



# Contact Point

Volume 39, 2

Utah Academy of General Dentistry

May 2014

## Laser Course Reviewed

Dr. Robert Convissar (Laser Bob) presented a two day laser certification course to the UAGD in May. The course was held at Ultradent who generously provided wonderful support, staff and the space for our use. We thank the company for their support of the UAGD. In addition, Dr. Convissar's honorarium was sponsored by the various laser companies that also attended. Schein (who provided an identafi oral cancer screening light booth), Light Scalpel (demonstrating their CO2 laser), and King Dental (with a 980nm diode laser) were present to show their products and participate. Attendees were given education which may be used to obtain Academy of Laser Dentistry (ALD) certification and a chance to use the above products in a hands on setting. Participants have 90 days to complete ALD certification. Pig jaws were used to show the capabilities of the lasers.

Many of the attending dentists had lasers in the office and had varying degrees of usage with them. Dr. Convissar was adamant about a few points: 1-be cautious about lasers using disposable tips--the costs of the consumables can be much higher than the initial cost of the laser. 2-Ask where the optics are and whether they can be cleaned of dust and debris. Optical clarity can diminish with contamination and greatly reduces the laser's effectiveness. 3-The purchase price is not the cost of the laser. Find out what the true operating costs are.

All of the manufacturers of dental lasers were reviewed and a little about each company was shared. Dr. Convissar suggested that some of the financially successful companies that have been around for a long time are such because they have a good product and many others are either gone or have been less stable financially and have been plagued by debt or historical problems. Especially in technical equipment, company viability is important so repairs can be made in the future and you won't have a \$20K doorstop.

The importance of training was emphasized many times as the key to good laser use. Many of the commonly accepted myths surrounding treatment with a laser were debunked on the basis of available research. Dr. Bob reviewed many studies from the peer reviewed Journal of Periodontics showing lasers to be effective in:

- Producing clinical new attachment with bone fill more than grafting and conventional techniques.

- Causing connective tissue and new cementum formation.

- Increasing fibroblasts, root attachment and the number and quality of hemidesmosomes.

- Delaying epithelial downgrowth that results in a long junctional epithelium over actual gingival attachment.

- A viable alternative to scalpel treatment of soft tissue conditions of all sorts.

- Treating peri-implantitis with increased quality and quantity of supporting bone.

These studies were mostly surrounding the CO2 wavelength that has been a standard for decades. Each wavelength is absorbed by different substances differently. This is what makes the various tissues respond differently to each wavelength. Diodes are absorbed by darker tissues and colors, CO2 lasers are absorbed by water and tissues high in water content. Erbiums are also absorbed by water and Nds are absorbed by pigment like the diodes. Knowing these helps in forecasting wattage, hand speed, tissue response, hertz rate and other parameters of laser dentistry.

A common misunderstanding of diode users lies in the "initiation" of a tip. This process involves charring or darkening the fiberoptic so that it absorbs the laser energy and heats it into a hot poker in order to modify tissue rather than allowing the laser to pass through the tip and affect the tissue directly. This is why some lasers must be used in contact with the tissue rather than at a distance where the light beam does the work.

Laser Bob encouraged attendees to utilize the ADA library in doing research on these topics to make well informed decisions.

A useful protocol was taught about treating periodontal disease with the laser. The patient undergoes conventional SRP first

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### 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

*Lasers continued from page 1*

and is re-evaluated in two weeks. If oral hygiene is good, they are treated with the laser once a week for three weeks. This protocol decontaminates the pocket, and allows new fibroblastic growth and attachment during the period when epithelial downgrowth occurs rapidly. This allows new bone to fill underneath the new attachment without invasion of the quicker growing sulcular epithelium. In performing the laser treatment, first start on the outside and frost 2mm of tissue around each tooth. Starting on the inside is blind and you cannot see the interaction of the tissue (such as charring or no effect). Continue de-epithelializing into the sulcus for each tooth. This procedure takes 15 minutes for the mouth at each visit and can substantially improve a patient's results. It requires no injections, medications and involves little discomfort and no bleeding. For patients with poor oral hygiene, the laser or any other treatment will be of little benefit and they should be encouraged and taught proper hygiene until compliance is met. Brittle diabetics, heavy smokers and immunocompromised patients will not respond well. Do not reprobe the laser treated area for six months. After the 3 laser de-epithelialization treatments, ensure that occlusal equilibration is done to not jeopardize the perio. Perform a three month followup involving

occlusal equilibration, laser spot therapy and look for healthy tissue.

Another key issue presented was in the use of anesthesia for laser patients. As in any procedure, need for anesthesia depends more on the patient than anything else. Dr. Convisar makes the patient comfortable but very often only uses a topical anesthetic for perio issues.

Gingivectomies, biopsies, laying flaps, tooth desensitization, apthae and stomatitis healing, tooth uncovering for ortho, operculectomies, frenectomies, tongue ties, hemangiomas, mucocoeles, fibromas, apicoectomies, pre-removable-prosthetic surgery, root canal disinfections, pre-impression prosthetic gingival troughing (avoiding cord packing) and many other successful laser therapies were shown. The speed, hemostasis, low pain, quick healing and ability to treat broad areas in a thin, controlled manner (such as large dysplastic areas) are the hallmarks of laser treatment that differentiate it from scalpel or electrosurgical techniques.

Laser safety protocol was taught to control exposure in the office and required safety mechanisms for laser devices were explained.

Laser physics was explored as part of gaining certification and confusing terms surrounding laser modes were explained. A continuous wave (CW) mode is non-stop laser energy and is only used for patients you hate. Pulsed waveform is a squarewave characterized by peak power, average power (duty cycle times pk pwr), and thermal relaxation time (how long it takes for tissue to lose 1/2 of the energy it had prior to stimulation. "Free running" applies to Erbium and Nd lasers and is characterized by a very high hertz rate, hi peak power but low average power (ie 1000W pk, 5W avg) due to a very short duration energy pulse.

The homework assignment for this hands-on course is to present two cases involving the use of dental lasers with patient evaluation, before and after photos and substantive procedure review.

Dr. Convisar has published a textbook Laser Dentistry which is the most popular text on the subject and welcomes visits to his website at [fullspectrumseminars.com](http://fullspectrumseminars.com) for more information, course materials, therapy protocols and event schedules.-PH

## Stay At Home Humanitarian Project– Donated Dental Services Presented

All of us treat some patients in our office that couldn't afford our care without a charitable donation on our part. Oftentimes, we give without knowing the true financial condition of the patient. Donated Dental Services (DDS) exists as a clearinghouse for patients. They have the tools to assess a patient's need and financial condition for us. This provides us with the confidence that our donation is allocated to an honest need. When a patient needs help, clear them through DDS and rest assured that your charity is given in the best way possible. There is no cost to you and some of your hard expenses may be donated by a lab or supplier. You don't have to make that hard decision alone anymore.

From Dr. David Peterson

It was decided that I should share my personal experience with DDS for our readers. "I have been involved with DDS for the last ten years. In that time, I have been privileged to serve several "dental needy" individuals that would not have been able to afford my services without this program. Like most dentists I know, I like to do my best work, with the best materials and the best lab support. Through DDS, I have placed and restored implants, completed full mouth reconstructions, and also done maintenance care in my own office and had the materials donated so I did not incur the material expense. Each individual was qualified by DDS so I was assured they really needed my donation of time and my office for their care. I was able to schedule each individual during time that was convenient for me and my office staff even volunteered some of their time as well so I did not have as great a payroll expense. I was able to do fine dentistry for individuals that really needed it. This is why I am a dentist. I want to enhance patients lives by enhancing their smile. I think it is a great way to give."

From Dr. Larry Coffee, Founder of DDS

God forbid that anyone, anywhere, is unable to obtain medically-essential but unaffordable and uncovered dental care if there is an accessible dentist willing to donate the treatment. Somewhat less extreme, but equally compelling, it is tragic if someone who is financially challenged by functional limitations from disease, disability, and advanced age must live with the degradation of physical and emotional distress from serious dental problems if there is a nearby dentist who would value the opportunity to contribute needed treatment. For radically different reasons, patients and dentists enjoy greater quality of life, and meaning, when brought together. DDS is an extraordinarily simple and straightforward program to achieve that purpose.

DDS began as a small pilot project in Colorado during the late '80's. It has subsequently expanded nationally. With the assistance of the AGD, ADA, and ten other national dental organizations that have endorsed DDS, 15,200 caring dentists volunteer along with 3,300 supportive laboratories. More than 120,000 needy disabled, elderly, and medically compromised individuals have obtained \$250 million of comprehensive dental therapies. The following is a link to a recent ADA News article, <http://www.ada.org/news/9522.aspx>. Social work coordinators staff the program. Among their most consequential responsibilities is endeavoring to assure that volunteers and their staffs enjoy gratifying experiences free of annoyances.

Several program features are intended to foster mutuality of benefits for volunteers and patients.

- Each volunteer controls his / her involvement.
- Volunteers use their respective offices rather than working in unfamiliar settings.
- Hundreds of private offices distributed throughout a state increase options for geographic accessibility among patients.
- Volunteers are mailed a brief written profile of an applicant and requested to authorize a referral before one is made (first attachment).
- Only after completing a clinical examination is a volunteer asked if s/he wants to treat the person. If the dentist declines, the profile is sent to another volunteer. Should the dentist agree to treat, as the overwhelming number do, the coordinator asks what assistance may be helpful, including arranging the involvement of volunteer specialists and labs, free replacement of zirconia blocks, the donation of implants and components as requested, and/or a Sonicare toothbrush to assist a patient maintain the contributed treatment.
- Volunteers are fully supported should they want to provide comprehensive treatment for individuals with extensive needs. Patients are thereby positioned to leave the program with excellent oral health, which they are expected to maintain independent of the program so volunteers can assist others if they choose to do so. More information can be found at the following:

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Utah Academy of General Dentistry  
*presents*  
Multidisciplinary, Non-Compromised Ideal Care for our Patients

September 19, 2014  
Roseman Dental School  
8am-5pm

Roger Warren  
An Unbiased Look at Cone Beam Technologies and What You Need to Know

Greg Egbert  
Orthognathic Surgery....Is it Worth it?

TBA Orthodontist  
Adult Ortho: When, Why and How

Nic Egbert  
Implant Surgeries to Last a Lifetime

Marshall Hanson  
What is takes to Create Ideal Esthetics in These Five Situations

\$100 for AGD members, \$200 non AGD  
Lunch included

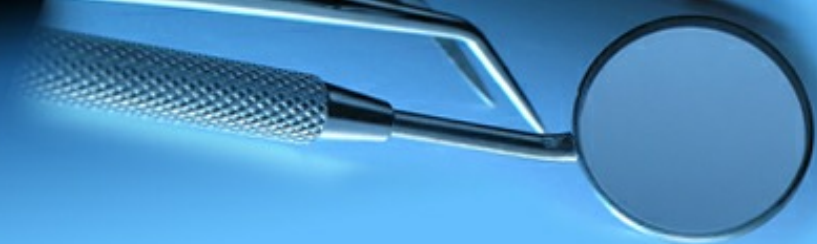
Registration Limited to 80 dentists  
Email to secure your spot: [matthewwebb1@gmail.com](mailto:matthewwebb1@gmail.com)

Registration

Name \_\_\_\_\_ AGD# \_\_\_\_\_

Email \_\_\_\_\_ Office Phone \_\_\_\_\_

Send registration form and payment written to "Utah AGD" to: Dr. Matt Webb, 4226 Lake Bridge Dr.; South Jordan, UT 84095



*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         |
| <b>TOTAL HOURS</b>           | <b>360</b> | <b>544</b> |
| <b>TOTAL REQUIRED</b>        | <b>400</b> | <b>600</b> |

## 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.

**2014**

June 26-29 AGD Annual Meeting in Detroit  
 September Multidisciplinary Care CE and Utah Annual Meeting  
 November Oral Med/Diagnosis, Basic Sci hands on

**2015**

March Photo/ Special patient care hands on/ Mastership  
 May CE course TBA  
 June 18-21 AGD annual in San Francisco  
 September CE and Utah Annual Meeting  
 November MPD/Occlusion hands on/ Mastership

**2016**

March Operative hands on course/ Mastership  
 May CE course TBA  
 July 14-17 AGD annual in Boston  
 September CE and Utah Annual Meeting  
 November Fixed Pros hands on/ Mastership

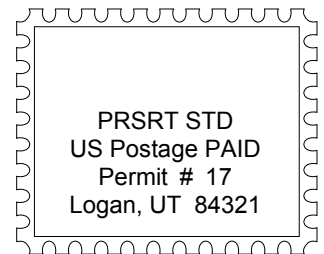
**2017**

March Removable Pros Mastership  
 May CE course  
 September CE and annual meeting  
 November Periodontics Mastership

**2018**

March Endodontics hands on/Mastership

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## UDA Luncheon Report

The UAGD had its largest turnout to a UDA Luncheon in many years, thanks in part to a large contingency of Roseman dental students. Randon Jensen from CTC Associates presented on different practice transition options that were insightful to older dentists down to current students.

Possible transition options of course are: merge, associate or partner, sale and work-back, sell outright, or a practice evolution. Many practices don't need an elaborate transition. To sell and leave is often the best solution to avoiding personality conflicts or those resulting from a change in control and management. 82% of partnerships fail in the first year.

For practice valuations, there are many common misconceptions: there is one "right" appraisal method, you can average multiple methods, look at similar sales, poor perceptions of value or using only rule of thumb methods. In reality, circumstances of a sale can vary so widely that it's easy to apply the wrong method and end up making someone very unhappy. Although the average sale price is 65% of last year's gross collections, the range 40-100% is common. Average patient retention rates are greater than 90% overall. A PPO practice is an advantage to retention rates. Practice philosophies between the doctors will have a large value effect as will a practice in a small or large town, rural vs. urban and the number of active patients (defined as those visiting the office in the last 24 months). An average practice will sell for 15-20% of equipment value with the balance made up in goodwill.

Asset summation, Market analysis and comparable sales, Capitalization of earnings (the income method), EBIDA (Earnings Before Income, Depreciation and Assets) are valid methods for computing a practice value.

Examples were given of situations where practice valuations were very different that had nothing to do with the above methods however, and it was stressed that a market only exists where a willing buyer and willing seller coincide. A Wyoming practice was on the market for seven years and had to be given away in spite of the fact that it was booming close to the oil fields and could legitimately charge \$2100 per unit. Demand for dentistry in the area and corporate dental offices in close proximity will also affect the valuation. The latter is becoming a bigger factor.

Female dentists on average will practice for 12.5 years, while male counterparts practice for 26 years. Practice loans only experience a 0.5% default rate.

In the event of an untimely departure of the dentist, it is wise to consider that the 1st offer is usually the best, an unsupervised practice will drop 5-10% value per week and 20% immediately. It is good to have a trusted colleague appointed for such a need and to leave passwords, and pertinent business information handy for whomever takes the wheel so that expectations, time lines and business structures can be maintained at their highest value.

As preparation for a transition spruce up your office, raise your fees, notify your staff of your intentions, don't skim (doing extra dentistry to artificially raise practice value), keep PPOs and drop cap plans and fund your retirement through means other than the sale of your practice.

Randon Jensen was gracious to present welcomes your business at 801-298-4242 or [clc-associates.com](http://clc-associates.com). A flat fee for valuation and transition usually amounts to \$17,500 and up.-PH