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- Covenants not to Compete
- Administrative Hearings
- Medicare/Medicaid Fraud Defense
- Professional Licensing
- Office Leases
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Board Certified by The Florida Bar in Health Law

Carole C. Schriefer, R.N., J.D.

Michelle L. Bedoya, J.D.

Lance O. Leider, J.D.
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**The Dental Society of Greater Orlando**

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HELPING GREATER ORLANDO MEMBERS SUCCEED

**Vision**
GREATER ORLANDO’S ADVOCATE FOR ORAL HEALTH

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WELCOME NEW MEMBERS

ASSOCIATE MEMBER

Dr. Jeff Molloy
820 West Montrose St.
Clermont, FL 34771
(352) 394-4569

PROVISIONAL MEMBERS

Dr. Timothy Millward
890 Northern Way
Winter Springs, FL 32708
(407) 365-6691

Dr. Nadya Aldochine
8107 Mistral Drive
Orlando, FL 32827
(732) 841-7532

Dr. George Sonbol
9439 Forest City Cove Ste. 1070
Altamonte Springs, FL 32714
(407) 706-7000

Dr. Alejandro Gonzalez
1022 West State Road 436 Ste. 1008
Altamonte Springs, FL 32714
(407) 774-6622

ACTIVE MEMBERS

Dr. Sundeep Rawal
2180 N. Courtenay Parkway
Merritt Island, FL 32453
(321) 452-3388

Dr. Erika Lowe-Bennett
2400 E. Semoran Blvd.
Apopka, FL 32703
(407) 451-7098

Dr. Jean Rene Pierre-Charles
5330 S John Young Parkway
Orlando, FL 32839
(407) 272-5105

Dr. Alma Correia
1650 Maitland Ave.
Maitland, FL 32751
(407) 629-2953

Dr. Jeresia Choice
508 N. Mills Ave. Ste. B
Orlando, FL 32803
(407) 422-2617

MEMBERSHIP MEETING

Dr. Scott Cohen presenting Dr. Brett Zak with his plaque for his year of service as President of the DSGO

Membership Sponsors-Juanita Benedict-Healthy Solutions and Ken Olsen-Benco Dental

Passing the gavel.
Embracing Difference

As I type this article in my cramped seat 42D on a flight home from Jackson Hole WY, and reflect upon my brief year as DSGO president, I can’t help but to think of an experience on this family vacation that relates to my experience serving the dental society.

On a backcountry snowmobile ride, we came upon a recently fallen female elk. Our guide explained that this “winter kill” was most likely a victim of an early morning wolf attack — nature at its most raw! Interestingly, the guide proceeded to lift the elk’s inner lip in search of what he described as an evolutionary remnant of tusks inside the animal’s mouth. When harvested, these small, ivory tusk remnants can fetch $50-$100 in local tourist shops. He then continued by telling a tale of how a Native American views these small ivory “tusks.” Spiritually, this ivory represented long life, as a Native American would wear these pieces strung into a necklace after taking an elk’s life in a hunt.

To one person, this ivory was a simple tourist trinket; to another, something much greater. The fact remains that in their own minds, both are correct, although there is a great disparity between their thought processes.

As my term as president comes to an end, I am reminded that in our profession there are differences as well: differences in how we practice, differences in where we practice, and differences in what we choose to do each day. In network, out of network, fee for service, and dental service organization offices each choose to operate in the way they think best serves their individual family of patients. The great thing is that no one is wrong.

In the past 12 months, I have been forced to put my biases aside on a variety of topics ranging from insurance arrangements, marketing ethics, and dental politics, to the type of food that will be served at our quarterly meeting. Representing the Dental Society as your president has been a lesson in inclusion. I do not represent just those dentists that have practices similar to mine, but all dentists regardless of business model. While styles and nuances may be quite different at the core, we all provide a service that allows our patients to feel better, look better, and be better. We all sought this profession to help others.

I haven’t been alone in handling the issues brought to the DSGO. Our elected board of directors willingly donate hours of their personal time on Monday evenings, working diligently to keep our society thriving. It is no accident that we are the largest and most active local component in the state. By and large, we made a smooth transition to our new event center and I know that this next year will be even better than the last. I look forward to continued success.

Thankfully,
Dr. Brett Zak

Thank you all for your continued attendance at our quarterly meetings and events. It is at these meetings that we come together to celebrate our great profession, despite the inherent differences that we may have. It is our members that make our society the strongest in the state. By and large, we made a smooth transition to our new event center and I know that this next year will be even better than the last. I look forward to continued success.

Thankfully,
Dr. Brett Zak

President
Dr. Brett Zak
Gum Aboard!
Chomping for NEW Members

Dental Society Of Greater Orlando
Kelly Millett - Membership Liaison
kellymillett@dsgo.org | 407-894-2304

TO QUALIFY FOR THIS INCENTIVE:

• Potential new member must be current with the tripartite (ADA/FDA/CFDDA).
• Referring DSGO Member receives a $150.00 check per new member referral.
• No limit of new members you may recruit per dues cycle (7/1/2017-6/30/2018).
• New member receives an incentive discount of $150.00 toward their initial dues (1st year dues will total $320.00 after applied incentive).

www.dsgo.com | 800 N. Mills Ave., Orlando, FL 32803
The 2017 ADA Recruitment and Retention Conference, April 21-22, featured keynote speaker Adam Kreek, Canadian Olympic Gold Medalist. During his previous 13-year rowing career, Kreek won over 60 medals, including 43 gold medal performances. Adam now provides world-class training to clients and businesses to assist them in reaching peak performance.

Adam applied the knowledge he learned as an elite rower to the teamwork necessary to run a successful business organization. Rowing teams need to work together and work selflessly for the betterment of the overall team.

Adam attributes the success of the Canadian Olympic Gold Medal Team largely to his teammates’ understanding that their coach placed them in a seat position (eight rowing positions per boat) that may be uncomfortable for them; but would, ultimately, help the team win a gold medal. The Canadian Olympic Coach “shook-up” the rowing positions of these elite rowers when he had noticed they were stagnant in speed and endurance. This change was met with stress and discomfort initially; however, each rower accepted the challenge as an opportunity to grow and excel to reach their peak potential.

“The mindset of the rowers was not focused on where they were relative to the rowers on their boat. They were focused on making sure that they were better and faster than the competitors’ rower in their same position.” “Be dominate and beat all the competitors in your position (on the other boats) regardless of where it is on the boat.”

-Adam Kreek
Olympic Gold Medalist

This mentality is extremely relevant when specifically organizing our dental teams. We strive to have a team that accepts the job responsibilities and positions we feel they can excel in and; most importantly, help our practices reach peak performance. The focus should be on each team member doing the very best at their assigned position. A new position or responsibility will always involve stress followed by necessary growth.

ADOPT A GROWTH MINDSET:

With a growth mindset, you thrive on challenge. You see failure as a launching pad for growth and expanding your abilities. You surround yourself with others who can help you achieve your goals, and you’re willing to put in the work necessary for self-betterment.

“A growth mindset wants to learn. This mindset embraces challenges, persists in the face of setbacks, sees effort as the path to mastery, learns from criticism and finds inspiration from the success of others.”
- Carol Dweck
Psychology professor, Stanford University

“Growth is stressful. Change is uncomfortable. You row an ocean by taking one stroke at a time. You build a business by solving one problem at a time. Make forward progress one inch at a time. Inch by inch. Repeat.”
-Adam Kreek
Olympic Gold Medalist

BE THE CHANGE:

We are the “stimulus” to initiate growth in our professional lives and practices. It is essential that we create a culture of growth and encourage our team members to participate fully in the process of becoming even better.
A BIG THANK YOU!
to the Dental Foundation of Central Florida

By Stephanie Gonzalez

There are not enough words to express my sincerest appreciation to the Dental Foundation of Central Florida for funding my attendance to the National Leadership Conference hosted by the American Student Dental Association. Attending this conference has allowed me to reflect on the deeper role that dentistry plays in our global society and has allowed me to grow into a more holistic pre-dental student ready to pursue a career in dentistry. I was exposed to multiple educational sessions where I learned the importance of being involved in organized dentistry as well as the importance of leadership within the field. As president of the Pre-Dental Student Association at the University of Central Florida, I recognize the importance of influencing our members with the latest educational advancements in the profession. The rest of the executive board and I have been able to spread the information gained at the conference to educate and inspire our members to become a better version of themselves to obtain successful admissions into dental school and into the exciting world of dentistry. Aside from enhancing my leadership skills and discovering new ways to be involved in organized dentistry, I had the opportunity of meeting various successful dental care professionals from across the nation. The vision and passion of these individuals served as an inspiration to bring our association together and work towards becoming active leaders to contribute to a solution for current issues and for the overall advancement of the profession. Overall, this conference made an exceptional impact in my life and I know I will be able to use the information I gained not only during the remainder of my term as president, but also in my future as a dentist. Our current Executive Board continues to spread awareness about this conference to our members and we are proud to recognize that for the past three years we have had the largest group of pre-dental students attend this conference. We want to continue our presence as we continue to expand our horizons within the upcoming years. I believe that obtaining this knowledge is imperative to the growth of anyone pursuing dentistry. I would like to thank the Dental Foundation of Central Florida once again for funding my attendance to this conference and I look forward to being a more involved dental professional in the years to come.

Stephanie Gonzalez
President, Pre-Dental Student Association at UCF
Dental Foundation of Central Florida Scholarship Recipient
Orange County Dentists,

Florida law required that dental offices have an Automated External Defibrillator (AED) onsite. There is a registry that exists to keep track of their locations. Register your AED for it’s FREE to receive email reminders when pads and batteries are in need of replacement and in need case of an emergency 911 dispatchers can directly interface with AED users. To register your AED go to the link www.orangecountyfl-nationalaedregistry.com

65B5-17.015 Office Safety Requirement. As part of the minimum standard of care, every dental office location shall be required to have an Automated External Defibrillator by February 28, 2006. Any dentist practicing after February 28, 2006, without an automatic external defibrillator on site shall be considered to be practicing below the minimum standard of care.

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IF SELECTED TO SERVE AS AN EXAMINER you must attend every session of the pre-examination standardization exercise conducted by the Department of Health.

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For additional information, contact Casey Stoutamire:
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cstoutamire@floridadental.org

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MEETING REGISTRATION FORM  
(ALL ARE WELCOME!)

A Day with Dr. Gordon J. Christensen  
“The Christensen Bottom Line - 2017”  
6 CE’s

WHEN: Friday, August 11, 2017; 8 a.m. - 3:30 p.m.  
Registration: 7:30 a.m.-8:00 a.m  
Morning Break: 9:45 a.m.-10:00 a.m.  
Working Lunch: 11:30 a.m.-12:00 p.m.  
Afternoon Break: 2:00 p.m.-2:15 p.m.  
End: 3:30 p.m.

WHERE: The Westin Lake Mary  
2974 International Pkwy, Lake Mary, FL 32746 (Lunch included!)

Doctor’s Name ________________________________________________  
☐ DDS ☐ DMD  License Number ________________________________  
Phone_____________________ Email_____________________________

___DSGO Member $90  
___FDA/CFDDA Member $125  
___Non Member $225  
___Spouse and Staff $75

Print name of staff member ONLY HYGIENIST AND DOCTORS NEED TO PROVIDE LICENSE NUMBER FOR CE BROKER REPORTING  
* If additional space is needed please attach a separate sheet of paper.

STAFF  
__________________________________________License number (if RDH)__________
__________________________________________License number (if RDH)__________

Total Doctor $__________
Total Staff and or spouse $__________
Total amount due $__________

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Registration form can be mailed to the above address or faxed to 407-895-9712 or emailed to Sharonhamilton@dsgo.org

SPOUSES OR STAFF CAN ATTEND FOR ONLY $75!
REGISTER NOW!
GORDON IS COMING TO ORLANDO!

Dr. Christensen is the premier lecturer in dentistry, having presented over 45,000 hours of CE throughout the world. He is the author of Clinicians Report — the gold standard for useful techniques, products, and practical information for dentists.

What:
A Day of CE with Dr. Gordon J. Christensen

When:
Friday, August 11, 2017

Where:
The Westin Lake Mary
2974 International Parkway, Lake Mary, FL 32746
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<table>
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<tr>
<th>Purchase, refinance or expand your practice with an Owner-Occupied Commercial Real Estate Loan</th>
<th>Finance equipment purchases or refinance practice debt with a Secured Term Loan</th>
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<td>2.98%&lt;sup&gt;2&lt;/sup&gt; on a 48 Month Term</td>
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2. Applications must be received by June 20, 2017, and loans must be closed by August 20, 2017. Discount shown based on loan amount and term on a new PNC secured term loan from $1,000,000 to $3,000,000. Your actual rate will be based upon a review of your credit application. Other fees and charges may apply. Refinances of existing PNC business loans are excluded. **PROMO CODE 195**

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The Race to the Bottom

Recently I ran across an excerpt of a book written by Tom Nichols. The title was America’s Cult of Ignorance--And the Death of Expertise. Mr. Nichols is Professor of National Security Affairs at the US Naval War College and an adjunct professor at the Harvard Extension School.

“There is a cult of ignorance in the United States and there always has been. The strain of anti-intellectualism has been a constant thread winding its way through our political and cultural life, nurtured by the false notion that democracy means that ‘my ignorance is just as good as your knowledge.” Isaac Asimov

The first example cited by Mr. Nichols was that of the early 90’s “AIDS denialists” including University of California professor Peter Duesberg. They argued against the Human Immunodeficiency Virus (HIV) as the cause of AIDS. Sounds harmless but when you consider that the then president of South Africa seized upon the idea that AIDS was caused not by a virus, but by other factors such as malnourishment and poor health. His subsequent rejection of HIV drugs resulted in the preventable loss of over three hundred thousand lives and thirty-five thousand HIV-positive children. Mbeki still thinks he was on to something.

Mr. Nichols feels, as I have for some time, that these are the truly dangerous times. Never have people had so much access to knowledge but yet have been so resistant to learning. If you told our forefathers that we walk around with devices every day that can provide us many answers to the universe yet we use them to look at pictures of cats and argue with complete strangers, they would be more than shocked.

In the United States and other developed nations, otherwise intelligent people denigrate intellectual achievements and reject the advice of experts. Logic and facts are replaced with emotion and insults. It seems the lack of knowledge is inversely proportional to the strength of the held beliefs.

Social changes and breaking down barriers of race, class and sex have brought a wider circle of debate with contact between elite experts and the uneducated with greater friction than experienced in the previous 200 years. What has resulted is not a greater respect for knowledge, but the growth of an irrational conviction that everyone is as smart as everyone else.

Perfect examples of ignorance refusing science is the resurgence of disgraced scientist Andrew Wakefield and previously dismissed fraudulent articles linking autism to vaccines. Then there is the Anti-GMO rage with absolutely no scientific evidence. Do you mean to tell me that after thousands of years of consuming bread, first world people are suddenly gluten intolerant?

Pseudo-science, blogs, Google and Wikipedia have helped eliminate the lines between experts and lay people. Quackery abounds. We see these issues assailing our own profession with lay people writhing in agony over the evils of fluoride and mercury in amalgam. I have been known to politely ask a patient not to confuse their Google search with my degrees when they attempt to override my knowledge. Sadly within our profession we see a rejection of expertise. Weekend courses and corporate training create false confidence in dentists or situations where blatant fraud is committed regarding the use of certain unproven products.

There is simply too much to this profession for a single person to be a master of every aspect. Contrary to popular belief there are not two standards of care for the public. There is no such thing as a general dentist’s standard of care and a specialist’s standard of care. This is born out in complaints of substandard work before the Florida Board of Dentistry. It would be nice if our profession could begin to reverse the trend of disrespecting the experts amongst us and the giants that went before us.

Always learning.

Dr. Jeff Sevor

COLUMNS

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DMD MS
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* Associate Placement (Buy-In's)
* Commercial Property Sales/Leasing
* Investment Real Estate
### Calendar of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 8, 2017</td>
<td>Central Florida District Dental Association Caucus and House of Delegates</td>
</tr>
<tr>
<td>June 22–24, 2017</td>
<td>Florida Dental Convention-Gaylord Palms</td>
</tr>
<tr>
<td>July 10, 2017</td>
<td>Board of Directors-Dental Society office 6:00 p.m.</td>
</tr>
<tr>
<td>July 24, 2017</td>
<td>Membership Meeting-Winter Park Community Center</td>
</tr>
<tr>
<td>August 7, 2017</td>
<td>Board of Directors-Dental Society office 6:00 p.m.</td>
</tr>
<tr>
<td>August 11, 2017</td>
<td>Gordon Christensen-Westin Lake Mary 8:30 a.m.</td>
</tr>
<tr>
<td>October 2, 2017</td>
<td>Board of Directors-Dental Society office-6:00 p.m.</td>
</tr>
<tr>
<td>October 23, 2017</td>
<td>Membership Meeting-Location to be determined-Dr. Henry Ho ENT Head of FL Hospital Head, Neck and Cancer Program-Board of Directors Nominations.</td>
</tr>
<tr>
<td>November 6, 2017</td>
<td>Board of Directors-Dental Society office-6:00 p.m.</td>
</tr>
<tr>
<td>January 18, 2018</td>
<td>Central Florida District Dental Association-Caucus and House of Delegates</td>
</tr>
<tr>
<td>January 26, 2018</td>
<td>House of Delegates</td>
</tr>
<tr>
<td>February 5, 2018</td>
<td>Board of Directors-Dental Society office 6:00 p.m.</td>
</tr>
<tr>
<td>February 26, 2018</td>
<td>Membership Meeting-Location to be determined-Vote on Board of Directors</td>
</tr>
<tr>
<td>March 5, 2018</td>
<td>Board of Directors-Dental Society office 6:00 p.m.</td>
</tr>
<tr>
<td>April 9, 2018</td>
<td>Board of Directors-Dental Society office 6:00 p.m.</td>
</tr>
<tr>
<td>April 23, 2018</td>
<td>Membership Meeting-Location to be determined-Installation of Officers. Speaker-Dr. Joe Calderone-Board of Dentistry.</td>
</tr>
<tr>
<td>May 7, 2018</td>
<td>Board of Directors-Dental Society office-6:00 p.m.</td>
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</tbody>
</table>
On Tuesday, April 4, 2017, dentists from around the state attended the annual Dentists’ Day on the Hill (DDOH). Approximately 100 dentists registered for DDOH this year, however, heavy rains across the state on Monday cancelled flights and a number of those registered were unable to attend. The legislative session convened March 7th and ends May 5th. The Dental Society of Greater Orlando (DSGO) was well represented. DSGO members who attended were Florida Dental Association (FDA) President Bill D’Auito, DSGO Legislative Affairs Chairman and FDA Alternate Trustee Bernie Kahn, FDA Alternate Trustee John Cordoba, DSGO President Brett Zak, DSGO President-elect Jim Flatley, FDA Secretary Jason Battle, Matt Hall, Pete Lemieux and me. FDA members from all over the state were in attendance and they were joined by many dental students from all three dental schools in the state. This year’s event was again well-organized by our FDA Governmental Affairs Office (GAO) led by Joe Anne Hart and the Dental Alliance.

On Monday night, April 3rd, the staff of the GAO kicked-off the event with a legislative briefing. Our FDA director of governmental affairs Joe Anne Hart led the event and introduced Sen. Jack Latvala (R-Clearwater). Sen. Latvala enlightened the crowd with his historical knowledge of the Florida legislature.

Our chief lobbyist Joe Anne Hart did a wonderful job of reviewing the legislative issues of interest along with the FDA’s position on each issue, especially our major issue of funding for donated dental services (DDS) which is House bill 3789 (HB 3789) sponsored by Rep. Cyndi Stevenson (R-St. Augustine). This legislation requests $170,000 in state funds to hire two full-time coordinators for the DDS program through the Dental Lifeline Network. This program provides dental care free of charge to individuals who are medically compromised, disabled or elderly and who are unable to afford dental care. The coordinators would be in charge of facilitating care statewide. Currently, there are more than 400 dentists and 200 dental labs that participate in the program. This program saves the state millions of dollars by helping patients get treatment in dental offices instead of seeking care in emergency rooms.

Another one of our FDA lobbyists, Casey Stoutamire, reviewed a number of budget items that the FDA supports. Casey emphasized the FDAs support for community water fluoridation and the request for $200,000 in state funds which would enhance the efforts of the Department of Health. Currently, there are only $150,000 in federal funds allocated for statewide fluoridation efforts. It costs approximately $300,000 to install a single community water fluoridation system. The requested funding would be used to assist local communities wanting to start community water fluoridation efforts and could be used for updating and maintenance of water treatment facilities. For every $1 invested in water fluoridation, $43 in future dental treatment costs are saved. Currently, only 70% of Florida’s community water sources are fluoridated.

It was evident during our visit to Tallahassee that one of the main issues that the legislators in both the Senate and the House will be wrestling with again this session is the state budget. The state budget this year is nearly $80 billion. Both the Senate and the House are working on their own budgets and a conference committee will mostly likely be required to iron out their differences over the next two weeks. Given Florida’s mandatory balanced budget provision, difficult decisions lay ahead for lawmakers who will have to decide which programs will receive the necessary funding.

legislators met with the other dentists in attendance and our issues and concerns were generally well-received. The membership should rest assured that dentists have an excellent reputation among the legislators and that our concerns will continue to be given serious consideration.

The legislators that we met complemented the job that our GAO staff is doing by informing the legislators and their staffs about our issues and guiding our bill through the legislative process. This year’s DDOH was again well-organized and staffed.

I would also like to acknowledge the other members of our Governmental Affairs Office who did a tremendous job again this year. Joe Anne Hart did her usual good job as director of governmental affairs orienting attendees and overseeing our daily activities. Our lobbyist, Casey Stoutamire impressed us again this year with her in-depth knowledge of the legal ramifications of our issues this session. The DSGO dentists in attendance invited the FDA director of membership and FDA chief financial officer Greg Gruber Kerry Gomez-Rios the to be our dinner guests this year. Kerry and Greg both impressed us with their knowledge of the inner workings of the Capitol and the FDA. Both Kerry and Greg are looking forward to our FDA moving into its new office later this year or early next year.

A box lunch was provided to all of the attendees by the Dental Alliance with Ms. Byrd presiding. Lunch was served at Andrews 228 Restaurant. This local lunch spot was a welcome break after a busy morning in the capitol.

Our Legislative Affairs Chairman, Bernie Kahn and I will be following all of the above legislators and issues and continue to inform you about important events taking place. In 2018, the legislative session will convene on Tuesday, January 9th.

Advocacy is one of the most valuable items that organized dentistry provides to members. For more information on these topics I encourage you to check out the FDA website at www.floridadental.org. The Capitol Report can be found there and it is a very informative publication by the FDA. Also, I encourage you to contact Bernie Kahn at b.kahn32751@gmail.com or me at danieljcrofton@yahoo.com if you have any political questions or concerns. If anyone is interested in joining our legislative affairs team and I encourage participation, then please contact Bernie, Kahn, our Executive Director Sharon Hamilton or me, expressing interest and providing your contact information. We would love to have more members who are interested in politics join our legislative affairs team!

Important issues that influence the way we practice dentistry are being addressed in Tallahassee and it is important that we pay attention to what is happening there. I encourage any and all DSGO members to be attentive to these issues, to support candidates who support our Tooth Party and to plan on attending DDOH 2018. There is strength in numbers. Please plan on joining us next year in Tallahassee for this important, interesting, informative and fun event!
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Is it the Business of Dentistry or the Profession of Dentistry?

By Joseph Calderone, DMD

Healthcare in the United States amounts to one-fifth of our nation’s GDP. As healthcare professionals and business people we are engaged in a tug-of-war between professionalism and commercialism. Our ethical responsibility is to the care of our patients but we still need to pay our bills and be fairly compensated for our level of professional responsibility.

I am a proponent of free market Capitalism, but our health care system is not a free market. Patients are unqualified to judge neither workmanship quality nor do they have adequate information to make truly informed decisions. Hence, the state imposes professional licensure upon us to protect the safety of citizens via rules and regulations. There are limits to our ability to run the business.

The battle unfolding over the last twenty years is over the shape of this dental healthcare market. The solo practitioner model is fading. Solo dentists or small groups have little or no economic clout with which to negotiate. The real players are the insurance companies, employers, organized consumer groups, and purchasers of dental benefit packages. These four groups shape the primary market place. Dentists merely react by choosing to opt in or out of this market. Most individual dentists try to have a fee for service component for profitability and PPO component for a steady cash flow. The private pay patients are being squeezed financially and the oversupply of dentists is fighting for that ever-shrinking market. Dentists are employing a multitude of marketing strategies: special deals, branding, and loyalty schemes to capture “clients”. Unfortunately, we dentists have lost the control of the market. We are the crumb-snatchers, while the real players make the real decisions that effect our collective future. The commodification of dentistry is almost complete and almost gone are the days of personalized care and long-term professional relationships. I hate to say it, but dentistry has become more a commodity and less a personalized service.
M usculoskeletal pain in dentistry is 100% preventable. That may be surprising considering 90% of dental students complain of musculoskeletal pain and up to 80% of dentists report symptoms of musculoskeletal disorders. Pain from musculoskeletal disorders has also been cited as the number one reason dentists choose to retire early from their careers and suffer a significant loss of income.

It seems that if musculoskeletal disorders were preventable, dentists would do everything possible to avoid them. Yet, despite increased awareness and significant advances in ergonomic equipment, there has been no discernible change in the prevalence of musculoskeletal disorder among dentists in over 40 years. Does that mean that ergonomic solutions do not work?

No. In fact, research demonstrates that with proper physical and ergonomic interventions dentists greatly reduce their pain and risk of musculoskeletal disorders. The use of loupes, good operator position and following an appropriate exercise program are just some of the interventions which have shown a great deal of promise.

Tragically, these interventions are not often successfully implemented by dentists. Why?

There are three central reasons dentists continue to practice in pain.

1. DENTISTS ARE HIGHLY FOCUSED AND TASK ORIENTED.

Although this is generally a good quality, it can lead to a reduced awareness of environmental and physical threats. Poor posturing, which is been labeled as the villain of musculoskeletal disorders in dentistry, is ultimately a result of lack of attention to one’s body. When a difficult task is presented, dentists are notorious for manipulating their own bodies to complete it instead of the environment. This habit places them in extreme positions and at risk of injury and pain.

2. DENTISTS TEND TO IGNORE WARNING SIGNS.

That first twinge of pain has a specific purpose and ignoring it has devastating consequences. Pain is a signal to the body that it is at risk of injury. Typically, the body responds by removing the stimulus which is causing the pain. However, task oriented people are not too keen on having to change positions in the middle of a procedure. When this first pain signal is not heeded, the nervous system has no other recourse than to increase the intensity and frequency of the subsequent signals. In other words, ignoring the pain, only makes it worse.

3. IT IS DIFFICULT TO CHANGE HABITS.

Habits are comfortable, seemingly efficient and easy. It takes 66 days of intense purpose to change one habit. Even with the best of intentions efforts often fail. Implementation of healthy strategies and ergonomic principles requires clear goals, support systems to overcome hurdles and accountability.

Realizing that YOUR health is your number one priority is the first step in practicing safe dentistry. Everything is dependent upon it. There is only one you and the world needs you to be healthy. Take the time to learn how to practice safely. Find an expert who knows how to help you and enjoy the benefits throughout the rest of your life. Be healthy and practice safely!

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BRUXISM IS NOT CLENCHING:
A HEURISTIC RATIONALE
FEATURE ARTICLE

By Dr. Brian Fuselier and Dr. Barry Loughner

INTRODUCTION

Gordon Christensen (2000) highlighted in his paper entitled, “Treating Bruxism and Clenching” that bruxism and clenching are different craniomandibular parafunctional activities. Recently, however, clenching has been insorbed into a singular definition of bruxism which includes both tooth grinding and tooth clenching. As a result, the definition of bruxism changed, and has come into prominence as a nouveau descriptor: “repetitive jaw muscle activity characterized by clenching or grinding of the teeth” (De Leeuw and Klasser, 2013). Thus, Dr. Christensen stated that “This subject is highly controversial. I fully expect to stimulate discussion on differences of opinion”. The goal of this essay is to present convincing rationale that bruxism is not clenching.

EVIDENCE THAT BRUXISM IS TOOTH GRINDING

The etymological origin of the term “bruxism” is derived from the ancient Greek expression brychein odontas that is translated as grinding the teeth. An old Norse term gnastan is translated as gnashing. Today’s Wikipedia states that “gnashing of the teeth is literally the grinding of one’s teeth together”. In 1907, Marie Pietkiewicz introduced, in French, the term “la bruxomanie”. It was later coined as bruxism to describe grinding of the teeth that occurs with no functional purpose - parafunction. In 1986, Jeff Okeson and his colleagues (Phillips, et al., 1986) remained, at that time, consistent with the earlier terminology when they stated, “Parafunctional activity of the masticatory system includes such activities as clenching of the teeth, and bruxism (tooth grinding)”. Likewise, Parker Mahan held with tradition by defining bruxism as tooth grinding, and used the term tooth clenching as a separate parafunctional activity (Alling and Mahan, 1992).

Data from the field of Sleep Medicine has provided solid evidence that parafunctional jaw activity commonly involves sleep bruxism (tooth grinding) which is temporally associated with micro-arousal responses during sleep (Figure 1). The genesis of tooth grinding, not tooth clenching, is under the influence of motor and autonomic-cardiac interactions in the setting of a sequence of events related to sleep micro-arousals.

EVIDENCE THAT BRUXISM IS NOT TOOTH CLenchING

Attended laboratory polysomnographic studies with full-night, audio-visual recordings provide the data necessary to detect and score RMMA and tooth grinding events. Bruxism-tooth grinding events are measured solely by audio-visual recordings (Lavigne, et al., 2007). No information is provided by audio-visual recordings concerning tooth clenching since tooth clenching is not associated with sound or jaw movement. Thus, the methodology of identifying tooth grinding by utilizing only audio-visual data is evidence that sleep bruxism is only targeting tooth grinding, not tooth clenching.

Tooth clenching events are identified by evaluating the EMG activity of the temporalis and/or masseter muscles while the mandible is stationary. For EMG activity to occur in the absence of jaw movement, the teeth must be together in a tight clenched position or in a light contact position. Bracing of the mandible with the teeth apart and the mandible in a static po-
FEATURE ARTICLE

Tooth clenching events are also identified by the presence of scalloped tongue and/or linea alba. The creation of these tissue formations require static and persistent tongue and buccal mucosal tissue pressure tonically applied against the respective corresponding teeth surfaces during teeth together events (Figure 2). Physiological understanding of craniomandibular mechanics belies the notion that scalloped tongue and linea alba on the tongue can be created when the mandible is moving during tooth grinding.

An accumulated body of clinical evidence suggests that tooth clenching, not tooth grinding, has a negative effect on the temporomandibular joint (TMJ). Lubrication of a synovial joint enables free movement of its parts because it prevents friction and adhesion between the articulating surfaces (Nitzan and Etsion, 2002). Tooth grinding has a positive effect on the joint because the jaw is moving resulting in synovial fluid release which lubricates the joint. Thus, the normal hypoxic-reperfusion cycling of the TMJ is promoted. On the other hand, tooth clenching has a negative effect on the joint because the jaw is not moving causing a lack of lubrication in the joint due to the absence of synovial fluid release. The static and compressive forces associated with tooth clenching causes hypoxia by diminishing reperfusion, thus preventing ingestion of necessary nutrients and oxygen to the joint. In addition, tooth clenching leads to fatigue and wear of the components of the joint beyond their physiological capacities. This high TMJ impact loading caused by tooth clenching leads to the conversion of normal shearing stresses into damaging compressive stresses (Figure 3).

CONCLUSION

Tooth clenching and tooth grinding are pathophysiologically different parafunctional jaw activities. Bruxism historically has been defined as tooth grinding (gnashing). In recent decades bruxism has been re-defined with the advent of sleep medicine. The recent re-definition incorporates both tooth grinding and tooth clenching albeit in the absence of supportive research data.

References with full citations are available on request.
The FBI estimates that there are over 4000 ransomware attacks on a daily basis. Small healthcare practices including dental are a primary target for these attacks because of the types of information collected and maintained and because most practices fail to implement security safeguards to protect their data. Many doctors rely on their IT company to protect their computers but security extends beyond IT.

Your information system is your most valuable asset. Imagine not being able to access your schedule, your patient’s radiographs, chart notes, or basic information such as their names or phone number. In other words, your data has been kidnapped.

In most cases, ransomware is introduced to a system or network because of an unintentional action of a team member. It is a malware program that can sit on your system for over 200 days all the while changing your data. One day you turn on your computer and it displays that your information is being held and a demand to pay. The problem is, even if you pay, you may not be out of the woods. Often your data is released for a few days, weeks and then another demand for payment pops up. And because your data has been compromised you are required to notify state and federal officials.

There is no way to completely stop any attack from occurring but there are steps that every practice should take to try to reduce the potential threat of ransomware and other threats that exist today.

**EVERY PRACTICE SHOULD:**

- Have a full system back weekly and maintain back copies for 1, 3, 6, 9 and 12 months.
- Have an onsite and an offsite back up
- Install an external firewall and make sure that the “rules” are strong
- Conduct a Risk Analysis
- Implement a Security Management Plan
- Train your team.

We are barely into 2017 and already we have seen an increase in attacks against dental practices. Your data is valuable and as a result, “bad actors” want to attack it.

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