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Huddle on Leadership

By Bruce Burton,
DMD

Team ODA,

In Mark Sanborn's 2004 book, *The Fred Factor*, he told a true story about Fred, the mail carrier who passionately loves his job, and who genuinely cares about the people he serves. While others might see delivering mail as monotonous drudgery, Fred sees the opportunity to make a difference in the lives of those he serves. One could describe the "Fred Factor" as a person who is dedicated to one's profession, shows compassion for others, and is committed to roles and responsibilities no matter how big or small the tasks.

We in the ODA have been blessed for years by our very own volunteer who embodies the "Fred Factor," Dr. Fred Bremner! Our dear Fred has made such a positive difference in his many roles as leader, mentor and friend for so many of us. He is 78 years young and retired from his periodontal practice after 43 years but has not retired from our team. He continues to serve as executive director of Clackamas Dental Society, dedicating his time to mentoring and developing new leaders, and as the ODA secretary-treasurer. He has maintained a part-time periodontal "hobby" practice, while also serving on the nonprofit B17 Alliance Foundation's board. And yes, he has actively engaged himself in volunteerism with Compassion NW Dental Clinics and Clackamas County Public Health issues.

Mentoring and teaching are "Fred-Factor" gifts he has so willingly given his whole career. From teaching at the OHSU dental school to mentoring for his Columbia Periodontal Research Group (CPRG) for over 40 years, he constantly encourages dentists to step up to leadership roles. Dr. Gary Ostenson, Secretary and longstanding member of the CPRG, relates,

"Fred Bremner has not only been a great teacher and instructor in the science and art of periodontics, but has mentored the CPRG with exceptional results. He has helped change and improve our skills and our thinking processes. We are indebted to Fred for all of his abilities and caring about us as colleagues and as dentists."

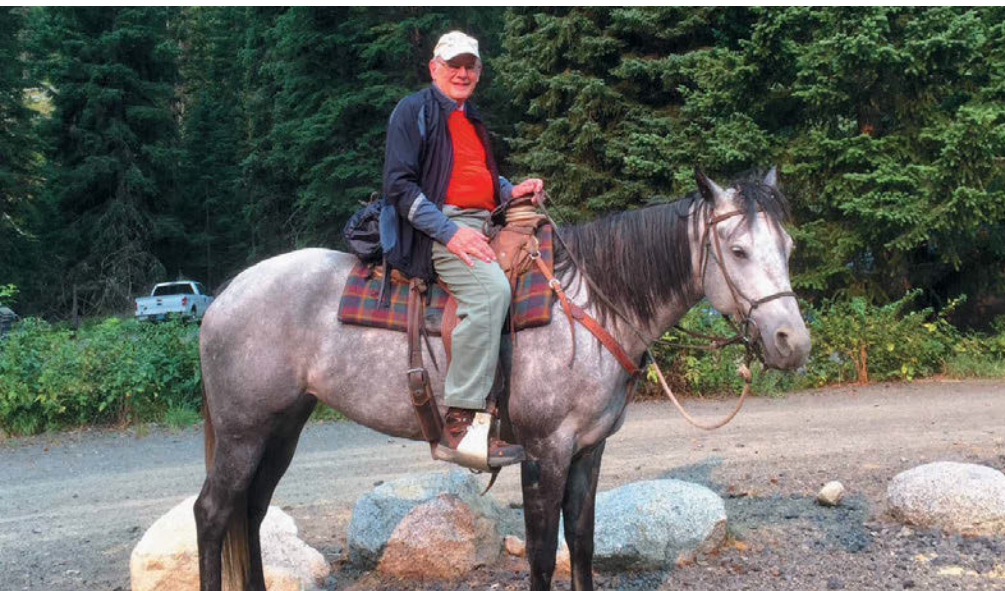
Fred has shared internationally his passion for teaching periodontal principles. He has travelled to Japan over the years and has hosted numerous clinical and educational sessions with Japanese clinicians. His appreciation of Japanese cuisine, sushi and sake are as precise as his artistic periodontal surgical skills.

Fred was an award-winning editor for the ODA's *Membership Matters* magazine, and mentored our current editor, Barry Taylor. Here are Barry's thoughts on our "Fred Factor":

"If I had to describe Fred in one word, it would be 'personable.' I recall him telling me many years ago, when I replaced him as editor, that the best editorials tell a personal story. I think this is also reflected in his photography; he coached me to take photos that showed 'action' and not have people standing at the lectern. His favorite was to have people talking when he took the photo. Just like his writing, I do believe he connected to people on a personal level, and he was very sincere about that. His writing and photography were the same thing; he wanted to write about people, and show people in personal situations. This was how he made his connection and what he encouraged others to do.

"He was inspired by individuals who had great personal interest stories as well. He would be very sincere and passionate when telling me a story of the dentist in some Component [Society] who was doing

The opinions expressed in this editorial are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.



Dr. Fred Bremner, current executive director of the Clackamas Dental Society and former editor of Membership Matters.

something special. He made sure those people got recognition.

“Fred is a very sincere, trustworthy, personable and dedicated member of our community.”

Fred’s love and passion for the dental profession parallels his love for epicurean delights. He loves his desserts. Stacie, his office manager and receptionist of many years, notes, “Dr. Bremner always knew the very best restaurants, so elegant dining and cuisine were enjoyed by all.”

She also recounts the Winter Party of 1990, during an icy snow day, “when Dr. Bremner decided that he would make everyone dessert...After our dinner at a fancy restaurant... Dr. B got to work in the kitchen (that was not his own)...and concocted the most tasty dessert! We were all very impressed with not only his adaptability, but with his excellent culinary skills!”

His current office manager, Ellen, has called him, “Flexible Fred.” She notes that “flexibility is one of Fred’s attributes. He bends like a willow and stands like an oak.”

Dr. Bremner enjoys the outdoors, and all of Mother Nature’s creatures and flora are subject to his attention and camera. In fact, Stacie remembers

the “Wood Duck House” project. “Dr. B loved the wood ducks that inhabited Spring Creek, which runs by his prior dental office’s operatory window. He decided to build and mount a wood duck house high up on a tree, so that ‘they would have a home.’” His love of hiking the Willowa Mountains and Neahkahnie Mountain in Oregon has brought him to those remote areas numerous times over the years, more recently on horseback (photo). Most recently, his tenure as secretary-treasurer for the ODA has also been a productive journey, with our association benefitting greatly from Fred’s efforts and abilities. A few highlights worth mentioning include:

- Implementation of a streamlined budget process, better aligning program development and resource allocation to the ODA Strategic Plan. This has resulted in more volunteer oversight, involvement and ownership from all councils and committees, and complete transparency for board review annually.
- The value of the Board Designated Fund has increased by 40 percent over three years and is in compliance with the minimum balance target from the Fund

“We in the ODA have been blessed for years by our very own volunteer who embodies the ‘Fred Factor,’ Dr. Fred Bremner! Our dear Fred has made such a positive difference in his many roles as leader, mentor and friend for so many us.”

Management Policy for the first time since 2006.

- Association Net Assets increased each year, with a total increase of 12.4 percent.
- Addition of four Endorsed Programs and new member benefit offerings for ODA members.

Fred went to Jefferson High School with the great Beaver Heisman winner, Terry Baker. The coach in me had to throw that in. He also served in the Air Force Dental Corps in the Philippines, right after graduating from the University of Oregon Dental School, Class of 1964. His career has always been about serving and stepping up to do what is right. This led to his commitment to run for public office in the state Legislature. It did not go his way, but it says a lot about the “Fred Factor” that he was willing to try.

Fred has been married to Gloria for over 50 years. Their grandparent status is a blessing from daughters Beth and Alyssa.

So when you see our “Fred Factor” please give Dr. Fred Bremner a big “thank you” for his leadership in all he has done and continues to do for us dentists of Oregon. ●

– Coach

Welcome *New ODA Members!*

Jordan J. Bodily, DMD
Multnomah Dental Society

Mindy A. Brown, DMD
Southern Oregon Dental Society

Michelle L. Crabtree, DMD
Eastern Oregon Dental Society

Jacob Dove, DDS
Klamath County Dental Society

Adam Thomas Fox, DMD
Southern Oregon Dental Society

Audra L. Gross-Allen, DMD
Southwestern Oregon Dental Society

Clifford Heaberlin, DMD
Clackamas County Dental Society

Kellynn Ho, DMD
Umpqua Dental Society

Erik M. Jenson, DMD
Lane County Dental Society

Junghun Ji, DDS
Clackamas County Dental Society

Sohyon Michelle Kim, DMD
Multnomah Dental Society

Cale D. Lennard, DMD
Clackamas County Dental Society

Julie K. M. Lezotte, DDS
Central Oregon Dental Society

Matthew Martin, DMD
Marion and Polk Dental Society

Daniel B. McMaster, DMD
Umpqua Dental Society

Jonathan Morgan, DMD
Southwestern Oregon Dental Society

Bradley L. Parker, DDS
Washington County Dental Society

Alexander P. Rudnitski, DMD
Multnomah Dental Society

Ian J. Salisbury, DMD
Lane County Dental Society

Michael Tichy, DMD
Marion and Polk Dental Society

Nathan A. Wecker, DMD
Southern Oregon Dental Society

DENTAL COMMUNITY

Dr. Eric Dierks Honored

ODA MEMBER DR. ERIC DIERKS

on July 8 was awarded honorary Fellowship in the Royal College of Surgeons of Edinburgh, Scotland; FRCS(Ed), where he also delivered the address to all the graduating Fellows, including all surgical and dental specialties. The University of Edinburgh is one of the oldest medical schools in the world. Dr. Dierks is also a Fellow of the American College of Surgeons and the American College of Dentists.



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Fred A. Bremner, DMD
Clackamas County
fbremner@comcast.net

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Multnomah

Matthew Biermann, DMD, MS
Washington County

Kenneth Chung, DDS, MPH
Clackamas County

Brad Hester, DMD
Central Oregon

James McMahan, DMD
Eastern Oregon

Mark Miller, DMD
Yamhill County

Mark Mutschler, DDS, MS
Multnomah

Sarah Post, DMD
Central Oregon

Deborah Struckmeier, DMD
Multnomah

Frances Sunseri, DMD, MAGD
Clackamas County

ADA DELEGATES AT LARGE

Frank Allen, DMD, Marion Polk

Hai Pham, DMD, Washington County

OHSU-ASDA REPRESENTATIVE

Steven Knapp, DS3

NON-VOTING MEMBERS

Ilkyu Lee, DMD, Multnomah
Speaker of the House

Barry Taylor, DMD, CDE, Multnomah
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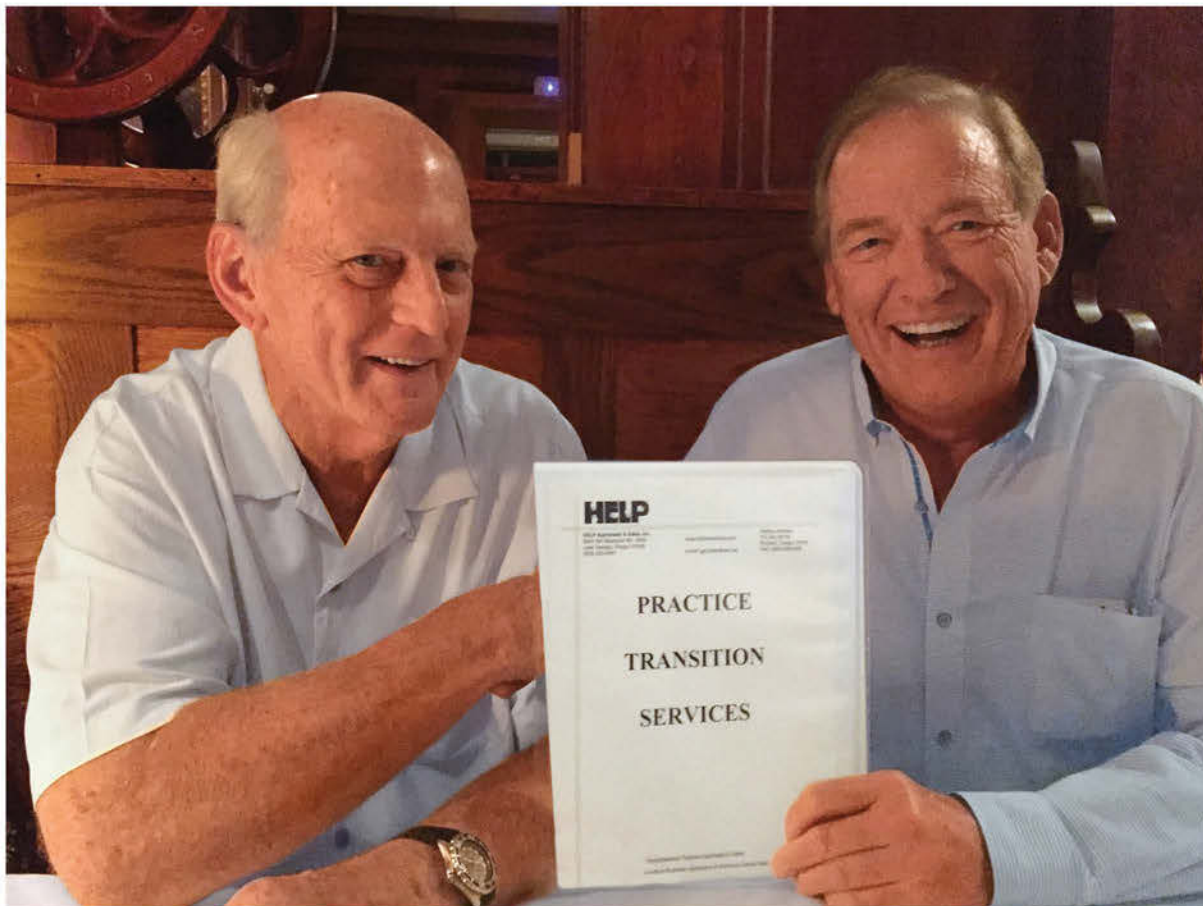
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Events & Education Component CE Calendar



Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society	Course title	Speaker	Hours CE	Location	More Information
11/09/17	Southern Oregon	Cyber Security & HIPAA Compliance Update	Eric Engebretson (Action Data Tel)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
11/10/17	Lane County	Balancing Dental Mgmt & Endocrine Disorders	Vipul Lakhani, MD	4	Eugene, Center for Meeting & Learning	lanedentalsociety.org
11/14/17	Marion & Polk	Emerging Concepts in Periodontal Diagnosis & Treatment	Harjit Singh Sehgal, BDS, MS, FAGE	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentlce@qwestoffice.net
11/14/17	Washington	TMD Through the Eyes of the Physical Therapist	Kelly Reed, PT, OCS, COMT and Aimee Jackson, PT, MS	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
11/15/17	Multnomah	Practical Practice Tips	Thad Langford, DDS	2	Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org
11/28/17	Clackamas	Oral Pathology	Kleinegger & Kratochvil	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
12/12/17	Marion & Polk	HIPAA/OSHA	Chris Verbiest	2	Salem (West Salem Roth's)	Contact Sabrina H. - mpdentlce@qwestoffice.net
01/09/18	Marion & Polk	Interdisciplinary Orthodontics: The Reward of Dental Teamwork	Reid Amborn, DMD, MS	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentlce@qwestoffice.net
01/09/18	Washington	Infection Control	Phil Porer	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
17/01/18	Multnomah	Practice Management Course	Brad Larsen, DMD	2	Milwaukie (Moda Plaza)	multdental@aol.com or lora@multnomahdental.org
01/23/18	Clackamas	Endodontics	Dr. Tselnik	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
01/25/18	Southern Oregon	Dental Unit Water Lines Update	John Neilsen (Neilsen Research)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
01/26/18	Lane County	Risk Management	Chris Verbiest	3	Eugene, Center for Meeting & Learning	lanedentalsociety.org
02/13/18	Marion & Polk	Prosthodontic Principles to Maximize Results in the Esthetic Zone	Lauren Manning, DDS, DMSc	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentlce@qwestoffice.net
02/21/18	Multnomah	Cannabis and Oral Health	Barry Taylor, DMD & Dr. DeVencenzi	2	TBD	www.multnomahdental.org or lora@multnomahdental.org
02/27/18	Clackamas	ODA Update	Conor McNulty	1	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
03/13/18	Marion & Polk	Getting to & Through Your Retirement	Larry Hanslits, CFP	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentlce@qwestoffice.net
13/03/18	Washington	You, The Law and the Board	Grant Stockton, JD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
03/16/18	Southern Oregon	Early Detection of Oral Cancer	Dr. Cindy Klienegger	2	Medford (TBD)	Contact Jana - sodentalsociety@gmail.com
03/21/18	Multnomah	Search Engine Optimization	Scott Hendison	2	Moda Plaza, Milwaukie	multdental@aol.com or lora@multnomahdental.org
03/20/18	Clackamas	Oral Surgery	Dr. Brett Sullivan	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
04/24/18	Clackamas	Tooth Wear: Diagnosis & Treatment	Dr. Silvia Amaya Pajares	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
05/08/18	Marion & Polk	TADs & Mini Implants	David Swiderski, DDS, MD	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentlce@qwestoffice.net
05/08/18	Washington	TBA	David Petrisor, DMD, MD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
05/10/18	Southern Oregon	Are you Prepared for Retirement?	Shannon York (Edward Jones)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
05/21/18	Multnomah	Annual Awards Dinner/ Table Clinics	Multiple	2	Multnomah Athletic Club	multdental@aol.com or lora@multnomahdental.org
05/22/18	Clackamas	Pedo/Ortho Panel	TBD	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
12/11/18	Marion & Polk	Risk Management	Chris Verbiest	3	Salem (West Salem Roth's)	Contact Sabrina H. - mpdentlce@qwestoffice.net

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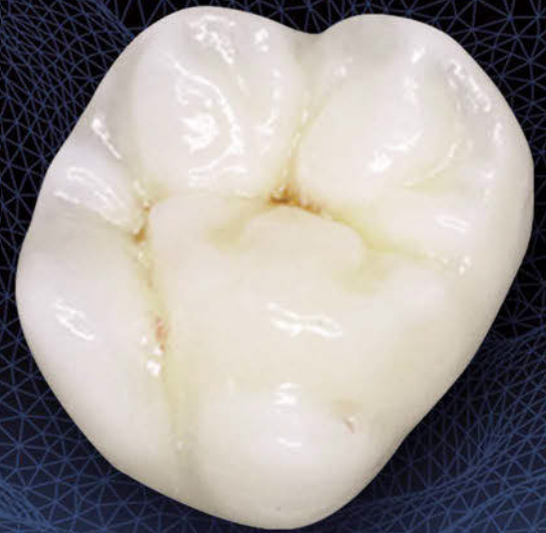
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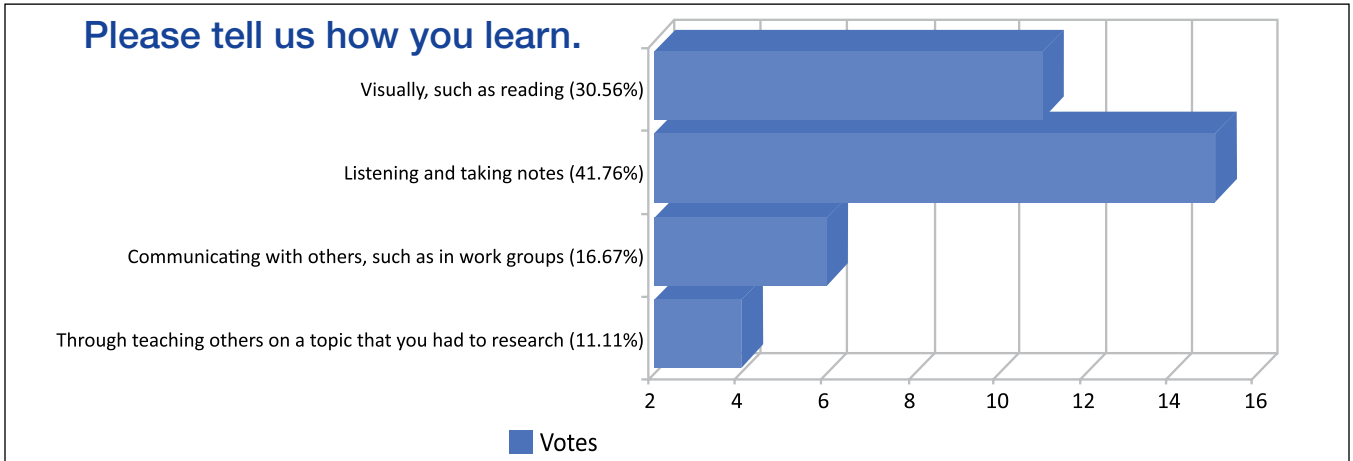
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Membership Poll Results!

IN AN EFFORT TO LEARN MORE ABOUT our members, we've started to include a poll question in each issue of the *ODA Insider* e-newsletter. Below are August's results. Please keep an eye out for next month's question and be sure to participate!



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The ADA Preferred Rewards Visa card does not charge an annual fee and allows for points to be redeemed for travel on over 150 airlines with no blackout dates. The card, which is co-endorsed by 40 state dental societies, including ODA, also still offers two reward points per net \$1 spent on all eligible state society purchases and five rewards points per net \$1 spent on

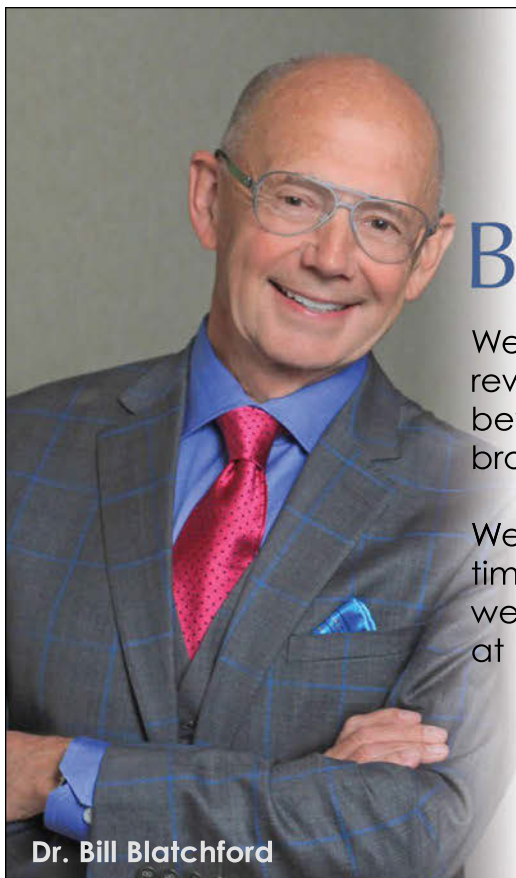
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According to ADA Business Resources, the average ADA Visa cardholder redeems approximately 54,788 points per year. These points can be redeemed for over \$500 worth of gift certificates, cash back or merchandise. When redeemed on travel, members can buy a plane ticket with average real value of over \$800, which is equivalent to earning 1.7 points per \$1 spent.

All new card applicants will receive the card with the new artwork effective immediately. Existing cardholders are eligible for the new benefits immediately and can expect to be reissued the new card in October.

For more information or to apply, visit adavisa.com/36991.



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Dr. Bill Blatchford

EPA Reinstates Dental Amalgam Rule – What You Need to Know

By Bryan Foss

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from HealthFirst*

THE ENVIRONMENTAL PROTECTION AGENCY (EPA) ORIGINAL DENTAL

amalgam rule went into effect on July 14. Compliance for most dentists will be required by July 14, 2020. Here's what you need to know and do for compliance.

Specifics of the EPA Dental Amalgam Rule

The final rule closely follows the ADA's best management practices, which require dental practices to do the following:

- Operate and maintain one or more ISO 11143 compliant amalgam separators.
- Follow two best management practices:
 - Must not discharge scrap amalgam waste to POTWs.
 - Must not use line cleaners that have a pH level higher than 8 or lower than 6.

The new rule also meets the nine principles established by the ADA House of Delegates as a condition for ADA support for a national rule.

Dental Practices Affected by the Rule

The EPA rule will affect existing and new dental practices that discharge dental amalgam. Accordingly, dental offices must meet the Clean Water Act's technology-based pretreatment standards for the

discharges of pollutants into publicly owned treatment works.

Dental Practices not Affected

- Dentists who practice oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, and prosthodontics are exempt from the rule.
- Dentists who do not place amalgam and only remove amalgam in unplanned or emergency situations (estimated at less than 5 percent of removals) are also exempt.
- Mobile dental units are exempt.
- Dentists who already have separators are grandfathered for 10 years before their separators must comply with ISO 11143 requirements.

EPA Dental Amalgam Rule – Additional Information

Need to know more information about the dental amalgam rule? Check out other HealthFirst resources:

- <http://blog.healthfirst.com/epa-dental-amalgam-rule-top-5-things/>
- <http://www.healthfirst.com/dental-waste/>
- <http://www.healthfirst.com/ada/amalgam/>. 

DOPAC and the 2018 Election Season

LABOR DAY MARKED THE UNOFFICIAL KICKOFF OF

the 2017–2018 campaign cycle. Individuals seeking election to public office for the 2018 November election (candidates for governor, House of Representatives, State Senate, etc.) have officially begun to declare their candidacies. Although the filing deadline is not until March 2018, most campaigns are already in full swing. That means the Oregon 2018 campaign season will soon be filled with fundraisers, political mixers and contribution requests.

The Oregon Dental Association participates in the election process through the Dentists of Oregon Political Action Committee, commonly known as DOPAC. The DOPAC board carefully considers each candidate and issue, evaluates their potential impact on the practice of dentistry and supports those that


“The importance of participating in the election process cannot be overstated. Candidates become decision makers who legislate, regulate and influence a multitude of issues that affect oral health in Oregon: from the budget at OHSU to Medicaid funding and coverage; from water fluoridation to tobacco regulations.”

will favorably influence oral health in Oregon. The board also considers electability and chance of success, making sure member dollars are carefully spent.

The importance of participating in the election process cannot be overstated. Candidates become decision makers who legislate, regulate and influence a multitude of issues that affect oral health in Oregon: from the budget at OHSU to Medicaid funding and coverage; from water fluoridation to tobacco regulations. Through DOPAC contributions, Oregon dentists gain a seat at the table to be a part of these

critical conversations with those decision makers.

DOPAC is primarily funded by ODA members during annual membership renewals. DOPAC is a non-partisan committee. DOPAC is limited to statewide races, legislative races, and initiatives and campaigns impacting the oral health of Oregonians. DOPAC does not participate in local or county races, leaving that participation to individual membership societies.

For more information on DOPAC or to become more involved, please contact ODA Government Affairs Director Jen Lewis-Goff. 



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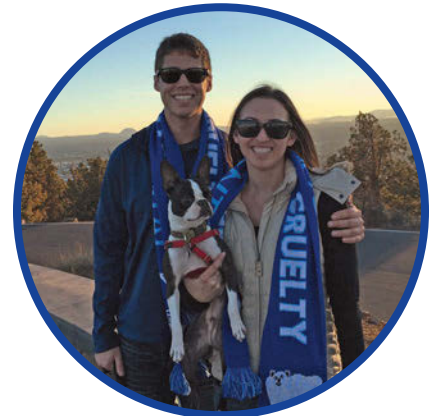
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THROUGH THE LOUPES



ODA volunteers give countless hours, contributing their expertise to help better the ODA, the community, and the profession of dentistry.

Andrew Peterson, DMD, and Vanessa Peterson, DDS



Q. How does the ODA support you, your practice and your patients?

We stay connected to changes in dentistry through ODA events. We feel secure knowing the ODA advocates on behalf of our profession. If we have a question about running our practice, usually someone at the ODA knows the answer.

Q. How has the ODA contributed to your leadership skills and experience?

Vanessa: I have been lucky enough to have been asked to be a part of several ODA committees/ events, including the New Dentist Committee, the Membership Task Force, Government Relations Council, National Dental Lobby Day, student signing day and more. Not only have I thoroughly enjoyed my experience, but I have learned how a board meeting operates, how to advocate for change, how to enhance my speaking skills, and how important it is to be involved with organized dentistry.

Q. What do you enjoy most about dentistry?

Andrew: I enjoy working with my hands.

Vanessa: I enjoy the family atmosphere of orthodontics. I tell my patients they will see me so often over two years that I might as well adopt them by the end. I take pride in supporting my patients at their sports events and extracurricular activities.

Q. Favorite dental procedure?

Andrew: Lateral window sinus lifts are my favorite procedure. I enjoy the delicate and simplistic nature of the procedure, seeing the sinus membrane move at the time of surgery, and seeing the immediate gain in bone volume with the post-operative panos.

Vanessa: I love super-crowded cases. These can be quite challenging and usually accompany a complete life change and confidence boost for the patient.

Q. What is the most valuable thing you did to enhance your career?

Andrew: I worked as a general dentist for a year and worked two to three Saturdays a month throughout my periodontal residency. Here I learned to be efficient with my time, manage people and staff and communicate with other dentists. With four years of general dentistry experience, I understand the general dentistry perspective, and it helps aid in a restoratively driven surgical treatment.

Vanessa: I am a CE junkie! I love going to conferences, learning different techniques, and networking with colleagues. Every single career opportunity I've had has come from a conversation with someone in the dental community. I also enjoy business and leadership books and podcasts.

Q. What do you know about dentistry that you didn't know as a student?

Dentistry is more about people than a fine-crafted hand skill. The dentistry is easy; managing people is the main job. While challenging at times, when

you develop great relationships with your staff and your patients, this career becomes very rewarding.

Q. If you could impart any wisdom to new dentists (pre-doctoral students, or pre-dental students depending on the member), what would it be?

Make connections in dental school, learn as much as you can, push for opportunities to try new things, be humble, don't skimp on business/financial training, have a plan for your career before you graduate and use your "student card" to shadow as many dental practices as you can before you are in private practice.

Q. What three accomplishments, personal and/or professional, are you most proud of?

Vanessa: I am proud of competing in several athletic events (two-time Ironman triathlete, six marathons, including the Boston Marathon, riding my bike down the California coast and running all 30 miles of the Wildwood trail in Forest Park), becoming a mom to the sweetest baby boy and leaving a stable job that I loved to accomplish an even bigger dream of starting a private practice in Lake Oswego with my husband.

Andrew: I'm proud of finishing Ironman Coeur d'Alene in 2014, becoming a dad, and completing my periodontal residency at OHSU, where I had the honor of training under Dr. Bernie Carter and Dr. Ernie Weinberg before they retired.

Q. What do you do outside the office to stay balanced/ for fun?

Our son Luke is 11 weeks old, so we now spend a lot of time with the little guy. We love to enjoy the trails running and hiking, biking, and spending time with our two Boston Terriers, Fenway (the angel) and Rickie (the troublemaker). 🐾



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Collaborative Care and Guided Implant Surgery

SURGERY

By Joseph V. Califano, DDS, PhD

HISTORICALLY, ENDOSSEOUS DENTAL IMPLANTS WERE PLACED

in the available bone without consideration for the restoration they might support. While this occasionally resulted in a satisfactory clinical outcome, more often, it left the restorative dentist with a dental implant that could not be restored with a functional and esthetic prosthesis. It is now universally accepted that the surgical placement of dental implants should be prosthetically driven. Planning for the optimal three-dimensional position of a dental implant begins with a

diagnostic wax-up and design of the final prosthesis. Therefore, in cases where the restoring dentist is not also performing the surgical placement, this is a collaborative process.

When a surgical approach utilizing conventional surgical guides is employed, the restoring dentist prepares a guide derived from the diagnostic wax-up that brings prosthetic information to the surgery (Figure 1). The dentist surgically placing the implant makes an intraoperative decision on the optimal position of the implant. This decision is unilateral, as the restoring dentist

is typically not present at the time of implant surgery. It is also reactive, as the surgeon can only fully appreciate the available bone volume and its relationship to the desired prosthesis after the bone is exposed during the surgery.

With computer-guided implant dentistry, a scan of the diagnostic wax-up is merged with a cone beam computed tomography (CBCT) image using implant planning software. The result is an interactive computer file that allows implants to be placed virtually on the computer. The implants can be viewed in

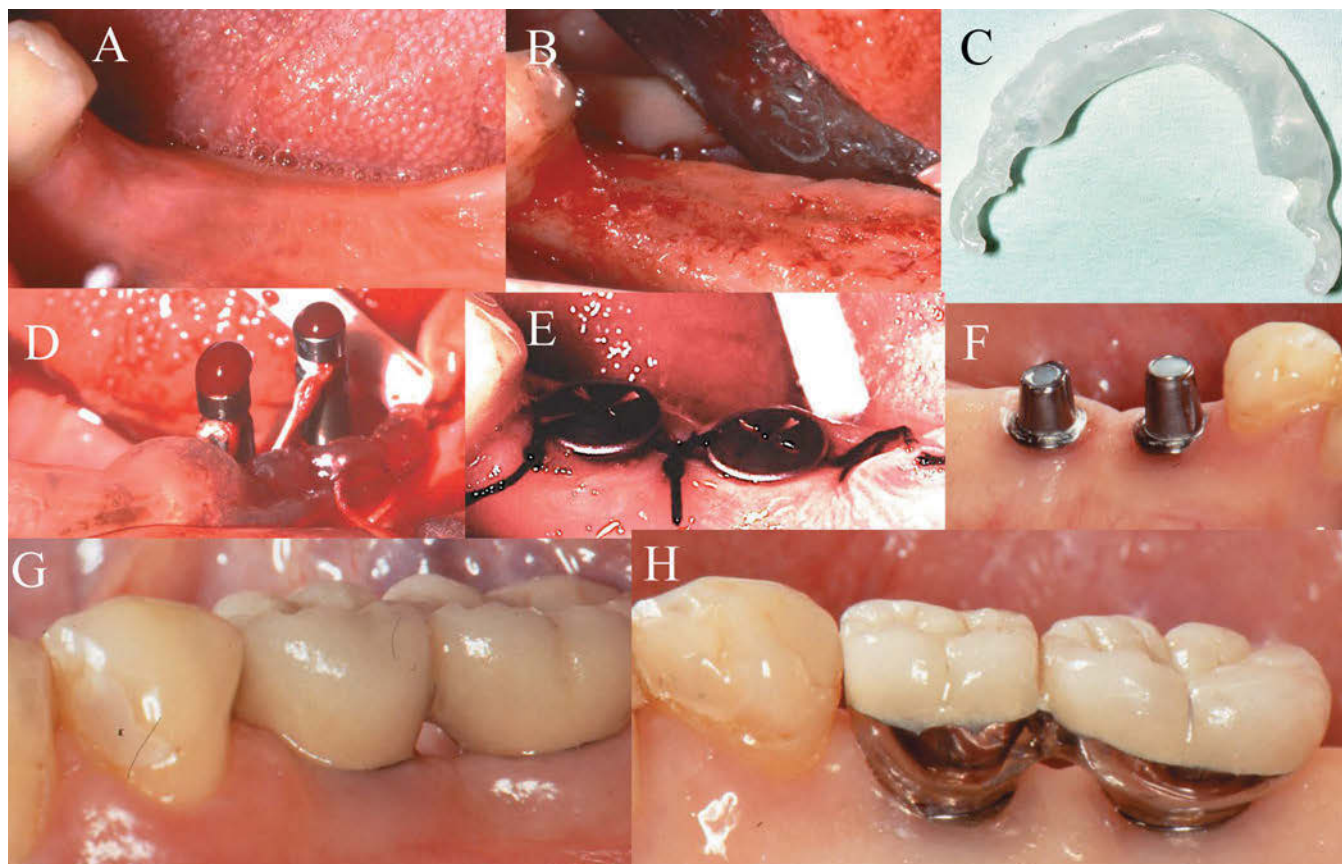


Figure 1. Surgical placement and restoration using a conventional surgical guide: 1A. Preop. 1B. Flaps reflected. 1C. Conventional surgical guide. 1D. Osteotomies complete and surgical guide in place with paralleling pins. 1E. Flap closure with healing abutments. 1F. Final healing with restorative abutments in place. 1G. Final restorations buccal. 1H. Final restorations lingual.

cross-sectional, panoramic, axial, and three-dimensional views to confirm they are within bone and in an optimal position to support the desired restoration (**Figure 2**). This process allows the restoring dentist and the dentist placing the implants to view the trial positions of the implants and collaborate on any adjustments to optimize their position. With this process, intraoperative decisions are avoided. Instead, decisions on implant placement are collaborative and reflective.¹

Once the collaborative planning is complete, a stereolithographic computer-generated surgical guide can be ordered that will guide osteotomy preparation and implant placement. Teeth, soft tissue, bone or combinations of tooth-tissue or tooth-bone can support these surgical guides. The implant is then surgically placed in the position as it was planned on the computer (**Figure 3**). These guides result in precise and accurate placement of dental implants.²

In addition to collaborative planning and precise implant placement, there are additional advantages of computer-guided implant dentistry. The surgical guides can be used to place implant analogs in study models, allowing fabrication of provisional restorations in advance of surgical implant placement. The patient can then, provided there is appropriate primary implant stability, receive an immediate provisional restoration (**Figure 4**). In many cases, an existing complete denture can be converted to an immediate fixed provisional prosthesis at the time of surgery (**Figures 5, 6**). It is also possible, in properly selected cases, to place implants in a flapless approach (**Figures 3, 4**).

While this technology has been available since 2002, it is only recently gaining wider acceptance.³ One can only speculate the reason for the lag in adoption of computer-guided implant dentistry. It requires mastering a new software program and clinical procedures. There is also some additional cost for the patient. A CBCT will be needed, along with the stereolithographic surgical guide/template. The additional cost is typically about 10 percent to 15 percent of the fees

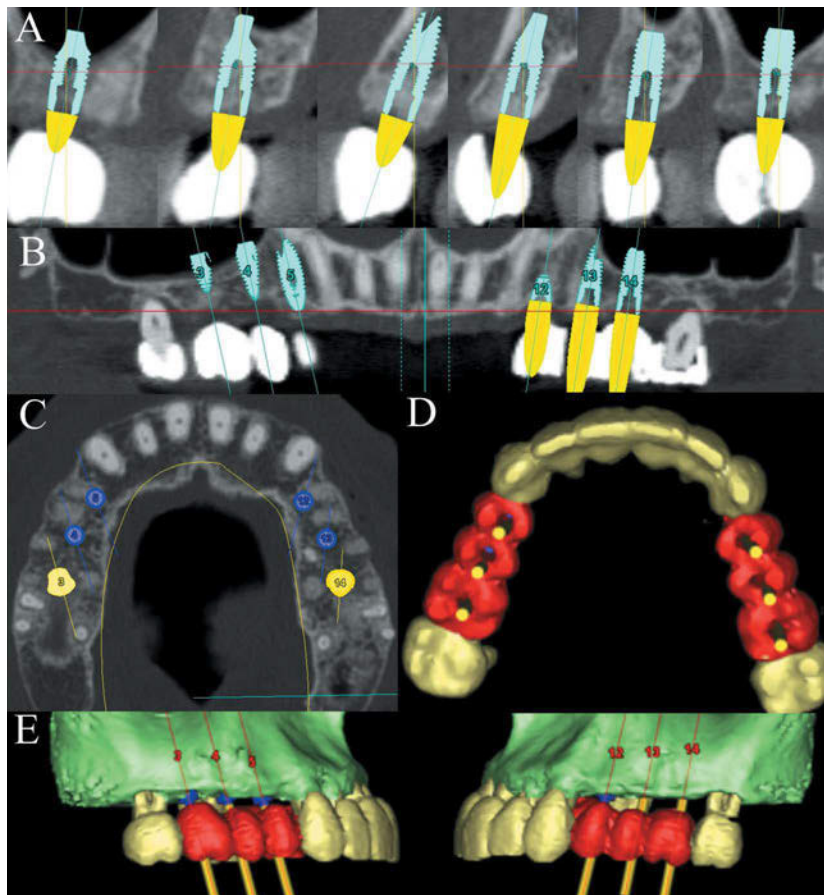


Figure 2. Virtual implant planning computer desktop views: 2A. Cross-sectional. 2B. Panoramic. 2C. Axial. 2D. Three-dimensional from the occlusal. 2E. Three-dimensional from the buccal.

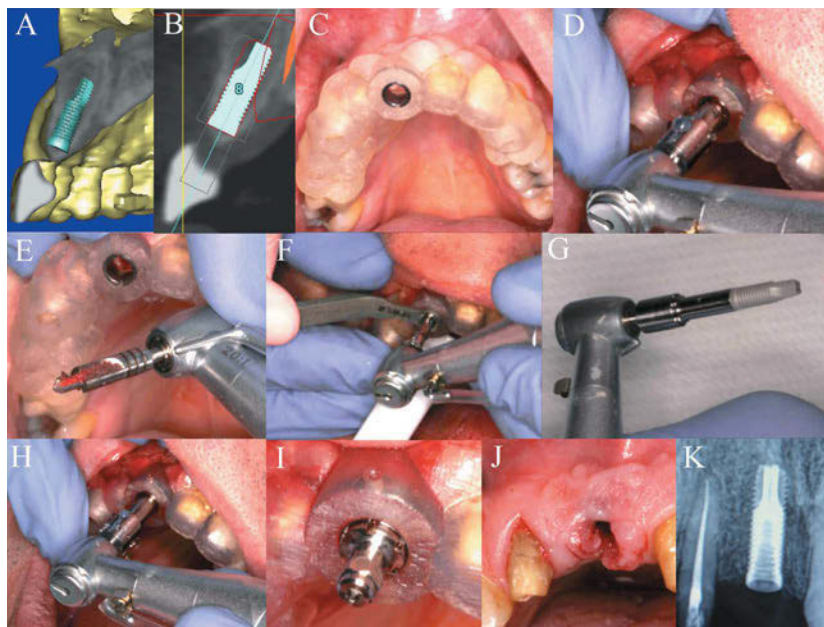


Figure 3. Surgical implant placement using a computer-generated surgical guide: 3A/B. Virtual plan. 3C. Stereolithographic computer generated surgical guide. 3D-F. Osteotomy preparation with a flapless approach. 3G. Implant attached to driver. 3H/I. Implant torqued into osteotomy. 3J. Implant site after placement. 3K. Post-operative periapical radiograph.
 Figures 3B, 3F, 3G, 3J, and 3K previously published in Clin Adv Periodontics 2012; 2:263-273 and reproduced with permission from the American Academy of Periodontology.

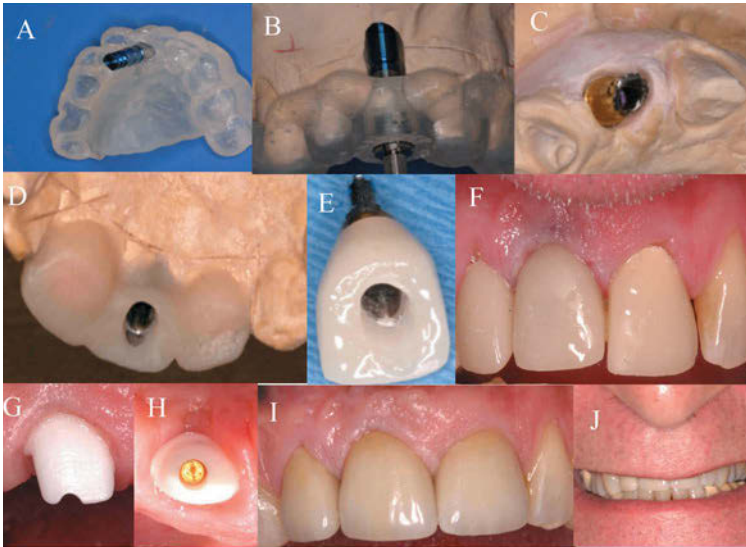


Figure 4. Preoperative fabrication of provisional for immediate provisional and final restoration: 4A/B. Surgical guide utilized to attach laboratory implant analog in virtually planned implant position. **4C.** Provisional abutment attached to laboratory implant analog. **4D/E.** Provisional restoration fabricated. **4F.** Provisional restoration placed at time of implant surgery (surgical case Figure 3). **4G/H.** Final abutment. **4I/J.** Final restoration (Dr. Frank Marchese, Lilse, IL). Figures 4B, 4C, 4E, 4F, 4G, and 4I previously published in *Clin Adv Periodontics* 2012; 2:263-273 and reproduced with permission from the American Academy of Periodontology.

for a single-tooth implant fixture and restoration. This assumes that one would not have a fee for CBCT or conventional surgical guide if the implant were placed without a computer-generated guide. In many cases today, CBCT imaging is appropriate; and a surgical guide, conventional or computer-generated, is usually required. Therefore, the additional cost is minimal in a typical private practice.

While computer-guided implant dentistry can result in improved and more-predictable outcomes, as with all dental procedures, it requires the dentist to follow proper clinical protocol. If inaccurate information is incorporated into the surgical plan, the error will be transferred to the surgical guide that will precisely transfer that error to the surgery.¹ This technology can also be inappropriately employed. There are companies that market surgical planning services for implant placement. In some cases, these service providers suggest the dentist need not have extensive training in dental implant treatment planning or surgery. A CBCT of the patient is shared with the company, and its technicians complete surgical planning.⁴ A computer-generated guide is then delivered for the dentist to use in a flapless implant surgery. Flapless



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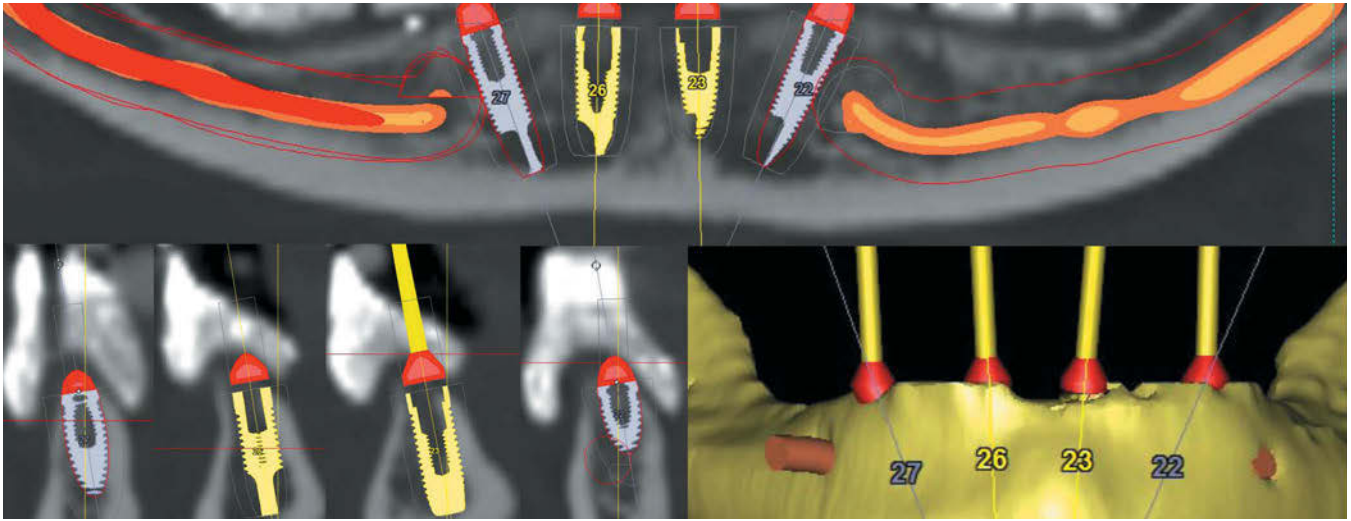


Figure 5. Virtual implant-planning edentulous mandible: Panoramic, cross-sectional, and three-dimensional views. Note implants 22 & 27 are planned tipped 30 degrees to the distal to increase the anterior-posterior (AP) spread. The stereolithographic guide helps place the implants precisely without damage to the mental nerve. Figure 5 previously published in *Clin Adv Periodontics* 2012; 2:263-273 and reproduced with permission from the American Academy of Periodontology.

computer-guided implant placement requires the greatest degree of experience in implant surgery.¹ Therefore, computer-guided implant surgery techniques do not eliminate the need for extensive training in implant surgery.

At Oregon Health and Science University, we believe that computer-guided implant dentistry facilitates optimum implant care for our patients. Our dental students and postgraduate residents receive in-depth education in this process and employ this technology for all patients receiving implant-supported dental restorations in our predoctoral clinic. ●

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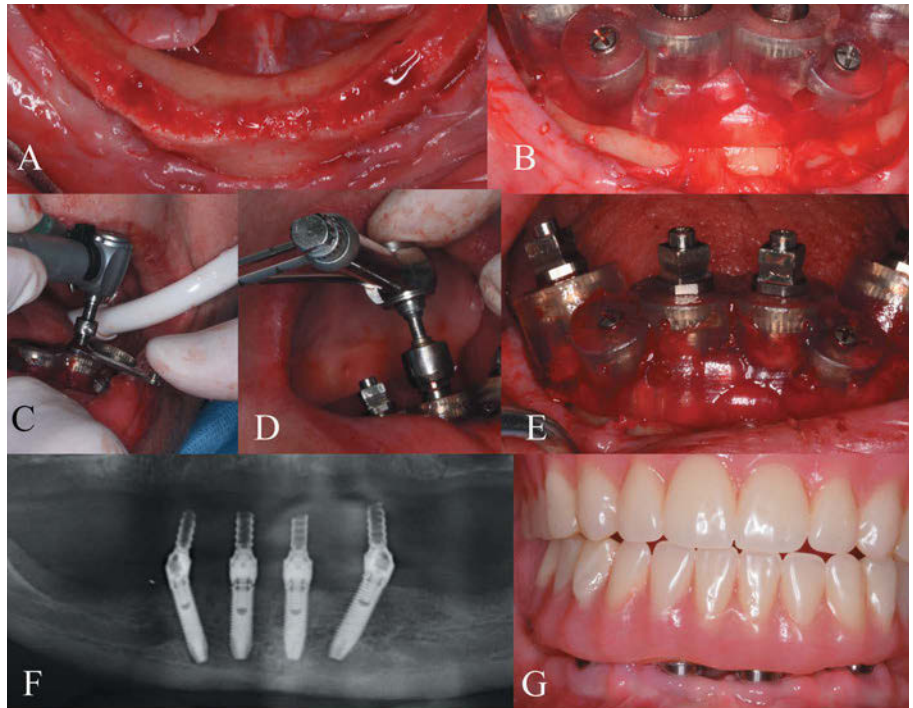


Figure 6. Surgical placement and immediate provisionalization edentulous mandible: 6A. Flaps reflected. 6B. Stereolithographic surgical guide in place with two fixation screws. 6C. Osteotomy preparations. 6D. Implants torqued into osteotomies. 6E. Implant installation complete. 6F. Postoperative radiograph. 6G. Existing full denture converted to implant-supported provisional prosthesis. Figures 6B, 6C, 6D, 6E, 6F, and 6G previously published in *Clin Adv Periodontics* 2012; 2:263-273 and reproduced with permission from the American Academy of Periodontology.



Dr. Joseph Califano earned his DDS, a PhD in microbiology/immunology, and a certificate in periodontics from Virginia Commonwealth University. He is a diplomate of the American Board of Periodontology and has been the director of Predoctoral Periodontics at the Oregon Health and Science University since 2014. Dr. Califano's teaching focuses on the areas of predoctoral and postgraduate periodontics, including advanced periodontal and surgical therapy, dental implants and computer-guided implant dentistry, and pathogenesis and immunopathology of periodontitis.

Antimicrobial Treatment for Advanced Periodontal Disease

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By James S. Kohner, DDS
Originally published December 15, 2011

Editor's Note: This author's case report is based on the work of Jorgen Slots, DDS, DMD, PhD, MBA. See *Anti-Infective Agents in Periodontal Treatment on Medscape* for an overview.

Case Presentation

A 42-year-old healthy black man was referred from his general dentist. Following a period of 20 years with no dental care, the patient presented with a chief complaint of "bad breath." He reported a history of a very unpleasant dental experience as a youth, which resulted in avoiding dental visits since that time. Now, the patient reports that he is willing to undergo dental therapy.

Medical History and Dental Examination

History. The patient's medical history was unremarkable, with no history of smoking. He is a former college athlete who exercises regularly and is in good physical shape other than his lack of dental care.

Dental examination. Clinical examination reveals excessive calculus, deep periodontal pockets, and generalized suppurative discharge. His existing dental restorations are unremarkable, with both occlusion and mobility of teeth within normal limits (**Figure 1**).

Radiographs. Full mouth radiographs were taken. Subgingival calculus and generalized bone loss associated with periodontal disease were evident from radiographs in all quadrants (**Figure 2**).

Diagnosis

This patient had advanced periodontitis, with significant pocketing of 5-10 mm,

complicated by potential compliance issues and fear from previous dental experiences.

Treatment Plan

The conventional approach to managing periodontal disease includes debridement followed by instructions for plaque removal at home. Because of the length of time since the patient's last dental treatment, and his active oral infection, antimicrobial disinfection was selected as the best method to reduce the number of periodontal pathogens. Initial debridement alone would have allowed for some repair, slowing down not just the disease but the repair potential as well. This case illustrates how adding chemotherapeutic agents targeting the specific periodontal microbiota will facilitate maximum repair and successful management of even very advanced cases such as this one.

By aggressively and accurately targeting pathogens, results will be improved over traditional scaling and surgical methods.^[1,2] These traditional combined methods may not kill all bacteria at diseased sites. Antimicrobial cleansing is an innovative method that combines in-office procedures with specific antimicrobial procedures to be performed at home, providing optimal healing. These processes have yielded predictable clinical results for cases that did not respond to initial treatment as well as for



Figure 1. Preoperative view of mandibular right lingual tissues.



Figure 2. Radiograph of same area showing subgingival calculus.



Figure 3. Soft tissue flap of teeth #28-#31, showing subgingival calculus and granulation tissue in pocketed areas.



Figure 4. Same site as Figure 3 above, with calculus and granulation tissue removed.

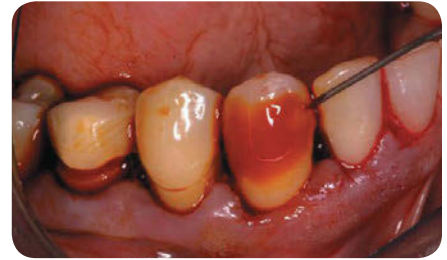


Figure 5. Povidone-iodine application, with appropriate viscosity to cover all surfaces.

advanced cases treated for the first time.^[1,2] By attacking infection while it is active, the bacteria are eliminated aggressively and completely.

This case was treated in the following manner:

1. Bacterial culture of pathogens.

Cultures were obtained with a paper point inserted into the pockets. Culture results showed high levels of *Peptostreptococcus micros* and very high levels of beta-hemolytic *Streptococcus*. Because periodontal disease is an infection, identifying the specific bacteria — such as *Porphyromonas gingivalis*, *Prevotella intermedia*, and others — allows for accurate selection of antibiotics that have sensitivity and specificity for those bacteria.

2. Complete debridement with ultrasonic and hand instruments of all subgingival calculus by means of a minimal flap for access to root surfaces (**Figures 3 and 4**).

3. Systemic antibiotic therapy as

determined by culture. In this case, a large number of many different bacteria required use of amoxicillin and metronidazole, 250 mg each, 3 times daily for 8 days. The sensitivity report indicated that two antibiotics were recommended because no single agent has action against every identified bacterium.

4. Local application of povidone-iodine

for 5 minutes and a brief rinse with very dilute bleach solution at the time of treatment (**Figure 5**).

5. Home care regimen, including:

- Use of dilute bleach solution (1:10 dilution of sodium hypochlorite) twice weekly, applied with a Water-Pik® with a small Pik Pocket Tip® (Water Pik, Inc., Fort Collins, Colorado).
- Use of topical fluoride (0.4% stannous gel) for application in custom trays.



Want to Learn More?

Dr. Kohner is presenting on **Thursday, April 5, and Friday, April 6,**
at the 2018 Oregon Dental Conference.



Figure 6. Postoperative view at 6 months. Note appearance of tissues demonstrating the shrinkage and adaptation of soft tissues and improved color appearance.

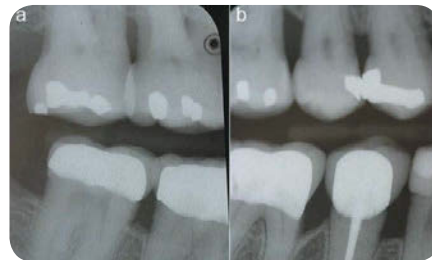


Figure 7. Final restoration 3 years postoperatively. Note new porcelain-fused-to-metal crowns on teeth #29-#31, with radiographs demonstrating tissue and bone repair. Neither osseous reduction nor bone augmentation was performed. Only debridement plus systemic and local antimicrobial agents were used to treat this case. **7a.** Molar bitewing radiograph. **7b.** Bicuspid bitewing radiograph.

Results

On follow-up, the patient showed marked improvement and reported satisfaction with his treatment. He reported that postoperative pain was nearly nonexistent as a result of the minimal flap and no osseous reduction surgery. Clinically, the pockets were resolved, the bone showed radiographic evidence of repair, and the patient reported feeling better immediately. In keeping with his college athletic career, the patient jogged regularly and reported the effort required to do his usual workout has lessened. He stated that he felt stronger and faster. No postoperative culturing was done. Periodontal measurements continued to show stability (**Figures 6, 7a, and 7b**). 🗨️

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2. Slots J. Selection of antimicrobial agents in periodontal therapy. *J Periodontal Res.* 2002;37:389-398.

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Dr. James Kohner is originally from Cleveland, Ohio. He graduated from The Ohio State University, and Case Western Reserve University Dental School, then obtained his certification in Periodontics from the Boston University School of Graduate Dentistry. He currently lives in Denver, Colo.

*Dr. Kohner is an experienced teacher who has presented courses on **Crown Lengthening, Soft Tissue Grafting and Antimicrobial Treatment for Periodontal Disease** to a wide range of audiences, including many state associations, all over the U.S. and in eight foreign countries, and has presented at the American Academy of Periodontology meetings for many years. He has been teaching for the Perio Institute since 2003.*

He is a current member of both the American Dental Association and the American Academy of Periodontology, and a professional member of the National Speakers Association.

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2018 ODC Speaker Preview

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Teresa Duncan, MS, FAADOM: Insurance
Peter Fay, DMD: Restorative Dentistry
Stuart Lieblich, DMD: Anesthesia
Denis Lynch, DDS, PhD: Pathology
Baldwin Marchack, DDS, MBA: Implants
Judy Kay Mausolf: Communications
Betsy Reynolds, RDH, MS: Hygiene
Pam Smith, RDN: Health & Wellness
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Washington County Dental Society

ON SEPTEMBER 12, 2017, AT THE ROCK Creek Country Club, Washington County Dental Society President Mark Coussens, DMD, presented eligible members with the 2017 ODA Life Member Plaques.

Members honored included Mark D. Alder, DMD; Donald A. Compton, DMD; David R. Ten Hulzen, DMD, MD; Susan K. Weinberg, DMD; John Williams, DMD; and Daniel M. Yaillen, DMD, MSD.



Susan K. Weinberg, DMD, receives her plaque from WCDS President Mark Coussens.



Daniel M. Yaillen, DMD, MSD.



David R. Ten Hulzen, DMD, MD.



Oregon Academy of General Dentistry 2017-2018 Continuing Dental Education Courses

<u>Course Name</u>	<u>Instructors</u>	<u>Dates</u>	<u>Credits</u>	<u>Location</u>
New Grad Study Club	Dr. Scott Hansen	Seven Sessions Starting Oct 5, 2017 (Late attendees welcome)	21	OHSU Portland, OR
Geriatrics and Special Patient Care	Dr. Randy Huffines	Friday-Saturday, Nov 17-18, 2017	8 lecture or 12 participation	OMA Portland, OR
OAGD Annual Meeting: Introduction to Ozone Treatments in Dentistry	Dr. Mark Malterud	Thursday, January 18, 2018	3	Portland City Grill Portland, OR
Comprehensive Training in Parenteral Moderate Sedation - Winter 2018	Drs. Ken Reed, Amanda Okundaye, Stanley Malamed, Andrea Fonner & Jason Brady	Jan 18-21, 2018, Feb 1-4, 2018, Clinic Dates: Mar 8-11, 2018	103	Las Vegas, NV & Portland, OR
Pediatric Dentistry for the General Dentist	Dr. Gregory Psaltis	Friday-Saturday, Jan 26-27, 2018	8 lecture or 12 participation	Portland, OR
Bernie Taylor Pub Night: From Regenerative Endodontics Using Stem Cells To 3D Printing Of Dental Crowns	Dr. Luiz Bertassoni	Wednesday, Feb 28, 2018	2	Lucky Lab - Hawthorne Portland, OR
Howard Memorial Lecture and Student Competition: TMD/Orofacial Pain	Dr. Jeffrey Okeson	Friday-Saturday, Mar 2-3, 2018	8 lecture or 12 participation	Portland, OR
Comprehensive Training in Parenteral Moderate Sedation - Summer 2018	Drs. Ken Reed, Amanda Okundaye, Stanley Malamed, Andrea Fonner & Jason Brady	Jul 12-15, 2018, Aug 16-19, 2018, Clinic Dates: Sep 13-16, 2018	103	Las Vegas, NV & Portland, OR



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marion polk DENTAL SOCIETY

MPDS WOULD LIKE TO THANK SALEM BOYS & GIRLS CLUB for hosting our local CE Course/Membership meeting every September. The club graciously provides for our local uninsured youth at its Dental & Health Service Center. Educating and improving the dental and general health in children's lives can improve their self-esteem, school success, nutrition and overall health. This is accomplished with the help and support of 20+ local volunteering dentists and 390+ volunteers annually at the Health & Dental Services Center.

Local private practice dentist Dr. Gary Boehne has been a valuable leader at the Dental & Health Center. In the past 10 years, Dr. Boehne alone has provided \$75,146 worth of services and volunteered for over 296 hours to provide dental care for uninsured youth. With Dr. Boehne's 10 years of leadership, the Boy's and Girl's Club has served 4,900+ patients, performed 39,800+ dental procedures, and provided services in the value of \$2,359,800+. Thank you for setting the community children on a path to great futures.



Boys & Girls Club, from left, Jodi Loper, Director of Health and Dental Services; Kari Roberts, Director of Marketing; Itzel Hernandez, SAD; Lupita Montejano, CDA, EFDA.



Dr. Gary Boehne.

Marion & Polk Dental Society is proud to provide an annual scholarship to a dental assisting student at Chemeketa Community College. We have been able to provide this assistance for over 20 years. We believe in helping a local student by promoting education and providing this scholarship to help defray their tuition costs and other fees after they meet certain academic and other criteria.

Our 2018 scholastic winner is Braegan Lovegrove, who was introduced to the members at the October 10 membership meeting/CE course. Lovegrove expressed her gratitude for the scholarship, which is helping her to provide a better life for herself and two children as a single mom. She wants to show her kids that with hard work you can achieve anything you set your mind to. This scholarship helps her get one step closer.

It is rewarding to see these individuals become part of the MPDS family as staff members later in their careers. Chemeketa students intern in the local Marion & Polk offices as well as find their future occupation. ●



Braegan Lovegrove and her children. Photo courtesy of Braegan Lovegrove.

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Volunteer as a Speaker Host and receive FREE ODC Registration!

The Annual Meeting Council is holding the annual Speaker Host Dinner & Training on Thursday, January 11, 2018, at 6:30 p.m. at the ODA building in Wilsonville.

Attendees will learn the responsibilities and benefits of hosting, and have the opportunity to select which speaker(s) they would like to host. For a list of 2018 ODC speakers, visit www.oregondentalconference.org.

Please note: Speaker host assignments will not be made prior to this event.

If you are unable to attend, but would still like to host a speaker at the 2018 ODC, please notify Christine Vaughan at cvaughan@oregondental.org. She will contact you after the January 11 event if speaker host opportunities are still available.



DATE:
January 11, 2018

TIME:
6:30 p.m.

LOCATION:
ODA Building,
8699 SW Sun Place, Wilsonville, OR 97070

REGISTER:
Christine Vaughan at cvaughan@oregondental.org
by January 8, 2018

Can't attend in person? No problem. You can join the meeting remotely. Ask Christine for more information when you RSVP.

The Dental Foundation Partners with the Eastern Gorge Fire Response

ALTHOUGH OUR MISSION is to “improve oral health for Oregon’s children,” we do much more. We strive to “do what’s right” for our community and state every day. The DFO was called upon to help the firefighters and “Hot Shots” in the Gorge. We got the call they were in need of several hundred toothbrushes, tubes of toothpaste and packages of dental floss. Within two days, we were able to grant their request and deliver the needed items directly to the Hood River County Fairgrounds, where the firefighters were staying.



Andrew Zufall

The Tooth Taxi team, Dr. Sita Ping and Andrew Zufall, drove to Hood River to supply the toothbrushes, toothpaste and dental floss to the firefighters who battled to contain the Eagle Creek fire



Dr. Sita Ping

in the Columbia Gorge. Thank you to Drs. Kyle & Annalisa Smith; Dr. Weston Heringer, Jr.; Dr. Weston Heringer, III; and Dr. Daniel Saucy for their donations to the firefighters. This opportunity was a great example of how the dental community made a big difference for our state!

Please get involved with The Dental Foundation and join us for our fun events.

- Willamette Week’s Give!Guide November 2 through December 31 – Look for the Willamette Week’s Give!Guide and encourage your patients, friends and family to donate. <https://giveguide.org/#!/section:nonprofits,category:health,org:toothtaxi>
- BnK/DFO Texas Hold'em Annual Poker Tournament January 28, 2018.
- Motor Mouth Car Raffle – Raffle sales start fall 2017, tickets are \$45 a piece, and the raffle winner will be chosen at the Oregon Dental Conference April 7, 2018, at 12:45 p.m. This year we are raffling a 2018 Toyota Camry and a 2018 Toyota Rav4 AWD. Thank you to Gresham Toyota! 🙏

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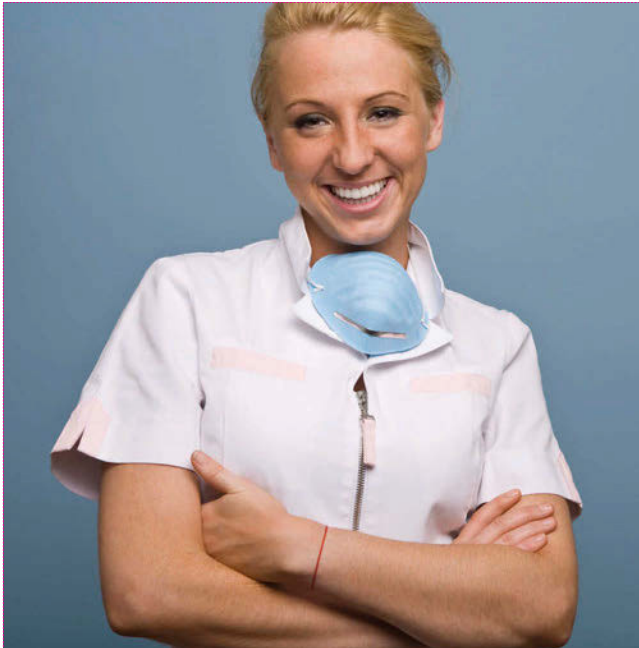
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