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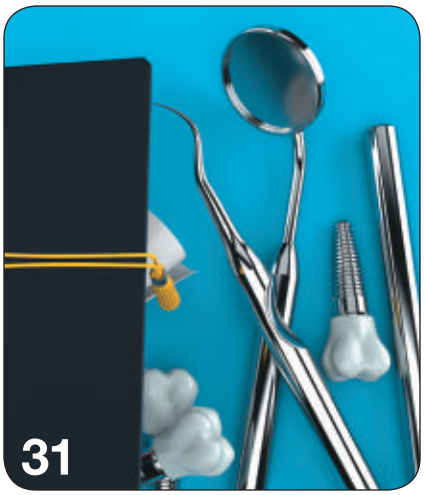

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Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

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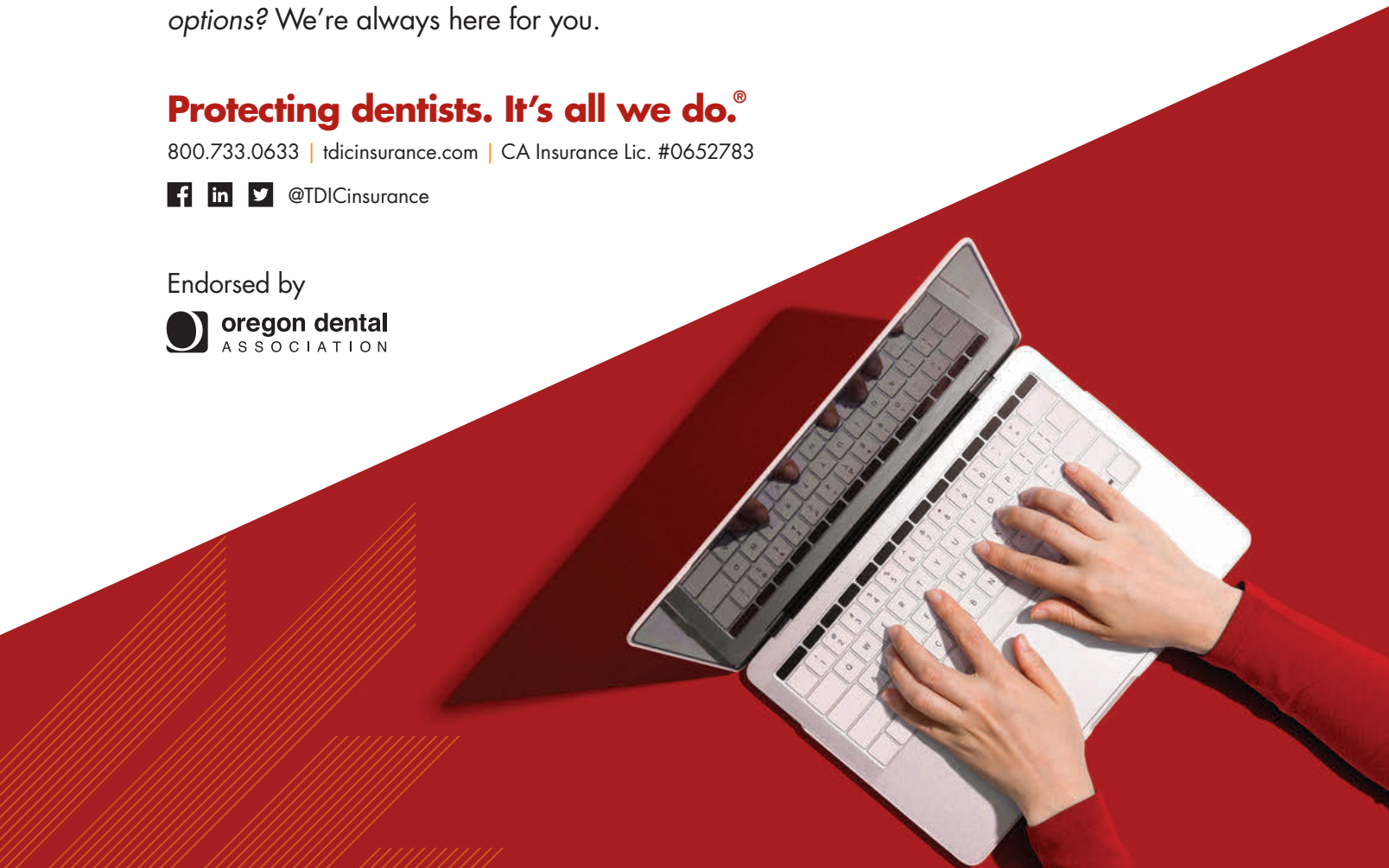

FROM THE EDITOR

This Year, Get and Give Feedback

By Alayna Schoblaske

AS I AM WRITING THIS EDITORIAL, IT is January 8th and the world is settling into the new year and there is a lot of talk of new year's resolutions. Many resolutions are exciting and ambitious…and ultimately lofty and unattainable. This year, I am focused on small habits that will help me take better care of myself. I want to wake up when my alarm goes off instead of pressing the snooze button one-too-many times. And I want to keep screens out of my bedroom… no TV, cell phone, or laptop use before bed.

At work, though, I am focused on giving and receiving excellent feedback. The organization I work for (La Clinica) has a set of 21 Foundations that define our employee culture. The first of those is that we Get and Give Feedback Often. I have found that this practice of getting and giving feedback—both positive and improvement feedback—has allowed me to grow as a practitioner, as a leader, and as a person. I value the perspectives of my coworkers, and I notice that when I tune my attention to seek out areas where my teammates are excelling and where we have room for improvement, my care is more excellent and my job satisfaction is higher.

So, if this is also an area that you would like to focus on in the year ahead, I want to offer a framework that has helped me become more skilled in giving and receiving feedback. It is from Dr. Brené Brown's book *Dare to Lead*, and is called The Engaged Feedback Checklist.[1] It asks eleven questions that prepare you to give feedback. I will share some of my favorite questions as well as my reflections on what they mean to me.

Am I ready to sit down next to you rather than across from you? Feedback is best when it is given from a collaborative, growth-minded way, and if you are not ready to share feedback as a teammate (instead of as a supervisor), then you may not be ready.

Am I ready to listen, ask questions, and accept that I may not fully understand the issue? Most of the time, feedback conversations end up going complete differently than I expect them to. When I start with a rigid and fearful state of mind, they often go worse than I expect. But when I start with curiosity and embrace the possibility that I have not yet thought of the best solution, they often go better than I expect.

Am I ready to acknowledge what you do well instead of picking apart your mistakes? It is important that we share positive feedback just as often—or more often—than improvement feedback. Every one of your team members wants to be praised in a different way, so I like to ask each person how they like to receive positive feedback. Do they want it in person or via email? Do they want public recognition or do they prefer one-on-one conversations? If I want to include a gift with the praise, do they prefer a candy bar or a Starbucks gift card?

Can I hold you accountable without shaming or blaming? Am I open to owning my part? Growth opportunities are very rarely one-sided. If there is a problem you are trying to solve, it is important to first reflect to identify what role you may have had in it before blaming or finger-pointing. Could I have provided better training? Could I have been more clear in communicating my expectations? As you share feedback with your team members, be sure to be open and vulnerable about the areas where you want to improve, too.

Am I aware of power dynamics, implicit bias, and stereotypes? As dentists, supervisors, and business-owners, we often come into a conversation with power. It is important that you are aware of how you use this power, and whenever possible, that you use it for growth and connection instead of shame and blame. You may also have assumptions about another person based on previous interactions or stereotypes. Take a few minutes to think about what assumptions you are making, and prioritize asking clarifying questions in these areas instead.

Resource

1. Brown, B. "The Engaged Feedback Checklist." *Dare to Lead Hub*, 8 January 2022, **https://daretolead.brenebrown.com/wp-content/uploads/2021/09/DaringFeedback-EngagedFeedbackChecklist11.pdf**.

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Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

This calendar is current as of December 22, 2021.

Due to the COVID-19 pandemic, events may be altered or postponed.
Please visit the host dental society website for the most up-to-date information.

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
03/15/22	Clackamas	Functional Occlusion for Full & Removable Partial Dentures	Jim Sagawa, DMD	2	TBD	executivedirector@clackamasdental.com
03/16/22	Multnomah	Cyber Crimes Safety, Social Media/Website Accessibility & Professional Insurance - What do I need?	Cory Roletto, Chris Verbiest & a Cyber Security Attorney	2	TBD	Register: www.multnomahdental.org
04/26/22	Clackamas	The Current State of Practice Valuations and Transitions	John Van Leeuwen	2	TBD	executivedirector@clackamasdental.com
05/18/22	Multnomah	Table Clinics	-	1	The Kennedy School	Register: www.multnomahdental.org

Find this calendar online at **www.oregondental.org**. Click “Meetings & Events” > “Calendar of Events”.

Due to the COVID-19 pandemic, many component meetings were canceled or postponed. Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit **adaceonline.org** to catch up on the latest offerings on your own schedule.

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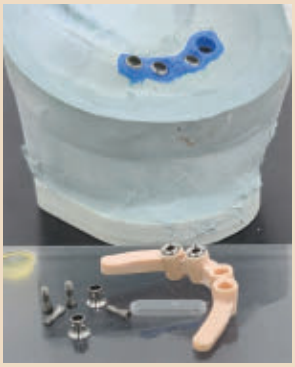

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Welcome Back to the In-Person Oregon Dental Conference! A Place for the Dental Community to Reconnect, Learn and Grow!

FOR THE FIRST TIME IN THE EVENT'S 129-YEAR HISTORY, the 2022 Oregon Dental Conference (ODC) will be offered as a HYBRID event! After a two-year hiatus due to the COVID-19 pandemic, the ODC is returning to the Oregon Convention Center for three days of learning paired with the *Solutions Marketplace* Exhibit Hall. In addition, the 2022 ODC will offer a virtual component for those who can't join in person!

The virtual component of the conference will include 10 on-demand courses that are geared toward satisfying licensure renewal requirements. Course topics include infection control, medical emergencies, risk management, cultural competency, nitrous oxide, suicide prevention, and more! All virtual courses will be available 24/7 starting on April 7, with access through May 15! Full conference, in-person attendees have access to these virtual offerings as part of their registration. Attendees who cannot join in person can register for these offerings as a stand-alone "virtual only" option.

In addition to live CE and access to the *Solutions Marketplace*, in-person attendees are encouraged to join the ODC events! The General Session on Thursday, April 7 at 10:30 a.m. will feature keynote speaker James Nestor. Mr. Nestor, an acclaimed journalist and New York Times bestselling author, will be presenting his riveting and thought-provoking talk, "Breath: The New Science of a Lost Art."

The "All-In for Fun Game Night," generously sponsored, in part, by Delta Dental of Oregon, will be held on Friday, April 8 from 6:00 p.m.-10:00 p.m. at the Hyatt Regency Portland. After a day of learning, gather your team for this evening of fun—there is something in it for everyone, including the opportunity to win some excellent prizes!

The conference would not be the same without our excellent partner groups. We are grateful to welcome back The Oregon Association of Dental Laboratories (OADL), the Oregon Dental Assistants Association (ODAA), The Oregon Dental Hygienists' Association (ODHA), the Oregon Society of Oral & Maxillofacial Surgeons (OSOMS), the Oregon Society of Periodontists (OSP), and the Oregon State Association of Endodontists (OSAE). Thank you for your longstanding partnership and dedication to supporting the ODC community!

With 75 in-person courses and 10 virtual, on-demand courses and a *Solutions Marketplace* filled with dental partners and fun events, the 2022 Oregon Dental Conference offers an opportunity for the whole dental team to **RE**connect, Learn, and Grow! Register today at **www.oregondentalconference.org**.

COVID-19 Protocol

THE OREGON DENTAL CONFERENCE IS DEDICATED TO attendee safety and will comply with all federal, state, and venue requirements. All event attendees, vendors, and staff age two (2) and above at the Oregon Convention Center are required to wear masks. In addition, attendees who are age five (5) and above must provide proof of full vaccination or a negative COVID-19 PCR or rapid test result within 72 hours prior to the first day of the conference. Please review our full COVID-19 protocol at **www.oregondentalconference.org.**

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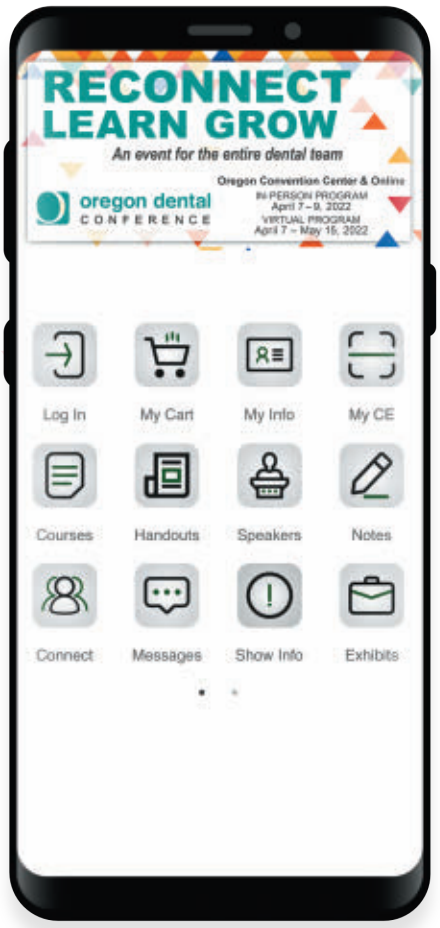

My Show Planner

Maximize your *Solutions Marketplace* shopping trip!

The *Solutions Marketplace* is a great place to forge valuable connections with dental partners; it's also the perfect one-stop shopping solution for all things dental. Preview our list of exhibitors and plan ahead for your *Solutions Marketplace* visit by utilizing 'My Show Planner' and the Exhibitor Directory in the ODC app or visit **ODC22.MapYourShow.com**.

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For information on becoming a sponsor, please contact Angi Blue at 503.218.2010 or ablue@oregondental.org.

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Don't Miss These Exciting Offerings

General Session

The LIVE, in-person 2022 ODC General Session will be on Thursday, April 7 at 10:30 a.m. to kick off the conference! *New York Times* bestselling author and journalist James Nestor will be giving his thought-provoking keynote, "Breath: The New Science of a Lost Art." You won't want to miss this event! Please note, this is not a scientific session and does not qualify for CE credit.

All-In For Fun Game Night

Join us for the All-In for Fun Game Night, which will be located at the Hyatt Regency Portland—right across the street from the Oregon Convention Center! This event will feature a delicious dinner and lots of fun to be had! Come try your hand at some blackjack, roulette, or play giant Jenga with your team! There is something in this event for everyone! Tickets are $45.00 per person, which includes event admission, dinner, two drink tickets, free game play, and the opportunity to win some excellent prizes!

Expanded *Solutions Marketplace* Hours

Come take advantage of one-stop shopping for all things dental!

Thursday: 11:30 a.m.-6:30 p.m.

Friday: 8:00 a.m.-5:30 p.m.

Grand Opening Reception

Celebrate the return of the 2022 ODC to the Oregon Convention Center and the wonderful dental community at the Grand Opening Reception! Join us in the *Solutions Marketplace* to network with colleagues, catch up with friends, and make new connections. Enjoy happy hour snacks and spirits, shop the *Solutions Marketplace*, and enter to win great prizes!

Thursday: 3:30 p.m.-6:30 p.m.

Solutions Corner

The Solutions Corner is a brand-new, micro-learning opportunity offered right on the *Solutions Marketplace* floor on Friday, April 8 from 11:30 a.m. to 1:30 p.m.! Each 30-minute course will offer a different topic such as health & wellness, restorative dentistry, and wealth management & retirement! Preregistration is not available for Solutions Corner lectures, and seating is first come, first served. Please plan to arrive early to guarantee a seat.

New Dentist Council Event

Calling all New Dentists—you won't want to miss out on this new offering just for you! Join your colleagues 0-10 years out of dental school and re-connect during a relaxed social gathering at the Stir Bistro & Lounge at the Oregon Convention Center from 5:00 p.m.-6:00 p.m. on Friday, April 8, 2022. There will be appetizers and a cash bar (1 complimentary drink ticket will be provided). This is a great way to network with your peers and friends. Afterward, keep the night rolling by heading over to the Hyatt Regency for the All-In for Fun Game Night. Registration information will be shared with all New Dentists who sign up to attend the Oregon Dental Conference.

New ODA Membership Booth!

Stop by the Oregon Dental Association Membership booth and pick up the latest member benefit information and fun swag. ODA and local society staff look forward to chatting with existing members and non-members to learn how we can better serve our members and the dental community. You'll have the chance to play fun games and enter into a drawing for complimentary registration to the 2023 ODC. We look forward to re-connecting with you!

OREGON DENTAL CONFERENCE

Frequently Asked Questions

Will all ODC courses be offered virtually?

No. A special selection of 10 courses geared toward licensure requirements will be offered virtually on-demand on the ODC virtual platform. All other CE sessions will be offered in-person at the Oregon Convention Center. In-person attendees who register for a full conference badge will have access to these 10 virtual courses as well as in-person courses. In addition, there is a virtual-only registration category for those who only wish to access these 10 virtual courses.

Is the *Solutions Marketplace* (Exhibit Hall) being offered virtually, or just in person?

The 2022 ODC Solutions Marketplace (exhibit hall) will be offered in person only.

Are any virtual courses live?

No. ODC virtual courses will only be offered on-demand. This means that all virtual courses were recorded prior to the conference and will be available to conference attendees April 7-May 15, 2022.

Will the process for claiming CE be different for in-person and virtual events?

Yes. For virtual courses, a quiz must be successfully passed following each viewed session, with a minimum score of 70%, before CE will be awarded. Once a quiz has been passed, the virtual course credit will be added to your CE certificate.

For in-person courses, a course completion code will be given verbally to attendees at the end of each session. Attendees will need to enter all course completion codes online in the CE verification system in order to obtain a CE certificate.

How long are the virtual courses available?

The 2022 ODC virtual courses will be available starting on April 7, 2022, and run through May 15, 2022.

Will you be offering CPR?

Yes. Due to the hands-on nature of this training, we will be offering CPR courses at the in-person portion of the 2022 ODC located at the Oregon Convention Center. CPR courses will be available on Thursday, April 7 and Friday, April 8.

Can I request a hard copy of the 2022 ODC Preview Program?

No. The 2022 ODC Preview Program is only available digitally. Visit ***www.oregondentalconference.org*** *and select the "Preview Program" quick link to download your copy today!*

Will there be any live events?

Yes! We will be bringing back the All-In for Fun Game Night on Friday, April 8 from 6:00 p.m.-10:00 p.m. All attendees are invited and encouraged to attend. Tickets are $45.00 per person and will include dinner, two drink tickets, and fun casino and lawn games to play. Everyone will have the opportunity to play games to win prizes!

If I am attending in person, do I have to pay extra to watch the virtual courses?

No. All virtual courses are a part of in-person full conference registration.

Are you requiring attendees to wear masks onsite or provide proof of vaccination?

The Oregon Dental Conference is dedicated to attendee safety and will comply with all federal, state, and venue requirements. All event attendees, vendors, and staff age two (2) and above at the Oregon Convention Center are required to wear masks. In addition, attendees who are age five (5) and above must provide proof of full vaccination or a negative COVID-19 PCR or rapid test result within 72 hours prior to the first day of the conference. Please review our full COVID-19 protocol at ***www.oregondentalconference.org****.*

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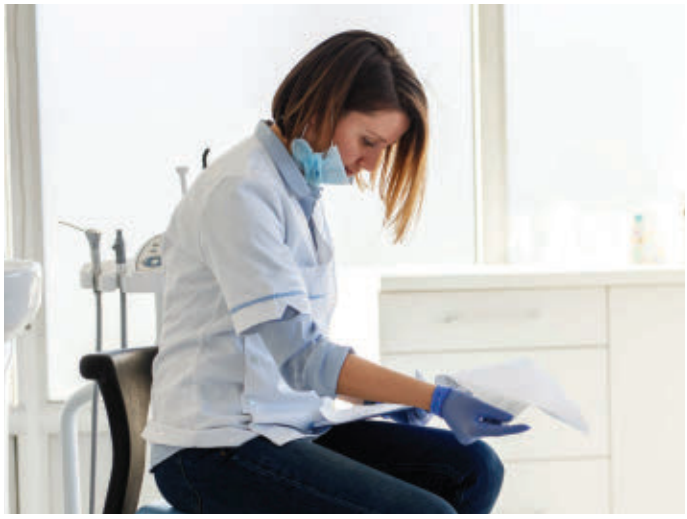

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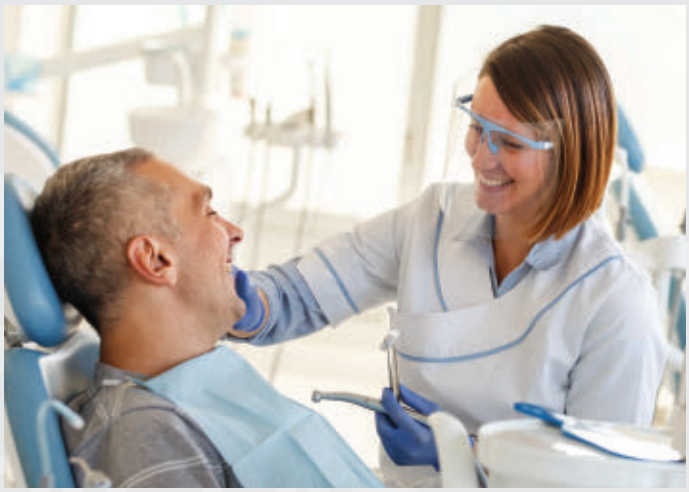

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Members of ODA's Annual Meeting Council Share Their Excitement to Return to an In Person Oregon Dental Conference

By Melody Finnemore

WITH THE OREGON DENTAL CONFERENCE (ODC) SLATED to return to the Oregon Convention Center in person April 7-9, 2022, several members of ODA's Annual Meeting Council said they and their teams are looking forward to the guest speakers, quality continuing education courses and *Solutions Marketplace*, a one-stop shop for all dental product needs in the large exhibit hall.

However, the biggest thing they are excited about is seeing friends and colleagues face to face, interactions with the guest presenters and CE course leaders, lunches and dinners with their fellow team members, and fun activities such as the All-In for Fun Game Night.

Rachel Hogan, DMD, M.Ed., D. ABDSM, practices at Better Sleep Oregon in Lake Oswego and said she enjoys interacting not only with other dentists but also dental assistants, hygienists, and front office staff from throughout the state.

"Oregon is a pretty small place in a lot of ways, so it's really nice to see people from the east side of the state that you only get to see once a year at the conference," said Hogan.

She recalled a past guest presenter with great energy and a focus on the wellness of dental health professionals. He asked if anyone in the audience knew how to dance, and one of Hogan's longtime, former colleagues raised her hand and volunteered that she knew how to do the cha-cha. The presenter invited her onstage to dance the cha-cha together, thereby giving Hogan one of her most memorable ODC moments.

"I was so impressed she did that, and he really energized the crowd," she said. "It was really nice to go back to work that following Monday and be refreshed and excited to see patients."

Now working with a newer team, Hogan said they branch out to different courses and then come back together to share information.

As a mother, Hogan said the opportunity to attend the ODC in person creates a buffer from family obligations and other distractions. "You park your car and you are at the convention center, and you can be totally focused and present when you are in person."

Renee Watts, DDS, practices general dentistry at Ardent Care in Springfield and said she also looks forward to seeing and hearing lectures live and in person.

"While we've been able to see many good quality classes online the past two years, lectures that go beyond an hour or so online can be fatiguing to watch. Most of the online classes don't offer a Q&A with the lecturer, and it's always valuable to be able to ask the speakers questions and hear the things our colleagues ask and contribute in discussions," she said.

"I'm also excited to see our vendors. As dentists, we're hands-on in our work and being able to handle equipment, instruments and materials lets us better evaluate products and equipment we're considering for our offices," Watts added.

Hogan was among those who said the virtual format has its own distinct merits, including allowing people to access more courses online, accommodating those with medical concerns or other commitments, and providing greater convenience for people in other parts of the state who have to make time and pay for travel to Portland for the in-person conference.

Yet, they overwhelmingly were excited for the in-person event to come. Parisa Sepehri, DDS, opened her Tigard practice, PS Dental, in 2001 and said her team has appreciated the daytime interactions

as well as evening events such as the All-In for Fun Game Night.

"We really had fun, and it's a good way of getting away from the office and bringing the team together," she said, adding the *Solutions Marketplace* is always a favorite for her team. "We love to go see the vendors and see what's new. If we're in the market for something, it's a good place to go look and compare."

Terrence Clark, DMD, FAGD, founded Wilsonville Dental Group in 1987 and has attended many conferences during his career. Throughout that time, he has always appreciated the collegial nature of the ODC.

"You are in your office so much and there is only so much you can do with computers and on the internet, so it's nice to be with peers you don't see much of the time. You also get to meet new people," he said. "There is a decorum about it that I appreciate. It's more than just going to fill your brain with new stuff. It's having interactions, talking about cases with other people who have similar issues, and you learn about new case studies."

Clark noted that dental health professionals are, by nature, drawn toward person-to-person interactions. "We work with patients who are real people with real lives, and I think that's the kind of people we are personally as well or we wouldn't have gravitated to this profession."

Most of his team attends the ODC, and Clark pointed to the benefit of an event that draws colleagues together through a shared learning experience. "People who are learning are growing and they are more happy, confident, enthusiastic and love what they do."

Allen Cheng, MD, DDS, FACS, with Head and Neck Surgical Associates in Portland, said he looks forward to completing his CE requirements with engaging speakers during the ODC, something he does not experience with online courses, and his team appreciates being able to attend the conference each year. "Similarly, I think our team really enjoys improving their fund of knowledge and skills by comparing notes with other members and attending lectures from respected experts," he said.

For the first time ever, the 2022 Oregon Dental Conference is being offered as a hybrid event. Participants have the opportunity to register for in-person conference offerings or opt for virtual only participation. Learn more and register for the conference at ***www.oregondentalconference.org.***

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ODC SPEAKER HIGHLIGHT

Gow-Gates Mandibular Block (from the Horse's Mouth)

Condylar Neck or High Ramus Block

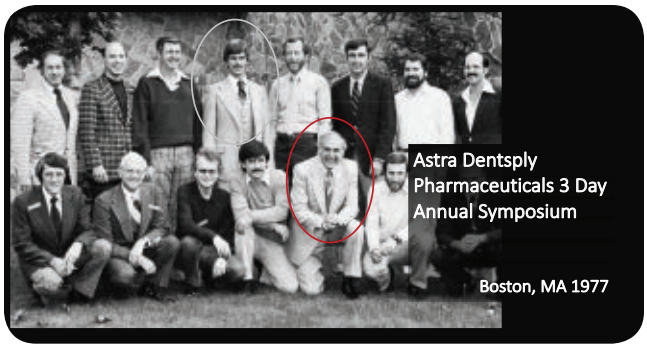
By Mel Hawkins, DDS, BSc AN, FADSA, DADBA

DR. GEORGE GOW-GATES REFERRED TO HIS TECHNIQUE as a condylar neck mandibular block. The clinical reality is that this narrow bony area can be an elusive target. For purposes of this article, it will also be described as a high ramus block.

Dentists and hygienists have, perhaps unknowingly, been administering this block for years. When we miss a standard block, we instinctively re-inject higher and deeper. Enter the Gow-Gates mandibular block.

How high is higher? Anatomically, the BEST location to block the mandibular nerve would be at foramen ovale. Unfortunately, there's a lateral pterygoid muscle on the insertion pathway, AND it's in very close proximity to the brain. This is an intraoral block (NOT an extraoral block, which is not a practice builder) but uses *extraoral* landmarks. How do I know some of this?

I was both his student and his patient over a three-day symposium. George Gow-Gates was the keynote clinician (Fig. 1) and joined us to demonstrate, teach, and promote his technique on one of his world tours.



ASTRA PHARMACEUTICALS: CORPORATE PROMOTION, ANNUAL SYMPOSIUM 1977. UNPUBLISHED. PERSONAL – HAWKINS, JM

Fig. 1: Dr. George Gow-Gates

When George injected me using 3% mepivacaine (Carbocaine®) plain (2.2 ml), I noticed a certain profundity that I had never experienced. The soft tissue duration was 3 hr. 25 min.

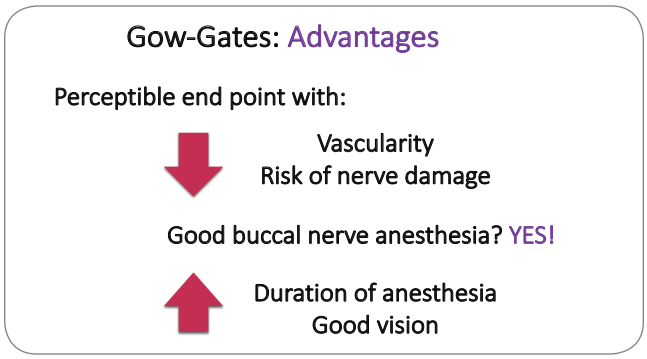


Fig. 2: Gow-Gates advantages

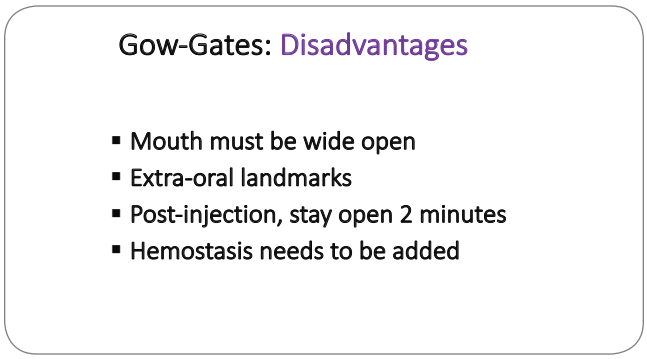
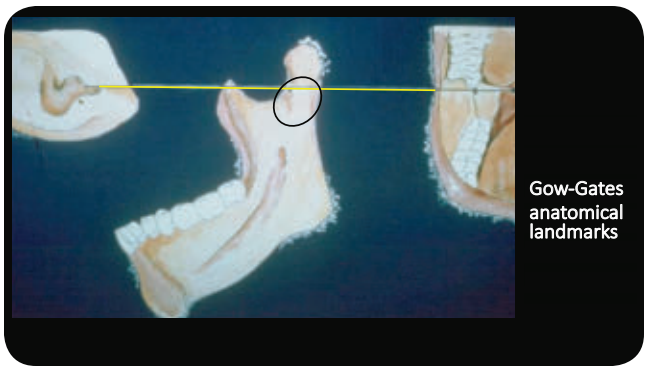


Fig. 3: Gow-Gates disadvantages



COURTESY: DR. G. GOW-GATES, DR. J. WATSON, UNIVERSITY OF SYDNEY, AUSTRALIA. PERSONAL COLLECTION. 1974

Fig 4: Yellow line shows alignment

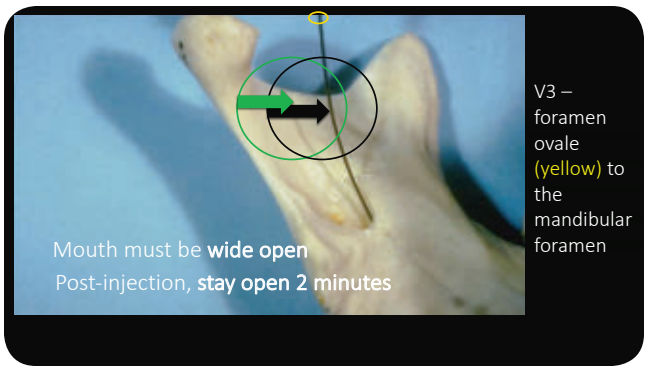


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Fig. 5: Positioning of superior of corner mouth—tragal notch ramus and deposit area of LA solution

The mouth must be wide open to bring the ramus anteriorly to shorten the insertion distance of the needle. Post-injection, the mouth should remain open for 2 minutes.

This gives the pool of local anesthetic a 2-minute "head start" for diffusion anteriorly (and medially) toward the mandibular nerve.

The changing histology within the pterygomandibular triangle illustrates the diffusion barriers and diffusion time differences between the conventional IANB, the Akinosi closed mouth approach and the Gow-Gates blocks.

At the I.A.N. block level, observe the higher density of the tissue (Figure 7). Deflection of the needle away from bone can occur. Also, the medial pterygoid muscle can occasionally be penetrated when bone can't be contacted, possibly trismus inducing post-op.

The Gow-Gates mandibular block is at this superior level allowing easier diffusion of the LA through adipose tissue. Lipid solubility promotes trans-lipid cell diffusion. Local anesthetics (LA) are the most amazing compounds. The molecules can cross epineural membranes, like a ghost going through a wall, without any metabolic change.

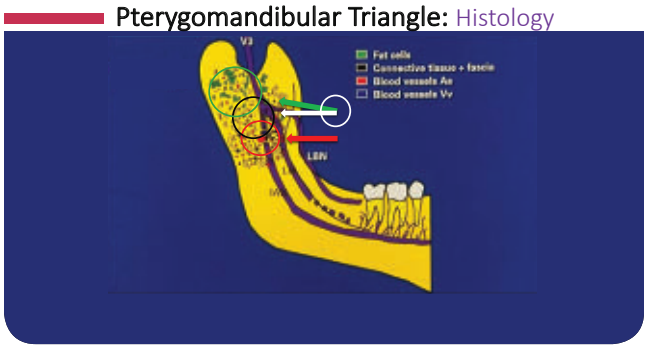

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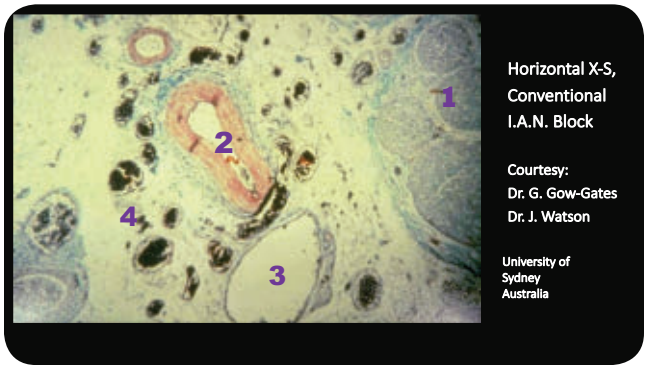
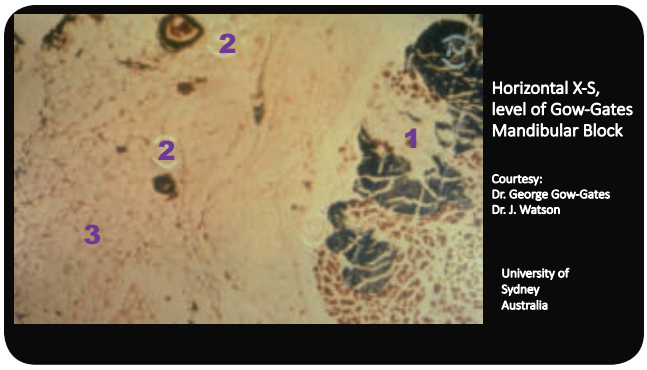
Fig. 6: Histology: Tissue composition and density changes. Angulation and approx. diffusion regions for conventional block (red), Akinosi closed mouth (black), Gow-Gates (green). White circle represents close proximity of insertion points for the Akinosi and Gow-Gates blocks



COURTESY: DR. G. GOW-GATES, DR. J. WATSON, UNIVERSITY OF SYDNEY. AUSTRALIA. PERSONAL COLLECTION. C. 1974

Fig. 7: Horizontal XS 1. IA nerve 2. IA artery 3. IA vein 4. Micro-vasculature (black)



COURTESY: DR. G. GOW-GATES, DR. J. WATSON, UNIVERSITY OF SYDNEY. AUSTRALIA. PERSONAL COLLECTION. C. 1974

Fig. 8: 1. Horizontal XS 1. Fibers of lateral pterygoid muscle 2. Two small vessels 3. Honey combed adipose tissue

Clinical steps:

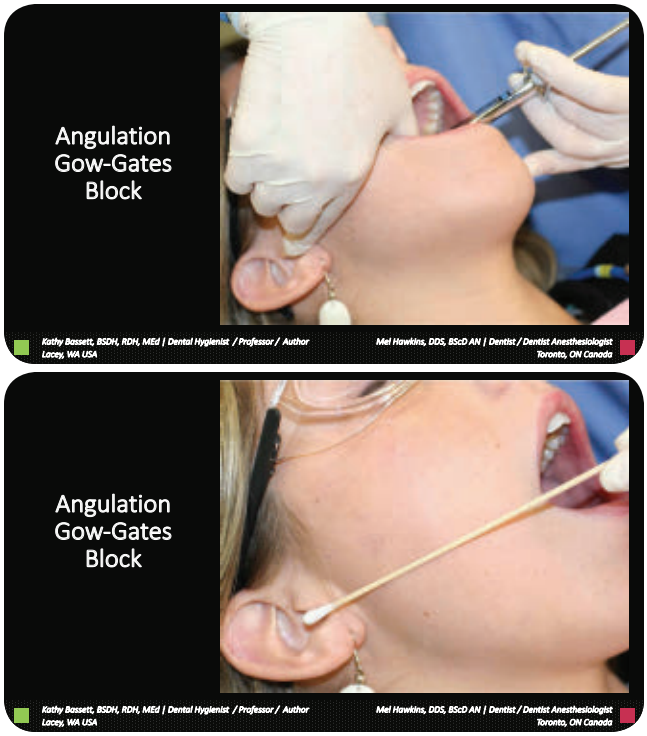


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Fig. 9: a. The extraoral angulation lines up the corner of the mouth with the tragal notch b. Intraorally. Note the index finger on the tragal notch. (PHOTOS COURTESY OF K. B. BASSETT)

Observe the structures in close proximity to the Gow-Gates approach by landmarking the external oblique ridge (EOR in green), the internal oblique ridge (IOR in yellow) and the pterygomandibular raphé (in red) (Figure 10).

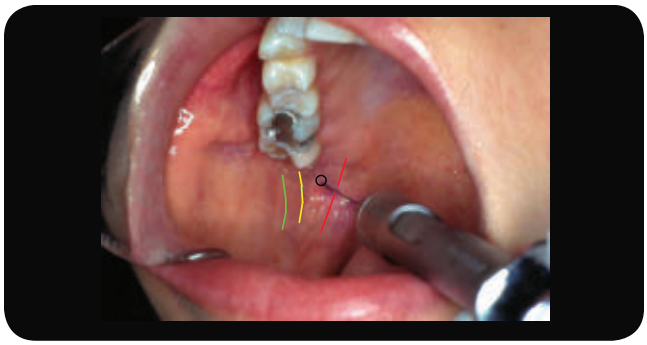

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Fig. 10: Gow-Gates landmarks for needle insertion noting the external oblique ridge green internal oblique ridge yellow pterygomandibular raphé red

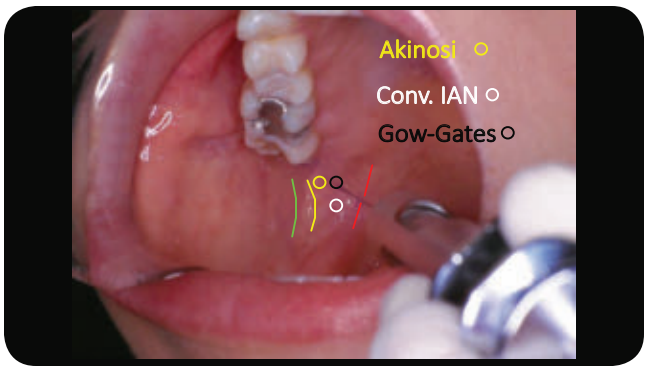

Fig. 11: Relative needle insertions: conventional (white), Akinosi (yellow), Gow-Gates (black) blocks

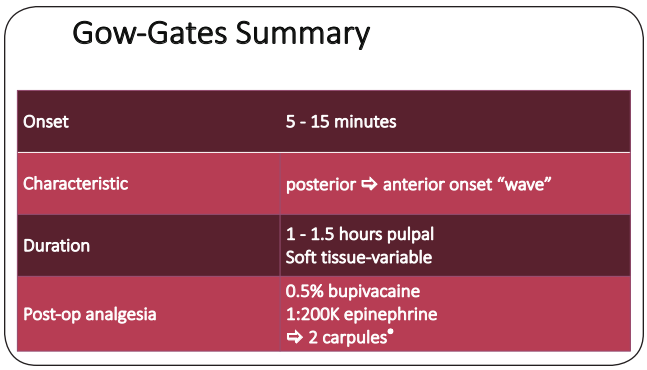

Fig. 12: Gow-Gates: Summary/Post-op analgesia idea

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Split the distance visually between the IOR and the pterygomandibular raphé, insert and advance the needle toward the tragal notch.

Using a 27 gauge long (35 mm. or 1 3/8") needle, the final depth approximates 25 to 27 mm (1"-1 ¼"). One cartridge of 3% mepivacaine plain (1.8 ml) followed 3 minutes later by 1 cartridge of 4% articaine, 1:200,000 epinephrine (1.7 ml) are administered. A vasoconstrictor is not required for this injection; however, articaine is only available with epinephrine.

Aspirate and inject each cartridge three minutes apart at this location. The low density of the tissue in this region (Fig. 8) results in a wider diffusion area of the LA, and the extra volume seems to help the success rate published by Gow-Gates at 98.3%. (*The Gow-Gates Mandibular Block: Further Understanding*, Gow-Gates G Watson JE Anesth Prog 1977).

This technique provides anesthesia for the IAN, lingual nerve and long buccal nerve because this is a true *mandibular* block. A painless infiltration 5 minutes later with 4% articaine, 1:100,000 epinephrine on the buccal shelf will provide hemostasis if required.

Summary

Based on use of this technique since 1977 at 3X per day, 4 days per week, 42 weeks per year in private practice for 26 years, the math estimates that I have administered 13,104 Gow-Gates mandibular blocks in private practice. Patients, including myself, anecdotally, find it reasonably comfortable to receive, report frequently that they have "never been so numb" and have not reported *any* post-op *paresthesia.* Why not?

Speculation is that V3 is too large to be damaged seriously or completely enough to cause persistent paresthesia. Anatomy shows that the mandibular nerve is not trapped against bone at this height and if contacted, the nerve simply deflects away from the advancing needle tip.

What about the unsupported, unscientific and unresearched question of articaine neurotoxicity? A recently peer reviewed, in vitro scientific research study has shown that articaine is no more neurotoxic than lidocaine (*Albalawi, F, Hersh, EV, Effects of Lidocaine and Articaine on Neuronal Survival and Recovery, Anesth Prog 65:82-88 2018).*

Conclusion

Local anesthesia is still the primary functional means to successfully treat patients pain free. The addition of the Gow-Gates mandibular block to your technique arsenal may complement your success rate, while adding a building "block" to your confidence.

ODC SPEAKER HIGHLIGHT

What to Set Your Sites on When Staging and Grading

By Tim Donley, DDS

A SMALL STEP IN THE RIGHT DIRECTION is always a good thing. A large leap is even better. The recent "staging and grading," certainly moves the needle a bit further toward being able to define and discuss periodontal disease with a patient in a way that motivates them to accept care. However, for dentistry to claim its rightful place on the health care stage, dentistry needs to make a larger leap.

There are still too many patients and even some practitioners who struggle to define periodontal disease. The profession of periodontology has not made it any easier. All of the past classifications of the disease, (including the latest iteration, which includes staging and grading), have focused on collecting data that is not readily interpreted by the public and the profession. As the economic screws of health care continue to tighten, patients need more education and motivation before deciding to follow through with recommended treatment. Dental practitioners wanting to improve periodontal disease awareness and case acceptance among their patients need to be able to better communicate when a problem is present and in need of a solution.

Chronic inflammatory periodontal disease (CIPD) is a systemic disease with site-specific presentations. There is now overwhelming evidence that CIPD, in addition to resulting in periodontal bone loss, contributes to the systemic burden of inflammation. It is the systemic burden of inflammation that drives the progression of many of the chronic diseases of aging. Thus, rather than the traditional goal of simply cleaning teeth and/or helping patients save teeth, the new goal of dentistry should be to help patients achieve a functional and esthetic dentition that is inflammation-free

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and maintainable as such by the patient. Life-long professional monitoring and therapy aimed at minimizing oral inflammation over the life of a patient is an important component of overall wellness. For certain patients who already have risk factors for the systemic conditions that can be adversely affected by oral inflammation, aggressive therapy aimed at eliminating periodontal disease and then keeping it at bay has taken on added significance.

To accomplish the new goal of dentistry, providers must be able to efficiently and effectively identify which sites in which patients need treatment. The old approach of giving everything a few good scrapes (in case there may be calculus present) has been replaced with a more focused effort aimed at eliminating any clinically detectible etiology and interrupting any potential microscopic etiology at sites where inflammation is noted to create a root surface that can support healthy adjacent soft tissue. Converting diseased sites to sites that are maintainable by the patient is similarly important.

Staging and grading was designed as a matrix that can be utilized to describe periodontitis in an individual patient.[1] Collecting staging and grading data certainly has potential merit when performing large-scale delivery-of-care analyses. Staging and grading can also aid in discussing the urgency and severity of disease with an individual patient. However, staging and grading does not render a diagnosis, nor does it provide a clinician insight into which specific sites need treatment.

It is already challenging to collect the necessary diagnostic information within the confines of the typical maintenance/recall visit. What clinicians need when they are chairside is a clear decision pathway for determining which sites need therapy and which treatment options are reasonable at that site.

Currently, there are seemingly as many diagnostic and treatment decision pathways as there are clinicians. Many practitioners struggle to even describe the decision pathway that they follow to determine which patients and which sites to treat. Too many dentists and hygienists continue to ignore critical evaluation of the scientific literature and treat patients with personal experience as its equal. Practitioners collect varied amounts of data and then often make wildly different treatment decisions. In this era of evidence-based medicine, not having an efficient, standardized approach makes no sense.

An accepted definition of what constitutes a healthy site exists.[2] Accordingly, sites not meeting the definition of health must be considered as sites that need attention. There *is* a way to reproducibly collect the basic data necessary to make appropriate diagnostic and therapeutic decisions. Every site should be assessed in consistent evidence-supported fashion rather than being subject to one's personal opinion. The desired endpoint must be clear. Treatment decisions should be based on scientific evidence and maximize the chance that the desired endpoint is reached.

Clinicians who have a clear understanding of which patients and which sites need treatment can better allocate treatment resources, get better outcomes for their patients, and have their practices operate more efficiently. While potentially useful, staging and grading is only a small step forward in our effort to operate more efficiently. Fortunately, there is an alternative: evidence-based protocols that allow clinicians to consistently determine which patients and which sites need treatment… and which treatments maximize the chance for the desired result. It is time to take a leap forward in our management of CIPD.

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ODC SPEAKER HIGHLIGHT

Diabetes and the Dentist's New Role in Recognition and Screening: A1c In-office Testing as a New ADA Procedure Code (D0411)

Reprinted with permission *from New York State Academy of General Dentistry Journal*, Spring 2018

By Daniel G. Pompa, DDS

Introduction

Diabetes mellitus (DM) is a chronic hormonal metabolic disorder characterized by chronic hyperglycemia. This results from deficiencies in insulin secretion and/or the inability of receptor cells to utilize the insulin that is secreted by the pancreas.[1]

Insulin is required for the metabolism of carbohydrates, fats, and proteins. When there is a deficiency of insulin or its inability to function, there are multiple target organs that are damaged, leading to their dysfunction and potential failure. Diabetes affects more than 10% of the U.S. population and is rising at a dramatic rate. Of these 30 million people, one-third are not diagnosed.[2] Presently, there are almost 100 million people in the U.S. that are pre-diabetic, and most are unaware of this diagnosis.[3]

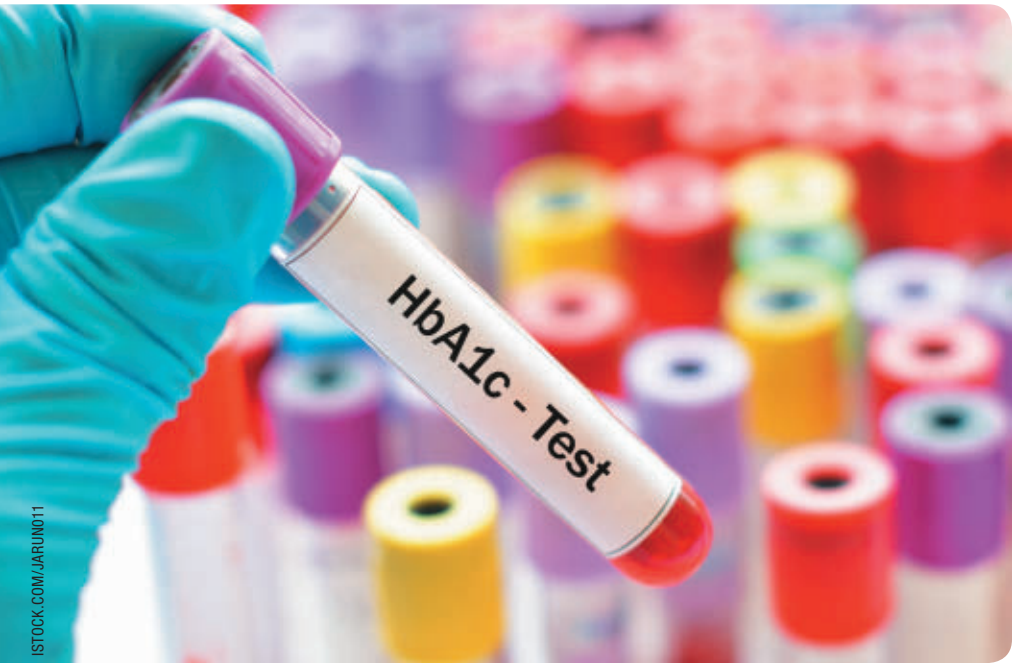
Insulin resistance is a term used for the pre-diabetic state defined by an Impaired Fasting Glucose (over 100 mg/dl) plus Impaired Glucose Tolerance (over 140 mg/dl). Fifteen percent of adults in the U.S. have insulin resistance[4] with the pre-diabetic state defined as A1c levels between 5.7% and 6.4% on two separate occasions. The early diagnosis of pre-diabetes is essential for the prevention of diabetes complications.[5] On average, diabetes will lower life expectancy by 13 years. This is especially true when both pre-diabetes and diabetes are not diagnosed early.

Diabetes is more prevalent today than in the past. It is now considered a pandemic throughout the world. Two-thirds of all adults in the U.S. are overweight, and half of those are considered obese. In the near future, almost half of all Americans will be pre-diabetic. "Sugar is now considered to be the tobacco of the New Millennium."[6]

More people have died from diabetes since 1900 than in all the wars and conflicts in the same time period. Because diabetes takes 10 or more years to discover and the complications develop so slowly, it is not addressed with the level of commitment and interest it should be given.[6]

Dentists will now be able, with a simple in-office screening test, to detect diabetes as well as pre-diabetes. With a medical referral, a full workup, an evaluation for treatment can be initiated. Dentists see more people today than physicians. The many complications associated during this pre-diabetic stage may possibly be avoided, leading to a greater quality of life and longevity for these patients who were unaware of their pre-diabetic or diabetic status. This could result in significant savings to our healthcare system, where we are now spending over 250 billion dollars in Medicare costs for patients with diabetes.[7]

Delta Dental has done studies where they reimbursed for the A1c testing in dental offices in New Jersey and may be considering covering this in the future. Other dental insurance companies have not as of yet approved a reimbursement for this ADA procedure code, but hopefully will do so in the future. Before starting an



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A1c in-office point of care program, be sure to consult with regulatory experts and your local dental society.

D0411: HbA1c: In-office point of service testing

As of January 1, 2018, dentists will be able to test A1c levels in their office, by offering a simple in-office test.

CDT 2018 marked the addition of "D0411 HbA1c in-office point of service testing"—a chair-side screening procedure that, along with appropriate referral, aids in the diagnosis of pre-diabetes and diabetes. This procedure, also known as finger-stick random capillary HbA1c glucose testing, is relevant to dentists as diabetes is a risk factor related to periodontal disease.

HblAc testing enables a dentist to amend the patients treatment planning depending on whether the results are the first indicator of a new diabetic condition, or if the results indicate a change in the existing diabetic condition.

D0411—ADA Guide to Point of Care Diabetes Testing and Reporting is available at no cost for you to view or download. (ADA CDT—Current Dental Terminology book)

- *Guide to Reporting D041l* (PDF)

A1c levels can be falsely elevated when there is low red blood cell (RBC) turnover, as in untreated iron deficiency or anemia and can be falsely depressed with increased RBC turnover such as in hemolysis, recently treated iron, B12 or folate deficiencies, with hemodialysis, and with RBC transfusions.

The test is limited to a three-month look back because the lifespan of an RBC is approximately 4 months (117 days for men and 106 days for women). Since RBCs do not undergo lysis at the same time, the HBA1c is taken as a limited measure of three months. It is formed as a non-enzymatic glycation pathway of hemoglobin's exposure to plasma glucose. The glucose levels on days nearer to the test contribute substantially more to the test than glucose levels days further from the test date. Since pre-diabetes has no consistent signs and symptoms, the A1c test is the most reliable test that is easily available today. In addition, A1c testing does not require a fasting state.

People without diabetes usually have an A1c level of between 4.5% to 5.6%. For every 1% decrease in A1c levels, the incidence of complications from diabetes decreases up to 40%. Ideally, a diabetic patient with an A1c level of 8.5% who can get to 6.5% can reduce their complication rate by up to 80%.[7]

The American Diabetes Association now suggests that **all adults** who are overweight or obese be tested, along with anyone who has one or more risk factors for diabetes, such as high blood pressure or close family members who have diabetes. **At age 45,** all adults should be screened for pre-diabetes or diabetes.

Dentists can often be at the forefront of detecting the early signs of the disease just by observing how patients heal after a surgical procedure. Poor or delayed healing is a first sign of diabetes or pre-diabetes. This, along with early periodontal disease in a young patient, is another red flag that should heighten your index of suspicion to rule out pre-diabetes and diabetes.

Other possible dental manifestations of DM include:

Granulomatous polyps on the gingiva
Candidiasis
Parotid gland enlargement
Taste impairment
Xerostomia
Traumatic ulcers
Geographic tongue
Burning mouth syndrome
Fissured tongue
Benign migratory glossitis
Lichen planus
Angular cheilitis
Delayed healing
Hypo-salivation

Periodontal disease in diabetic patients may be more severe and progress more rapidly due to the associated impaired immunity and healing challenges.[8] This is due, in part, to the hyperglycemia and ketoacidosis that changes the phagocytosic activity of the macrophages and the chemotactic effect of polymorphonuclear neutrophils.[9]

As dentists, we have a unique opportunity to detect these many early warning signs that may lead to an early diagnosis and now, with the addition of this new code for in-office testing for A1c, an even greater opportunity to help in the fight against diabetes.

Three important considerations when treating diabetic patients:

1) **Hypoglycemia Unawareness**
   Over time, repeated episodes of hypoglycemia can lead to *hypoglycemia unawareness.* The body and brain no longer produce signs and symptoms that warn of low blood sugar, such as sweating, shakiness, or irregular heartbeats. When this happens, the risk of severe, life-threatening hypoglycemia is increased. If this occurs in the dental office, it can be a crisis as the dentist has no warning of the impending hypoglycemic event before the patient becomes unconscious. A thorough history is required to determine if your patient with DM may present with this sign of hypoglycemia. Your "situational awareness" should be heightened, especially if your patient is a recently diagnosed diabetic Type II, is not compliant with medications or lifestyle changes, and has experienced frequent hypoglycemic episodes.
2) **Diabetic Patients on Beta Blockers** Diabetic patients on beta blockers will not necessarily show sweating and shaking, as

the beta blockers will prevent this. These patients may develop altered consciousness or loss of consciousness without prior warning just like patients with hypoglycemia unawareness.

3) **New Diabetic Medications (Alpha Glucosidase Inhibitors) and how they affect the treatment of diabetic patients showing signs and symptoms of hypoglycemia**
Today we have a new class of diabetic drugs called Alpha-Glucosidase Inhibitors: Glyset (Miglitol) and Precose (Acarbose).

With the recognition of hypoglycemia, the common use of orange juice (fructose) or candy (sucrose) will not reverse the altered consciousness and, may, in fact, result in the patient going into a full loss of consciousness (LOC).

This is because these medications act by prolonging the time for the breakdown of fructose and sucrose. Therefore, the best form of sugar to give to patients on these medications is "Glucose Gel." This should be in the emergency kit of all dentists.

Diabetic patients in an altered consciousness state may be difficult to reason with (due to the lack of glucose going to the brain) and, as such, you must be firm and assertive with their taking the glucose gel or other forms of sugar. You may consider saying, "Take this now and we can argue later."

Having a heightened index of suspicion when a diabetic patient is exhibiting signs and symptoms of hypoglycemia is critical to preventing a crisis situation from developing. If a diabetic patient exhibits an altered consciousness and is given sugar in a form that is consistent with their medication and history, a blood sugar level should be taken. If the patient and the dentist are comfortable, then the dental treatment for that visit may proceed. However, if a longer procedure is scheduled, then consideration should be given for a more complex carbohydrate like peanut butter and crackers.[2] If there is any question prior to starting treatment, a glucometer should be used to check the patient's blood glucose levels. Having a glucometer in the dental office is also recommended to rule out the cause of any seizure as being hypoglycemic in origin. Most drug stores today offer their own brand glucometers that contain up to 10 free test strips to make the testing complete. These are inexpensive and are usually under $30.

What is the best time of the day to treat diabetic patients?

Morning appointments are preferred because this is the time of high glucose and low insulin activity, thus reducing the risk of hypoglycemia. In addition, this is the time we produce the most amount of cortisol, which results in a heightened ability to deal with stress.

Diabetes.org is an excellent source of information for the patient and the practitioner regarding hypoglycemia.[2]

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Want to Learn More?

Dr. Pompa will be presenting two courses on Friday, April 8 at the 2022 ODC, "The Single Tooth Implant: The Ultimate Esthetic Challenge" & "To Pull or Not to Pull: Alternative Treatment Approaches for Compromised Teeth, Implants, and Patients." In both of these sessions, he will discuss how diabetes can affect implant placement and if any modifications are needed for success.

Mark your calendar and plan to attend!

COVID-19 Resources

IN AN EFFORT TO KEEP MEMBERS INFORMED during these uncertain times, the ODA has compiled a list of COVID-19 resources on our website. We have information on a wide variety of COVID-19 topics including:

- Guidance from the Oregon Health Authority and the Centers for Disease Control and Prevention
- Access to ODA's COVID-19 Hot Topics webinar series
- Wellness tools and resources

The ODA continues to update these resources are the COVID-19 situation develops. Visit **oregondental.org/government-affairs/regulatory-information/coronavirus** for a full list of updates and resources.

The Value of Membership

COMMUNITY & LEADERSHIP

"ODA leaders and staff have played a critical role in helping dentistry stay strong and united during the COVID-19 pandemic. I am especially thankful for their partnership with OHSU to provide a dental professionals vaccination clinic. As a proud tripartite member, I am thankful for the amazing services provided by the Oregon Dental Association. I encourage all dental professionals to participate in organized dentistry and volunteering in the community."

–Dana Yip, DDS

It all starts with you. Dentists are leaders in health care as well as in their professional communities, and our members are at the center of everything we do. We help you connect with each other, lead within the profession and explore opportunities to grow, volunteer and give back.

PRACTICE SUPPORT

"The ODA is my partner. During shutdown, the ODA fired up their might and kept working for us – at a local level, at a state level, on a political level, and a humanitarian level. Thank you. I couldn't have navigated this uncertain time without the Oregon Dental Association."

–Josephine Stokes, DDS, FAGD

Your practice and patients matter. Save time and money by utilizing our member perks, and enjoy access to expert guidance, business protections and other members-only resources. Your membership provides real value and real results.

ADVOCACY

"Inside our offices we have full control over our diagnosis, treatment plans and actual work. But, the 'outside' forces regulated by policy and legislation are not easily controlled. As a new dentist, ODA's advocacy efforts educate me on things that may directly or indirectly affect me. ODA gives me an opportunity to voice my position and spark changes that benefit all dentists."

–Eddie Ramirez, DMD

As the voice of Oregon's dentists, the ODA advocates tirelessly on your behalf. We ensure dentists are at the table for key state legislative discussions, keeping oral health at the forefront and amplifying your voices. Together, we are stronger.

EDUCATION & INSIGHTS

"The Oregon Dental Conference is a tremendous event. The courses and speakers are always great, and those alone make the conference worthwhile. But there are many other benefits: seeing colleagues and friends, exchanging ideas, interacting with others who care about continuing education and improving patient care, making new friends, and catching up with long-standing and new dental suppliers. My team and I really enjoy spending those days together. Being away from the office gives us the important chance to bond and have fun."

–Parisa Sepehri, DDS

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NEW DENTIST CORNER

Oh, The Places You Can Go

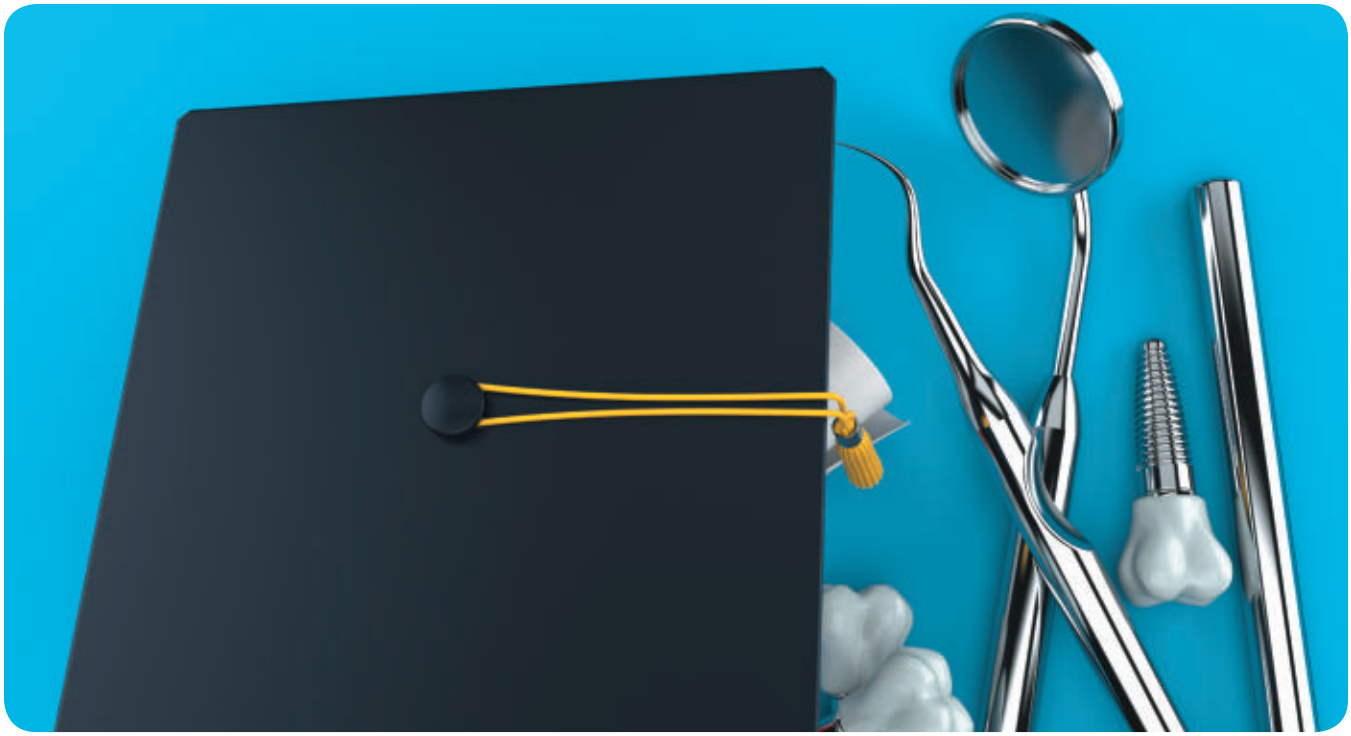
By Elizabeth Foss, DMD Candidate 2022

I INTERVIEWED FORMER OHSU GPR DIRECTOR DR. BRYAN TERVO regarding his opinion on why each dental student should follow through with some sort of post-doctoral training. He has served at OHSU and Ohio State directly with their GPR programs, as clinical faculty at Harvard and Tufts, and as AEGD faculty at University of Cincinnati. Throughout the two years I've been on the clinical floor, he has been passionate and willing to talk to any student about their future careers.

Whether it is a one-year residency in a GPR or AEGD clinic or specialty training, Dr. Tervo believes the benefits to your future career and patients are extensive. The top reason he believes further education is important is that it helps ease students from being fully reliant on the second opinion of faculty members to becoming fully independent. With a post-doctoral education program, the critical self-assessment skills you have started will exponentially increase when compared to recent graduates who only choose to pursue education via continuing education opportunities. On top of gaining independence, students will also be more proficient and efficient with accurate diagnoses, ultimately providing superior care.

Dr. Tervo also recognizes the incredible amount of student loan debt students are incurring and how this intimidates a lot of individuals from pursuing more education. He states, however, that this number represents a purposeful debt. The rush to pay off student loans should not be eclipsed by the need to prepare appropriately to pay the loan off in the safest and most efficient manner possible. "I have seen graduates from a lot of dental schools," he says, "and I have yet to meet one resident that did not gain some type of benefit from the post-graduate program." In addition, many residency programs offer a stipend during the program, and some loan servicers will offer deferment of loan repayment during training.

With this perspective in mind and as a student who is not pursuing a post-doctoral education program, I have made the commitment to myself and to my future patients to learn a new skill each year after graduation that I can incorporate into my daily practice. Although it may be difficult, it is possible with the proper foundation, determination, and willingness to learn from mistakes.



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SPAP

Student Patient Assistance Program

BRENDAN WITHYCOMBE

IN 2013, TWO DENTAL STUDENTS RECOGNIZED MANY underserved OHSU patients could not complete dental treatment due to unmet needs in the social circumstances of their patients' lives. These students began the Student Patient Assistance Program (SPAP) to support patient care for motivated patients demonstrating tremendous need and who are committed to improving their oral health. Since its commencement, SPAP has helped more than 120 patients complete over $28,500 worth of dental treatment at OHSU. Many of the patients who have worked with SPAP reported positive feedback and newfound confidence in their day-to-day lives. One of the patients wrote a letter to the program stating, "Thank you so much! I want to thank all of you that have been so kind for giving me money to get my teeth fixed. I can now eat and smile and have more confidence!"

SPAP is entirely student run and governed. The club relies heavily on the generosity of donors in the dental community and Portland area to help patients get the care they need and provide students with quality patient interactions. Due to recent decreases in grants for community-centered student-run clubs, the program has had to reduce the number of procedures that can be covered for each patient to best serve a larger patient population. If you would like to contribute to SPAP's mission, you can Venmo our Financial Chair, Brendan Withycombe at @Brendan-Withycombe. If you would like to send a donation through check or other means, feel free to email him at **withycob@ohsu.edu** for more information.

PRACTICES FOR SALE

Outdoor Lovers Paradise. Spend your time on the homestead, hunting, fishing and horseback riding in the Northwest Sportsman's Paradise, while providing cutting-edge dentistry only 3 days per week. All digital, state-of-the-art, chart-less network with CBCT and loyal patients. (OD139) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Southern Oregon Practice and Building for Sale. Profitable, established dental practice and building for sale in Grants Pass. Collecting over $1.3M annually based on 3 days per week. This is your opportunity to live and work near the beautiful Rogue River in a desirable Mediterranean climate and area famous for outdoor recreation. (ORD150) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Ocean View General Dental Practice and Building for Sale on the Oregon Coast. New filtration system, CBCT, 4 ops in updated free-standing beautiful office with ocean views. Collections nearly $1M. (ORD151) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Happy Valley Practice for Sale. Large practice on busy popular street with great visibility and signage. 7 ops. Soredex pano. On-site parking. (ORD154) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Exceptional General Practice for Sale in Eugene CBCT, CEREC, 4 ops in 1500 sq ft, great reputation and location. On track to collect over $758,000 working 29 hours per week. (ORD131) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Healthcare Building For Sale in Southern Oregon. 1200sqft building in beautiful rural area near CA. Good for dental, veterinarian, healthcare, or other business. (OR104) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Dental Building For Sale in Salem. Dental building for sale on main street, 2784 SF, 4+ ops. On-site parking. Dental lab currently renting basement. Upstairs could potentially be rented out as office space or ADU. (ORR105) Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

Associate Positions and Partnerships Available in Portland. Quality practices with opportunity for high income. Some positions are long-term, some can be short-term. Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

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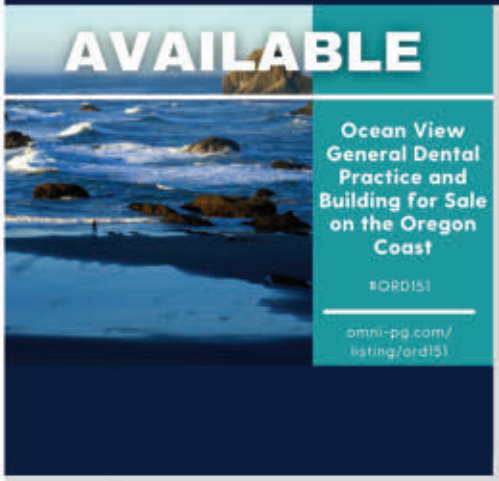

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