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Membership Matters

A publication of the Oregon Dental Association • February 2018

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Volume 23, Issue 9 | February 2018

oregon dental ASSOCIATION

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Membership Matters accepts original submissions for publication from member dentists. For viewpoint articles, please limit to 800 words. For clinical articles, please limit to 1,600 words. *Membership Matters* is not a peer review publication. Publication of any article is at the discretion of the Editor. Please disclose any financial interests you may have in products or services mentioned in your article. Email editor Barry Taylor at barrytaylor1016@gmail.com with any articles or questions.

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.

AADE American Association of Dental Editors

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FROM THE EDITOR

Continuing Education When the Evidence Is Missing

By Barry J. Taylor, DMD, FAGD, FACD, CDE

Editor, *Membership Matters*

barrytaylor1016@gmail.com

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.

EVIDENCE-BASED DENTISTRY AND DENTAL CONTINUING EDUCATION ARE not always a perfectly matched couple. The reality is that much of what we do in dentistry isn't necessarily based on solid quantifiable evidence that can be nicely summarized in a data table in a published peer reviewed article. Much of our practice is based on experience, a lot of expert opinion, and a completely subjective artistic element. That list is all at the bottom of any evidence pyramid you are going to see. We do have our top-of-the-pyramid systematic reviews for some topics like dental materials, but outside of that we have to rely on all levels of the pyramid. As an educator, it is why my favorite term to use at the school is "critical thinking." It is also why continuing education like that provided at the Oregon Dental Conference is so important.

My personal gold standard for continuing education is based on three courses that I took early on in my career, and each offered a different style of education. I was introduced to real "evidence-based dentistry" by Dr. Ted Jacobson, whose removable prosthodontic study club was organized in a manner in which every slide he presented had a journal citation. In hindsight, maybe some of those citations were nothing more than case studies and expert opinion, but Dr. Jacobson demonstrated that he was presenting material that was based on the best evidence available at the time.

For my generation of colleagues, many of us reference Dr. Harry Albers as the gold standard for dental CE. Dr. Albers was the ultimate expert for dental materials at the time. He had experience using the materials and had done the research for all of the physical properties of the myriad of composites and bonding agents. He would go into great detail on how to use the material, and he had creative ways for teaching how to manipulate the materials. His CE was the classic "expert opinion."

The third course was a Tucker Cast Gold study club mentored by Dr. Tom Walker. At the time, we would remark that there was no published evidence that demonstrated the longevity of a cast gold onlay using the Tucker technique, but any study club member knew that it was truly the gold standard for a restoration. Since then, retrospective studies have been published that back this claim up. But still, I think of doing a Tucker cast gold restoration as an "artistic" endeavor which is based on sound scientific principle.

This combination of evidence-based dentistry, expert opinion, and art is still relevant. The reality is that much of the dental care we provide today is based on these multiple factors. Look no further than the new patient that presents to your office with a cracked tooth. We have evidence based periodontal risk assessments and caries risk assessments but we don't yet have an evidence based cracked tooth risk assessment. One can discuss with Dr. Tom Hilton the challenges of coming up with such an assessment. Instead the treatment each doctor offers the patient is based on a multiple of factors based on their experience, continuing education, and their personal expert opinion. Non-carious class V lesions, restoring to centric relationship and occlusal interferences are just a few examples of the many dental situations in which there are not solid systematic reviews that we can reference to provide the correct care.

A lack of evidence alone shouldn't discredit a continuing education course. I recently attended a course about the use of ozone in dentistry. My conclusion was

Continued on page 34

Welcome
New ODA Members!

Join us in welcoming new members on Welcome Wednesday, the first Wednesday of each month on Facebook.

Jordan Anderson, DDS
Multnomah Dental Society

Nick Le, DDS
Multnomah Dental Society

Peter Ma, DMD
Multnomah Dental Society

Jeffery Sulitzer, DMD
Marion Polk Dental Society

Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
02/13/2018	Marion & Polk	Prosthodontic Principles to Maximize Results in the Esthetic Zone	Lauren Manning, DDS, DMSc	1.5	Salem (West Salem Roth's)	Contact Sabrina – mpdentalce@qwestoffice.net
02/21/2018	Multnomah	Cannabis and Oral Health	Barry Taylor, DMD & Caroline DeVencenzi, DMD	2	Portland (OHSU School of Dentistry)	www.multnomahdental.org or lora@multnomahdental.org
02/24/2018	OHSU	Patient Safety and Risk Management for the Oral and Maxillofacial Surgeon	OMSNIC	2	Portland (OHSU School of Dentistry)	www.ohsu.edu/cde or call 503-494-8857
02/26/2018	OHSU	Record Keeping	Dr. Stephen Persichetti	3	Portland (OHSU School of Dentistry)	www.ohsu.edu/cde or call 503-494-8857
02/27/2018	Clackamas	ODA Update	Conor McNulty	1	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
03/03/2018	OHSU	Pharmacology	Dr. Mark Donaldson	7	Portland (OHSU School of Dentistry)	www.ohsu.edu/cde or call 503-494-8857
03/13/2018	Marion & Polk	Getting to & Through Your Retirement	Larry Hanslits, CFP	1.5	Salem (West Salem Roth's)	Contact Sabrina – mpdentalce@qwestoffice.net
03/13/2018	Washington	You, The Law and the Board	Grant Stockton, JD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx – contact@wacountydental.org
03/16/2018	Southern Oregon	Early Detection of Oral Cancer	Dr. Cindy Klienegger	2	Medford (TBD)	Contact Jana – sodentalsociety@gmail.com
03/17/2018	OHSU	Medical Emergencies – 2018 Update	Steve Beadnell, DMD	4	Portland (OHSU School of Dentistry)	www.ohsu.edu/cde or call 503-494-8857
03/17/2018	OHSU	Risk Management	Chris Verbiest	3	Portland (OHSU School of Dentistry)	www.ohsu.edu/cde or call 503-494-8857
03/20/2018	Clackamas	Oral Surgery	Brett Sullivan, DMD, MD	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
03/21/2018	Multnomah	Search Engine Optimization	Scott Hendison	2	Moda Plaza, Milwaukie	multdental@aol.com or lora@multnomahdental.org
04/24/2018	Clackamas	Tooth Wear: Diagnosis & Treatment	Dr. Silvia Amaya Pajares	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
05/08/2018	Marion & Polk	TADs & Mini Implants	David Swiderski, DDS, MD	1.5	Salem (West Salem Roth's)	Contact Sabrina – mpdentalce@qwestoffice.net
05/08/2018	Washington	Prevention and Management of Nerve Injuries	Daniel Petrisor, DMD, MD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx – contact@wacountydental.org
05/10/2018	Southern Oregon	Are you Prepared for Retirement?	Shannon York (Edward Jones)	1	Medford (Los Arcos)	Contact Jana – sodentalsociety@gmail.com
05/21/2018	Multnomah	Annual Awards Dinner/ Table Clinics	Multiple	2	Multnomah Athletic Club	multdental@aol.com or lora@multnomahdental.org
05/22/2018	Clackamas	Pedo/Ortho Panel	TBD	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
10/19/2018	Southern Willamette	Risk Management	Chris Verbiest	3	TBD	Contact Brian – swdsoregon@gmail.com

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

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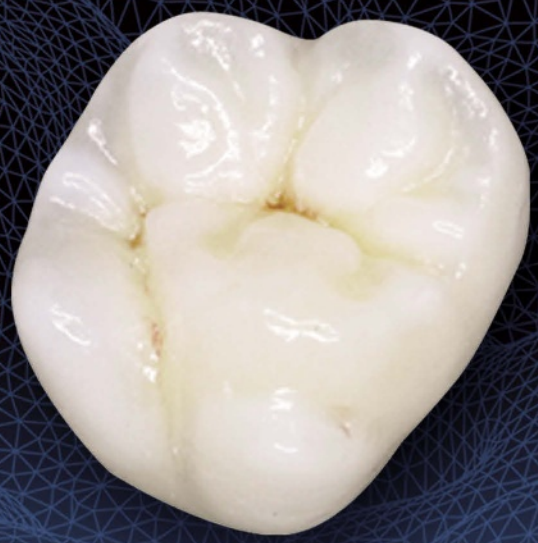

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Barry Taylor, DMD, CDE, Multnomah
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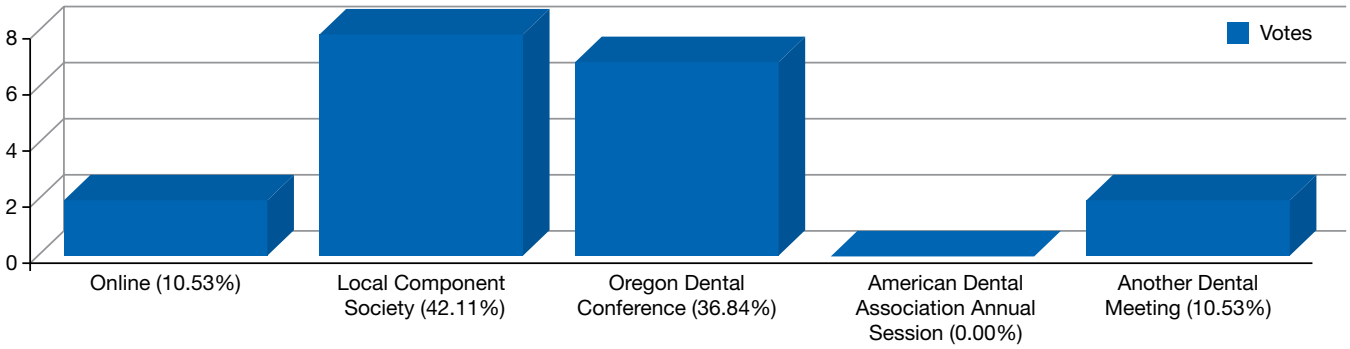
INSIDER RESULTS

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 November's results. Please keep an eye out for future questions, and be sure to participate!

DO YOU PREFER TO RECEIVE YOUR DENTAL CONTINUING EDUCATION:



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COMPLIANCE CORNER

Risk Management Education

THE OREGON DENTAL ASSOCIATION requires its members to complete 3 hours of approved risk management education every three years.

The current reporting period is Jan. 1, 2017, through Dec. 31, 2019. Completion and verification is required by Dec. 31, 2019.

Risk management education will be offered at the 2018 Oregon Dental Conference, and local dental societies offer DBIC-approved courses throughout the year. DBIC also offers a free online self-study course, which can be found at **dentistsbenefits.com/risk-management**.

Questions regarding ODA's risk management requirement can be sent to Christine Vaughan at **cvaughan@oregondental.org**.

Upcoming live risk management seminars for the 2017-2019 cycle

April 5, 2018 – Oregon Dental Conference

October 19, 2018 – Southern Willamette Dental Society (Corvallis)

Registration contact:
Dr. Brian Summers 541-926-6389

November 13, 2018 – Washington County Dental Society (Beaverton)

Registration contact:
Dr. Steve Dierickx 503-848-5605 or contact@wacountydental.org

December 11, 2018 – Marion & Polk Dental Society (Salem)

Registration contact:
Sabrina Hance 503-581-9353

The 2018 Oregon Dental Conference™ an event for the entire dental team

THE OREGON DENTAL ASSOCIATION (ODA) is proud to present their 126 annual session. The conference is the concurrent meeting of the ODA, the Oregon Society of Oral and Maxillofacial Surgeons (OSOMS), the Oregon State Association of Endodontists (OSAE), the Oregon Society of Periodontists (OSP), the Oregon Academy of General Dentistry (OAGD), the Oregon Academy of Pediatric Dentistry (OAPD), the Oregon Dental Assistants Association (ODAA), the Oregon Dental Executives' Association (ODEA), the Oregon Dental Hygienists' Association (ODHA), and the Oregon Association of Dental Laboratories (OADL).

Thank you to the ODA Annual Meeting Council for all their hard work planning the ODC!

Chair
V. Kim Kutsch, DMD

Ex-Officio
James McMahan, DMD

Council Members
Allen Cheng, DDS, MD
Keith Doty, DDS
D. Joe Jenson, DMD
Jack Rocheld, DDS
Parisa Sepehri, DDS
Ericka Smith, DMD
Robert Stephenson, DDS

Introducing New Member: Ericka Smith, DMD

Why did you join the Annual Meeting Council?

"I recently moved back to Oregon to join the Wolfe Dental Team. I completed my schooling at OHSU and was involved with the ODA during dental school and really enjoyed my time with the organization. I was contacted by the ODA regarding the position and think it sounds like a great way to get involved in organized dentistry. I was able to attend the convention as a student and was always impressed and would love a chance to contribute and try to continue to make it better."

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Mark Your Calendar for the 2018 Oregon Dental Conference!

Learn more and register today at oregondentalconference.org.

oregon dental CONFERENCE

Events at a Glance

THURSDAY, APRIL 5	
7 AM – 6 PM	Registration Open
7 – 9 AM	Pierre Fauchard Academy Breakfast
9 AM – 4:30 PM	Scientific Sessions
11:30 AM – 6:30 PM	Solutions Marketplace Open
12 – 1 PM	Oregon Dental Assistants Association (ODAA) Luncheon
12:15 – 1:15 PM	American College of Dentists Luncheon
3:30 – 6:30 PM	Grand Opening Reception, Solutions Marketplace
FRIDAY, APRIL 6	
7 AM – 6 PM	Registration Open
7:30 – 8:30 AM	General Session
9 AM – 5 PM	Scientific Sessions
10 AM – 6 PM	Solutions Marketplace Open
12 – 2 PM	Oregon Association of Dental Laboratories (OADL) Board Meeting
12 – 1:30 PM	Oregon State Association of Endodontists (OSAE) Luncheon
4 – 6 PM	New Dentist Reception, Solutions Marketplace
6 – 10 PM	All-in for Fun (Casino Night), DoubleTree by Hilton Hotel Portland
SATURDAY, APRIL 7	
7 AM – 1 PM	Registration Open
7 AM	International College of Dentists Breakfast, DoubleTree by Hilton Hotel Portland
8 AM – 4 PM	Scientific Sessions
9:30 AM – 1 PM	Solutions Marketplace Open
11 AM – 12:30 PM	Oregon Dental Hygienists' Association (ODHA) "All RDH" Event
11 AM – 1 PM	Oregon Society of Oral and Maxillofacial Surgeons (OSOMS) Luncheon
11 AM – 1 PM	Oregon Society of Periodontists (OSP) Luncheon
12 – 1 PM	OHSU School of Dentistry Alumni Association Awards Presentation and Lunch

Conference Location

Oregon Convention Center
777 NE MLK Jr. Blvd, Portland, OR 97232
503.235.7575 • www.oregoncc.org

Unless otherwise indicated, programs and activities will be held at the Oregon Convention Center.

Important Dates & Deadlines

FEBRUARY 23 Preregistration Deadline Register by February 23 to receive a tuition discount and conference materials prior to ODC.

MARCH 15 Hotel/Lodging Cut-off Discounted ODC rates are available at multiple hotels through March 15. See page 41 for details.

MARCH 22 Course Handouts Online Course handouts will be available online at www.oregondentalconference.org and through the ODC Mobile App, starting two weeks prior to the conference. *Handouts will not be printed for distribution on-site.* If you wish to have ODC handouts available for reference during courses, please be sure to download them in advance.

MARCH 23 Refund, Transfer, and Cancellation Deadline All refund, transfer, and cancellation requests must be submitted in writing. If cancellation occurs after preregistration materials have been mailed, badge(s) must be returned with the written request. A $25 handling fee will be charged for all refunds. Refund requests will not be granted, for any reason, after 11:59 PM on March 23, 2018.

MARCH 23 Mail/Fax Registration Closed Anyone registering after March 23 must register online or on-site in Pre-Function A of the Oregon Convention Center.

APRIL 5–7 On-site Registration Registration will be available in Pre-Function A at the Oregon Convention Center during the hours listed below. Dentists who are not members of ODA will need to show their ADA card to receive the ADA member rate.

ON-SITE REGISTRATION HOURS

Thursday, April 5: 7 AM – 6 PM
Friday, April 6: 7 AM – 6 PM
Saturday, April 7: 7 AM – 1 PM

HOW TO REGISTER
for the 2018 Oregon Dental Conference®

Online at OregonDentalConference.org

The quickest, easiest, and most cost-effective way to register is online at **www.oregondentalconference.org.**

- ✓ Finalize your schedule instantly
- ✓ Secure your place in limited-attendance sessions immediately

By Mail or Fax

Download the registration form at **www.oregondentalconference.org.**

Print the form, complete it, and return via fax or mail with your payment. Please be advised that there is a $25 processing fee for faxed or mailed registrations.

On-Site at ODC

Registration will be available in Pre-Function A at the Oregon Convention Center during the hours listed below. Dentists who are not members of ODA will need to show their ADA card to receive the ADA member rate.

Thursday, April 5	7 AM – 6 PM
Friday, April 6	7 AM – 6 PM
Saturday, April 7	7 AM – 1 PM

Registration materials

Confirmation of registration will be sent to individual registrants after processing. A packet containing name badges for all participants will be mailed prior to the conference to all primary registrants who register by February 23, 2018. Those registering after February 23 may pick up their name badge in the Holladay Lobby of the OCC during registration hours.

Refunds, transfers, and cancellations

All refund, transfer, and cancellation requests must be submitted in writing. If cancellation occurs after preregistration materials have been mailed, badge(s) must be returned with the written request. A $25 handling fee will be charged for all refunds. Refund requests will not be granted, for any reason, **after 11:59 pm on March 23, 2018.**

Early Bird Deadline: February 23, 2018

Register by February 23 for early bird pricing and to receive your conference materials prior to ODC.

Mail/Fax Deadline: March 23, 2018

If you are registering after March 23, you must register online at *oregondentalconference.org*, or on-site in Pre-Function A of the Oregon Convention Center, April 5–7.

Dentist Registration Categories & Fees

	Conference Badge		Solutions Marketplace-Only Badge	
	EARLY Before 2/23	**ON-SITE** After 2/23	**EARLY** Before 2/23	**ON-SITE** After 2/23
ODA member	$290	$410	$25	$50
ADA 11th district member (AK, ID, MT, WA)	$290	$410	$25	$50
ADA retired or life-retired member	$290	$410	$0	$0
ADA direct member	$290	$410	$25	$50
Oregon specialty partner group dentist (OAPD, OSAE, OSOMS, OSP only)	$290	$410	$25	$50
Retired volunteer dentist in Oregon (with DV license)	$0	$0	$0	$0
ADA member dentist outside 11th district (not from OR, AK, ID, MT, WA)	$320	$465	$25	$50
Non-ADA member	$830	$985	$200	$400
International dentist	$320	$465	$25	$50

Non-Dentist Registration Categories & Fees

	Conference Badge		Solutions Marketplace-Only Badge	
	EARLY Before 2/23	**ON-SITE** After 2/23	**EARLY** Before 2/23	**ON-SITE** After 2/23
Hygienist; Assistant; Administrative Staff; Laboratory Tech	$100	$190	$25	$50
Student (dental student; dentist resident; pre-dental student; hygiene student; assisting student; lab tech student)	$0	$0	$0	$0
Non-dental guest (spouses, children over 18)	$100	$190	$25	$50

Visit the Solutions Marketplace (Exhibit Hall) for FREE!

If you're an ODA member, you can visit the Solutions Marketplace for FREE on Saturday, April 7. See page 37 for details.

* Courses marked with an asterisk are offered more than once. See course description for details. Course numbers beginning with "9" are included with registration. Course numbers beginning with "F" require an additional fee.

COURSES AT A GLANCE | THURSDAY

COURSE TITLE	COURSE NUMBER	CE CREDITS	PRESENTER(S)	TIME	GROUP	RECOMMENDED FOR: DENTIST	HYGIENIST	ASSISTANT	OFFICE MGR.	LAB TECH
Thursday – Full Day Course										
To Do! A Patient Care Checklist for Your Practice Treatment	9108	6	Engelhardt-Nash	9 AM - 4:30 PM	ODEA	D	H	A	OM	
Thursday – Morning Courses										
Dental Trauma: Pearls and Pitfalls from Splinting to Definitive Reconstruction	9101	1.5	Amundson	10:30 AM - 12 PM	ODA	D				
Adequate Record Keeping, Board Updates, and the Enforcement Process	9103	3	Blickenstaff; Kleinstub; Prisby	9 AM - 12 PM	ODA	D	H	A	OM	
Being a Medicaid Provider in an Era of Accountability	9105	3	Czerepak; et al	9 AM - 12 PM	ODA	D	H		OM	
CPR for the Health Care Provider*	F1001	3.5	EMT Associates	9 AM - 12:30 PM	ODA	D	H	A	OM	LT
Orthodontic Management of Cleft Lip and Palate: The Middle Years	9109	1.5	Garfinkle	10:30 AM - 12 PM	ODAA	D	H	A		
Oral Cancer: Three Minutes to Save a Life	9110	3	Gilliam	9 AM - 12 PM	ODA	D	H			
Infection Control in Dentistry*	9114	3	Jorgensen	9 AM - 12 PM	ODA	D	H	A	OM	LT
Local Anesthesia Update*	9115	3	Kao	9 AM - 12 PM	ODA	D	H	A		
The Simple Approach to Occlusal Stability	9117	3	Kleive	9 AM - 12 PM	ODA	D	H	A		LT
How Crown Lengthening *Will* Enhance your Restorative Results	9119	3	Kohner	9 AM - 12 PM	ODA	D	H	A	OM	LT
Spit Happens (and Sometimes it Doesn't): The Diagnosis and Treatment of Salivary Gland Disease	9120	3	Lynch	9 AM - 12 PM	ODA	D	H	A		
Childhood Sleep Disordered Breathing: The Role of the Dental Team*	9122	3	Miraglia	9 AM - 12 PM	ODA	D	H	A	OM	
Endodontic Diagnosis and Decision-Making in an Era of Advanced Technology	9124	3	Replogle	9 AM - 12 PM	OSAE	D				
Microbes on Parade: The Amazing Roles They Play in Health and Disease	9125	3	Reynolds	9 AM - 12 PM	ODA	D	H	A		
Implants in the Aesthetic Zone: Science, Protocols, and Techniques	9127	3	Schoenbaum	9 AM - 12 PM	ODA	D				LT
Materials, Techniques, and Technologies for the Exceptional Dental Office	9129	3	Simos	9 AM - 12 PM	ODA	D		A		LT
Human Resources 101: Best Practices, Rules, Strategies, and What You Need to Know	9132	1.5	Wilson	10:30 AM - 12 PM	ODA	D			OM	
Thursday – Afternoon Courses										
Medical Emergency Update	9102	4	Beadnell	1 - 5 PM	ODA	D	H	A	OM	
The Value of Dental Assistants: Insights and Opportunities	9104	3	Bone; et al	1:30 - 4:30 PM	ODAA	D	H	A	OM	LT
Five Things Every Dentist Needs to Know about the Maxillary Sinus	9106	1	Dierks	1:30 - 2:30 PM	ODA	D	H	A		
The Acci-Dental Insurance Coordinator*	9107	3	Duncan	1:30 - 4:30 PM	ODA	D			OM	
CPR for the Health Care Provider*	F1002	3.5	EMT Associates	1:30 - 5 PM	ODA	D	H	A	OM	LT
Hot Stuff: The Dangers of Oral Inflammation	9111	3	Gilliam	1:30 - 4:30 PM	ODA	D	H			
Heat Treated NiTi Rotary Files and Superior Endodontic Results	9112	3	Goodis	1:30 - 4:30 PM	OSAE	D		A		
Don't Get Stressed Out! Get Funny!	9113	3	Jasheway	1:30 - 4:30 PM	ODA	D	H	A	OM	LT
Pharmacology in the Dental Office	9116	3	Kao	1:30 - 4:30 PM	ODA	D	H	A		
A Picture Is Worth Two Words: Case Acceptance	9118	3	Kleive	1:30 - 4:30 PM	ODA	D	H	A		LT
Creating Predictable Restorations: Crown Lengthening	F1003	3	Kohner	1:30 - 4:30 PM	ODA	D				
Infectious Hazards in Dentistry: Or What You Never Thought You'd Have to Worry about after You Passed National Boards	9121	3	Lynch	1:30 - 4:30 PM	ODA	D	H	A		
Childhood Sleep Disordered Breathing: The Role of the Dental Team*	9123	3	Miraglia	1:30 - 4:30 PM	ODA	D	H	A	OM	
Headliners: Breaking News and Its Effect on Health Care	9126	3	Reynolds	1:30 - 4:30 PM	ODA	D	H	A		
Current Controversies in Implant Restorations	9128	3	Schoenbaum	1:30 - 4:30 PM	ODA	D				LT
Top Tips for a Better Dental Office	9130	3	Simos	1:30 - 4:30 PM	ODA	D	H	A	OM	
Risk Management (part of ODC registration)	9131	3	Verbiest	1:30 - 4:30 PM	ODA	D	H	A	OM	
Risk Management (as a stand-alone course)	F1004	3	Verbiest	1:30 - 4:30 PM	ODA	D	H	A	OM	

FRIDAY | COURSES AT A GLANCE

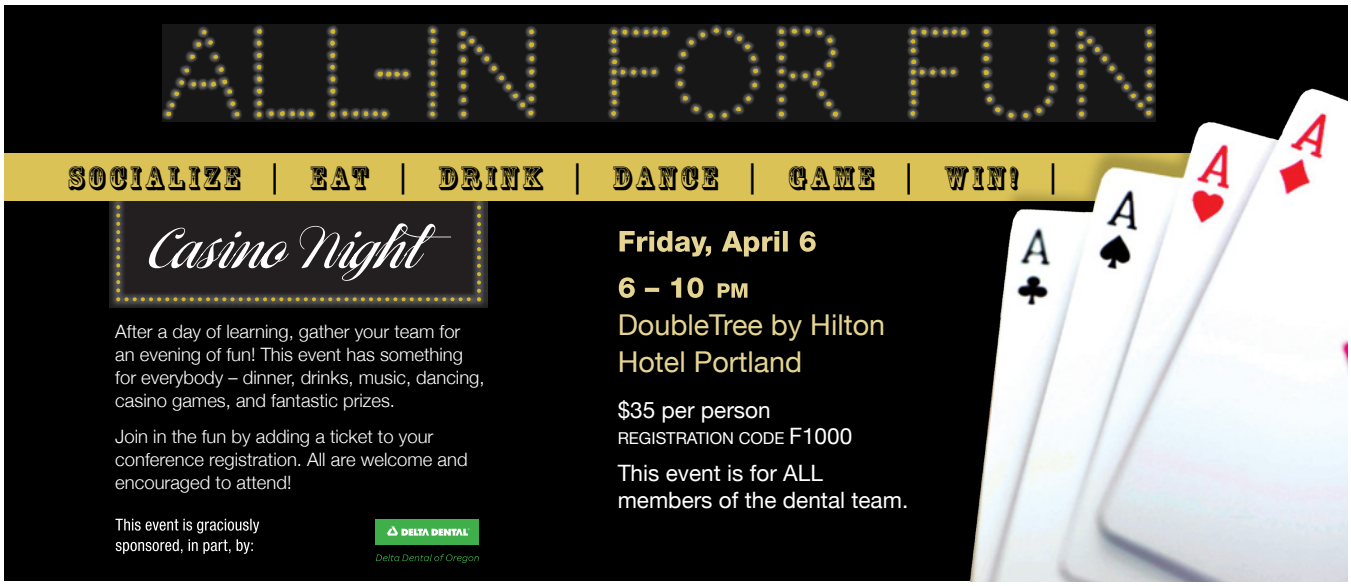
* Courses marked with an asterisk are offered more than once. See course description for details. Course numbers beginning with "9" are included with registration. Course numbers beginning with "F" require an additional fee.

COURSE TITLE	COURSE NUMBER	CE CREDITS	PRESENTER(S)	TIME	GROUP	RECOMMENDED FOR: DENTIST	HYGIENIST	ASSISTANT	OFFICE MGR.	LAB TECH
Friday – General Session										
Change the Game: Reduce Stress to Boost Morale and Teamwork!	9190		Gard	7:30 - 8:30 AM	ODA	D	H	A	OM	LT
Friday – Full Day Courses										
Cone Beam CT Dissection of the Head and Neck: Clinical Application and Interpretation *(Location of workshop is off-site. See page 16 for price and location.)*	F1005	6	Asadi; Hatcher	9 AM - 5 PM	ODA	D	H			LT
Treatment and Presentation Skills for the Dental Team: The Team, The Whole Team, and Nothing But the Team	9141	6	Engelhardt-Nash	9 AM - 5 PM	ODEA	D	H	A	OM	
Getting to YES! Helping Patients Choose Comprehensive Dentistry	9142	6	Fay	9 AM - 5 PM	ODA	D	H	A	OM	
Biologically Appropriate Management of Multifaceted Endodontic Diagnosis and Referral Strategies	9156	6	Rivera	9 AM - 5 PM	OSAE	D	H	A		
Cosmetic Pearls for the General Practitioner	9162	6	Zase	9 AM - 5 PM	ODA	D	H	A	OM	LT
Friday – Morning Courses										
Review of CDC Guidelines for Infection Control in Dental Health Care Settings	9135	3	Barry	9 AM - 12 PM	ODA	D	H	A	OM	LT
Treatment Planning the Edentulous Arch Focused on Removable Prostheses*	9137	3	Bormes	9 AM - 12 PM	OADL	D			OM	
Lessons Learned from a Thousand Office Managers	9139	3	Duncan	9 AM - 12 PM	ODA	D			OM	
CPR for the Health Care Provider*	F1006	3.5	EMT Associates	9 AM - 12:30 PM	ODA	D	H	A	OM	LT
International Volunteer Dental Projects: What's It All About, Anyway?	9143	3	Fritz	9 AM - 12 PM	ODA	D	H	A	OM	LT
Local Anesthesia Update*	9144	3	Kao	9 AM - 12 PM	ODA	D	H	A		
Beating Up on Your Patients' Periodontal Disease: A Minimally Invasive Approach*	9146	3	Kohner	9 AM - 12 PM	ODA	D	H	A		
Diagnosis and Treatment of Recurrent Oral Ulcers	9148	3	Lynch	9 AM - 12 PM	ODA	D	H	A		
Management and Prevention of Gingival Recession: The Interactive Seminar	9149	3	Merijohn	9 AM - 12 PM	ODA	D	H	A	OM	LT
Patient-Centered Dental Benefits and Risk Assessment	9150	3	Mills	9 AM - 12 PM	ODA	D	H	A	OM	
Lumps, Bumps, Patches, and Bone Lesions: A Review of Common Oral and Facial Lesions and Oral Cancer Update	9151	3	Petrisor	9 AM - 12 PM	ODAA	D	H	A	OM	LT
The Mighty Thyroid: Linking Thyroid Function to Oral and Systemic Health	9154	3	Reynolds	9 AM - 12 PM	ODA	D	H	A		
Seven Secrets to Living Well	9157	3	Smith	9 AM - 12 PM	ODA	D	H	A	OM	LT
Silver Diamine Fluoride: Black Teeth – The When, What, Why, and How of SDF	9159	1.5	Stafford	10:30 AM - 12 PM	ODA	D	H	A		
The Chamber of Self-Medication Secrets: Self-Medication, Dental Considerations, and Patient Care Planning	9160	3	Viola	9 AM - 12 PM	ODHA	D	H	A	OM	LT
Friday - Afternoon Courses										
This Can All Be Easier: A Dozen Projects That Will Make Your Office a Fun, Easy, and Productive Place to Work	9133	3	Ahearn	2 - 5 PM	ODA	D	H	A		
Medical Emergencies	9134	4	Auzins	1 - 5 PM	ODA	D	H	A	OM	
OSHA Compliance and Safety for the Dental Practice	9136	3	Barry	2 - 5 PM	ODA	D	H	A	OM	LT
Treatment Planning the Edentulous Arch Focused on Removable Prostheses*	9138	3	Bormes	2 - 5 PM	OADL	D			OM	
The Acci-Dental Insurance Coordinator*	9140	3	Duncan	2 - 5 PM	ODA	D			OM	
CPR for the Health Care Provider*	F1007	3.5	EMT Associates	1:30 - 5 PM	ODA	D	H	A	OM	LT
Understanding Sutures and Basic Flap Design	9145	3	Kao	2 - 5 PM	ODA	D	H	A		
Beating Up on Your Patients' Periodontal Disease: A Minimally Invasive Approach*	9147	3	Kohner	2 - 5 PM	ODA	D	H	A		
KIWImethod® Hands-On Workshop: Minimally Invasive Gingival Grafting	F1008	3	Merijohn	2 - 5 PM	ODA	D				
Nerve Injuries in Dentistry: Prevention and Management	9152	3	Petrisor	2 - 5 PM	ODAA	D	H	A	OM	LT
Essentials of Orofacial Pain and Temporomandibular Disorders	9153	1.5	Rapson; Rustvold	2 - 3:30 PM	ODA	D	H	A		
Up in Smoke: Current Trends in Smoking Habits Affecting Oral and Systemic Health	9155	3	Reynolds	2 - 5 PM	ODA	D	H	A		
Building a Healthier You: An Insider's Guide to Living Better Longer	9158	3	Smith	2 - 5 PM	ODA	D	H	A	OM	LT
Top of the Heap: Frequently Prescribed Medications and Clinical Dental Considerations	9161	3	Viola	2 - 5 PM	ODHA	D	H	A	OM	LT

* Courses marked with an asterisk are offered more than once. See course description for details. Course numbers beginning with "9" are included with registration. Course numbers beginning with "F" require an additional fee.

COURSES AT A GLANCE | SATURDAY

COURSE TITLE	COURSE NUMBER	CE CREDITS	PRESENTER(S)	TIME	GROUP	RECOMMENDED FOR: DENTIST	HYGIENIST	ASSISTANT	OFFICE MGR.	LAB TECH
Saturday – Full Day Courses										
Patient Care in the Digital Dental Office	9170	6	Guichet	8 AM - 4 PM	ODA	D	H	A	OM	LT
Coordinated Management of Office Anesthetic Urgencies: A Program for the Doctor and Staff	9174	6	Lieblich	8 AM - 4 PM	OSOMS	D		A		
Esthetics and Implant Prosthetics: Avoiding Failures and Complications	9175	6	Marchack	8 AM - 4 PM	OSP	D	H	A		LT
Saturday – Morning Courses										
Who Are All These People?	9163	3	Ahearn	8 - 11 AM	ODA	D			OM	
Obstructive Sleep Apnea: The Evolving Surgical Algorithm for Management of Refractory Patients	9164	1.5	Cheng	9:30 - 11 AM	ODA	D	H	A		
Restorations for Our Pediatric Patients	9165	3	Cohn	8 - 11 AM	ODA	D	H	A		
CPR for the Health Care Provider*	F1009	3.5	EMT Associates	8 - 11:30 AM	ODA	D	H	A	OM	LT
Demystifying Peri-Implant Maintenance: An Evidence-Based Approach	9168	3	Gibson	8 - 11 AM	ODHA	D	H	A		
Predictable Endodontic Instrumentation and Obturation	9172	3	Koch; Nasseh	8 - 11 AM	OSAE	D				
Delivering W.O.W. Service	9176	3	Mausolf	8 - 11 AM	ODEA	D	H	A	OM	LT
#Top Trending Topics in Dentistry	9178	3	Menage Bernie	8 - 11 AM	ODA	D	H	A		
Introduction to Treating Sleep Apnea in Your Practice: from Getting Started to Medical Billing	9180	3	Murphy	8 - 11 AM	ODA	D	H	A	OM	
Practical Medical Emergencies in the Dental Office	9182	4	Richmond	8 AM - 12 PM	ODA	D	H	A		
What is Your Gut's Microbiome Saying about Your Health?	9183	3	Smith	8 - 11 AM	ODA	D	H	A	OM	LT
Saturday – Afternoon Courses										
Practical Proven Prevention for Your Pediatric Patients	9166	3	Cohn	1 - 4 PM	ODA		H			
CPR for the Health Care Provider*	F1010	3.5	EMT Associates	12:30 - 4 PM	ODA	D	H	A	OM	LT
GenRX: Uppers, Downers, and All Arounders	9169	3	Gibson	1 - 4 PM	ODHA	D	H	A	OM	
Infection Control in Dentistry*	9171	3	Jorgensen	1 - 4 PM	ODA	D	H	A	OM	LT
Not Your Typical Gingivitis	9173	1.5	Kratochvil	1 - 2:30 PM	ODA	D	H	A		
Communication Solutions: Attitudes, Breakdowns, and Conflict Resolution	9177	3	Mausolf	1 - 4 PM	ODEA	D	H	A	OM	LT
Beyond Straight Teeth: Maximizing Oral Health for the Orthodontic Patient	9179	3	Menage Bernie	1 - 4 PM	ODA	D	H	A		
Advanced Communication Skills for Dental Teams	9181	3	Murphy	1 - 4 PM	ODA	D	H	A	OM	LT



ODC Offers Something for Every Member of the Dental Team

By Melody Finnemore

THE OREGON DENTAL CONFERENCE NOT ONLY GIVES dental teams a chance to learn about new techniques, technologies and professional perspectives, but also provides an opportunity to spend some social time together outside of the office, among a myriad of other benefits.

The 2018 Oregon Dental Conference, scheduled for April 5-7 at the Oregon Convention Center in Portland, will mark the conference's 126th annual meeting. The conference has something for everyone and is an educational, team-building experience that supports dental teams' personal and professional success.

For two practices, the Oregon Dental Conference is both a family affair and a team-building experience. Smith & Jackson Family Dental in Eugene has been owned and operated by the Smith family for three generations. It is now operated by Jessica Jackson, DMD, and her brother, Stevenson Smith, DMD. Dr. Jackson joined her father, Dr. Steve Smith, a former president of the ODA, in 2000 after graduating from the Oregon Health Science University's School of Dentistry. She began attending the Oregon Dental Conference as a student.

"My dad was always a big supporter of continuing education and the ODA. I worked in his office as an assistant during school and saw that as an example," she said.

Dr. Jackson said she continues to attend the conference because she appreciates the opportunity to gain more knowledge and constantly improve her skills. "The hands-on classes that I've done, I've really enjoyed. I also like seeing other dentists. I feel that a real benefit, not only for me but for the team, is that sense of community within the dental profession.

"It's always really nice to hear and learn from leading women in our field because I think sometimes dentistry can be kind of man-based in terms of leadership, and I think there has been a change in the last few years with the ODA getting more women speakers and leadership, and seeing that from them is really key," she added.

Noting that each member of the team, which consists of Drs. Jackson and Smith and six employees, is unique in his or her skills and strengths, Jackson said each person going to classes, gathering information and bringing it back to the office is a "huge benefit."

"It really brings new life into our team meetings, going to the Oregon Dental Conference and then sharing that information afterward," she said.

Dr. Jackson said she also appreciates the ODA's effort to provide a mix of personal and professional topics during the conference so it's more holistic for attendees.

In order to attend the conference, Drs. Smith and Jackson close their practice and the team spends the weekend in Portland. "Everyone on the team except my brother are women, and we're all moms, so it's nice to get away for the weekend," Dr. Jackson said.

The Oregon Dental Conference also is a family and team event for Travis Evans, DMD, and his father, Rick Evans, DDS, who own Lakeside Family Dentistry in Tualatin. Dr. Rick Evans became a dentist in 1986 and has attended the annual conference ever since. Dr. Travis Evans joined him in participating in the conference after graduating from Boston University School of Dental Medicine in 2009.

"It's an opportunity to be with the staff outside of the office, learn about new and emerging technology and techniques, and see old friends and other dental industry people," Travis Evans said, adding that his team always enjoys a big group lunch

"Dr. Jackson said she continues to attend the conference because she appreciates the opportunity to gain more knowledge and constantly improve her skills."

at one of the restaurants near the convention center during the first day of the conference. “It’s also an opportunity to stay abreast of all the changes and happenings within Oregon’s dental world.”

Dr. Travis Evans said he particularly enjoys the speakers who present during the conference, and he has served as a speaker host in the past. “That was interesting, and I encourage anybody who hasn’t done that yet to do so,” he said. “I enjoy hearing people from other parts of the country come tell us what they are experiencing.”

The annual meeting provides participants an opportunity to earn up to 18 CE credits with scientific course offerings, workshops and a diverse group of speakers. With more than 150 booths offering dental industry experts and resources, the new Solutions Marketplace provides an enhanced exhibit hall experience. The ODA encourages attendees to bring their shopping lists and support the exhibitors who support the conference — and ultimately the ODA.

NEW! HANDS-ON CADAVER LAB: Head and Neck Dissection Lecture & Workshop

By Homayon Asadi, DDS

Presented by:
Homayon Asadi, DDS, and David Hatcher, DDS, MSc, MRCD(C)

Location:
This course will be held off-site at the Legacy Institute for Surgical Education & Innovation, 1225 NE 2nd Ave. in Portland.

AN INAUGURAL DISSECTION WORKSHOP USING CONE BEAM

computed tomography (CBCT) to preview and identify head and neck anatomy prior to and during dissection will take place 9 a.m. to 5 p.m., Friday, April 6, 2018.

The workshop, titled *Cone Beam CT and Navigation-Guided Dissection of Head and Neck: Clinical Application and Interpretation,* will be co-led by Homayon Asadi, DDS, and David Hatcher, DDS. This course will examine the superficial and deep structures of the face, suprahyoid region, floor of the mouth, neurovascular pathways, masticatory musculature, paranasal sinuses and temporomandibular joint. Attendees will use real-time computer vision navigation and CBCT to guide dissection. The course will combine dissection with CBCT applied to maxillofacial anatomy and pathosis.

"Understanding anatomy is the basis for identifying abnormalities and assessing patient health. In clinical practice, CBCT is a surrogate method for dissection," said Asadi, who maintains a private practice in San Jose, California. "This course will strengthen clinical skills utilizing CBCT to evaluate anatomy of a live patient."

CBCT creates spatially accurate 3-D volume of the head and neck anatomy that can be used to visualize anatomic structure layer by layer. During the dissection, a passive optical dynamic navigation system will continually update the 3-D position of the surgical instrument on the CBCT images.

During the hands-on portion of the workshop, attendees will:

- Work in pairs, each assigned a half-head cadaver.

PHOTO COURTESY OF THE CALIFORNIA DENTAL ASSOCIATION.

Dr. Asadi presents a dissection workshop.

- Identify normal and abnormal anatomy directly on the cadaver and simultaneously on corresponding CBCT images.
- Dissect and evaluate selected anatomic structures including paranasal sinuses, suprahyoid region and temporomandibular joint.
- Utilize software to navigate to specific anatomic sites on CBCT images resulting in virtual dissection of anatomic structures.

"We predict that computer-aided anatomic dissection will be here to stay and may roll over into clinical practice," Asadi said.

According to Asadi, attendees should leave this workshop with the ability to correlate anatomic structures during dissection with their respective images utilizing CBCT imaging. They should also be able to reinforce CBCT anatomy by direct visualization of dissection anatomy, and their dissection skills through CBCT and navigation should improve.

For more information on this workshop and other presentations at the Oregon Dental Conference, please visit **www.oregondentalconference.org**.

Some content for this article was provided by the California Dental Association.

Homayon Asadi, DDS, is the interim co-chair of the Preventive and Restorative Dentistry Department, and an associate professor and a course director of anatomy and histology for the Department of Biomedical Sciences at University of the Pacific, Arthur A. Dugoni School of Dentistry. He has been actively involved in academics for over 25 years, both lecturing and dissection on many subjects. Dr. Asadi lectures frequently and is a member of several honor societies including OKU and the American and International Colleges of Dentists. He has been recognized and honored for distinguished merit in teaching, and he also maintains a private practice in San Jose and Hollister, California.

David C. Hatcher, DDS, MSc, MRCD(C) received his DDS degree from the University of Washington and was granted a specialty degree in oral and maxillofacial radiology and an MSc from the University of Toronto. Dr. Hatcher is in private practice in Sacramento, California, and has faculty appointments as clinical professor at UCLA, UCSF, UCD, Roseman University and the University of Pacific, Arthur A. Dugoni School of Dentistry.

The Ten Commandments of Oral Dysplasia

By Eric J. Dierks, MD, DMD, FACS, FACD, FRCS(Ed)

THE PHENOMENON OF DYSPLASIA OF THE ORAL MUCOSA and its management has aroused considerable debate, and the guiding principles of the management of this entity have evolved over the career of this author. Much of the previous common wisdom has been refuted by subsequent study, which in turn has been drawn into question by further study. The following represents my views on this very controversial subject.

1 **Dysplasia is incurable regardless of the means of treatment used. It is a life-long problem, and thou shalt consider it as such.** Dysplastic lesions can be excised or can even regress spontaneously. Either way, the patient with no clinical evidence of residual dysplasia should be considered to be in remission, not cured. Clinical regression does not mean that the local genetic deregulation that resulted in the original emergence of a physical lesion has been totally removed. It hasn't.

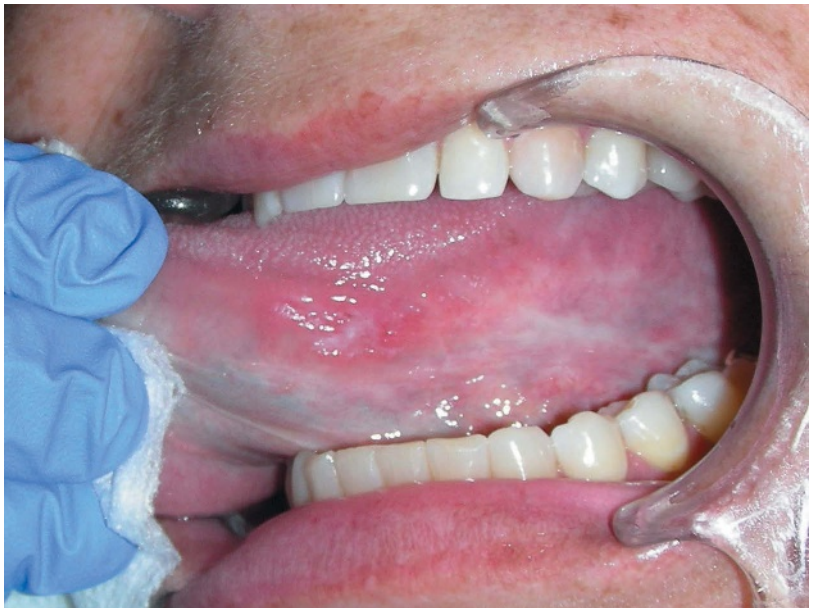


Figure 1: *Severe dysplasia of left lateral border of tongue. This patient was asymptomatic.*

2 **When excising dysplasia, thou shalt not "chase" positive margins by re-excision and re-excision. Positive margins for dysplasia are common.** Removal or destruction of the clinically apparent dysplastic oral mucosa does nothing to affect the as-yet-undetermined genetic changes that condemn the adjacent tissue, which may or may not become dysplastic later. It is folly to excise and re-excise normal mucosa only to receive a final report from the pathologist stating something like "superior margin positive for mild-to-moderate dysplasia, re-excision advised." The pathologist doesn't manage the patient; you do. Wide excision of precious oral mucosa for a benign condition is hard to justify if it produces significant scarring, limitation of tongue or cheek mobility or other oral dysfunction.

3 **Thou shalt avoid the term "*carcinoma-in-situ*" (CIS), which should be expunged from our lexicon.** Severe dysplasia is the same thing. There is no point by our pathology colleagues in promulgating this confusion. See Commandment #4 below.

4 ***Carcinoma-in-situ* is not cancer.** The CIS patient does not have cancer... yet. Pathologists have debated this for years, and those who favor the separate designation of CIS would note that the use of the C-word, *cancer*, heightens the awareness of both the patient and the managing practitioner, regardless of discipline, that this is an important pre-malignant lesion. OK, I agree in principle, but *carcinoma-in-situ is not cancer*. This confuses patients who have had a CIS excised in the past and now find difficulty getting life insurance because they listed "cancer" in their

medical history. This confusion has also been exploited by plaintiff attorneys who would attempt to obfuscate this point and confuse juries in medico-legal lawsuits.

5 Thou shalt excise severe dysplasia because micro-invasive actual cancer might be identified, not to attempt to "cure" the dysplasia. An attempt at comprehensive excision of severe dysplasia by means of an appropriate, non-radical and superficial surgery is a reasonable patient management tool that can serve as a guide to the future management of that individual patient. I am not using the term *mandatory* here in regard to excision, because for a variety of reasons, a severe dysplasia in a specific patient with specific other issues and co-morbidities may be observed in a structured fashion. Not all severe dysplasias progress on to invasive squamous cell carcinoma. Most do, but some remain static, and some actually recede. If surveillance is chosen for severe dysplasia in a given patient, appropriate documentation and what used to be termed "close follow-up" and is now called "active surveillance" *is mandatory*.

The result of a comprehensive but appropriately superficial excision may lead the patient down one of three pathways. *Pathway #1* is the one we hope for. If the specimen's final pathology report of the entire excisional specimen shows nothing more that severe dysplasia or CIS, further active surveillance is appropriate. Such active surveillance might involve further re-excision, or more likely, it would not. Active surveillance here would usually include surveillance by periodic repeat biopsy. *Pathway #2* follows the incidental identification of a very superficial micro-invasive squamous cell carcinoma (SCC) extending minimally through the basement membrane, within a field of severe dysplasia. This is invasive cancer, and the patient should be worked up from an oncologic standpoint; however, no further treatment is usually needed. *Pathway #3* would follow the identification of an actual invasive SCCa with several millimeters or more of invasion. This patient will require further oncologic work-up and appropriate cancer treatment.

6 Thou may observe mild to moderate dysplasia in a structured and documented program of active surveillance. Establishment of a baseline diagnosis of a non-frictional and otherwise unexplainable white or white/red lesion via biopsy is advisable. Active surveillance in this setting may be nothing more than a focused visual and palpatory examination of the area in question at the time of semi-annual hygiene appointments.

7 Thou shalt biopsy dysplasias that are treated with CO_2 laser ablation, which is a viable management option.

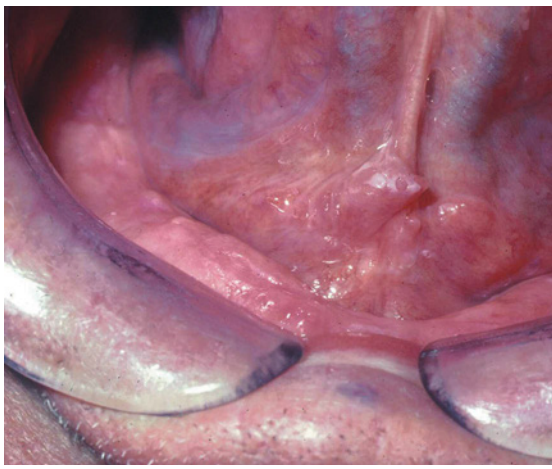


Figure 2: *Small invasive squamous cell carcinoma of anterior floor of mouth overlying duct orifice of right submandibular gland. This tumor had either bypassed the stages of dysplasia or gone through them quickly as this was already an invasive cancer at the time of presentation to the dentist.*

This commandment is more for the surgeon than the primary care dentist, but CO_2 laser ablation is a viable option, particularly for mild to moderate dysplasia, when preservation of mucosal surface is desired. If a fresh biopsy has not been obtained prior to the laser procedure, an incisional biopsy must be obtained at the same time.

8 Dysplasia patients who smoke are attempting suicide. Period.

9 Dysplasia can occur within clinically normal-appearing oral mucosa. In a 2002 study, 26 new oral cancer or dysplasia patients at a British center underwent biopsy of the mirror-image site, which appeared to be normal oral mucosa.[1] Twenty-seven percent showed dysplasia within the normal oral mucosal biopsies,

while an additional 8 percent showed CIS or microinvasive SCC. All within normal-appearing oral mucosa! Although this study was small and included only patients who both smoked and consumed alcohol, the author made his point.

10 Thou shalt reassure patients and their spouses or significant others that oral dysplasia is probably not contagious. Although there is emerging data on HPV transmission from the uterine cervix to the oropharynx in a very small percentage of couples, there is nothing currently to suggest that oral dysplasia is transmissible by kissing, oral sex or other mechanisms.

The phenomenon of mucosal dysplasia has been subjected to more extensive scrutiny in the uterine cervix than it has in the mouth. A frequently cited study in the OB-GYN literature noted that, overall, 12 percent of dysplasias of the uterine cervix progressed on to CIS.[2]

This figure compares reasonably well with what has been reported in oral mucosa. The most interesting part of this study addressed the time of progression to CIS, by grade of dysplasia (Table 1). Again, this data **applies to the uterine cervix not the mouth**, and these gynecologic authors discriminate CIS from severe dysplasia, but it gives us something to think about. It is currently not possible to predict the rate of progression of any **oral dysplasia** to CIS or malignancy, based on grade.

Table 1

Time of Progression of Dysplastic Lesions of the UTERINE CERVIX to *Carcinoma-in-situ*	
Mild dysplasia	58 months
Moderate dysplasia	38 months
Severe dysplasia	12 months

Östör *AG. Natural history of cervical intraepithelial neoplasia: a critical review. Int J Gynecol Pathol 12:186-92, 1993.*

Conclusions

The **Ten Commandments of Oral Dysplasia** represent only my personal viewpoint of this entity, and this is not a peer-reviewed publication. Any of these points could be challenged by knowledgeable experts and a lively debate would arise; however, comprehensive resolution and unified agreement would be unlikely.

References

1. Thomson PJ, Field change and oral cancer: new evidence for widespread carcinogenesis? *Int J Oral Maxillofac Surg*, 31:262-6, 2002.
2. Östör AG. Natural history of cervical intraepithelial neoplasia: a critical review. *Int J Gynecol Pathol* 12:186-92, 1993.

Eric Dierks, MD, DMD, FACS, FACD, FRCS(Ed), is a graduate in both medicine and dentistry from the University of Louisville. His residency in oral and maxillofacial surgery was done at the Christiana Medical Center of Delaware, and his residency in otolaryngology — head and neck surgery — was completed at the University of Texas Southwestern Medical Center at Dallas (Parkland Hospital). He is board-certified in both specialties. Dr. Dierks was on the full-time ENT faculty at the University of Texas prior to moving to Portland. His practice consists of head and neck oncologic and reconstructive surgery, craniomaxillofacial trauma, as well as traditional oral surgery. He has over 100 publications related to his areas of interest.

Restorative Implant Dentistry in 2018: Aesthetics and Controversies

By Todd R. Schoenbaum, DDS, FACD

I AM HONORED TO COME TO PORTLAND to speak at the 2018 ODA meeting on Thursday, April 5. I will be covering two topics.

In the morning session, I will be discussing strategies for success with implants in the aesthetic zone. These challenging cases require a team approach, with the surgeon, restorative dentist, and technician all collaborating to achieve predictable results. Successful implant treatment in the aesthetic zone requires a balance of biology, function and aesthetics. On the restorative side, one of the keys to meeting these demands is the use of a properly designed provisional restoration (temporary). This will allow us to shape and contour the soft tissue around the implant. It increases predictability by showing the patient and clinicians what is possible. It allows us to understand what the patient's biotype will produce in terms of papilla and soft tissue positions. The provisional restoration can be used to *fine-tune* the shape and position of the soft tissues and proposed teeth positions. It is at this stage that we determine if we should proceed with the definitive restoration. Outside of some enhanced tooth aesthetics, there is not much the lab can do to correct a less than acceptable form of the soft tissues.

Figure 1. *The screw retained implant provisional (temporary) is a crucial component for predictable treatment of implants in the aesthetic zone. This restoration is fabricated chair-side at the time of implant placement to preserve and enhance the soft tissue architecture.*

As part of this lecture, we will discuss what to expect of the soft tissue around implants. It's different from the tissue around natural teeth! Successful restoration of implants really benefits when the restorative dentist understands what is possible and how to manage and shape the gingiva and papilla. This will be accomplished during the "prototype" stage of treatment. I will show you how to make these restorations

Figure 2. *The implant provisional should initially have a very narrow contour in the emergence zone. After osseointegration and maturation of the soft tissue, this area can be further modified to fine-tune the position of the peri-implant tissues.*

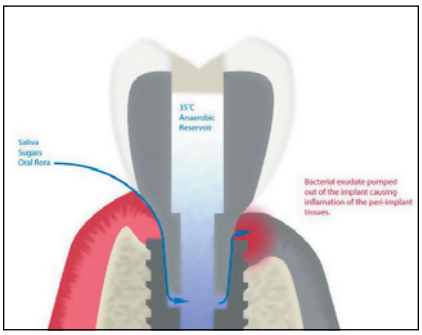


Figure 3. *The internal aspect of the implant, abutment, and crown can serve as a reservoir for pathogenic bacteria. How these spaces are treated and filled can make a marked difference in the long-term outcome, especially as it relates to bad tastes and odors emanating from the implants.*

chairside. This is exceptionally useful for single incisors and allows "immediate loading" of the implant. That term, "immediate loading," means different things to different people, but make no mistake, an implant restoration should not be put into contact with the opposing dentition at the time of implant placement. I will explain the key criteria for determining whether or not we can/should load the implant at the

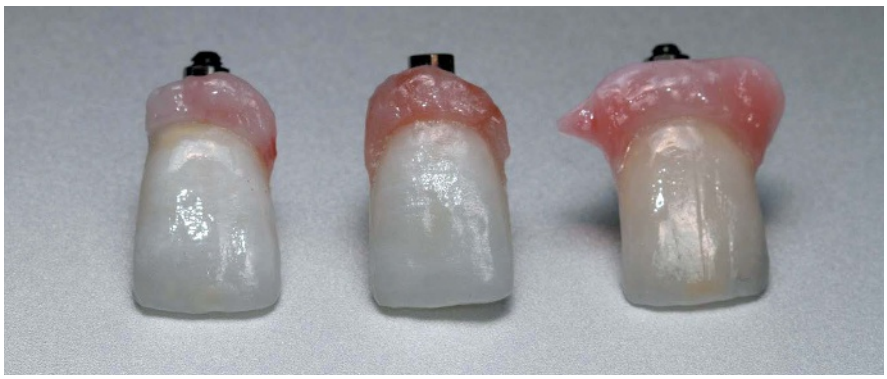


Figure 4. *Inevitably, there are patients who present with significant and un-resolvable hard and soft tissue defects around their implants. Pink porcelain can help to mask this defect, but its use is highly challenging and requires a highly skilled technician. This treatment also faces a very real balancing act between hygiene and aesthetics.*

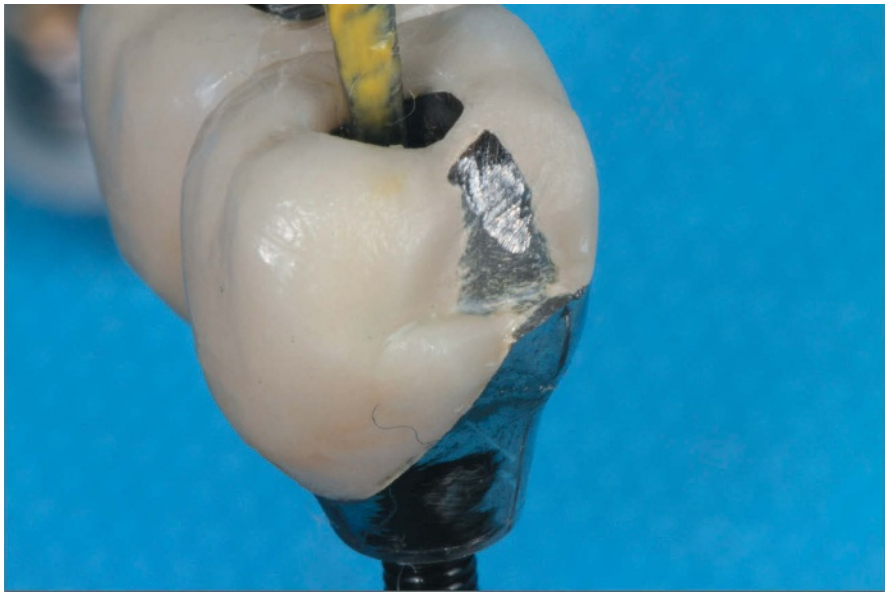


Figure 5. *The screw retained, splinted PFM restoration was revolutionary when introduced 30 years ago, but it is not without limitations and challenges. Are there improvements in this design? Have materials (i.e. zirconia) been developed which can mitigate these limitations? Should all multi-unit implant restorations be splinted?*

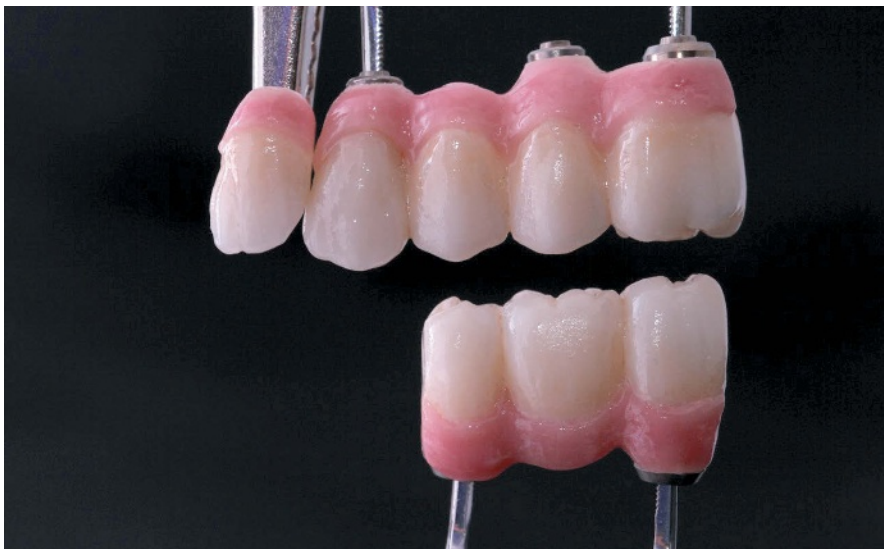


Figure 6. *Screw-retained Zr/Ti Base restorations are relatively new to the profession. What do we know about them in terms of longevity? Where can and should they be used?*

time of placement. There are distinct advantages to this workflow but also some significant challenges and potential complications.

Lastly, for the morning session, I will explain the use of pink porcelain (or composite) in the treatment of significant hard and soft tissue defects in the aesthetic zone. These are extremely challenging cases that require a highly skilled technician. These cases cannot be resolved 100 percent, but I will show some techniques that can help improve success. Tempering expectations is a key component to treating these severe defects.

In the afternoon session, I will be discussing current controversies in restorative implant dentistry. I have found that much of our understanding about what is and is not appropriate implant treatment still has as its foundation the days of external hex implants and a limited selection of stock prosthetic components. Much has changed in implant dentistry over the past few decades. This program will produce a lively discussion on some of the recent changes and developments with implant restorations for partially edentulous patients. Since we will be discussing and even debating these topics, recent peer-reviewed studies will be included to add evidence to the debate. Some of the topics for discussion will include screw vs. cement retained restorations, splinted vs. non-splinted restorations, zirconia vs. titanium abutments, screw covering options, peri-implantitis and cementation of implant crowns and bridges.

As techniques, materials and implant designs have evolved, so too has our understanding of how best to treat patients with them. The implants and the evidence have seen significant evolution over the last 30 years, and so too has the proper way to use these devices in the treatment of our patients. This

discussion will feature real-life clinical scenarios and challenges alongside the best available evidence. I look forward to seeing you all there.

Todd Schoenbaum, DDS, FACD, is a full-time associate clinical professor at UCLA, the director of UCLA Continuing Dental Education, director of the UCLA Implant Journal club and instructs residents and students in the UCLA Implant Center. He is the recipient of the scientific writing award from the JPD and has published over 40 papers in the Journal of Prosthetic Dentistry, Clinical Implant Dentistry and Related Research, Journal of Esthetic and Restorative Dentistry, Compendium, Journal of the California Dental Association, *and others. He maintains a private practice with Dr. Peter Moy with an emphasis on implant prosthetics.*

The Tooth Taxi Makes a BIG difference to Oregon's Children

By Jacki Gallo, JD, LLM

THE TOOTH TAXI IS THE ONLY PEDIATRIC mobile dental clinic that travels throughout the state of Oregon providing comprehensive dental care to uninsured/under-insured children (pre-kindergarten through 12th grade). All of our services are provided FREE of charge. Each Tooth Taxi clinic runs for one week, at schools around our state. In addition to dental services, we provide oral and nutrition education to the schools we serve. We have provided over $6.5 million of free dental care.

We love helping kids, and we know the work we do is important. Please note the "before and after" pictures included on this page. Each student pictured, was treated in one visit to the Tooth Taxi during the school day. Children arrive at

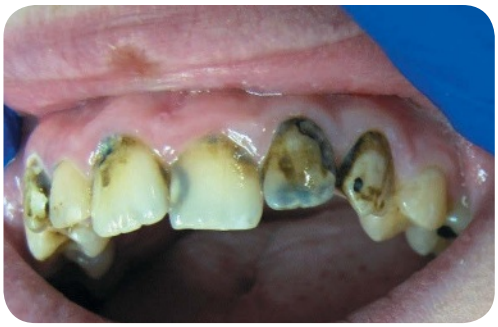


Figure 1A. *Before*

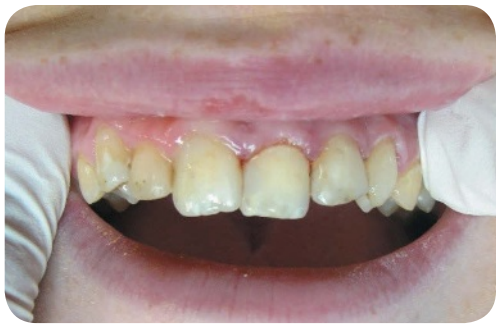


Figure 1B. *After*

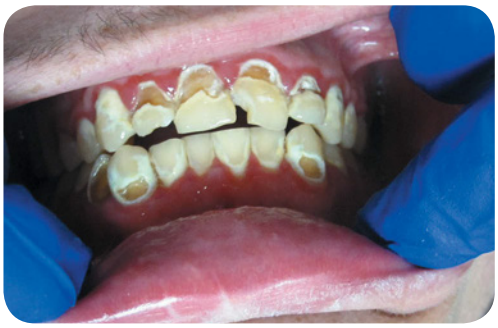


Figure 2A. *Before*

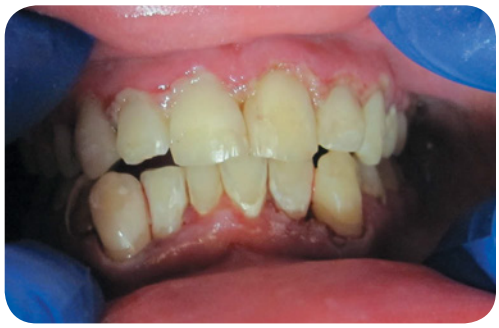


Figure 2B. *After*

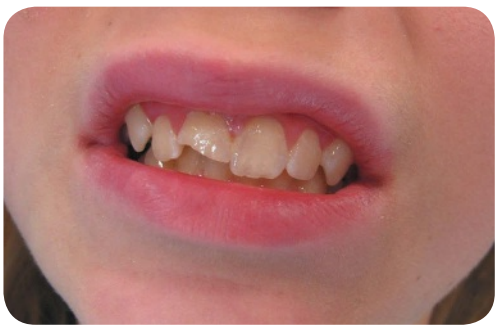


Figure 3A. *Before*

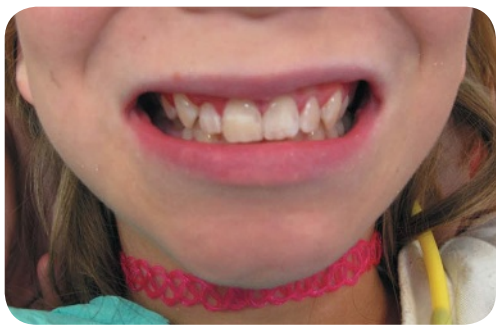


Figure 3B. *After*

school with severe decay and pain, and go home with bright smiles. You can easily see the difference one visit makes. Many children do not want to smile because of the condition of their teeth. However, after receiving care on the Tooth Taxi, they regain their confidence and are proud to share their beautiful smiles. In many cases, the kids we serve could not eat basic foods because of immense dental pain. It is amazing to hear that after one visit on the Tooth Taxi, a student is able to once again eat a school lunch and is not experiencing pain. What a wonderful difference one day, and one Tooth Taxi visit, can make for a child.

How can you help make a difference? Tax-deductible donations are always needed for our program expenses. However, there are many other ways you can help. We love volunteers! If you know a dentist, dental hygienist/assistant who wants to donate some time on the Tooth Taxi, let us know. In addition, we always need participation in our fundraising events: Poker, Golf, Raffle, and Wall of Wine.

Finally, if you know a school or community location in need, tell them about us! We would love to make a difference to even more communities throughout Oregon. Please help us spread the word!

Give a Grin and Maybe Win — a New Toyota!

Purchase a raffle ticket and you will be giving a grin to Oregon children by supporting the DFO and their programs like the Tooth Taxi. **Only 2,000 tickets will be sold.** The drawing is on Saturday, April 8, approximately 12:45 p.m. Purchase tickets online at **http://bit.ly/2goq06Z**. You must be an Oregon resident to purchase online.

You just might win your choice of one of the following Toyotas:

- 2018 Camry MSRP $27,399
- 2018 RAV4 LE SUV - MSRP $27,144

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

- Wall of Wine. Come to the DFO booth at the ODC and add to your wine collection.
- **Chip for Teeth – Langdon Farms Golf Course.** Friday, June 15, 2018

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that despite a scientific basis for using ozone for some dental procedures, there was just not enough supporting evidence. Some of the success reported by the clinician in his course I thought was due just to the fact that he was an excellent clinician, the use of ozone didn't have any contributory effect to the successful outcomes he was reporting. Although I left the course believing that there was very little evidence for the use of ozone, I still found it important to have attended the course because I had added to my own mental knowledge base.

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