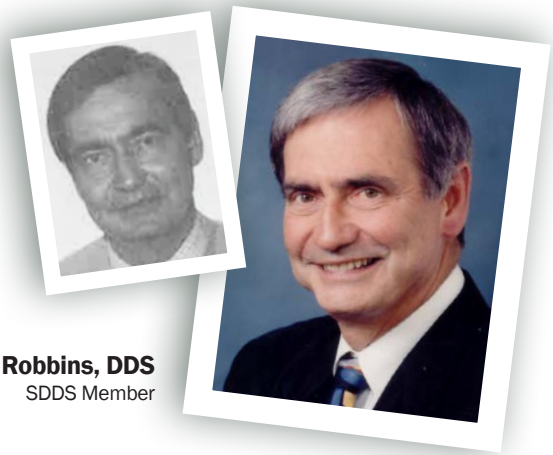
By their own admission, their Fire Prevention Bureau (now called the Community Risk Reduction Division) was cut by 60% due to budget constraints. We questioned why they would increase their workload when it is not mandated and they are short on manpower. They claim that there are 20,000 businesses in their district. I did the math. There are about 250 working days in the year (deducting weekends and holidays). Therefore, they would have to complete about 80 inspections a day. They told us that their cost recovery fee was based on an hour of a fire inspector's time. They currently have seven fire inspectors. Assuming they take no vacations or miss work for illness, each of these inspectors would need to complete over 11 hours worth of inspections a day. Obviously, that is not possible. So they will have to depend on engine companies to carry out some of these inspections. Engine companies have three fire personnel. Their cost just tripled. Remember these will be on-duty fire fighters, if they get a call in the middle of your inspection, they have to leave, necessitating your inspection be rescheduled. This will be inconvenient for you, the business owner, and inefficient for the department.

Chief Henke told us that the public wants them (government agencies) to work more like businesses. Later during the meeting both Chiefs were discussing how they came up with the $182 fee for the fire inspection and admitted that the real cost was more like $284, but they thought that was just too high. They also admitted that about 50% of the businesses that had already responded to the bill had chosen to opt-out of the self-inspection program, meaning these businesses chose to have an actual inspection by a fire inspector. So, by their own admission, the workload they originally planned for is already larger than anticipated. They only anticipated they would be physically inspecting one-third of these "low-risk" businesses and already it is looking like half of the businesses would like to be inspected by an actual fire inspector. Let me see, they are charging less than the service actually costs them to provide and they are being asked to provide more "service" than they actually anticipated. They have chosen to inspect businesses that they are not mandated to inspect in the first place to recover less than their cost. Is this how you run your business?

When it became clear to the Chief that we were not backing down and that we knew the facts, he asked what would make us happy. I said, "Be honest with the public that this is not required, but your policy." I also asked for transparency as this program goes forward. Policies can be changed. My husband and I were invited to be a part of the review process as this program gets started in 2013. And participate we will. I plan to watch them like a hawk and if any mention of increasing the number of fire inspectors comes up in the next year, you bet I will be testifying in front of their board. As stated in their own references, fire departments can charge fees for cost-recovery only, not for revenue generation. Growing the fire department increases their costs; it doesn't recover them. These inspections are not mandated, so if doing them creates additional costs for the district, members of the public should question the board members.

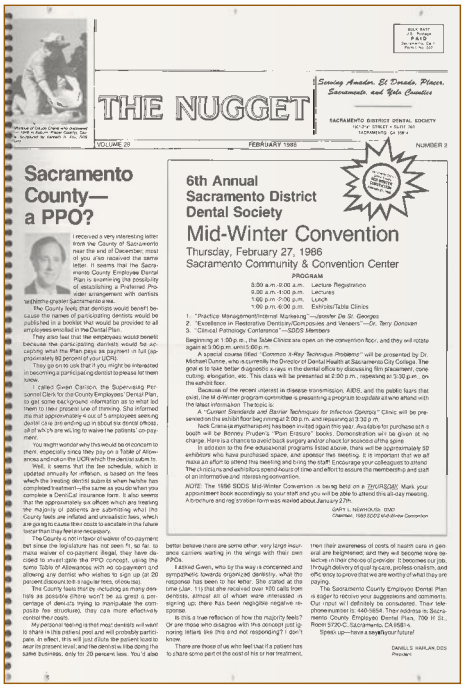
Here is what left a "burning" impression on me. Toward the end of the meeting, Chief Henke commented that he wore braces and his son wore braces, that my husband was receiving a pension (for the record, he isn't currently as he is too young) and probably working as a well paid consultant (he's not). He said, "So no one in this room is hurting." There it was. I can read between those lines. You and all you small business owners can afford it! Once again small business owners get government's budget balanced on their back. Stay tuned, this fight isn't over yet!

Jennifer Drew, DDS, MSD



Osseointegrated Dental Implants

By **Terrence Robbins, DDS**
SDDS Member



THE NUGGET

Sacramento County—a PPO?

6th Annual Sacramento District Dental Society Mid-Winter Convention

Thursday, February 27, 1986
Sacramento Community & Convention Center

Originally published in the February 1986 issue of *The Nugget.*

Osseointegration is the term describing direct contact between living bone and the titanium implant. Clinically osseointegration is demonstrated by the lack of mobility of the implant three to four months after insertion and by the lack of peri-impant radiolucencies on radiographs.

Two osseointegrated systems are available to the practitioner today: the Biotes (Branemark) and the Core-Vent system utilizes a hollow, vented cylindrical screw implant around a core of bone. It is made of a titanium alloy and is placed into the bone in the office setting utilizing local and intravenous anesthesia. The Core-Vent Implant System offers a variety of snap mounts for versatility and is less expensive than the Branemark Implant System. Both systems, Branemark's Biotes System and the Core-Vent system, utilize threaded cylindrical screws and rely upon close apposition of bone to the titanium alloy implants foe the transition of stresses between the implant and bone. The use of a threaded screw provides a form of bone interlocking.

These new Osseointegrated Prostheses are submerged in the bone beneath the gingival for a minimum of three to four months before being "loaded" or made functional by attaching the intraoral superstructure or abutments. These abutments then function to secure: overdentures, partial dentures, fixed bridgework, and single crowns for individual avulsed teeth.

The Core-Vent Implants are available in three diameter widths of 3.5mm, 4.5mm, and 5.5mm and eight different lengths. After deciding upon the maximum length of the implants utilizing a panoramic type radiograph, the width is decided by reviewing a cast model or directly visualizing the jaw bone at surgery. The implant site is prepared by utilizing very slow cutting burs with copious amount of irrigating solution. After the sites are prepared, the titanium alloy implants are placed by screwing the threaded implants into the jaw bone. The mucoperisteal flap is sutured over the implant and the patient may wear the existing preoperative prosthesis. If the implants are not parallel, the Core-Vent Implant abutments are able to be bent or a cast bar superstructure may be utilized for extensive fixed bridgework or overdenture retention.

The osseointegrated implants differ significantly from previous implants in that a direct bone to implant interface is achieved. ■

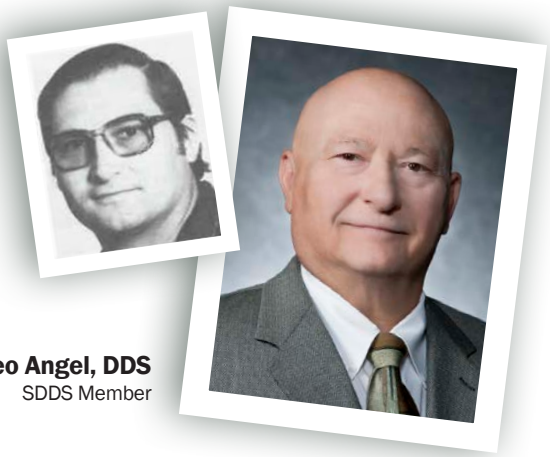
PHOTO CREDIT: SDDS NUGGET ARCHIVES

Want to "look back" some more?

The NUGGET INDEX is available online — a database of previously published articles of *The Nugget,* organized by topic.

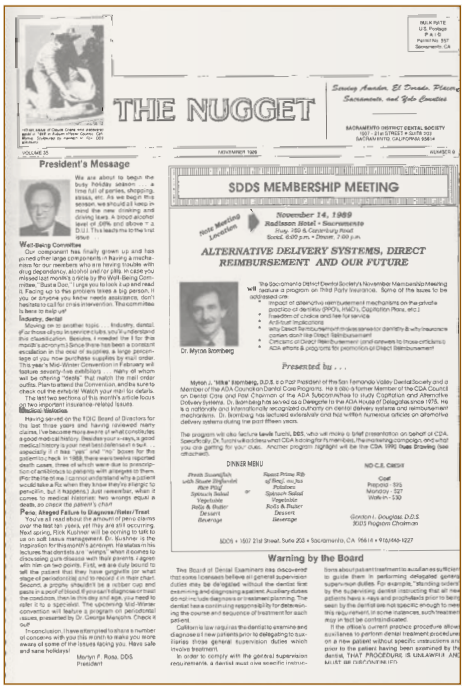
Check it out, by visiting www.sdds.org/Nugget.html & clicking this button

NUGGET INDEX



Maintenance Procedures of Modern Dental Implants

By **Leo Angel, DDS**
SDDS Member



THE NUGGET

President's Message

SDDS MEMBERSHIP MEETING

November 14, 1989
Radisson Hotel • Sacramento

ALTERNATIVE DELIVERY SYSTEMS, DIRECT REIMBURSEMENT AND OUR FUTURE

Presented by . . .

Dr. Myron Bromberg

Warning by the Board

PHOTO CREDIT: SDDS NUGGET ARCHIVES

Originally published in the November 1989 issue of *The Nugget.*

Modern dental implants have become a reliable and increasingly frequent mode of prosthetic replacement. Their longevity and usefulness has been proven in many research centers throughout the world. Today in dentistry we are going to encounter patients with these implantborne prosthesis. Can we use the same techniques to maintain these new restorations? Both the patient and the professional must make some slight but significant modifications in maintenance techniques.

The patient has to understand that neglect can lead to implant failure. Their homecare must be thorough and predictable because "perimplantitis" can be a direct result of their failure to perform. In general, traditional techniques can be used to cleanse the prosthetic superstructure attached to the dental implant. The superstructure, whether a car, bridge, or crown can be deplaqued on all surfaces with soft, polished bristle brushes. However, the connection between the integrated implant and prosthetic superstructure requires some careful methods in order to preserve the original smooth surface. Scratches, cuts and dents greatly increase plaque retention. Therefore, avoidance of braided wire interproximal brushes should be stressed. There are manufactures that coat the wire with "Teflon" and these should be encouraged. Superfloss and yarn are also good adjuncts. All of the above can carry chlorhexadene to the transmucosal extention increasing their efficiency. The patient's greatest responsibility is to commit to frequent professional visits, preferable quarterly.

During these professional visits, in addition to routine medical and clinical updating, the professional must understand the nature of the implant design. During the examination, the integrity of the implant and the superstructure must be evaluated. Any looseness must be associated and corrected, and, if necessary, parts replaced. A gentle probing with a non-metal instrument can be done to access the tissue implant interface. If the implant type us of titanium, no metal instruments can be used to remove deposits. There are several manufactures who make plastic scalers specifically designed to remove calculus from titanium surfaces. These titanium surfaces should be polished minimally with very mild abrasives. Some researchers consider commercial toothpastes too abrasive. Care must be taken to minimize surface damage. X-ray examination should be at the discretion of the dentist, but after the first year, x-rays every two or three years should be adequate to monitor bone loss. These simple modifications to usual recall procedures are critical for proper care of implant patients.

Implants have added a new dimension to dentistry with minimal changes in recall procedures. The patient and practitioner together act to ensure the implant-supported prosthesis fulfills both of their expectations. ■

IMPLANT NEWS

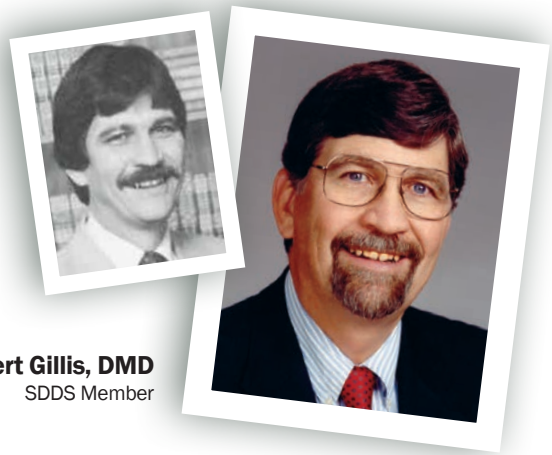
400% Growth Projected for Implants

A recent study by a medical/ dental marketing research firm projected that sales by dental implant manufacturers would increase from $12.3 million in the 1986 to $48.4 million in 1990.

In-bone implants, primarily "blades" and "posts" will account for $44 million in sales by 1990, and the subperiosteal and transosseous types for $4 million.

In a further breakdown of its projections, the research firm said there would be a total of 35,000 implant procedures performed this year and 65,000 per year by 1990.

Do you know how many implants were ACTUALLY performed in 2012? **TELL US!**



Single Tooth Implants

By **Robert Gillis, DMD**
SDDS Member

Sacramento District Dental Society

The Nugget

Serving Amador, El Dorado, Placer, Sacramento and Yolo Counties

FOCUS ON COMMUNICABLE DISEASE

An AIDS Update for Our Community

A Perspective on the TB "Crisis"

SDDS MEMBERSHIP MEETING

"Guidelines for the Management of TMD"

Inside The Nugget

Originally published in the October 1984 issue of *The Nugget.*

What are the indications for an implant to replace a single tooth? Of all uses of implants, this may seem to be the most simple application. *It is not!*

Our current interest in implants exploded in 1984 and in 1985, when professor Branemark began to lecture in the United States on his long experience using "osseointegrated fixtures" to replace teeth in edentulous mandibles. In less than ten years, endosseous implants have become part of our armamentarium to replace all missing teeth. How does this apply to the single tooth?

An implant should be presented only as one of the options to replace the missing teeth along with the benefits, risks, advantages and disadvantages of this new approach to treatment; as well as alternative treatment approaches.

Generally the alternatives would include:

1. Maintenance of the existing condition
2. A removable partial denture
3. A fixed partial denture

Placement of an implant should begin with a complete evaluation of the patient which includes medical and dental history, complete dental examination, along with mounted diagnostic casts and a full mouth radiographic survey. Replacement of the single missing tooth must be done in the context of the patient care and not placed simply to fill a space.

Before placing any implant, it is beneficial to do a diagnostic wax up of the teeth to be replaced. This can be utilized to fabricate a radiographic stent; in the case of single tooth replacement, a radio opaque analyzing rod indicating the desired position of the implant necessary to achieve the position of the tooth on the diagnostic set up can be utilized. A tomogram is obtained using this radiographic stent. Once the tomogram is obtained, the radiographic stent can be modified in joint consultation with the surgeon and used subsequently as a surgical stent. For ideal results, the restorative dentist must guide the surgeon in the best final implant position. This is best done after a joint meeting of the restorative dentist and surgeon utilizing all the diagnostic information previously obtained.

Following this meeting and final treatment plan decision making, an information and consent document should be discussed with the patient which includes alternative modes of treatment, projected costs of both surgical and restorative care and benefits, risks, advantages and disadvantages.

What are specific advantages of a single tooth implant?

1. Placement does not involve any other teeth
2. Cost is often only slightly greater that of a three unit fixed partial denture
3. If successful, (80–95% success rate of implant fixtures), implant fixtures should survive 25 to 30 years or more based on current research date. We do not know how long the crown will last, but it appears to be at least comparable or better than a crown placed on a tooth
4. If planned properly, a single tooth implant crown can be more aesthetic than any other restoration available.
5. If the entire implant fails, it generally will not cause the loss of any adjacent teeth.

Implants offer exciting possibilities for replacement of single missing teeth and must be offered to patients as a treatment plan option. Other factors may be involved in the final decision making process which have not been covered in this overview discussion of the topic. ■

PHOTO CREDIT: SDDS NUGGET ARCHIVES

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Implants Should Always End in Success

By **John Orsi, DDS**
SDDS Member


Sacramento District Dental Society

THE NUGGET

Serving Amador, El Dorado, Placer, Sacramento and Yolo Counties

"IMPLANT DENTISTRY"

Implants Should Always End in Success

Aesthetics in Implant Dentistry

SDDS MEMBERSHIP MEETING

INVITE A NON-MEMBER NIGHT

"Esthetic Material and Technique Update"

Inside The Nugget

Originally published in the April 1997 issue of *The Nugget.*

I was asked to give a few comments regarding my experience with implants and implant problems. The concern with implants should not be with their failure but with their success. With a properly screened patient, the endosseous implant will integrate with great predictability. I have done enough implants that I have chosen not to accept a patient as a candidate until a complete examination, including an occlusal evaluation is performed with mounted study models in centric relation.

After the models and the patient have been reviewed by the specialist performing the surgery with prosthetic feedback, the surgeon and I will discuss the case. Afterwards, I will consult with the patient and we will decide whether or not the implant treatment proposed is appropriate for them. My rationale is that many times we might choose to compromise patient care by restoring the patient in centric occlusion or a less than ideal occlusal scheme for simplicity. However, once an implant restoration is in place, it may be very difficult if now impossible to get the patient back in an ideal occlusal scheme. Implants cannot be moved orthodontically but teeth can. It is also harder to remove an existing implant and place another one in a very similar location. Once the diagnosis has been made, the patient can be informed as to the pros and cons of restoring the entire occlusal scheme and the feasibility of using implants in the proper location for prosthetic success. If it is necessary to place the implant in an unfavorable prosthetic location because of anatomical considerations, it may be best not to place an implant at all. The patient may need orthodontics prior to the implant placement. It is much easier to do it right the first time. Implant prosthetics are not inexpensive, and the ideal treatment may not be a significant difference in cost, especially if you consider the predictability and the longevity.

I like to use the engineering analogy of my dune buggy. I have driven the same off-road vehicle to a pulp over the last 20 years. I have gone through two engines, three differentials, six transmissions and God knows how many broken bolts, "U" joints and other parts. When something breaks, you can either replace it with a stronger part, or go back to the drawing board and re-engineer. Ultimately, the best solution is to give yourself more suspension and re-engineer so that something else does not break the next time. With implants, I do not want to take the chance of having insufficient suspension. If you give the patient the ideal occlusal scheme, it is like having the difference between eight inches of travel versus four in your suspension. I don't care how strong the parts are; I would prefer not to stress them in the first place. ■

PHOTO CREDIT: SDDS NUGGET ARCHIVES

SDDS MEMBER LINK OF THE WEEK

FEATURED LINKS DURING THE PAST MONTH:

Laguna Orthodontics
Dr. Gregory Adams • www.LagunaOrthodontics.com

Gold River Pediatric Dentistry
Dr. Wayne Grossman • www.goldriverpediatricdentistry.com

Tooth Haven
Dr. Steven Brazis • www.toothhaven.com

Scott Churchill, DMD
Dr. Scott Churchill • www.ScottPChuchilldmd.com

El Dorado Hills Cosmetic & Implant Dentistry
Dr. Jared Ruminson • www.DrRuminson.com

Capital Pediatric Dentistry
Dr. David Crippen • www.capitalpd.com

If you've visited the SDDS home page in the past couple years, you've probably noticed a "Link of the Week" at the bottom. It's a place for us to promote members who have signed up to have their practice linked from the SDDS website.

WANT IN ON THE ACTION?
Sign up at **www.sdds.org/MembersOnline.htm**

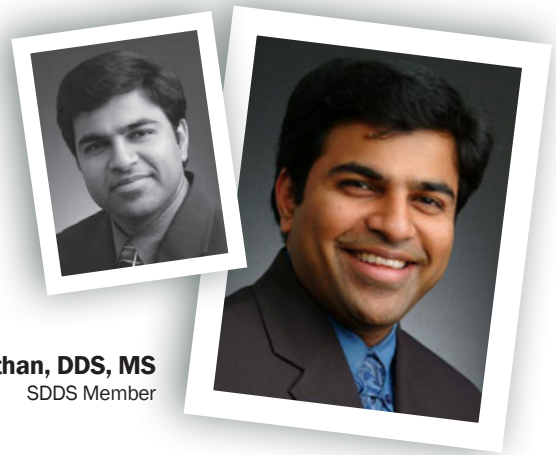
Featuring your link on www.sdds.org is just $300 for the first year and $100 to renew every year thereafter.

Save the Date!

CSUS Pre-Dental Club
Wine Tasting Fundraiser

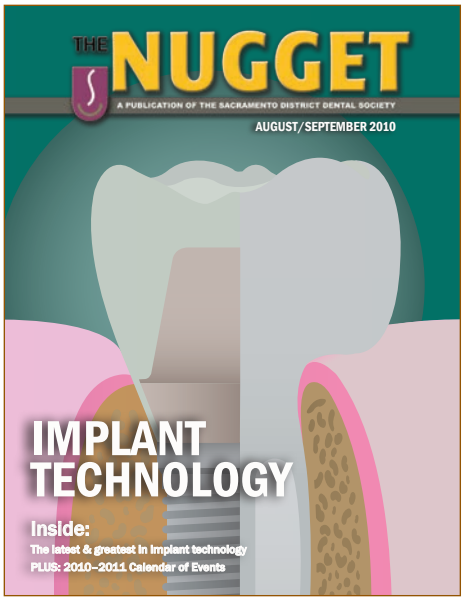
April 5, 2013
Sac State Alumni Center

Proceeds benefit "Project Backpack," providing school supplies to children in the Smiles for Kids program!



Minimally Invasive Dental Implant Surgery

By **Ash Vasanthan, DDS, MS**
SDDS Member



Originally published in the August/September 2010 issue of *The Nugget.*

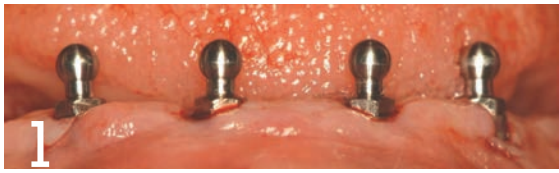
As we enter a new decade in time, we are also entering an exciting and interesting time in the practice if dentistry. At the present time, most, if not all general practitioners are involved with some form of restorative dentistry with dental implants but only a few are involved with the surgical aspect of implant placement and the reason for this could be the surgical protocol. Minimally invasive surgery, which is a flapless surgical approach, could make it much more simple for more dentists to consider getting on board the surgical part.

Flapless Implant Surgery

As the one stage implant surgery became more predictable, there was an interest in pushing the surgical part another step and placing the implant with a flapless approach. In my opinion flapless surgery can be divided into 3 categories: 1. Traditional Approach, 2. Model Based Approach 3. Computer Fabricated Guide Approach and 4. Real Time Navigation Approach.

Traditional Approach: This approach involves more surgical experience and is generally followed by implant surgeons in the posterior quadrants of the mouth on a relatively common basis on preference. It involves a reasonable understanding of the bone and soft tissue profile of the area and includes use of an initial tissue punch and sequential drilling to widen the osteotomy and placement of the implant[1]. This particular situation is one where the use of a surgical guide may or may not be required based on the location and the number of implants. *(Fig. 1, below)*

Model Based Approach: This approach involves the use of models of the case with ridge mapping information transferred to the model. Ridge mapping involves the use of a calibrated probe with a stopper to measure the thickness of the tissue along the edentulous site on a bucco-lingual manner including the crest. This is done after the patient is anesthetized in the area and a minimum of 4–8 areas are



measured along the ridge from buccal to lingual. The information of each reading in the location is then transferred to the model in the form of dots on the model corresponding to the same location. It is then sectioned with or without the use of pins (similar to that of sectioning a model for crown and bridge) and the ridge form can be evaluated or assessed. Based on this information, a surgical guide can then be fabricated. The surgical guide is then used to follow the steps of implant site preparation and placement through the flap. *(Fig. 2, 3, 4, below)*

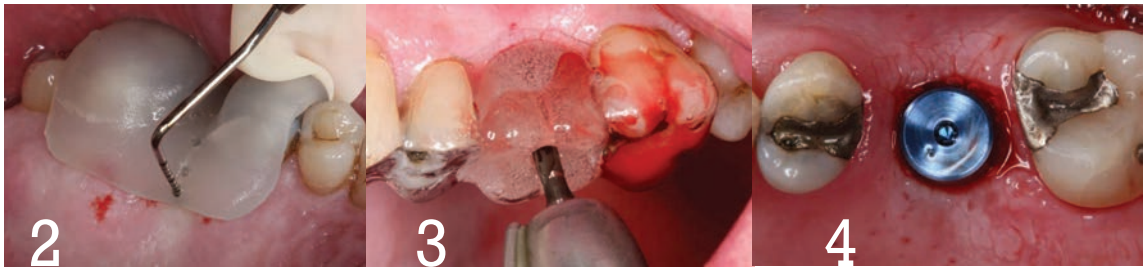
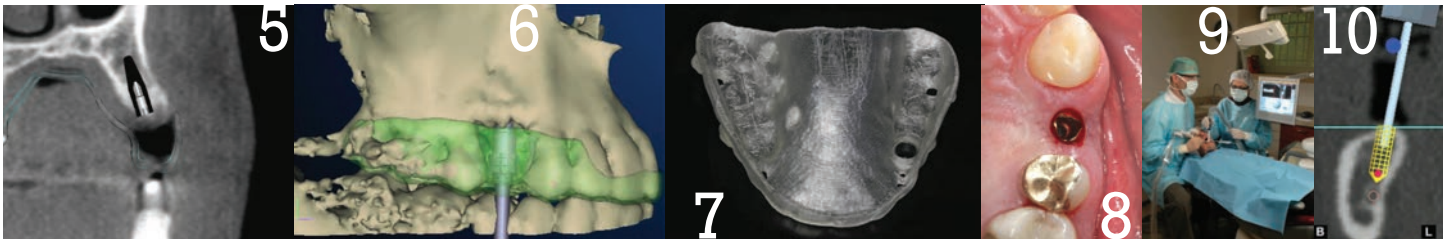


PHOTO CREDIT: SDDS NUGGET ARCHIVES, DR. ASH VASANTHAN



Computer Fabricated Guide Approach: This is the newest method currently used and probably the most efficient approach to placing multiple implants in a flapless way. This method involves the use of a CT scan of the patient with the radiographic guide in his jaw in order to generate a virtual 3D model of the jaw in the computer. Utilizing an implant planning software, a virtual implant is placed within the bone profile of the edentulous site in the scan. The information on the location and size of the implant are sent to the company, which will make a stereolithographic surgical guide milled out of the information obtained from the planning software. Since this majority of this process is automated, there is less room for human error in the transfer of information and fabrication of the surgical guide. The surgical guide generated in this manner, allows the implant surgeon to place the implant with little error[2]. Although the surgical placement has become predictable with the computer generated surgical guide, the restorative aspect being done at the same time can be quite challenging and calls for meticulous steps to be followed in order for it to happen at the same time. The computer generated guide is usually received in the dental office within 1–3 weeks of the software based planning and can vary depending on the company and the lab involved in the process. *(Fig. 5, 6, 7, 8, opposite)*

Real Time Navigation Approach: Image Guided Implantology® is a company based out of Israel which provides implant navigation with motion tracking technology. It tracks the position of the implant drill in the patient's jaw, in real time, as the site is being prepared for implant placement. This technology requires the use of a pre-surgical CT scan to allow the surgeon to navigate through the CT scan in real time as he is preparing the site and placing the implant. Unlike the computer fabricated surgical guides, this technology allows for direct placement of the implant without a guide and will give real time information on the angle of the implant as the drilling sequence proceeds. The company claims that it is a "GPS for implant dentistry"[3]. At this time, there are a few places in the United States that this technology is being tested and utilized. A friend of mine had the opportunity to use this system for a few months in his practice and said, "The process was laborious with a steep learning curve but the surgical part was exciting and the technology is promising." Over the next few years, we shall see the evidence in peer reviewed journals to facilitate clinicians like us to consider its use if the cost is not prohibitive.

I have listed my recommendations and rationale to consider the use of minimally invasive dental implant surgery and this is an exciting time in dentistry, especially implant dentistry where science and technology is making the surgical part simpler and easier to do and minimally invasive to the patients. ■

RECOMMENDATIONS & INDICATIONS

- 4mm of keratinized gingiva from the mid-point of the crest buccal and lingual to the site
- Bone thickness of 6mm as measured or assessed
- Minimal anatomical risks
- Guidance to the path of implant site preparation
- Surgical parameters within restorative requirements

CONTRA-INDICATIONS

- Inadequate bone thickness
- Need for bone or soft tissue grafting

RATIONALE & ADVANTAGES

- Minimally invasive
- Decreased pain and discomfort
- Preserves vascularity
- Preserves crestal bone
- Less plaque accumulation
- Enhanced esthetics for provisionalization

REFERENCES:

1. Campelo LD, Camara JR; Flapless Implant Surgery: A 10 year clinical retrospective analysis. **Int J Oral Maxillofac Implants.** 2002 Mar-Apr;17(2):271–6.
2. Elian N, Jalbout ZN, Classi AJ, Wexler A, Sarment D, Tarnow DP. Precision of flapless implant placement using real-time surgical navigation: a case series. **Int J Oral Maxillofac Implants.** 2008 Nov–Dec; 23(6):1123-7
3. *http://www.image-navigation.com/IGI/overview*

SACRAMENTO DISTRICT DENTAL SOCIETY FOUNDATION

A CHARITABLE 501-C3 ORGANIZATION

Lots to be *thankful* for!

Grants, treatment, crowns, supplies, dedicated Board Members, doctor volunteers!

Thank you!

Grants received to support the SDDS Foundation for Smiles for Kids and Smiles for BIG Kids!

Dignity Health — $50,000

Sutter Health — $40,000

Thank you!

Donated supplies for Smiles for Kids

SFK UPDATE!

The SDDS office is overflowing with supplies for Smiles for Kids Day, generously donated by:

Burkhart Dental Supply
Henry Schein Dental
Patterson Dental Supply

Watch this page for further Smiles for Kids updates!

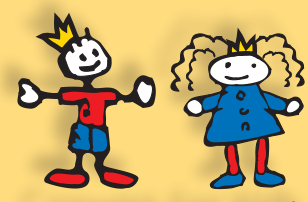
Thank you!

for supporting Crowns for Kids

WITH YOUR HELP, THE CROWNS FOR KIDS PROGRAM HAS RAISED

$156,000

IN DONATIONS FOR SMILES FOR KIDS!



SDDS FOUNDATION 2013 BOARD

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Vice President

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Kathi Webb
Associate Member
Wesley Yee, DDS

Thank you!

from a Smiles for Kids patient

Cathy and the Dental Society,

It is great to know there are people out here in Sacramento still willing to go out of their way to help a little six-year-old boy get his teeth fixed. We want to thank you very much for your help.

God Bless You!

P.S. He now can eat (after his eight teeth being fixed). He is so happy!

VOLUNTEER *Opportunities*

SMILES FOR BIG KIDS

VOLUNTEERS NEEDED: Dentists willing to "adopt" patients for immediate/emergency needs in their office.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • sdds@sdds.org)

SMILES FOR KIDS

VOLUNTEERS NEEDED: Doctors to "adopt" patients seen on 2013 Smiles for Kids Day for follow-up care.

CONTACT INFO:
SDDS office (916.446.1227 • smilesforkids@sdds.org)

WILLOW DENTAL CLINIC

VOLUNTEERS NEEDED: Dentists and hygienists

EQUIPMENT NEEDED: Mobile equipment to loan or donate — currently limited to using the mobile equipment and instruments brought in by Dr. Alex Tomaich and Dr. Dagon Jones

TO VOLUNTEER, CONTACT:
Michael Robbins (530.864.8843 • marobbins@ucdavis.edu)
Volunteering or donations

THE GATHERING INN

VOLUNTEERS NEEDED: Dentists, dental assistants, hygienists and lab participants for onsite clinic expansion.

CONTACT INFO:
Ann Peck (916.296.4057 • annpeck49@aol.com)
Volunteer Coordinator

CCMP (Coalition for Concerned Medical Professionals)

VOLUNTEERS NEEDED: General dentists, specialists, assistants and hygienists.

ALSO NEEDED: Dental labs and supply companies to partner with; home hygiene supplies

VOLUNTEERS CONTACT INFO:
Ed Gilbert (916.925.9379 • ccmp.pa@juno.com)

CDA CARES, SAN JOSE

VOLUNTEERS NEEDED: Dentists, hygienists, assistants and lab technicians to work May 17–19, 2013 at the CDA Cares event in San Jose, CA.

CONTACT INFO:
www.cdafoundation.org/Give/Volunteer/CDACaresFreeDentalClinics.aspx

BOARD REPORT

Respectfully Submitted by
Viren Patel, DDS
Secretary

January 2, 2013

Highlights of the Board Meeting

President's Report

Dr. Ackerman's first Board meeting as President. He thanked all of us in advance for our hard work during the coming year. He also commented on the following:

- **Smiles for Kids** — there are currently 35 sites signed up for Smiles for Kids this year; tremendous effort by are members.
- **Welcome to new Board members** — Drs. Worth, Ahmad and Delmore;
- Outlined expectations and responsibilities of the Board

It was M/C that all members of the Board abide by the Board policy documents confidentiality, anti-trust and conflict of interest.

Secretary's Report

December Membership report shows 82.2% market share — highest in history!

Treasurer's Report

It was M/C to approve a 2012 donation to Foundation for $10,000.

Old Business

- **Strategic plan:** All 2011-2013 Strategic Plan reviews to be provided to Cathy by March meeting and will be discussed with regard to completion of goals and extending the plan for another year(s).
- **Board training:** Annual Board training was completed by Cathy. Board binders were reviewed by Board members.
- **Fire inspection update from Dr. Giannetti:** Members are reminded that performing self inspections may increase the members liability with regard to future fire safety issues. *(See pages 8–9 for more info)*

New Business

- **Leadership Development Committee:** It was M/C to approve the following as members of the LDC Committee, as presented by Dr. Hawkins:

  Dr. Vic Hawkins, Chair
  Dr. Gary Ackerman, President
  Dr. Kelly Giannetti, President-Elect/Treasurer
  Dr. Bob Gillis – Past President
  Dr. Peter Worth – Board member
  Dr. Scott Szotko, at large member
  Dr. Stefanie Shore, at large member
  Dr. Kim Wallace, at large member
  Dr. Dan Haberman (declined)
  Dr. Greg Heise (alternate)
  Dr. Craig Alpha (alternate)

- **Task force approval: It was M/C to approve 2013 Task Forces and Chairs, as presented by Dr. Ackerman**
  - > *General Anesthesia / Denti-Cal Surgery Center Task Force — Dr. Warren McWilliams*
  - > *1st tooth 1st Birthday — Dr. Guy Acheson (to continue pedo outreach)*
  - > *GMC Advisory — Dr. Terry Jones*
  - > *Amalgam Advisory — Dr. Viren Patel*
  - > *915 28th Building Options Task Force — Dr. Kevin Keating*
- **Liaison assignments: It was M/C to assign the following committee liaisons:**
  - > *Membership — Dr. Nancy Archibald*
  - > *Ethics — Dr. Peter Worth*
  - > *CE — Dr. Wallace Bellamy*
  - > *CPR — No Liaison*
  - > *Mass Disaster/Forensics — Dr. Dean Ahmad*
  - > *General Anesthesia/ Denti-Cal Surgery Center — Dr. Margaret Delmore*
- **Policy of autonomy:** Dr. Musser reiterated the Policy of autonomy for Editorial Committee of the Nugget.
- **MidWinter Convention:** Dr. Ackerman encouraged Board participation in Midwinter next month

Executive Director's Report

- **New building:** Cathy updated the Board with regard to the new building. The proposed move in date is April 2012.
- **Committees:** All committees are set as are the meeting schedules — we are busy!

Trustee Report

Our Trustees reminded us of the CDA Leadership Conference in Santa Clara March 22–23, 2013. Cathy will send a link for the info if anyone is interested in attending.

Adjournment

The meeting was adjourned at 8:35. ■

Next Board Meeting:
March 5, 2013 at 6:00pm

OUR MISSION: It is the mission of the Sacramento District Dental Society to be the recognized source for serving its members and for enhancing the oral health of the community.

2011–2013 SDDS STRATEGIC PLAN

It is the mission of the Sacramento District Dental Society to be the recognized source for serving its members and for enhancing the oral health of the community (7/17/01)

CORE VALUES: Trustworthiness • Excellence • Integrity • Service

GOAL 1: Continue to grow and sustain membership

OBJECTIVE 1: Focus recruitment and retention efforts toward the goal of optimum market share

- Maintain or exceed market share at 75% or higher and retention rate of 95% or higher
- Offer various modes of membership recruitment activities and services
- Monitor recent graduates membership retention rates; focusing on five year window

OBJECTIVE 2: Increase the number of members who are actively involved

- Assess, evaluate and offer opportunities to gain member participation and input
- Communicate opportunities for involvement and actively recruit potential leaders to committees and task forces
- Enhance social interaction with events of interest and opportunities for members to interact with other members

OBJECTIVE 3: Enhance and communicate member benefits

- Provide ongoing assessments and surveys for member satisfaction with programs, benefits, needs and services
- Conduct member needs assessments by type of member, including specialists and retiring dentists, to maximize retention numbers at all levels
- Maintain and enhance member materials and communication modes, offering various modes of communication for distribution of information, services and benefits
- Provide frequent and appropriate communication to different membership segments with special attention to issues that affect the dental practice

OBJECTIVE 4: Continue to play an active role by serving as instructors, advisors and mentors to help promote opportunities, benefits and education to dental students, pre-dental students and others considering careers in dentistry

- Dental School Students: Establish membership benefits for dental school student members that will assist them in the transition to first year membership (job bank, new member recruitment activities, mentors)
- Undergraduates: Partner with local universities to provide assistance, education and dental experiences (internships, job shadowing) for students preparing to enter dental school
- High Schools: Work with area high schools to provide dental health careers education and job shadowing experiences

GOAL 2: Develop, maintain and enhance collaborations to benefit the oral health of the community

OBJECTIVE 1: Work closely with our Foundation (SDDF) to align and implement programs to meet the goals of both organizations that will benefit the community

OBJECTIVE 2: Identify current and potential collaborators and like-minded organizations that can partner with SDDS in advocacy benefitting the oral health of the community

- Develop a statement of collaboration and agreement to develop and meet joint goals
- Develop a list of partners and collaborators
- Continue to support and collaborate with community dental clinics under an FQHC model, including possible adjunct professors positions to teach in FQHC settings

OBJECTIVE 3: Provide education, information and programs that target and support the SDDS members' and the community's better understanding of current oral health issues. Priority issues are:

- Oral health of children, age 0–5
  > Develop a plan for continuing First Tooth or First Birthday efforts, focusing on the medical community, including pediatricians, clinics, WIC centers, OB-GYNs and family practitioners
- Access and barriers to care
  > Continue efforts and partnerships to address access to care for adults and children
- Fluoridation
  > Continue to support and participate in fluoridation efforts in all communities within the SDDS boundaries
- Geriatric care
  > Develop a plan for outreach on the oral health and care of geriatric patients, both at home and in facilities (targeting care givers, health care professionals)

OBJECTIVE 4: Increase public awareness and education on oral health issues and treatment options through issue-related public relations campaigns and other media outreach

- Increase SDDS membership involvement in advocacy; support and encourage volunteerism through existing and new opportunities for SDDS and SDDF programs

OBJECTIVE 5: Help develop and support CDA and ADA positions

- Encourage SDDS member involvement on CDA and ADA policy committees to keep current on issues of importance to the members, dental practices, and community oral health
- Communicate information on dental issues to members in a timely, accurate and impartial fashion using various communications methods to reach all types of members
- Identify and monitor potential and upcoming issues, brainstorm strategies and potential opportunities (such as alternative provider policies, scope of practice definitions, and changes in national and local policies affecting patient care)

CONTINUED

CONTINUED FROM PAGE 21

GOAL 3: Enhance and encourage professional development opportunities to dentists and staff

OBJECTIVE 1: Provide local professional development and business education opportunities for dentists

- Research and recommend ideas to motivate members to learn new procedures and improve diagnostic skills
- Evaluate, survey and research topics and methods of delivery to enhance the continuing education program for both dentists and staff
- Provide opportunities to discuss and become involved in issues affecting practice of dentistry
- Enhance member awareness of and improve the Member Forum Program (Dentists in Business Series)

OBJECTIVE 2: Provide local professional development opportunities for staff

- Continue to provide administrative and clinical staff with the educational opportunities to enhance their skills, status and productivity, including licensure renewal courses
- Encourage dentists to support and participate in programs for auxiliaries such as re-entry position and on the job training, job shadowing and internships

GOAL 4: Ensure the sustainability and level of excellence of SDDS as an organization

OBJECTIVE 1: Ensure that systems are in place for accountability, organizational structure and operational success

- Bylaws and policies: continually review, assess and update the structural organization to keep SDDS current, legal and successful
- Process, procedures and policies: maintain current manuals including: operations, policies, organization, finance, emergency, leadership, style guides, employee policies, communication standards
- Strategic plan: maintain, update and communicate to members, committees and leadership so that the focus of all work is directly related to the strategic plan

OBJECTIVE 2: Develop a leadership track for recruitment and training of future leaders

- Actively identify and recruit members with leadership potential to be involved on task forces and committees to ensure a pipeline of strong leaders
- Provide leadership education to enhance members' leadership skills

OBJECTIVE 3: Continue use of various methods of communication, keeping current with new technology

OBJECTIVE 4: Ensure appropriate, continued levels of financial resources to sustain and grow the organization

SDDS & FOUNDATION OPEN LEADERSHIP POSITIONS

A candidate for any office in the Society must be an active or life member in good standing.

Secretary to SDDS Executive Committee

(1 position open; 4 year term) — Requires a four year commitment to move through all the elected officer positions — 2014–2017 (Yes, you will serve as President in 2016!) This position also serves as a delegate to the CDA House of Delegates.

The Secretary shall keep accurate minutes of all meetings of the Society and of the Board of Directors, which upon approval, he/she shall cause to be copied into books kept for that purpose. He/she shall be the custodian of all documents of the Society. He/she shall oversee and report to the Board of Directors all issues with regard to Membership, including application, terminations, deaths and resignations.

Directors

(3 Positions Open; 2 year term, 2013–2014 on the SDDS Board of Directors) — Subject to the provisions and limitation of the California Nonprofit Mutual Benefit Corporation Law and any other applicable laws, and subject to any limitations, of the Articles of Incorporation or Bylaws regarding actions that require approval of the Members, the Corporation's activities and affairs shall be managed, and all corporate powers shall be exercised, by or under the direction of the Board of Directors. The Board of Directors shall meet as often as is necessary to conduct the business affairs of the Society (currently five times per year). A majority of Members shall constitute a quorum of the Board of Directors for the transaction of business.

Delegates to 2013–14 CDA House of Delegates:

(3 positions open; 2 year term) — The Delegates to the CDA shall represent the Society in the House of Delegates of the CDA. In the absence or inability of a Delegate to serve, a regularly elected Alternate Delegate shall act as a Delegate. In the absence of the necessary number of Delegates, the President of the Society will make such temporary Alternate Delegate appointments as needed. The Delegates and Alternate Delegates shall meet each year prior to the annual meeting of the CDA at the call of the President. The Society may instruct the Delegates concerning its policies, and the Delegates are to make every effort to carry out the Society's instructions.

Trustee:

(1 positions open; 3 year term) — SDDS currently has two Trustees who serve on the CDA Board of Trustees. Trustees shall serve as members of the managing/fiduciary body of CDA, vested with the authority to conduct the business of the association within the policies established by the CDA House of Delegates. A Trustee serves as a voting member, develops policies, procedures and regulations for the operation of CDA and monitors and sets policy relative to the finances of the association.

Foundation Director:

The Foundation (the 501c-3 charitable arm of the SDDS) activities and affairs shall be managed, and all corporate powers shall be exercised, by or under the direction of the Board.

The 7–13 Directors of the Foundation Board shall have the power to conduct, manage and control the affairs and business of the Foundation and to make such rules and regulations therefore not inconsistent with law, with the Articles of Incorporation or the Bylaws, as they may deem best.

COMMITTEE CORNER

A Calling for SDDS Leadership Volunteers

By **Victor Hawkins, DDS**
Leadership Development Committee Chair

SDDS is successful because of the quality and dedication of the volunteers who are carefully chosen to keep it moving forward. Would you like to be among them?

At 6:00am on my very first day in the U.S. Marine Corps new recruits were told to line up and stand at attention, whatever that meant, and then we were asked to raise our hand if we could drive a truck. Since I had been driving a school bus I raised my hand and was selected to "drive" a wheel barrow after loading and unloading it for the next eight hours. I vowed to never volunteer for anything again! That was "blind" volunteerism and not at all what is meant here! I have since changed my mind and consider it an honor to be chosen to serve my fellow men and women! I have also learned that there is no substitute for the personal reward of satisfaction for having served others.

SDDS is successful because of the quality and dedication of the volunteers who are carefully chosen to keep it moving forward. This creates value for all of its members. Members who have taken the steps to serve as SDDS leaders as committee chairs, been active committee members, chaired task forces or other events have all put themselves under the radar to be selected to leadership positions. It is important that you let us know you are interested and what you would like to do!

The Leadership Development Committee (LDC) will look at your past participation in SDDS events, attendance of monthly General Membership Meetings, longevity in SDDS as a leader, years of experience, and support for our SDDS Foundation. Other considerations include participation in other dental societies you have belonged to, Rotary Clubs, PTA, Boy Scouts of America, and other professional associations. Above all the LDC will look at your desire and willingness to serve. We are looking for quality people. What does that mean? A "quality" anything "meets expectation." In the case of SDDS leaders, it means they set the example, are on time, attend all suggested meetings and do the job they accepted to the best of their ability and enjoy it.

The open positions are listed to the left of this article, but there are committees that need your help and would like for you to join their efforts. If you are new to SDDS leadership this could be the place to launch your leadership "career!" This is where LDC looks first.

I encourage each of you to put aside any self-doubt you might be having and fill out the NOMINATION FORM (see insert) and submit it by FEBRUARY 15, 2013. You can also nominate qualified members of SDDS to any position you feel they would like to serve.

The LDC will consider the applications in February and March and forward nominations to the Board of Directors for approval in May. The nominees will then be elected by members at our September General Membership Meeting.

ALL NOMINATIONS ARE DUE BY **FEBRUARY 15, 2013.** ■

SDDS COMMITTEE MEETINGS (2013):

1st Tooth or 1st Birthday (6:30pm)
TBA

Amalgam Advisory (7:00am)
TBA

Board of Directors (6:00pm)
Mar 5 • May 7 • Sept 3 • Oct 29

Continuing Education (6:15pm)
Mar 19 • May 8 • Sept 17 • Nov 20

CPR (6:00pm)
Apr 22

Dental Careers Workgroup
Speakers on call

Ethics (6:15pm)
Apr 22 • Sept 16

Executive Committee (7:00am)
Feb 15 • Apr 19 • Aug 21 • Oct 11 • Dec 13

Foundation (SDDF) (6:15pm)
Apr 29 • Sept 9 • Nov 21

Geriatric Task Force (6:15pm)
Mar 19 • May 8

GMC Task Force (2:30pm)
TBA

Golf (6:00pm)
May 3 — Golf Tournament

Leadership Development (6:00pm)
Feb 25

Mass Disaster / Forensics (6:00pm)
Apr 17 • July 17 • Oct 16

Membership (6:00pm)
Mar 27 • May 22 • Sept 18 • Nov 6

***Nugget* Editorial**
Feb 26 • May 21 • Sept 17

Peer Review (6:15pm)
Scheduled as needed

SacPAC (6:00pm)
Mar 18

Geriatric Education Task Force

Dr. Hana Rashid addresses caregivers at Eskaton on December 5, 2012

YOU
THE DENTIST, THE EMPLOYER

YOU ARE A DENTIST. You are also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that. This monthly column, will offer current employment law information pertinent to you — the dentist, the employer.

MEMBER BENEFIT!

SDDS HR Hotline
FREE TO SDDS MEMBERS!
1.800.399.5331

Urgent: Payroll Information

From **Susan Gunn** (Susan Gunn Solutions)

Whether you are creating payroll within QuickBooks or using another payroll service, you need to read the following information. It requires immediate attention by all employers.

New W-4s

Net pay (aka take-home) will be less in January. Please make sure your employees understand that social security will now be deducted in its entirety from their paychecks. Because of this increase, and the consistently tight economy, I recommend having new W-4s for each employee.

Most practices never revisit the W-4 after the employee is hired. However, life events happen: kids, marriage, divorce and death. All of these affect the employee's Withholding Allowances.

Remind your employees that the higher number of exemptions, the less amount of tax is taken. Single with zero has the most amount of tax taken.

Allowances can be claimed:

- If you are single and have one job and no one else claims you as a dependent;
- You and your non-working spouse OR a dependent not claimed by anyone else.

The amount of deductions then increases by the number of dependents for whom you are responsible, simplistically speaking.

A couple of things to keep in mind this coming year. We get used to having a certain amount for our take home pay. That will decrease because of taxes increasing. The higher the deductions, the less the taxes. BUT, if you take a higher amount just because the net pay is desired, then the result could be taxes owed at the end of the year, depending on the deductions allowed and taken.

The reverse is also true. It never ceases to amaze me at how many still claim zero, with the greatest amount of taxes taken. If your employees have outside jobs for which they get 1099s and need the additional withholding taxes taken, then zero could be appropriate. However, most are using the government as a savings account, getting a large monetary tax return in April. This could be an area to review and adjust.

> **Remind** your employees that the higher number of exemptions, the less amount of tax is taken. Single with zero has the most amount of tax taken.

Use the tables on the W-4 to accurately decide the number of exemptions. Review the year-to-date payroll information July 2013 to estimate if any taxes will be due by the year's end. During a difficult economic time is not the time to owe taxes.

New W-4s are available on **www.irs.gov.**

New State Unemployment Rates

You should have received a new unemployment rate for 2013 from your state. Be sure to notify your payroll service of the change. If you are using QuickBooks for payroll, update in Lists > Payroll Item Lists > State Unemployment Tax type.

Payroll updates

Before processing payroll the first time through QuickBooks, be sure to get your payroll updates. Do not ignore the warning or your payroll taxes will be inaccurate. Employees > Get Payroll Updates. Again, this needs to be done prior to the first 2013 payroll.

Summary

Set the stage for your employees. Most of them are aware of a "Fiscal Cliff" but may not realize the impact on their take home pay. The more the pay, the greater the impact. Be understanding and sympathetic.

Also, beware. This is not the time to give "emotional" raises. Keep to your schedule of pay reviews. The practice and you will also have increased taxes this coming year, not just employees. It is time to tighten the belt and review expenses all the way around.

I encourage you to discuss your best financial approach to the coming year with your practice management consultant as soon as possible. Most of all, do not let the doom and gloom news discourage you. It is simply the time to roll up your sleeves and figure out what you need to do to enhance your business understanding. ■

YOU THE DENTIST, THE BUSINESS OWNER

YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

Medical Device Excise Tax — How Will It Affect You & Your Patients? (Part II)

From **Dennis Nelson, CPA** (SDDS Vendor Member)

The ADA recently published additional information regarding the 2.3% medical device excise tax. There may be additional guidance in the future, but based on current information, dentists will not be accountable for collecting, reporting or remitting the 2.3% excise tax to the government.

The tax on medical devices specific to the dental profession will be applied to the materials or equipment that the dentist will use in his or her practice. The customized items supplied by the laboratory to the dentist will not be subject to the tax, but the materials used by the lab or Cerec machine will include the tax in the price that the dentist will pay.

In addition to the materials supplied to the dentist, the tax will also apply to the equipment they use, including, but not limited to the Cerec machine, nitrous and oxygen delivery systems and gas, diagnostic computer equipment, X-ray systems, surgical equipment, handpieces, remanufactured or refurbished equipment and prosthetic devices.

> **Based on** current information, dentists will not be accountable for collecting, reporting or remitting.

Although many items a dentist will purchase will be subject to the tax, dentists should be alert in reviewing manufacturer or vendor invoices to be certain that the 2.3% is not applied to the entire invoice, but only to those items where the law requires.

The question remaining for all dentists is not will they be paying the 2.3% medical device tax , but if and how will they be passing it on to their patients. ■

you should Know

What's the Big "i"dea?

If you've visited the SDDS website (www.sdds.org), you may have seen a button with the letter "i" near the left hand side of our home page. A click on the "i" takes you to the "Important Information" page — your source for breaking news, scam alerts, new laws and more. Click the "i" often, and stay up to date!

Do you have some information that should be listed on the "Important Information" page? Let us know, at **sdds@sdds.org**

LINK OF THE MONTH

NEW LAWS? SCAM ALERTS? BREAKING NEWS?

Stay up-to-date on the latest news at:

www.sdds.org/ImportantInformation.htm

WE'RE BLOWING YOUR HORN!

Congratulations to...

SDDS member presenters from the Geriatric Committee: **Drs. Mitch Goodis, Hana Rashid, Julianne Digiorno, Viren Patel and Sireesha Penumetcha,** who conducted a wonderful program at the SDDS General Membership Meeting in January.

Dr. Jeff Kwong, for joining Dr. Daryll Johnson's practice as a partner.

Dr. David Crippen, who keeps us smiling with his Christmas spirit! *(photo #1 at right)*

The over 300 **SDDS members** who signed up to be on committees this year!

Burkhart Dental Supply, Patterson Dental Supply and Henry Schein Dental *(SDDS Vendor Members),* for their generous donations to SDDS Foundation's 2013 Smiles for Kids program. *(photo #2 at right shows the donations from Burkhart alone!).* ■

member GET A member

In 2012, when a new member joined, after being recommended by a current member, the current member was entered into a monthly drawing (September – December 2012).

The winners are listed at right, including one GRAND PRIZE winner, receiving free SDDS dues for the 2013 year!

FREE SDDS DUES FOR 2013!

Dr. Daniel Miyasaki
Winner for August 2012

Dr. William Harris
Winner for September 2012

Dr. Stan Arellano
Winner for October 2012

Dr. Jonathan Szymanowski
Winner for November 2012

Dr. Gary Newhouse
Winner of DUES FOR 2013!

In memoriam

JOHN HINES, DDS

Dr. John Hines, SDDS Past President and 66-year member, passed away on December 18, 2012. Born in 1922 to J.V. Hines and Beatrice Bargar, he graduated from Sacramento High School in 1939 and the University of California San Francisco Dental School in 1945. During World War II, he served in the U.S. Navy, assigned to the Marine Corps in China. Upon discharge, he returned to Sacramento and began his dental practice. He loved dentistry, becoming President of Sacramento District Dental Society and the California Dental Association during his 60-year career.

He was a past Commander of the Sacramento Sheriff's Air Squadron and an active fisherman and hunter, particularly in Alaska. He is a Past President of the Flying B, and his favorite activity was flying his airplane into the Idaho backcountry and staying at the Flying B Ranch on the Middle Fork of the Salmon River.

Dr. Hines was well-known for his ability to tell jokes and was called upon often at gatherings to make everyone laugh. He is survived by his wife, Patricia, of 67 years, daughter Cathie Crandell and son-in-law, Paul, who became like a second son to him, as well as six grandchildren and ten great-grandchildren. At his request, no services were held, but donations may be made in his name to the American Cancer Society.

GERALD SWANSON, DDS,

Dr. Gerald Swanson, past member of SDDS, passed away on December 28, 2012, at the age of 75. He was born in 1937 in Oregon to the late Elmer and Frances Swanson, the second of three children. Dr. Swanson married his high-school sweetheart, Gail, in 1958.

He graduated from dental school at the University of Washington in 1962 and then served as a dentist in the Air Force for two years, bringing his family to McClellan Air Force Base in Sacramento. He remained a Sacramento resident for the rest of his life, practicing dentistry in Midtown for 38 years before enjoying 12 years of retirement. Dr. Swanson is survived by his wife of 54 years, two sons, a daughter, nine grandchildren and three great-grandchildren. He was a member of SDDS for 37 years.

FROM THE ARCHIVES

January 2001
Dr. Robin Berrin enjoys a dance with a "hula girl" at the ADA meeting in Hawaii!

Advertiser INDEX

WELCOME

to SDDS's new members, transfers and applicants.

IMPORTANT NUMBERS:

SDDS (doctor's line) .....(916) 446-1227
ADA ..... (800) 621-8099
CDA ..... (800) 736-8702
CDA Contact Center ..... (866) CDA-MEMBER (866-232-6362)
CDA Practice Resource Ctr. ... *cdacompass.com*
TDIC Insurance Solutions .... (800) 733-0633
Denti-Cal Referral ..... (800) 322-6384
Central Valley Well Being Committee .....(559) 359-5631

KEEP US UPDATED!

Moving?

Opening a new office?

Offering new services?

Share your information with the Society!

We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events!

Give us a call at **(916) 446-1227**

NEW MEMBERS

FEBRUARY **2013**

STEVEN SCOTT, DDS, MS

WELCOME BACK!

Orthodontist
3001 Vaux Ave, #1
Elk Grove, CA 95758
(916) 691-2912

Dr. Steven Scott graduated from UCLA School of Dentistry in 1993 with his DDS and later completed his specialty in orthodontics in 1996 at University of Michigan. He is currently practicing and living in Elk Grove.

New Transfer Members

ANSON KWONG, DDS

Transferred from Alameda County Dental Society
General Practitioner
9600 Fairway Dr, Ste 150
Roseville, CA 95678
(916) 788-8252

Dr. Anson Kwong graduated from Indiana University in 2002 with his DDS. He is currently practicing in Roseville.

JEFFREY RHO, DDS

Transferred from Napa-Solano Dental Society
General Practitioner
2370 Maritime Dr
Elk Grove, CA 95758
(916) 683-2272

Dr. Jeffrey Rho graduated from Loma Linda University in 2008 with his DDS. He later completed a residency at Cedars Sinai Medical Center in 2010. He is currently practicing in Elk Grove with fellow SDDS member, Dr. Steven Tsuchida and living in Sacramento.

VAHEED SHAHNAM, DDS

Transferred from San Francisco Dental Society
General Practitioner
2503 Bell Rd
Auburn, CA 95603
(530) 823-3803

Dr. Vaheed Shahnam graduated from University of Nevada in Las Vegas in 2011 with his DDS. He later completed a residency at University of Washington in 2012. He is currently practicing in Auburn with fellow SDDS member, Dr. Donald Foulk and living in Sacramento.

PEITI SU, DDS

Transferred from San Francisco Dental Society
Endodontist
Pending Office Address

Dr. Peiti Su graduated from UOP Arthur A. Dugoni School of Dentistry in 2009 with her DDS. She later completed her specialty in endodontics at Lutheran Medical Center in 2012. She is currently seeking employment in the greater Sacramento area and living in Sacramento.

New Applicants

NASEEM ARFAI, DDS

MARY CORAZON CUEVAS, DMD

LAWRENCE NGUYEN, DDS

JOHN PUIG, DDS

SDDS Membership Committee presents the

2013 NEW MEMBER DINNER

MARCH 19, 2013 (6:15PM)

Old Spaghetti Factory • New Members FREE! • Contact SDDS for more info (916.446.1227)

CLIP OUT this handy NEW MEMBER UPDATE and insert it into your DIRECTORY under the "NEW MEMBERS" tab.

TOTAL MEMBERSHIP (AS OF 1/15/13): 1,624

TOTAL ACTIVE MEMBERS: 1,344
TOTAL RETIRED MEMBERS: 204
TOTAL DUAL MEMBERS: 2
TOTAL AFFILIATE MEMBERS: 9
TOTAL STUDENT/ PROVISIONAL MEMBERS: 12
TOTAL CURRENT APPLICANTS: 4
TOTAL DHP MEMBERS: 49

TOTAL NEW MEMBERS FOR 2013: 2

MEDICAL GASES
Analgesic Services
Geary Guy, VP
Steve Shupe, VP
916.928.1068
www.asimedical.com
since 2004

CONSTRUCTION
Andrews Construction, Inc.
Todd Andrews
916.743.5151
www.andrewsconstructioninc.com
since 2002

FINANCIAL SERVICES
Bank of Sacramento
Shelley Laurel, SVP
916.648.2100
www.bankofsacramento.com
since 2011

FINANCIAL SERVICES
Bank of the West
Mary Alajou, VP
Sacramento/Butte Area Manager
916.949.2687
www.bankofthewest.com
since 2012

CONSTRUCTION
Blue Northern Builders
Marc Davis • Morgan Davis • Lynda Doyle
916.772.4192
www.bluenorthernbuilders.com
since 2007

DENTAL SUPPLIES
Burkhart Dental
Tom Evans, Branch Manager
916.784.8200
www.burkhartdental.com
since 2011

HUMAN RESOURCES
California Employers Association
Kim Parker, Executive VP
Mari Bradford, HR Hotline Manager
800.399.5331
www.employers.org
since 2004

MEDIA
Clear Channel Media & Entertainment
Dave Milner, President • 916.576.2223
Pamela Love, MBA • 916.335.7317
www.clearchannel.com
since 2012

DENTAL SUPPLIES
Crest / Oral B
Lauren Herman • 209.969.6468
Kevin McKittrick • 916.765.9101
www.dentalcare.com
since 2002

FINANCIAL SERVICES
Dennis Nelson, CPA, APC
Dennis Nelson, CPA
916.988.8583
www.cpa4dentists.net
since 2011

DENTAL SUPPLIES
DESCO Dental Equipment
Tony Vigil, President
916.747.8232
www.descodentalequipment.net
since 2012

LEGAL SERVICES/ ESTATE PLANNING
Drobny Law Offices, Inc.
Mark Drobny, Esq. & Michelle Glenn
916.419.2100
www.drobnylaw.com
since 2012

FINANCIAL SERVICES
Fechter & Company
Craig Fechter, CPA
916.333.5370
www.fechtercpa.com
since 2009

FINANCIAL SERVICES
Financial Management Associates, Inc.
Ted Darrow, Client Relations & Marketing
916.985.9559
www.fmacentral.com
since 2011

FINANCIAL SERVICES
First US Community Credit Union
Gordon Gerwig, Business Services Manager
916.576.5650
www.firstus.org
since 2005

DENTAL SUPPLIES
Henry Schein Dental
916.626.3002
www.henryschein.com
since 2005

INSURANCE
Liberty Dental Plan
Melinda Bitney, Network Manager
888.273.2997 ext. 265
www.libertydentalplan.com
since 2012

FINANCIAL SERVICES
Mann, Urrutia, Nelson, CPAs
John Urrutia, CPA, Partner
Chris Mann, CPA, Partner
916.774.4208
www.muncpas.com
since 2010

CONSTRUCTION
Olson Construction, Inc.
David Olson
209.366.2486
www.olsonconstructioninc.com
since 2004

DENTAL SERVICES
Pacific Dental Services
Koert Takkunen
Sarah Groft
714.552.5517
www.PacificDentalServices.com
since 2012

TECHNOLOGY
Pact-One
Dan Edwards, President
866.722.8663
www.pact-one.com
since 2011

DENTAL SUPPLIES
Patterson Dental
James Ryan
800.736.4688
www.pattersondental.com
since 2003

DENTAL SUPPLIES
RelyAid
Ursula Klein
916.616.6845
www.relyaid.com
since 2008

STAFFING SERVICES
Resource Staffing Group
Debbie Kemper
916.993.4182
www.resourcestaff.com
since 2003

MAGAZINE
Sacramento Magazine
Becki Bell, Marketing Director
916.452.6200
www.sacmag.com
since 2002

PRECIOUS METAL REFINING
Star Group Global Refining
Jim Ryan, Sales Consultant
800.333.9990 www.starrefining.com
since 2009

INSURANCE
The Dentists Insurance Company
Darnise Edwards
800.733.0633
www.cda.org
since 2011

VENDOR MEMBER B

VENDOR MEMBER A

FINANCIAL SERVICES
Union Bank
Lydia Ramirez
916.533.6882
www.unionbank.com
since 2010

MARKETING/TECH
UPROAR-Mobile Phone Apps
Howard Harris
916.995.0022
howard@uproar.pro
www.uproar.pro
since 2012

TRANSITION BROKER
Western Practice Sales
Tim Giroux, DDS, President
John Noble, MBA
800.641.4179
www.westernpracticesales.com
since 2007

LEGAL SERVICES
Wood & Delgado
Patrick J. Wood, Esq.
Jason Wood, Esq.
1.800.499.1474 • 949.553.1474
www.dentalattorneys.com
since 2010

we love
our SDDS
Vendor Members!

Please note that **LIME Works** has elected not to renew their Vendor Membership at this time. Please remove them from your directory. We appreciate their past support and hope that they will return soon.

VENDOR MEMBER SPOTLIGHTS:

First US Community Credit Union

Since 1936, First U.S. has been serving members with affordable loans, generous savings programs and friendly, personal service. Our success can be attributed to the commitment to our philosophy of "People Helping People" and our mission "To provide value, service and financial solutions to our members."

Anyone who lives, works, or worships in Sacramento, Amador, Yuba, Yolo, El Dorado, Sutter, San Joaquin, Nevada, Placer, Solano, Sierra, and Contra Costa counties is welcome at First U.S.

LIFETIME MEMBERSHIP — CONVENIENT FROM ANYWHERE

When you join First U.S. Community Credit Union, you gain access to a valuable lifetime benefit for you and your entire family. You can move, retire or get married - you never have to leave First U.S.

WHAT'S THE CREDIT UNION DIFFERENCE?

- Credit unions are cooperative, not-for-profit financial institutions owned by and operated exclusively for their members who share a common bond.
- Credit unions provide a consumer-friendly alternative to other financial service providers that focus on maximizing profits for the benefit of stockholders.
- Surplus funds are returned to members in the form of higher share dividends, reduced loan rates and improved services.
- Members are the owners, not just customers.

Gordon Gerwig — Business Services Manager

(916) 576-5650 phone

www.firstus.org

CEA California Employers Association

Every business day, new challenges arise between employers and employees. If you need assurance that you're making the right decisions, you need CEA. CEA's services are dedicated to those business professionals who demand accurate, immediate and cost-effective solutions to human resource and labor relations issues. CEA serves as a full service HR department, without the hassles of having to hire a single person. Thousands of companies and individual business owners in California depend on CEA every day.

CEA MEMBER SERVICES:

- Free Phone Advice
- Free Attorney Advice
- Employee Handbooks
- Injury & Illness Prevention Programs (IIPP)
- Policies & Procedures
- Hiring & Recruitment
- Labor Commission Hearings
- Labor Negotiation
- Sexual Harassment Training & Investigations
- Legislative Updates
- Discrimination Claims
- Unemployment Claims
- Wage & Salary Issues
- Employee Productivity
- Workers' Compensation
- Leadership Development
- Discipline & Termination Issues
- Substance Abuse Strategies
- Workshops & Seminars

BENEFITS, SERVICES, SPECIAL PRICING AND/OR DISCOUNTS EXTENDED TO SDDS MEMBERS

HR Hotline (FREE to SDDS Members!): Ask HR professionals about employment law, employee issues and other employment related matters.

1-800-399-5331

www.employers.org

EVENT HIGHLIGHTS

General Membership Meeting (Hygiene Night) | JANUARY 8, 2013

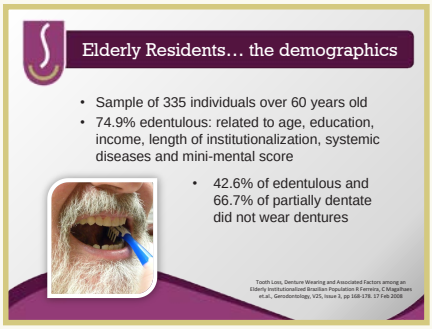
1. Drs. Madeline Majer, Carl Hillendahl, Ray Ramsey and Viren Patel • 2. Drs. Stefanie Shore and Megan Moyneur • 3. Drs. Jason Matsushino and Craig Alpha • 4. Drs. Dean Ahmad and Jagdev Heir • 5. Dr. Jonathan Szymanoski, Official MidWinter Mascot, promotes MidWinter Convention • 6. Dr. Julianne Digiorno and Christine Miller, RDH • 7. Drs. Gary Ackerman and Bevan Richardson, with Lisa Campbell (center), Carrington College Hygiene Award winner • 8. Betty Garcia, winner of a massage from Massage Envy.

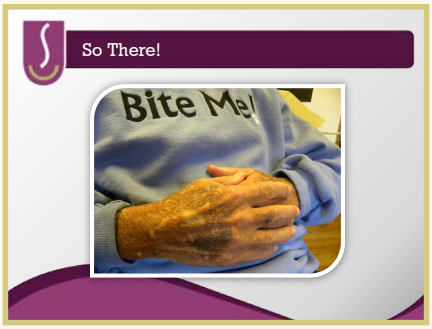
Next General Membership Meeting: MARCH 12, 2013

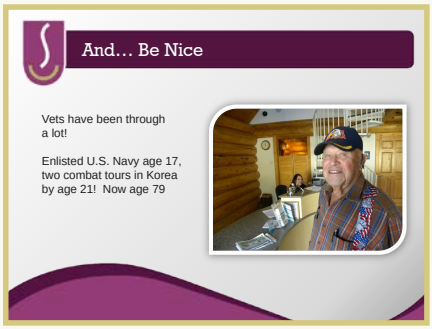
www.sdds.org/genmeetingCE.htm

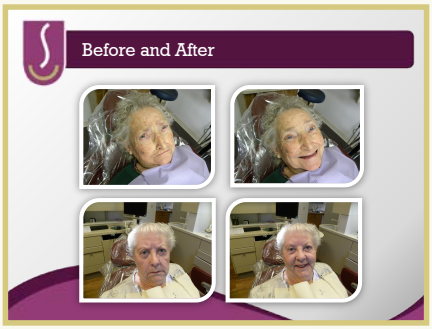
Thank you, Geriatric Outreach Task Force!

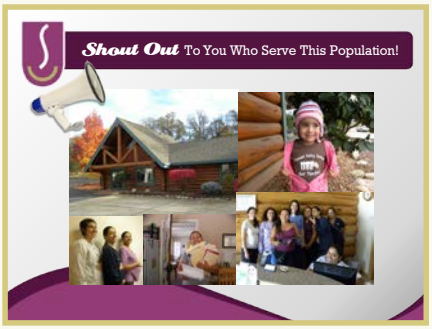
Highlights from a wonderful presentation at the January General Meeting:











Classified Ads

PRACTICES FOR SALE

DENTISTS SERVING DENTISTS — Western Practice Sales invites you to visit our website, **westernpracticesales.com** to view all of our practices for sale and to see why we are the broker of choice throughout Northern California. (800) 641-4179. *03-09*

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LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to (916) 952-1459. *04-12*

FOR LEASE

SACRAMENTO DENTAL COMPLEX has one small suite which can be equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: (916) 448-5702. *10-11*

DENTAL OFFICE. 1355 Florin medical-dental building. 850 sf, 3 operatories, $1,200 monthly. Includes all utilities and janitor. Ample parking. (916) 730-4494. *06/07-12*

DREAM OFFICE SHELL— Nicest in Sacramento. Near Watt/El Camino, close to shopping/restaurants. Build/Design 1,750 sf to suit. Brand new building/Full financing available. Call Dr. Favero (916) 487-9100. *11-12*

DESIGN YOUR OWN SUITE in a beautiful Greenhaven dental building, approximately 2000 sq ft. Great space, front view, air/vacuum provided. Suite can be viewed upon request, 905 Secret River Drive, Sacramento, CA 95831. Contact, Dr. Roy A. Eakin, 916-714-5096 or Dr. Sam Stassi, 916-442-7962. *11-12*

PEDIATRIC-ORTHODONTIC DENTAL OFFICE, FULLY EQUIPPED, FOR LEASE. 2402 sf on Marconi at Watt. 1 block from Del Paso Country Club. Decor, walls hand painted. Child interest — kids love it. Surgical operatory, recovery room, TVs on ceiling, lab, break room, 3 restrooms, 1 handicap. This office could be anything you want it to be. Call Jeff Phelan (949) 720-8000 or (949) 933-8458. *01-13*

STANISLAUS COUNTY PRACTICE AVAILABLE — General, family practitioner now retiring. Offering well-est. successful, state-of-the-art practice in approx. 2,800 sq. ft. facility w/ 7 fully-equipped ops. Great location and exceptional long-term staff. Estimated 2,500+ active pts. 5 year avg. GR $1.4M w/ net of approx. $500K and just 3.5 doctor days and 10 hyg. days/wk. Asking $895K. Contact Carrol and Company (650) 403-1010, www.carrollandco.info. CA DRE #00777682. *02-13*

AVAILABLE OPERATORY FOR RENT during Mon. or Wed. for specialist. Specialist needs to bring his own asst. and staff, materials and supplies. Pls. contact (916) 583-0276 for details. *02-C1*

To place an ad in the *Nugget* Classifieds, visit www.sdds.org/NUGGET.html

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office (916) 446-1227.

SDDS member dentists can place classified ads **FOR FREE!** MEMBER BENEFIT!

DON'T MISS THESE UPCOMING EVENTS!

general meeting

MARCH 12, 2013

SPOUSE NIGHT!

WELLNESS FOR YOU & YOUR PATIENTS: MIND, BODY & EMOTIONAL HEALTH

Presented by:
Stephen Peters, MD

COURSE OBJECTIVES:

- Statistics for cardiac disease as it relates to diet, foods we eat and supplements
- Reversing heart disease with diet modification
- China Study on disease states — How health can be positively changed with some small modifications in how we get our nutrition.
- How emotional health may affect physical health and cardiac health as well as cancer risk.
- Role of supplements for daily use as well as hormone replacement therapy.

6:30PM–8:30PM • 3 CEU, Core

SACRAMENTO HILTON — ARDEN WEST

cpr course

APRIL 6, 2013 — RENEWAL

8:30AM–12:30PM • 4 CEU, Core

SUTTER GENERAL HOSPITAL — CANCER CENTER (BUHLER BUILDING)

LR

SACRAMENTO DISTRICT DENTAL FOUNDATION DOES...

broadway

sdds.org/SDDF_Broadway.htm

MARCH 13, 2013

continuing education

MARCH 22, 2013

INNOVATE OR HIBERNATE: THE NEXT STEP FOR YOUR PRACTICE

Presented by: Steve Swafford

COURSE OBJECTIVES:

- Discover key differences between innovation and creativity
- Explore 10 innovation perspectives
- Review five steps of innovation methodology for the dental practice
- Experience ways to handle objections to new ideas
- Receive interactive tools for all members of the dental practice team

8:30AM–1:30PM • 5 CEU, 20%

SACRAMENTO HILTON — ARDEN WEST

HR webinar

APRIL 18, 2013

HIRING, INTERVIEWING & RETAINING

Presented by: CA Employers Association

NOON–1:00PM • 1 CEU, 20%

IN YOUR OWN OFFICE!

need more info?

VISIT WWW.SDDS.ORG & CLICK ON THE **CE/MEMBER EVENTS** BUTTON

SACRAMENTO DISTRICT DENTAL SOCIETY
915 28th Street • Sacramento, CA 95816
916.446.1211 • www.sdds.org

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS

FEBRUARY

2 Smiles for Kids Day
SDDS member offices

7–8 33rd Annual MidWinter Convention
The Year of Good…
Sacramento Convention Center
15.5 CE UNITS!

15 Executive Committee Meeting
7:00am / Del Paso Country Club

25 Leadership Development Committee
6:00pm / SDDS Office

26 *Nugget* Editorial Committee
6:15pm / SDDS Office

For more calendar info, visit
www.sdds.org

MARCH

1 Dentists in Business Forum
Write Your Own Employee Handbook
Mari Bradford (CEA)
CEA Office: 11451 River Park Dr, Sacramento
Building Conference Room, 2nd Floor
8:30am–Noon

5 Board of Directors Meeting
6:00pm / SDDS Office

12 General Membership Meeting
Wellness for You & Your Patients: Mind, Body & Emotional Health
Stephen Peters, MD
Spouse Night
Hilton Sacramento Arden West
6:00pm Social / 7:00pm Dinner & Program

13 Foundation Broadway Series
Beauty & the Beast
8:00pm / Sac Community Center

18 SacPAC Committee
6:00pm / SDDS Office

19 New Member Dinner
6:15pm / Old Spaghetti Factory

CE Committee
6:15pm / SDDS Office

Geriatric Workgroup
6:15pm / SDDS Office

21 Dentists in Business Forum
Associateships, Partnerships, Acquisitions, Oh My!
Jason Wood, Esq. (Wood & Delgado)
Sacramento Hilton — Arden West

HOPE TO SEE YOU AT THE 33RD ANNUAL MIDWINTER CONVENTION
TONS OF CE & A GREAT TIME! YOU WON'T WANT TO MISS IT! FEBRUARY 7–8, 2013

BRING YOUR SPOUSE!

EARN **3** CE UNITS!

March 12, 2013:
Wellness for the You & Your Patients:
Mind, Body & Emotional Health

Presented by:
Stephen Peters, MD

LEARNING OBJECTIVES:

- Statistics for cardiac disease as it relates to diet, foods we eat and supplements
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- China Study on disease states — How health can be positively changed with some small modifications in how we get our nutrition.
- How emotional health may affect physical health and cardiac health as well as cancer risk.
- Role of supplements for daily use as well as hormone replacement therapy.

5:45pm: Social & Table Clinics
6:50pm: Dinner & Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

MARCH GENERAL MEMBERSHIP MEETING: **SPOUSE NIGHT**