

Contact Point

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Utah Academy of General Dentistry

Apr 2013

UDA Luncheon removed stomach AND back pain!

As promised, Kyra Wong, a former Olympic snowboarder, spoke and demonstrated at the March 1 UDA Luncheon about shoulder, neck and back pain. Having trained with Peter Egoscue, Kyra applies a method that evaluates posture for signs of muscle protection/splinting. Observing the stance of attending dentists, Kyra predicted where painful sites would be and suggested several exercises and stretches to counteract the injuries we receive after days or years of doing dentistry or weekend warrior-ing .

Participants were given handouts with many helpful stretches and reminded to take a few moments in the day to work out the kinks and revive stiff areas.

Kyra sees many dental professionals for work related injuries and is credited with saving the career of not a few. She is currently the director of the Velocity Clinic of Park City, UT.

The free lunch warn't bad neither.



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Whitecap Institute hosts the UAGD in "March Mastership". See pg. 3.



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UAGD PACE Approved CE
May 17, 2013 and October 11, 2013

Location: Joseph Smith Memorial Building

Time: 7:30 am Registration, 8:00-5:00pm

Cost: \$295 AGD or \$500 for both, \$350 for non-AGD or \$600 for both



May 17, 2013

Speaker: Dr. Terry Donovan, U of North Carolina

“Restoring of the Worn Dentition”

October 11, 2013

Speaker: Dr. Louis Malcmacher

“Hottest Topics in Dentistry Update 2013”



Registration

Name _____ AGD# _____

E-mail _____ Office Phone _____

Circle the course you desire to attend: May 17 Dr. Terry Donovan

Oct 11 Dr. Louis Malcmacher

Send registration form with payment to: Dr. Joe Stobbe, UAGD CE, 715 E 3900 S #112, SLC, UT 84107, 801-263-7711

Everyone wins at “March Mastership” Implant course

The recent hands-on Mastership CE course held at Whitecap Institute in Heber City gave a terrific boost to attendees. Dr. PK Clark has established an implant education clinic with the purpose of educating general dentists in implantology and related surgical skills. The Whitecap Institute is home to several operatories, a full service dental lab, an industrial 5 axis CNC mill, white light scanner, 2 cone beam units, a wonderful kitchen, state of the art classroom with live demonstration clinic, implant kits for each student, all the technology you can think of and several talented staff and doctors.

In addition to throwing dozens of pearls at the participants, Dr. Clark (or PK) generously donated his entire honorarium to two humanitarian missions represented by Drs. Matthew Cheney and Karl Koerner. Money received will go directly to the Timo, Haiti initiative mission and three mission centers in China! It was inspiring to be part of a wonderful cause and witness PK's charitable attitude. This meant that PK paid his staff, donated his weekend, fed participants several wonderful meals and treats and gave materials and more out of his pocket.

PK freely gave tips and tricks and stressed several key points:

- Treat upper 1st molar periodontal furcations aggressively as these teeth are lost frequently due to furcal implications.
- Cement implant crowns with IRM or TempBond for retrievability with a rongeur.
- Rough surface impressions are better than smooth surface impressions.
- Use plumber tape (ePTFE) in access holes rather than cotton.
- New topicals are great but can slough tissue if allowed to sit too long. Place them precisely rather than indiscriminately.
- Non-epi anesthetics are a more neutral pH and will give a more gentle injection in addition to not causing transient ischemia.
- Septocaine placed deeply buccal at the angle of the mandible helps anesthetize stubborn molars.
- Be sure the palate is numb as high as the procedure goes. Infraorbital anesthetic for sinus procedures.
- Get great autogenous bone from an osteotomy by cutting at 50rpm and then spinning the bone into a bone harvest bowl (stainless cocktail sauce bowls from Walmart \$1/4).
- Always ensure 1.5mm of buccal and lingual bone to an implant to minimize bone loss--or place more apically into a thicker ridge.
- 3mm between implants and 5mm bone to contact to maintain papillae.
- Use Vaseline on articulating paper.
- Broken screws and porcelain are signs of occlusal problems
- Remove cortical chips from the pilot drill that clog its edge before continuing to pressure the osteotomy.
- 3mm of keratinized tissue around an implant is important for the longterm.
- Look at every abfraction lesion for signs of mucogingival defects.
- Bleeding when removing a healing collar may indicate hemidesmosomal attachments rather than inflammation. Numb a patient to seat a crown and make it bleed to initiate additional attachment.
- Place incisions more to the palatal and wrap around adjacent teeth for fewer vertical incisions. Make them with a round

Bard Parker and go deliberately to the bone. Splurge on a needle holder.

- PA cysts usually represent buccal plate problems. Don't leave a cyst for the body to deal with. Aggressively remove gunk or the bone won't fill in very well. Use a Lindeman bur at 1250rpm.
- Use Gum Butler chlorhexidine without the alcohol. Watch out for the metronidazole/alcohol adverse reactions and heart complications!
- Be familiar with various adverse combinations with dexamethasone!
- Mineralized bone grafts osteoconduct better.
- For paresthesias, back off the implant, prescribe Vit B and a steroid. Track well and involve a neurosurgeon at 3 months.
- Plasma Rich Fibrin membranes and fluid are cheap and terrific autogenous membranes.
- Ivoclar's Optragate makes a nice lip retractor.
- Westport Medical's Powertome helps make extractions atraumatic.
- Use rope wax to keep track of all those parts on the surgical tray.
- Expel below-the-bar patients if they don't convert to above-the-bar types.
- Consider bundling fees and including the sedation for higher conversion rates.
- Do more FMXs
- Cytoplast membranes and sutures help a bone graft be more predictable.
- Use a full thickness flap with a partial thickness extension to achieve primary closure.
- At placement, a loose implant is better than too tight. At 1 month, an implant will be at its loosest. 30 Ncm for immediate provisionalization. After integration, a loose implant is a failed implant--remove it!
- Consider more sterile precautions in surgery: autoclave bibs and nitrile gloves, use Betadyne, use heat strips in every pack, irrigate with sterile saline and a straight hand piece on your E-type implant hand piece (although the mouth is dirty, it likes its own environment. To introduce foreign flora is to disrupt that environment and compromise healing).
- When uncovering your implants, test them to a reverse torque of 25Ncm for no pain or rotation.
- Use shopwhitecap.com for discounts on membranes, graft stuff, and other goodies.





AGD Fellowship Award Requirements (simplified)

1. Current AGD membership for three (3) continuous years
2. Completion of 500 hours of FAGD/MAGD-approved continuing education credit, with at least 350 hours earned in course attendance. Mastership credit begins to accrue on the date that the 500-hours requirement has been met.
3. Successful completion of the Fellowship Examination.
4. Attendance at a Convocation Ceremony, held during the AGD Annual Meeting, to receive the award

AGD Mastership Award Requirements (simplified)

600 hours of MAGD-approved continuing dental education credit, 400 of which must be in participation courses. Mastership credit begins to accrue on the date that the 500-hour Fellowship Award requirement has been met. The 600 credit hours must be earned in specific disciplines, as outlined under "Subject Category requirements."

	Hands On	Total Hrs
Endodontics	30	46
Electives	30	46
MPD/Occlusion	30	46
Operative Dentistry	30	46
Oral & Maxillofacial Surgery	30	46
Orthodontics	12	12
Pediatric Dentistry	12	12
Periodontics	30	46
Practice Management	0	24
Fixed Prosthodontics	30	46
Removable Prosthodontics	30	46
Implants	30	46
Oral Med/Oral Diagnosis	12	12
Special Patient Care	12	12
Esthetics	30	46
TOTAL HOURS	360	544
TOTAL REQUIRED	400	600



Continuing Education Calendar

The UAGD Board continually strives to furnish the best possible CE courses at a reasonable price. There are at least four traditional CE courses offered per year. Two day hands-on courses are given on the second or third weekend in March and the first or second weekend in November and follow the rotating schedule shown below in order to fulfill Mastership requirements, but all are invited to participate. Space is limited so register early. Lecture CE courses are typically offered in May and in September when we elect local officers. Suggestions for topics and speakers are welcome and should be addressed to the board member over CE or Mastership.

2013

- May 17 Terry Donovan, Worn Dentition
- June 27-30 AGD Annual Meeting in Nashville
- Oct 11 Louis Malmacher and Utah Annual Meeting
- November Esthetics hands on

2014

- March Ortho/Pedo hands on
- May Lasers in Perio Treatment
- June 26-29 AGD Annual Meeting in Detroit
- September CE and Utah Annual Meeting
- November Oral Med/Diagnosis, Basic Sci hands on

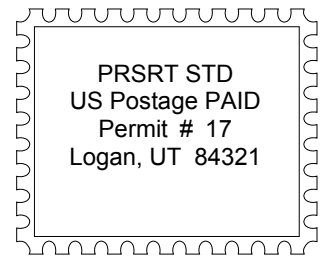
2015

- March Photo/ Special patient care hands on
- May CE course TBA
- September CE and Utah Annual Meeting
- November MPD/Occlusion hands on

2016

- March Operative hands on course
- May CE course TBA
- September CE and Utah Annual Meeting
- November Fixed Pros hands on

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UTAH AGD

Mastership Hands On Schedule Order

The following is the order in which the hands-on courses are offered at the UAGD. Those working on Mastership will want to know when these hands-on courses are offered to plan your CE schedule to meet all the Mastership requirements. Usually, the hands-on hours are some of the most difficult and costly to meet. We are lucky to have local courses offered at excellent rates to help you meet these requirements.

- Photography/ Special Patient Care
- MPD (Myofacial Pain Disorders)/ Occlusion
- Operative
- Fixed Prosthodontics
- Removable Prosthodontics
- Periodontics
- Endodontics
- Oral Surgery
- Implants
- Esthetics
- Orthodontics/ Pediatric Dentistry
- Oral Medicine and Diagnosis, Basic Sciences

