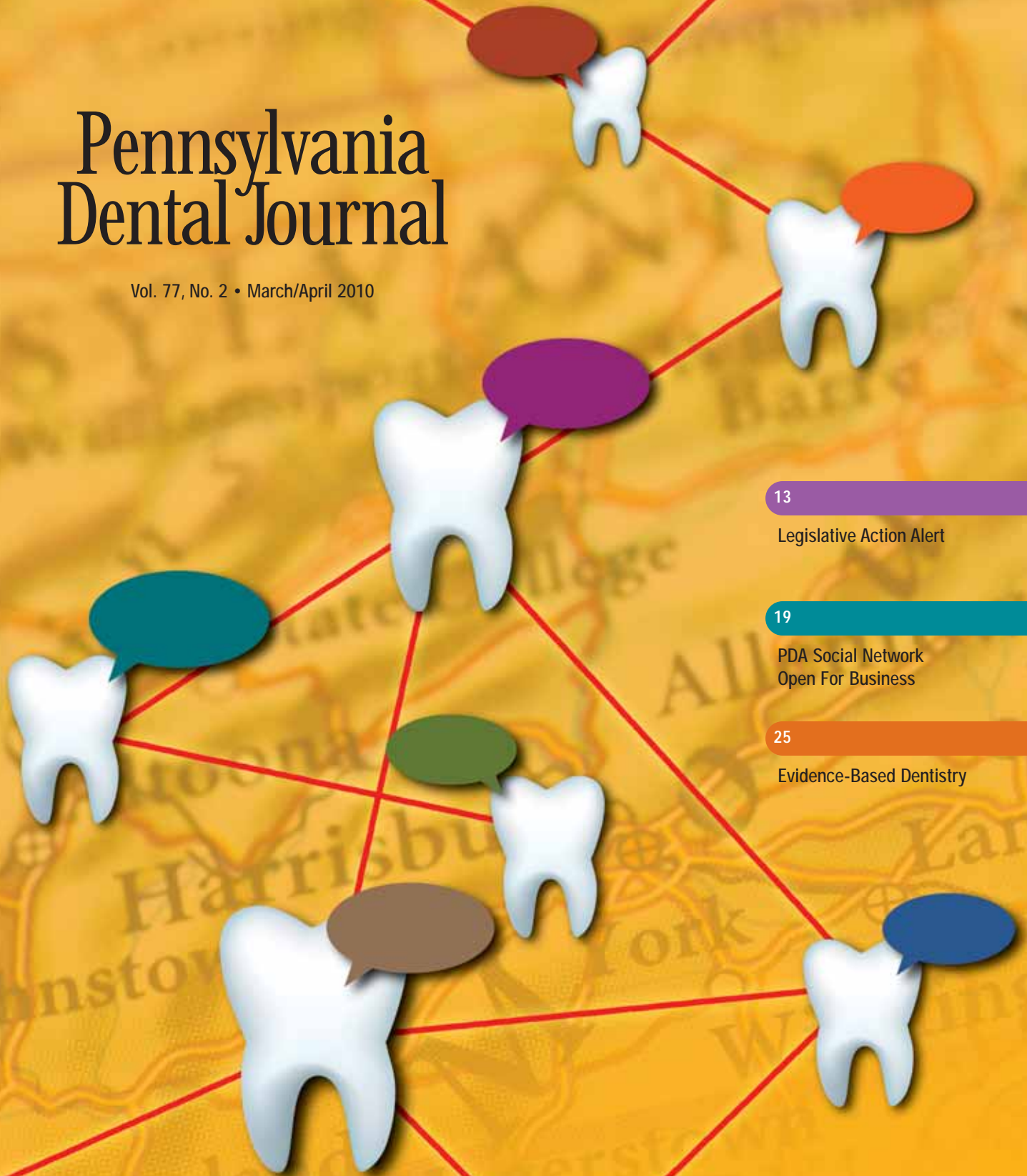


# Pennsylvania Dental Journal

Vol. 77, No. 2 • March/April 2010



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PDA Social Network  
Open For Business




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Evidence-Based Dentistry

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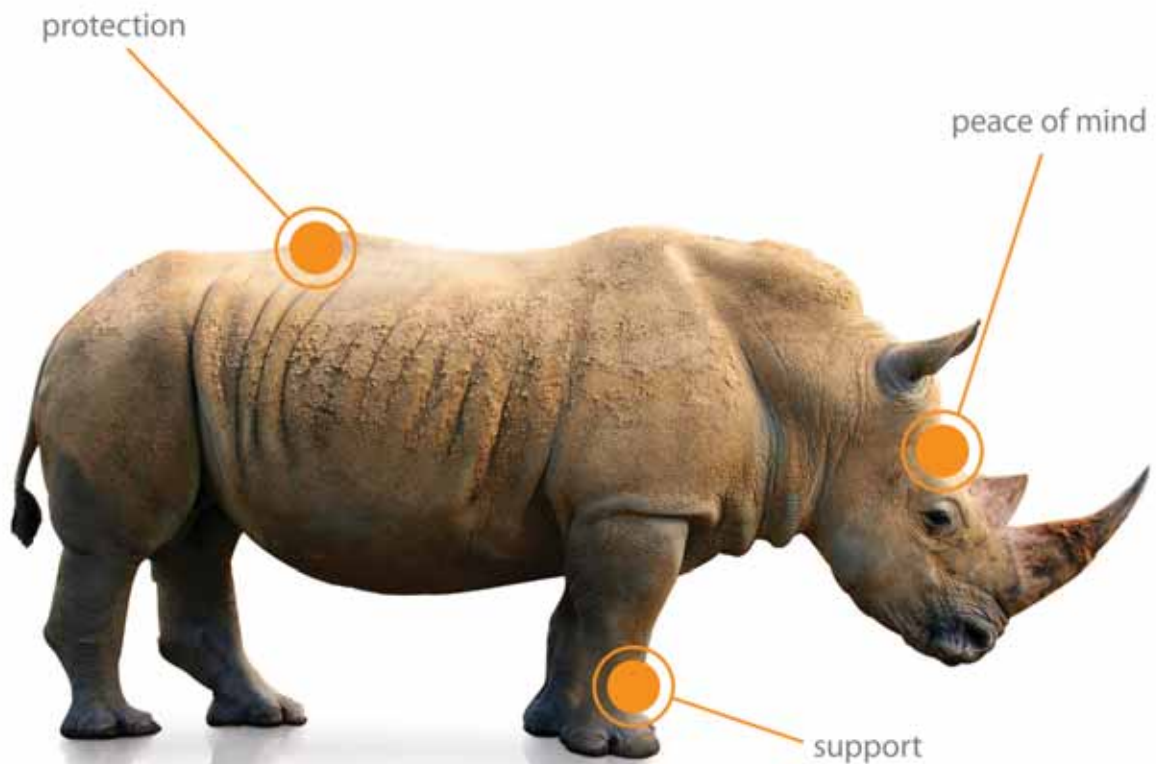
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# Pennsylvania Dental Journal

*The Official Publication of the Pennsylvania Dental Association*  
March/April 2010 • Volume 77, Number 2

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*The mission of the Pennsylvania Dental Journal is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.*

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## The Saint

I gave a lecture the other day to the junior dental class at the Kornberg School of Dentistry at Temple University. Afterward a student came up to ask a question. Then another student came up and said that she enjoyed the lecture and some of my stories. You see, I teach at the same dental school that I graduated from 23 years ago. Back then things were different, very different, and it was unusual to go up to your professor to thank him or her (it was usually a him) for a lecture.

Many of the faculty members at my dental school were former military dentists who turned to education after leaving the service. Diversity was a term for religious coexistence. Dental school was still predominately composed of white males. The school was old, the equipment was older and the fear among students was level orange.

Freshman year was mostly devoted to basic science courses, biochemistry, anatomy and pathology, to name a few. The very first dental course was dental anatomy. It was the only course that had any clinical significance to dentistry and was my first exposure to the career that I wanted so badly.

The course instructor had a reputation, to say the least. It wasn't long before my classmates began to talk. Those who knew an upperclassman already had the inside information. The Saint was a jerk.

He wasn't very tall, and he walked with an unusual stride that made me think he either had a horrible horse-back riding accident or was badly mangled in the war. He would look at you, and immediately you felt like you did when your father found out



*Dr. Bruce R. Terry*

that you failed your last math test. The Saint was course director for dental anatomy. He would give classroom lectures and roam the preclinic while we diligently carved wax teeth. It would take most of the semester, but by the end of the course we could carve every tooth in the mouth perfectly. Perfectly, because the Saint would make sure of it. As he moved between the rows of tables in preclinic, he would stop and look at your work. He was demanding and would always have criticism for any partially carved tooth.

I was in the back of the room with a last name beginning with "T." I used to think that he didn't like our class much because he was never happy when he got to the back row. The truth was he was just not a happy man.

Like most students, I was not looking to be a standout during the first few weeks. I just wanted to blend in. So, when my car was stolen outside

my apartment in week three of dental school, naturally I knew this wouldn't be good.

My '69 Plymouth Satellite was not a cherry car. It was chipped brown with a weather-beaten and peeling fabric top. The roof looked like a bald man three days after a bad sunburn. The upholstery was shiny black with a few tears. It was a gift from a cousin. Actually, it was perfect. It ran well, got nearly 8 miles to the gallon and it had a bench front seat. Perfect for date night.

I didn't live in a bad part of town, but things were not great around my apartment. Crime was a common occurrence. On the third Friday afternoon of dental school, I parked my car in the side lot of my building, I went into my apartment and did not return to the car until Monday morning. I camped out in my apartment and lived on mac-n-cheese, Coke and biochemistry.

When I emerged Monday, I went to my car only to find it was not there. Like a shopper leaving the mall, I immediately thought I parked somewhere else. I looked out front, I looked out back, but no car. Eventually the reality hit; my car had been stolen. At that moment I thought less about the car and more about the fact that I was going to be late for school. I called the police to report the car missing. After I described the car, I was told to hold. This was before music on hold. The long silence annoyed me as I continued to think about missing biochemistry at 8:30.

The officer returned to the phone and told me that my car was at the police station. It had been stolen Sunday night and used in a robbery.

*(continued on page 6)*

# Impressions

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The good news was that they caught the person who stole my car. The bad news was that they would keep the car for the day and I would not be able to get it until later. I quickly ran and caught the public bus for school and arrived only one hour late. All day my story was the talk of the class. We all had a good laugh knowing that I would get the car later that day.

So, that evening I took the bus from school directly to the police station and asked to pick up my car. I was taken to a lot where I found my car. The front door was slightly open. The officer told me that the door lock was broken and that a screwdriver was used to turn the ignition on. He told me I was lucky. He also told me that I would have to appear in court in a few weeks because the guy who stole my car said that I lent it to him.

For the next week I drove to school with the ignition switch dangling from the dashboard like a retractable faucet head from the kitchen sink. The driver's side door was held closed with a bungee cord since it would no longer latch. I was notified that I would need to appear in court on October 28<sup>th</sup>. I knew I was in trouble when I checked my schedule to see that I was going to miss dental anatomy. That day I went to the Saint and explained that I would be out on the 28<sup>th</sup>. He said no I wouldn't. I showed him the subpoena from the local police. He told me that his class was more important than a traffic ticket. I agreed, but tried to explain

that it was not a traffic ticket but a stolen car, my stolen car. He curtly said, change it.

So, I called the police station and explained my problem. The officer who answered the phone told me that I would be at the hearing no matter what. In fact, he said that if I didn't make it I would be in contempt and they would send a cruiser to pick me up! All I wanted to do was go to school. I didn't want to deal with any of this. The next day I went back to the Saint to explain what the police sergeant had said. I could tell that he wasn't moved by local law enforcement because he told me they could all go to "H." I had to be in class on the 28<sup>th</sup> or I would fail.

I talked with my classmates and decided that I would have to go to the Dean. I walked to the Dean's office. Obviously this was not a part of school that a freshman visits on a regular basis. It's like the executive floor of a financial institution. I went in feeling like a third-grader who had just been sent to the vice principal for a nasty spitball incident. I told the secretary that I was there to see the dean on a private matter. The secretary told me to go inside, so I entered the inner sanctum. I sat patiently while the Dean was on the phone. I overheard something about hairspray, or whatever. He hung up and said hello. I introduced myself and explained the problem I was having. I thought I was brief, but I had to tell him so much that I could see he was getting

bored. He stopped me before I could finish and said, "Come with me."

We walked down two flights of stairs, and as we approached his office, I broke out in a cold sweat. We were going to talk to the Saint. Me and the Dean. We got to his office and walked right in. The Dean asked the Saint if he indeed had told me that I must be in class on the 28<sup>th</sup>. The Saint said he didn't have time for every excuse. He told the Dean that he had heard every story in the book and didn't care what my problem was. Then the Dean asked me to wait outside. I was going to fail for sure. After what seemed like an hour but was actually just a few minutes, the Dean came out, looked at me and smiled as he walked back to his office. The Saint walked out and looked at me and said, "Good luck." He wasn't endearing; it sounded more like a threat. After that, whenever he got to my row in the preclinic he would look at me and then mumble something too faint to understand. At the end of the semester I was surprised that I didn't fail the course. Actually, I got an A.

During my sophomore year my car finally died and I was mugged while trying to sell it for junk, but that's a story for another time. Before graduation the Saint had retired, but every time I go back to school I still feel him in the halls looking around, ready to find another victim.

—BRT



In January, PDA hit the ground running in pursuing its legislative priorities for the final year of the 2009-2010 legislative session in Harrisburg. Having listened to members' concerns about advocating for issues that affect you as a health care provider and issues that will improve your patients' health, PDA is aggressively lobbying a number of issues on your behalf.

Your help is always needed to ensure PDA's success in the advocacy arena. Please make sure you are part of our advocacy program called CapWiz, which sends action alerts to you via email, allowing you to type in your home address and send a letter directly to your representative or senator. Contact the government relations staff at [mss@padental.org](mailto:mss@padental.org), or (800) 223-0016 to make sure your email address is in our files.

Be assured that PDA is at the forefront of all legislative and regulatory activity in Pennsylvania, monitoring dozens of bills affecting dentistry and communicating PDA's position with lawmakers regularly. Check out PDA's legislative bill tracking report at [www.padental.org/GR](http://www.padental.org/GR) for a full listing of those bills.

## **PDA's Latest Victories**

### **Legislation Expanding EFDA Scope of Practice**

PDA is one step away from passing HB 602, which requires a vote from the Senate before it is sent to the Governor for his signature.

This legislation would allow Expanded Function Dental Assistants (EFDAs) to perform coronal polishing and fluoride varnish, and take impressions of teeth for athletic appliances. It also appoints one EFDA and

an additional dentist to the State Board of Dentistry, maintaining a solid majority of dentists to decide on dental licensee issues.

PDA's success in passing HB 602 is the result of the efforts made by our members to educate lawmakers about EFDA practice, as well as your dues dollars at work by having the lobbyists and staff to advocate on members' behalf.

PDA thanks those of you who were involved in all of the grassroots initiatives at the local level to communicate support for HB 602 to lawmakers and for responding to CapWiz action alerts. A special thanks goes to those members who testified at legislative hearings in support of this legislation. Stay tuned for more information when HB 602 is signed into law and takes effect in Pennsylvania.

### **PDA Stops Committee Vote: Bill Requiring Amalgam Brochures Pulled from the Committee's Agenda**

When PDA received word that the House Health and Human Services Committee had on its January 20 meeting agenda consideration of HB 939, we immediately stepped into action. House Bill 979, which was introduced by Rep. Matthew Bradford (D-Montgomery), would require dentists to distribute brochures to patients about avoiding cavities and mercury in dental amalgam. HB 979 is a companion (identical) bill to SB 407, Sen. Daylin Leach's (D-Montgomery) legislation, which had previously garnered the most attention this legislative session.

This was not a case of the committee scheduling a hearing at which stakeholders could testify. It was a meeting at which the committee would give a

simple "up or down" vote on a number of bills it had been assigned.

PDA's policy was reaffirmed after the Federal Drug Administration released a statement in July 2009 reclassifying dental amalgam, while also declaring that, "while elemental mercury has been associated with adverse health effects at high exposures, the levels released by dental amalgam fillings are not high enough to cause harm in patients." With a clear directive from our leadership to oppose this legislation, PDA's lobbyists and staff implemented its advocacy plans by first sending a letter to all committee members expressing opposition to HB 939. PDA also sent an action alert targeting members who live in the committee members' districts. In the ensuing days, lobbyists met with staff and legislators to communicate PDA's position in an effort to keep the bill contained and "kill" the bill in this committee. PDA's public relations consultant was on stand-by to handle possible media inquiries or stories generated by individuals and groups opposed to dental amalgam.

PDA achieved great results with its grassroots and lobbying efforts! Rep. Bradford asked that his bill be removed from the committee's consideration so that he had the opportunity to hear PDA's concerns. Chairman Frank Oliver (D-Philadelphia) pulled the bill from his committee's agenda.

Special thanks goes to those members who took the time to contact their legislators who serve on the House Health and Human Service Committee to request their support of PDA's

*(continued on page 8)*

position on HB 939. Your involvement in our grassroots program illustrates just how influential every member's involvement in PDA's advocacy efforts would be!

## PDA Introduces Certified Dental Assistant Legislation

Rep. Nick Kotik (D-Allegheny) agreed to introduce legislation on PDA's behalf that would amend the Dental Law to certify those dental assistants who receive formal training and pass a certification exam, thereby allowing them to perform additional duties. These duties would be reversible procedures performed under dentists' direct supervision in any setting.

To become certified by the State Board of Dentistry, a dental assistant would need to meet the following requirements:

- Verify at least 3,500 hours of clinical experience practicing as a dental assistant.
- Hold a current cardiopulmonary resuscitation certificate.
- Successfully pass the Dental Assistant National Board's dental assistant examination.

If this legislation passes, certified dental assistants (CDA) could perform coronal polishing on children up to the age of 17, fluoride treatments (including varnish) and taking impressions of teeth for athletic appliances. CDAs may also perform other procedures not restricted to dentists, dental hygienists or expanded function dental assistants.

HB 2326 is assigned to the House Professional Licensure Committee. PDA expects the committee to schedule a public hearing in the spring or summer, at which stakeholders may testify.

## PADPAC IN 2010

From November 2009 through March 3, 2010, the Pennsylvania Dental Association Political Action Committee (PADPAC) recorded an increase of contributions in comparison to previous years. This year PDA has a PADPAC contribution goal of **\$225,000** and we still have a long way to go to achieve this goal. Please remember your voluntary PADPAC contribution provides essential financial support to achieve the goal identified by most members as being PDA's primary function: to advocate on behalf of members and their patients on regulatory and legislative issues.

Your PADPAC contribution is even more important this year. 2010 is not only an important election year for many state political candidates, but it is also a year when PDA is fighting some of its most difficult and controversial legislative battles. It is equally important for PADPAC to have the ability to influence the gubernatorial race because all of PDA's legislation will eventually require support from the Governor's Administration. PDA can only be successful in our advocacy efforts if we maintain a strong PADPAC presence in Harrisburg.

The following are the most recent figures available for PADPAC contributions, listed by district. Please do whatever you can to contribute, or if you have already joined PADPAC this year, consider donating again. Encourage your colleagues to contribute to PADPAC in the coming days.

A PADPAC membership form is available on PDA's website at [www.padental.org](http://www.padental.org). Or please contact Marisa Swarney at [mss@padental.org](mailto:mss@padental.org) or (800) 223-0016, ext. 108, if you wish to donate.

### 2010 District PADPAC Statistics

	<i>% of contributing PDA members</i>	<i>Highest Level Contributors</i>
District 1	16%	Dr. Sylvan Morein (Liberty)
District 2	22%	Dr. Richard J. Clark (Liberty) Dr. Bernard P. Dishler (Liberty) Dr. Linda K. Himmelberger (Liberty) Dr. Edmund K. McGurk (Liberty) Dr. Eugene J. McGuire (Capitol) Dr. Nicholas A. Hatges (Capitol)
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District 6	34%	
District 7	32%	
District 8	28%	Dr. Jon J. Johnston (Liberty)
District 9	30%	Dr. Dennis J. Charlton (Liberty)
District 10	21%	Dr. Herbert L. Ray (Liberty) Dr. R. Donald Hoffman (Capitol)

# Membership Matters

## A Look at Pennsylvania's Dental Demographics

By Tori Rineer, Membership Coordinator

It is no surprise that Pennsylvania is facing a shortage of dental practitioners. As the baby-boomer generation of dentists in Pennsylvania continues to age, the current trend of retention and migration of dental students to our state is decreasing, causing a potential shortage of dentists, yet a great demand for services remains. In other words, Pennsylvania's patient population is expected to continue to increase and the dentist population is expected to continue to decrease.

In Pennsylvania, nearly 58 percent of practicing dentists are over the age of 50 and will be planning to retire within the next 15 to 20 years. According to

PDA's database, since 1998, the average retirement age of a PDA member is 68 years. As the majority of dentists approach retirement age, it is vital that we attract the younger generation of practitioners to remain or practice in this state after graduation from dental school.

According to research conducted by Myron R. Schwartz, published in the October 2007 issue of the *Journal of Dental Education*, the Pennsylvania dentist pipeline is not adequately developed to repopulate the current Pennsylvania-educated dentist workforce, especially in rural areas. Based on the current retention rate of grad-

uating dental students in PA, it is expected to take at least 50 years to replace the practicing Pennsylvania educated dentists.

It is encouraging to see that the current trend at The University of Pittsburgh School of Dental Medicine and Kornberg School of Dentistry at Temple University shows an equal or higher enrollment percentage of PA residents.

Looking at projections for the next few decades, it is estimated that there will be more retiring dentists than new dentists entering the work force.

(continued on page 10)

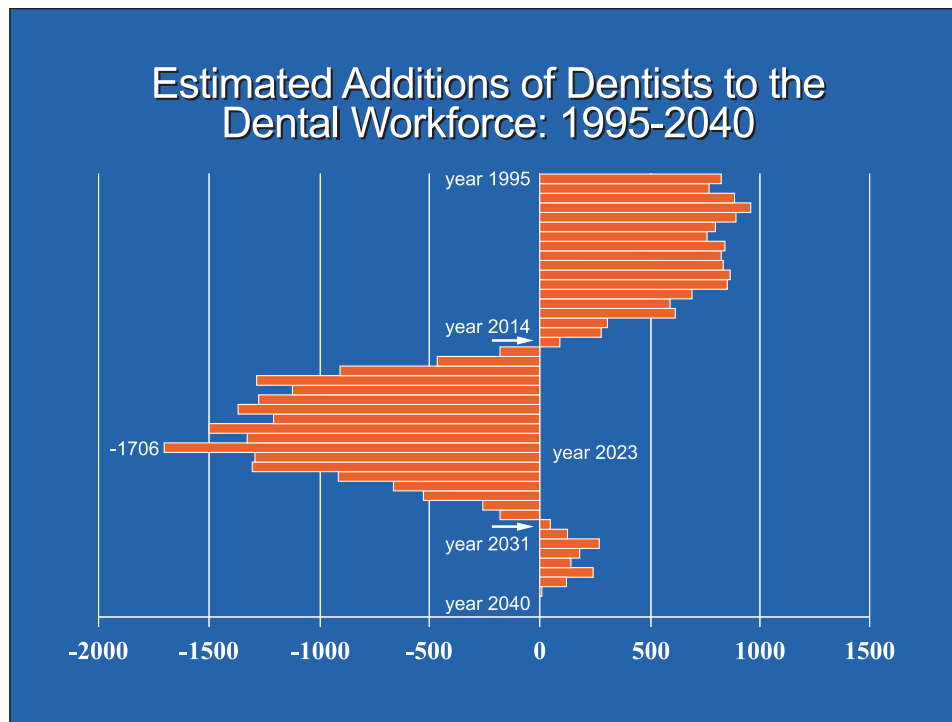
DENTAL SCHOOL	DENTAL CLASS GRADUATION YEAR	PA RESIDENT	OUT-OF STATE STUDENTS	TOTAL CLASS	PERCENTAGE OF PA RESIDENTS
University of Pittsburgh	2000	61	20	81	75%
University of Pittsburgh	2008	35	38	73	48%
University of Pittsburgh	2011	40	40	80	50%
<hr/>					
University of Pennsylvania	2000	26	71	97	27%
University of Pennsylvania	2008	19	97	116	16%
University of Pennsylvania	2011	16	101	117	13%
<hr/>					
Kornberg School of Dentistry	2000	40	79	119	34%
Kornberg School of Dentistry	2008	40	85	125	32%
Kornberg School of Dentistry	2011	64	61	125	51%

# Membership Matters

It is imperative that the retirement process and factors leading to retirement be considered well in advance of when you plan to retire. The suggested time frame of the retirement transition plan should span **5 to 10 years**. In this time, a buyer or associate needs to be selected with the goal of the practice changing hands of ownership.

PDA members have the advantage over non-members in being exposed to more opportunities that will promote their practice. The following are just a few resources available exclusively to PDA members to help get the word out that you are looking for an associate or a buyer.

- Networking – attend district and local meetings. Being involved in your profession is the best way to know who may be looking for an opportunity or to purchase a practice.
- Established relationship with the dental schools - Promote in dental schools. Lunch & Learn presentations are an effective way to attract the younger generation of dental practitioners.
- Student outreach events – by attending PDA student outreach events, you take advantage of the opportunity to interact one-on-one with the future leaders of the profession. This is a great way to meet eager and enthusiastic young dentists.
- Become a Mentor – participating in the Statewide Mentoring Program is a valuable way to mentor new dentists and dental students, which could lead to a possible associateship or partnership in practice. [www.padental.org/mentoring](http://www.padental.org/mentoring)



Source: American Dental Association

- Placement Service – Complimentary electronic enrollment to post your opening on a secured site. [www.padental.org/placementservice](http://www.padental.org/placementservice)
- Classified ads – Post a classified ad in the *Journal* and receive a complimentary posting to the PDA website, [www.padental.org/classifieds](http://www.padental.org/classifieds). You have the potential to reach more than 5,500 dental professionals.
- *Associateships: A Guide for Owners and Prospective Associates*
- *Building Successful Associateships*
- *Closing a Dental Practice: A Guide for the Retiring Dentist or Surviving Spouse*
- *Successful Valuation of a Dental Practice*

These manuals will help you prepare a timeline for your retirement to ensure you are on track for a successful retirement.

It is never too early to plan for the next step in your career. Preparation for retirement can be an involved process, but the more time you devote, the greater the promise of a successful return on your investment. Allow PDA to assist you with your endeavors. Visit [www.padental.org/library](http://www.padental.org/library) to browse the available materials or call the Central Office at (800) 223-0016 with any questions.

In addition to these resources, PDA members also can take advantage of the wealth of materials available in the PDA Members' Library to enhance your knowledge and understanding of retirement and the steps of selling your practice or hiring an associate.

Useful manuals include:

- *Transitions: Navigating Sales, Associateships & Partnerships in Your Dental Practice*
- *Valuing a Practice: A Guide for Dentists*

## Welcome New Members!

Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Dr. Mark Antonis  
Temple University  
Bethlehem

Dr. Keith R. Boyer  
University of the Pacific  
Philadelphia

Dr. Amy J. Liao  
The University of Michigan  
Philadelphia

Dr. Mitchell Somers  
University of Pittsburgh  
Oil City

Dr. William P. Baran  
Georgetown University  
Lambertville, NJ

Dr. Sameera Hussain  
Boston University  
Harrisburg

Dr. Kunjal Patel  
University of Buffalo  
Amherst

Dr. Dave Sullivan  
University of Pittsburgh  
Pittsburgh

Dr. Lesley T. M. Baratz  
Temple University  
Hanover

Dr. Madhusudhan Kasipathi  
New York University  
Reading

Dr. Keyur Patoliya  
Tufts University  
Hatfield

Dr. Chad M. Zahm  
Temple University  
Marietta

Dr. Alessandro Bartoletti  
Temple University  
Mount Joy

Dr. Kevin Krick  
Temple University  
Newtown Square

Dr. Joo Shim  
Temple University  
Philadelphia



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**David Spilkia, D.M.D.** has acquired the practice of

**John T. Lilley, D.D.S.** - Philadelphia, Pennsylvania

AFTCO is pleased to have represented both parties in this transaction.

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## Attention PDA Members: Legislative Action Alert!

Sen. Kim Ward (R-Westmoreland) introduced legislation on PDA's behalf, which will prohibit insurance companies from dictating the amount dentists may charge for services not covered under a plan. SB 1222 was assigned to the Senate Banking and Insurance Committee for consideration. If passed by this committee, SB 1222 will move to the Senate Appropriations Committee, then the full Senate for a vote.

### **We need YOUR help! Contact your Senator and request support for Sen. Ward's bill.**

While insurance companies have more money financing their lobbying efforts, they lack the grassroots network of constituents to establish contact and relationships with legislators. These same constituents then vote for or against legislators come election time. That is why your participation with this action alert is so critical.

PDA has one year to advance SB 1222 through the legislature as far as possible. At the end of 2010, all legislation introduced this session will "die" and need to be reintroduced. Your regular participation in grassroots efforts during the course of the year is essential to moving SB 1222 through committees and to the House and Senate floor.

We expect strong opposition from the insurance industry, as has been seen in other states whose insurance companies launched marketing campaigns to the public about how "dentists are driving up the costs" of

dental care. PDA is working hard to educate lawmakers about how this insurance policy truly impacts the dental practice and your patients.

Please contact your senator today and request that he or she support legislation that will prohibit insurers from regulating the fees charged for non-covered services.

### **The Issue**

Many dentists who participate with insurance companies are being asked to sign contracts that will prohibit them from charging patients their usual and customary fees for non-covered services. The impact of this contractual change for dental practices could be devastating if the reimbursement for non-covered services is too low for dentists to cover their overhead expenses and pay their employees. Dentists may have to choose between economic hardship and disrupting relationships with patients if they are forced to drop out of network.

According to the ADA, this is a business decision on the carriers' part, with full awareness of the implications for relations with their provider networks. In down economic times, this is a calculated risk they may be willing to take to reduce costs and shift risk to provider networks to remain competitive in the marketplace.

### **Talking Points to Use When Calling Your Senator:**

- Discuss how the financial impact that this new policy will have on

dentists who are no longer able to charge their usual and customary rates for non-covered services could be significant.

- New dental school graduates may seek employment in other states with higher reimbursements and lesser restrictions. Pennsylvania currently only retains 30 percent of their dental graduates.
- The action being fundamentally unfair for an insurer to dictate fees on procedures they do not cover. This begs the question — why aren't insurers covering MORE procedures.
- Concern about potential disruptions to the doctor patient relationship if a dentist can no longer afford to treat patients with an insurance plan that caps non-covered services and a patient is forced to find another provider.
- There may be increased costs in other areas and to other patients that will be necessary for dentists to offset the artificial fees for non-covered services.
- Effective incentives and insurance reforms are needed to attract more dentists to Pennsylvania. Some interesting statistics are provided on the next page that can be used to make the point that many dental graduates are choosing to practice in other states and that Pennsylvania has to provide more incentives for dentists to practice in the state:

*(continued on page 14)*

- Pennsylvania's retention rate for recent dental school graduates is low, 30 percent compared to the national mean retention rate for public state-related schools of 65.4 percent. Many opt to practice in neighboring states such as New Jersey and New York because they have a friendlier business environment.
- The Mid-Atlantic region, of which Pennsylvania is part, ranks sixth of nine regions for having recruited 2007 graduates of dental schools to active practice.
- The Pennsylvania Business Council grades Pennsylvania a "C" for economic growth and competitiveness. Dental students are attracted to other states with a robust and growing population that provide an adequate patient pool for their practices.
- Reimbursement rates for dental procedures in Pennsylvania are lower than nearby states or the national average, putting the state at a disadvantage with attracting dentists. According to the American Dental Association's Survey Center, Pennsylvania averages 5 to 10 percent lower with its reimbursement rates.
- More than 50 percent of actively practicing dentists in Pennsylvania will retire in about 10 years. According to an article by Myron R. Schwartz in the October 2007 issue of the *Journal of Dental Education*, the dentist pipeline in Pennsylvania is not adequately developed to repopulate the current dentist workforce, especially in rural areas.

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Marlton, NJ 08053  
Fax: 856-985-7428



## SAMPLE LETTER

Dear Senator:

As a constituent and one of the 5,500 members of the Pennsylvania Dental Association (PDA) I am writing to respectfully request that you support SB 1222, legislation that would prohibit insurance companies from capping fees on services that they have decided not to cover in the dental plans they offer to consumers. Sen. Kim Ward introduced SB 1222 and it is now assigned to the Senate Banking and Insurance Committee. I urge you to fully support SB 1222 and to aid in its passage through the Senate as soon as possible.

As a practicing dentist, I feel this practice is simply unfair and is another example of the uneven playing field in which dentists practice in Pennsylvania. Insurers should not be able to dictate fees on procedures they have arbitrarily decided not to cover. Dental practices such as mine will be adversely affected by yet another insurance practice that clearly demonstrates insurers' ability to abuse the market and set artificial prices on dental services. Dentists who participate with insurance companies understand that fee schedules are capped for services covered under the plan; however, setting caps on services not covered under those plans forces dentists to shift or absorb costs.

I feel that this practice will impact dentists' ability to control costs with other aspects of their practice, such as the number of patients they can treat, number of staff they employ and the type of services providers. Patients are also adversely impacted because this policy essentially gives insurance companies the ability to ration care and shift costs to those who do not have dental insurance. This may cause disruptions to the doctor-patient relationship and some patients may need to delay necessary treatment due to financial concerns.

This insurance practice ultimately impacts Pennsylvanians' ability to access dental care. Pennsylvania currently retains only 30 percent of its dental school graduates due partly to friendlier economic and insurance environments in neighboring states. As a PDA member, our staff hears these complaints first hand from dental students across Pennsylvania. Also, reimbursement rates for dental procedures in Pennsylvania are lower than nearby states or the national average, putting the state at a disadvantage with attracting dentists. In addition to these concerns, more than 50 percent of actively practicing dentists in Pennsylvania will retire in about 10 years. According to an article by Myron R. Schwartz in the October 2007 issue of the *Journal of Dental Education*, the dentist pipeline in Pennsylvania will not be able to repopulate the current dentist workforce, especially in rural areas. We must do all we can to attract new dentists to Pennsylvania instead of providing them with more incentive to leave the state. Passing SB 1222 to prohibit unfair insurance practices will help to make Pennsylvania a more attractive state in which to practice dentistry.

I urge you to do all you can to pass SB 1222. The value of access to quality dental care to all citizens can only be measured in the view that oral health is an integral component of total body health.

Thank you for your attention to this important issue. Please do not hesitate to contact me directly or PDA's government relations staff at (717) 234-5941, if you have any questions or concerns.

Sincerely,

Your Name

## Your Senator's Contact Information

Have a question about who represents you in the Senate? Contact PDA's government relations staff at (800) 223-0016. Or access this information on the Pennsylvania General Assembly's website at [www.legis.state.pa.us](http://www.legis.state.pa.us), by typing your zip code into the box on the right hand corner of the front page.

Those Senators with an "\*" after their name are members of the Banking and Insurance Committee. These members especially need to hear from you so that SB 1222 begins to "move" through the legislative process.

The Honorable Richard Alloway  
Senate of Pennsylvania  
187 Capitol Building  
Harrisburg, PA 17120  
(717) 787-4651 • (717) 772-2753 fax  
[alloway@pasen.gov](mailto:alloway@pasen.gov)

The Honorable David Argall  
Senate of Pennsylvania  
168 Capitol Building  
Harrisburg, PA 17120  
(717) 787-2637 • (717) 783-8657 fax  
[dargall@pasen.gov](mailto:dargall@pasen.gov)

The Honorable Lisa Baker  
Senate of Pennsylvania  
172 Capitol Building  
Harrisburg, PA 17120  
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[lbaker@pasen.gov](mailto:lbaker@pasen.gov)

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The Honorable Gene Yaw  
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Harrisburg, PA 17120  
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gyaw@pasen.gov

## What Does Your Contract Say?

In December, representatives from PDA met with regulatory officials at the Department of Insurance (DOI). The purpose of this meeting was to discuss most insurers' practice to cap fees for non-covered dental services.

At this meeting, PDA inquired whether DOI has the ability to prohibit this insurance practice through regulation alone, or whether legislation needs to be enacted to enforce this prohibition. DOI expressed interest in researching whether it has the authority to promulgate regulations on its own but requested more information from PDA before doing so.

While still pursuing legislation at the state level by asking Sen. Ward to introduce legislation, PDA plans to continue its dialogue with DOI to ascertain whether regulations can be drafted to prohibit this insurance practice. Most often it is easier and less time-consuming to work through the regulatory process than to wait until legislation is enacted.

### **But we need your help in building our case with DOI for the need to prohibit this insurance practice.**

There may be a provision in your existing contracts regarding **discounted plans**. PDA would like to determine the extent to which a discounted plan provision extends to non-covered services. PDA would especially like to see the contracts of those members recently contacted by any insurance company about this issue.

Please mail, fax or email a copy of your contract(s) to:

Pennsylvania Dental Association  
Attn: Marisa Swarney  
3501 North Front Street  
Harrisburg, PA 17105  
(717) 232-7169 fax  
mss@padental.org

Questions? Please contact Marisa Swarney, director of government relations, at (800) 223-0016 or mss@padental.org.

# PDA Social Network is Open for Business!

By Jessica S. Forte, Component Relations Manager

PDA is pleased to launch its private social network for members! This network will give you the ability to have increased communication with PDA leaders and staff, as well as with your colleagues. Some highlights of the new software include:

- Open forums for discussing dental office equipment and products, legislative topics and practice management issues.
- A library for you to search and share documents, as well as provide product reviews and share testimonials.
- Public and private groups that serve as an electronic mailing list.
- An online calendar, giving you access to upcoming events across the state.
- A personal profile for sharing and connecting with colleagues.

There is all of this and much more. The new communication possibilities provided by this social network are endless. Log on today and try it out for yourself.

*(continued on next page)*



## Instructions

If at any time you need assistance, please e-mail your questions to [community@padental.org](mailto:community@padental.org). You may also call (800) 223-0016 during regular business hours, Monday-Friday 8:30 a.m. – 5 p.m., for assistance.)

## Getting Started

1. Open your internet browser and visit [www.community.padental.org](http://www.community.padental.org)
2. Login the same way you would to the PDA website. *Your default user name is your first initial, last name and four-digit year of birth with no spaces (e.g., [asmith1974](#)); your default password is your ADA membership number preceded by the letters "ADA" (e.g., [ADA123456789](#)).*
3. Once logged in, you will be prompted to read and accept the terms of use. This will happen only once. You will not be prompted to do this during any future logins.
4. You are now on the PDA Social Network welcome page!
5. Bookmark [www.community.padental.org](http://www.community.padental.org) now for quick access in the future.



## Your Profile

1. In the top right hand corner of the page, you will find your **HUB**. Click on "My Profile"



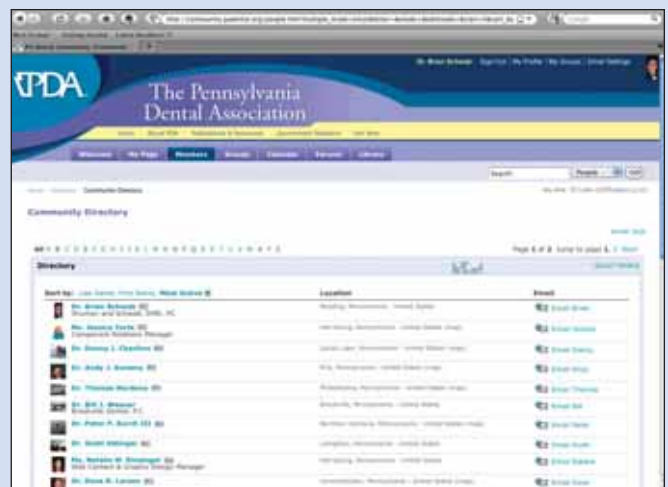
2. Your information has been pre-loaded into the system, so you will see that some of the fields in your profile are already populated.
3. In the **far left column** you will see links for editing each of the sections of your profile. Here are some tasks to get you started:



- a. Add a photo of yourself. ([Browse your computer files for a photo of yourself, select the photo you would like, and click "Upload"](#))
- b. Choose which address you would like to appear on your profile ([remember, only member dentists and PDA Staff can view this information](#))
- c. Map your address by using the Google Maps function.
- d. Add a bio of yourself.
- e. In the "tags" section, include a few **one-word** topics that interest you. For example you might list "Orthodontics, dogs, skiing." *By doing this you will be able to find colleagues with common interests.*

## Your Colleagues

1. Click the Members tab on the **horizontal main menu** to explore your network of colleagues. You can view all, or sort by the first letter of their last name.



2. Using the search bar just below the horizontal main menu, you can search for a colleague by entering their first and last name. You can also search for people in your community by entering your city. ([Try searching your alma mater to find long lost classmates.](#))
3. If the person you're looking for does not appear in your search, it is likely they have not logged on to the social network yet. [Perhaps a friendly e-mail or phone call might encourage them to get started and you can navigate the new social network together.](#)

## Exploring the Calendar

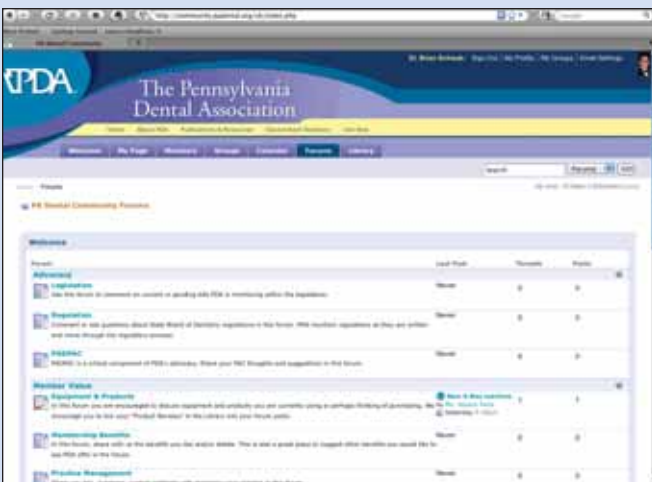
1. Click the Calendar tab on the **horizontal main menu** to view the user-friendly calendar.
2. Using the image links in the upper right hand corner of the calendar, you can view by month, year, or even see the events on a map!
3. Scrolling below the Calendar to the "Quick Navigation" box, will allow you to move quickly to the particular month or year you're interested in viewing.
4. Click on any event listed on the calendar to view more in depth details about the events start time, location and contact information.



### Exploring Forums

A forum, or message board, is an online discussion site. A forum consists of a tree-like directory structure containing at the lowest end topics (commonly called threads) and inside them posts.

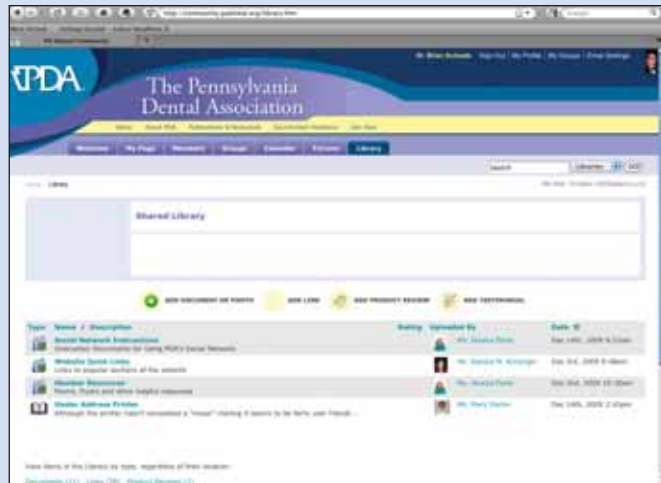
1. Click the Forum tab on the horizontal main menu to view the wide variety of forums offered in PDA's Social Network.
2. Click on a topic that interests you and contribute to or start a new thread by clicking the "New Thread" button. *A thread is a question or comment you'd like to make on a particular issue. For instance, you might want to inquire about a piece of equipment you're considering for your office. See if others have the equipment and what they like/dislike about it.*
3. Once you've composed your post, but before submitting it, please scroll down to the "Additional Options" section. Here you can add attachments, subscribe to this thread to receive e-mail notifications of future posts and even post a poll!
4. If you are interested in more than one thread in the forum, you can subscribe to an entire forum:
  - a. On the main page of the forum, on the top right of the first blue box is a button named "Forum Tools." Click this button.



- b. A menu will drop down. Click "Subscribe to this Forum."
- c. Choose your notification preference and click "Add subscription."

### Exploring the Library

1. Click the Library tab on the horizontal main menu to view the PDA Social Network Library.
2. A number of documents have been added already for your convenience in the "Member Resources" Folder as well as Quick Links to PDA's website.
3. Here you can add product reviews, testimonials or any type of document you'd like to share with your colleagues. *Try adding your own testimonial – why do you value your PDA membership?*



As you become more comfortable with the social network, consider the volunteer opportunities PDA has available within the social network:

- Forum moderators
- Public or Private Group (electronic mailing list) administrators

For more information on volunteering within PDA's Social Network or to request a public or private group be created, contact Jessica Forte at (800) 223-0016, ext. 134 or jsf@padental.org.

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## Watch Out Facebook — PDA's Social Networking Site Ready to Debut

By Brian Mark Schwab, DMD, Associate Editor

In a previous article (September/October 2009 issue), I introduced the concept of and reasoning behind online social networking. Websites like Facebook, Twitter and MySpace were examined and critiqued.

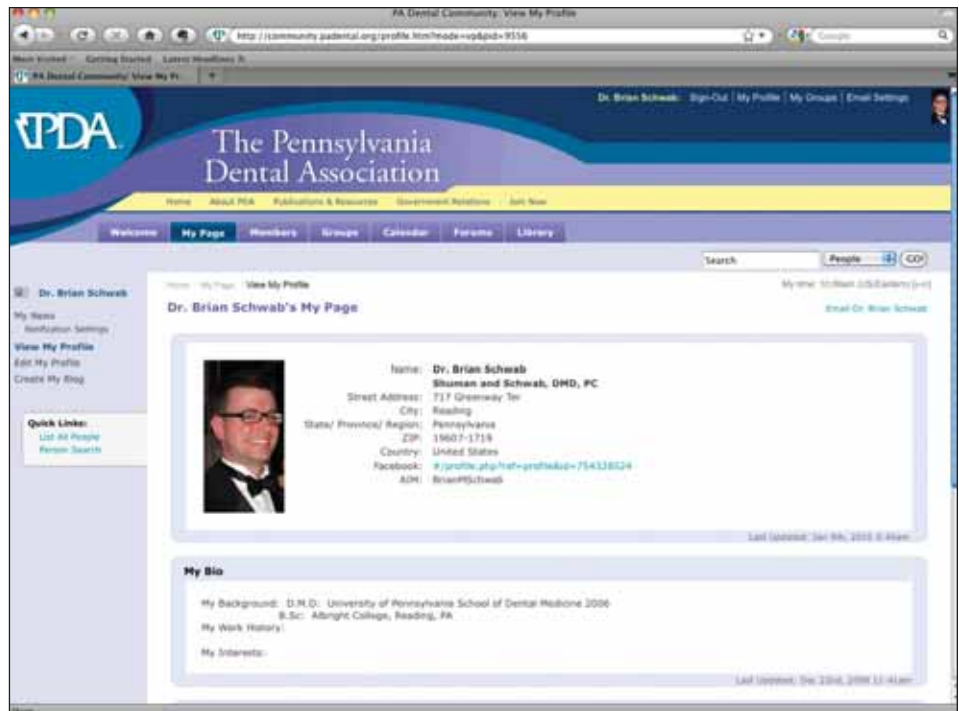
I am particularly excited to tell you that PDA is introducing its very own social networking site. Our site is intended to be very simple to use, accessible from the PDA website and appealing to all stages of membership from the new graduate to retired dentists. A few weeks ago, I was selected to participate in a beta launching of our new social networking software along with other members of the Board of Trustees and members of the PDA staff. Here are some of my perceptions of this software as it is officially introduced, as well as some of the ways I think every member could benefit from using it.

One of the greatest components of PDA's social networking site is the fact that it is data integrated. This means that every member's general data is already entered into the networking site. PDA has already created your profiles to some degree, including your name, office address, email address and contact phone numbers. Upon logging into the site, using your current PDA website name and password, your general information will already be there and you will be able to customize your profile by adding a picture of yourself. Adding a picture is not necessary to begin taking advantage of all the benefits the site will offer you, but isn't a picture worth a thousand words? You should also add some information about yourself

– hobbies, education, interests. These will become important, and in a minute you will see why.

Another really neat feature of our social networking site is that searching for another member or a staff member is extremely simple. You can easily find your friends and local colleagues on the site simply by searching for them using last name or city.

that your tags will appear in your left hand column (near the bottom) and may be different sizes. The larger and bolder each tag is, the more people there are that share that interest. By clicking on my Politics tag, I can then see who else on the network is interested in Politics. Imagine the doors you can open with this tool alone! This, in and of itself, is one of the



Finding colleagues with similar interests as you is also easy using Tag Clouds. No, it's not some new atmospheric phenomenon; it's a way of tagging yourself with hobbies or interests you may have. When editing your profile, in the Edit Tags section simply add some one-word tags that pertain to you. For example, I listed music, tennis, theatre and politics. Upon saving your profile, you'll notice

hearts of social networking...discovering commonalities among colleagues.

DentalTown has a very successful website that promotes the discussion of clinical dentistry. Members who chat on DentalTown are called "Townies." This is another example of social networking, but with a clinical twist. To discuss treatment outcomes

(continued on page 23)

and pre-treatment plans with other dentists allows for a “classroom-like” learning environment in the comfort of your own office or living room. One drawback of DentalTown is that you are discussing clinical dentistry with an international audience. In dentistry, there are a lot of variations within our own country, not to mention adding Europe or Asia into the mix. Not to borrow the line from the Beach Boys, but “wouldn’t it be nice” to be able to discuss clinical dentistry with colleagues in your own zip code? From endodontics to insurance reimbursements and coding and human resource management, social networking will set the stage for easy discussion about anything related to the practice of dentistry.

Sound good thus far? How will you utilize it? Imagine that you are interested in upgrading your office to digital radiography. You can log into PDA’s social networking site and create a new thread in the Equipment and Products Forum asking other members for their experiences with digital X-ray systems. Other members can comment, make suggestions and recommendations, remind you of certain deals, etc., all of which can and will save you time and money. Will the sales representative tell you about all of the limitations of a certain piece of equipment? No, because once your signature is on the invoice, all troubleshooting goes to another level and the salesman’s commission has

been earned. Your fellow colleagues will definitely give you first-person advice, unbiased and honest. All the time you will save trying to contact your dental friends to pick their brains will add up and you will soon see why so many millions of Americans are using social networking every day. It saves so much time!

It is probably safe to say that every problem a dentist can encounter on the job has been encountered previously by another dentist. From technical issues, to impassable root canals, to tricky orthodontic cases, not to mention all the legal aspects of being a business owner; dentists run into a lot of roadblocks on a day-to-day basis. Every dentist is trained to solve problems and to think critically. Not every one of us is equipped with the mastery to deal with every problem. We each have different strengths and weaknesses. This is where social networking will really be a blessing. Ask your colleagues across the state for their advice. It happens every day on DentalTown. A dentist in Utah asks a question and a few hours later, there are hundreds of posts, visible to everyone, from dentists and specialists all over the world. We can do that right here in Pennsylvania but our site will allow for much more than just “dental” talk. Allow me to illustrate how!

Organized dentistry has always had its niche in legislative advocacy. Imagine being able to inform 5,500

member dentists at a moment’s notice that a bill has been introduced that will greatly affect the practice of dentistry. We currently use CapWiz for this sort of outreach, but there is no current way for us to discuss the pros and cons of what we are writing our legislators about. Imagine how helpful this software could have been last year when the Philadelphia City Council was working on the amalgam issue. No long distance phone calls, no interruption of your day, just log in and type away. Check back a few hours later and you may have a wealth of free information from your colleagues at your fingertips. Now that is what I call an invaluable interaction and a tremendous membership benefit.

After reading this article and Jessica Forte’s feature on page 19, and watching your email for additional information on PDA’s social network, we hope you take a few minutes to join the network. It is free, easy, and I promise you it will be interesting. I am extremely excited to see PDA enter the market of social networking. It is obvious that it is not a fad or a trend. Other sites like Facebook are more popular than ever and although our site will be extremely specialized to meet the needs of dentists right here in Pennsylvania, there will undoubtedly be a great element of fun for all of us who utilize it.

Happy Social Networking!



## Evidence-Based Dentistry

Dentists are challenged every day with information from a myriad of sources – trade journals, juried journals, dental lectures and product marketing to name a few. How to know who and what to believe has become our greatest challenge. Evidence-based dentistry is our newest tool to discover the real truth about what works and what is the best treatment for our patients. The leading authority on evidence-based dentistry is the Cochrane Collaboration.

### **About The Cochrane Collaboration**

The Cochrane Collaboration is an international not-for-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. It produces and disseminates systematic reviews of health-care interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. The Cochrane Collaboration was founded in 1993 and named after the British epidemiologist, Archie Cochrane.

The major product of the Collaboration is the Cochrane Database of Systematic Reviews, which is published quarterly as part of *The Cochrane Library*.

Those who prepare the reviews are mostly health-care professionals who volunteer to work in one of the many Cochrane Review Groups, with editorial teams overseeing the preparation and maintenance of the reviews, as well as application of the rigorous quality standards for which Cochrane Reviews have become known.

The activities of the Collaboration are directed by an elected Steering Group and are supported by staff in Cochrane Entities (Centres, Review Groups, Methods Groups, Fields/Networks) around the world.

## The Cochrane Library

It is a difficult task for practitioners to keep up-to-date with the relevant evidence in their field of interest: the major bibliographic databases cover less than half the world's literature and are biased towards English-language publications; textbooks, editorials and reviews that have not been prepared systematically may be unreliable; much evidence is unpublished, but unpublished evidence may be important; and more easily accessible research reports tend to exaggerate the benefits of interventions.

The Cochrane Library solves many of these problems. It consists of a regularly updated collection of evidence-based medicine databases, including The Cochrane Database of Systematic Reviews. This database includes systematic reviews of health-care interventions that are produced and disseminated by The Cochrane

Collaboration. The Cochrane Library is published on a quarterly basis and made available both on CD-ROM and the Internet. It is the best single source of reliable evidence about the effects of health care. The full text of all Cochrane databases are available to subscribers via its publisher Wiley. The Cochrane Library Users' Group (CLUG) provides a forum for discussion of usability, readability, searchability and formatting issues related to the use of The Cochrane Library.

## Cochrane reviews

Based on the best available information about health-care interventions, Cochrane reviews explore the evidence for and against the effectiveness and appropriateness of treatments (medications, surgery, education, etc) in specific circumstances. Designed to facilitate the choices that doctors, patients, policy makers and others face

in health care, the complete reviews are published in The Cochrane Library four times a year. Each issue contains all existing reviews, plus an increasing range of new and updated reviews. A complete Spanish version of each issue is published three months after its English publication date in La Biblioteca Cochrane Plus.

## Review abstracts and plain language summaries

The abstracts of Cochrane reviews are available free of charge and provide a valuable source of health care information. Where available, plain language summaries are also provided. These are short synopses of the reviews' core findings, with a minimum of technical terms. All abstracts and summaries are also available in Spanish, and a selection is available in German.



# Evidence Based Dentistry

## Cochrane Review

### Interventions for Replacing Missing Teeth: One- Versus Two-Stage Implant Placement

By Marco Esposito<sup>1</sup>, Maria Gabriella Grusovin<sup>1</sup>, Yun Shane Chew<sup>1</sup>, Paul Coulthard<sup>1</sup>, Helen V Worthington<sup>2</sup>

<sup>1</sup>Department of Oral and Maxillofacial Surgery, School of Dentistry, The University of Manchester, Manchester, UK. <sup>2</sup>Cochrane Oral Health Group, MANDEC, School of Dentistry, The University of Manchester, Manchester, UK

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#### Abstract

##### Background

Implants may be placed penetrating the oral mucosa (one-stage procedure) or can be completely buried under the oral mucosa (two-stage procedure) during the healing phase of the bone at the implant surface. With a two-stage procedure, the risk of having unwanted loading onto the implants is minimized, but a second minor surgical intervention is needed to connect the healing abutments, and more time is needed prior to start the prosthetic phase because of the wound-healing period required in relation to the second surgical intervention.

##### Objectives

To evaluate whether a one-stage implant placement procedure is as effective as a two-stage procedure.

##### Search strategy

The Cochrane Oral Health Group's Trials Register, CENTRAL, MEDLINE and EMBASE were searched. Handsearching included several dental journals. Authors of all identified trials, an Internet discussion group and 55 dental implant manufacturers were contacted to find unpublished randomized controlled trials (RCTs). The last electronic search was conducted on January 21, 2009.

##### Selection criteria

All RCTs of osseointegrated dental implants comparing the same dental implants placed according to one- versus two-stage procedures with a minimum follow-up of six months after loading. Outcome measures were: prosthesis failures, implant failures, marginal bone level changes on intraoral radiographs, patient preference including aesthetics, aesthetics evaluated by dentists, and complications.

##### Data collection and analysis

Screening of eligible studies, assessment of the methodological quality of the trials and data extraction were conducted in duplicate and independently by two review authors. Authors were contacted for missing information. Results were expressed as random-effects models using mean differences for continuous outcomes and risk ratios for dichotomous outcomes with 95 percent confidence intervals.

##### Main results

Five RCTs were identified and included reporting data on 239 patients in total. On a patient, rather than per implant basis, the meta-analyses showed no statistically significant differences for prosthesis and implant failures, though trends, especially in fully edentulous patients, favored two-stage (submerged) implants.

##### Authors' conclusions

The number of patients included in the trials was too small to draw definitive conclusions. The one-stage approach might be preferable in partially edentulous patients since it avoids one surgical intervention and shortens treatment times, while a two-stage submerged approach could be indicated when an implant has not obtained an optimal primary stability, or when barriers are used for guided tissue regeneration, or when it is expected that removable temporary prostheses could transmit excessive forces on the penetrating abutments especially in fully edentulous patients.

## Plain language summary

### Interventions for replacing missing teeth: one- versus two-stage implant placement

Dental implants can be successful either if placed through the oral mucosa, sticking through the gums (one-stage procedure) or if completely buried under the soft tissues (two-stage procedure) to heal load-free for a few months. However, one additional minor surgical intervention is needed, if a two-stage procedure is used, to allow the connection of the buried implants with the transgingival component, which will hold the prosthesis in place.

The review found some evidence from five studies with 239 patients that one- or two-stage implant placement may have similar outcomes, though in patients with no teeth trends suggested more implant failures for those implants sticking through the gum. More research is needed to answer this question in a definitive way, but it appears possible to place dental implants following a one-stage procedure (i.e. the implants are sticking through the gums during the bone healing period). The advantages of the one-stage procedure are: (1) one minor surgical intervention can be avoided, and (2) the treatment time can be shortened, since it is not needed to wait for the healing/stabilization of the soft tissues after the second surgical intervention. Nevertheless, there are situations when a two-stage procedure could be preferable, for instance when a less than optimal implant stability is achieved at implant placement or when there is the risk that the provisional denture transmits excessive forces to the portion of the implants sticking through the gums.



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# OK, So I'm Old...

## Does That Mean That Dental Care is a Waste of Time?

By H. Barry Waldman, DDS, MPH, PhD



I'm 75 years old. I've lost a few posterior molars over the years. I visit my periodontist all too frequently. I've begun to have all those physical, psychological, histological, pathological and the rest of the "logicals" (I've always wondered why they are called "logical") changes that older folks experience. Once in a while, I even forget what I was going to pick up on my trip to the grocery store. Fortunately, I can still drive at night. But you have read, studied (and even laughed) about all those things that we experience if we are fortunate enough to reach the older years.

According to the Census Bureau, if I am an average white male, my life expectancy is about another 10 years.<sup>1</sup> As far as dentistry is concerned, among my contemporaries, in the past year:

- Almost half (47 percent) had a dental visit; 23 percent if we were Hispanic, 18 percent if we were black, 60 percent if we were a college graduate and 43 percent if we had only graduated from high school.
- 70 percent of us had no dental insurance coverage, including 59 percent of us with higher incomes and 71 percent if we were poor. Among those of us who were poor, 18 percent had public dental insurance coverage, primarily Medicaid.
- 65 percent of us had private insurance, and 16 percent of us with public dental coverage, had a dental visit in the past year.

- Among those of us who made a dental visit, if we had private insurance coverage, we would have averaged \$824 in dental expenses in the past year, compared to \$535 in expenses by those of us with public coverage and \$528 by those of us with no insurance coverage.<sup>2</sup>

In 2005, 15 percent of patients of general dental practitioners and almost 10 percent of patients of dental specialist were 65 years and older.<sup>3</sup> Just in case you think that my contemporaries and I skip dental care, (except to have our dentures adjusted) in 2004, 16 million older folks visited a dentist and received about 74 million dental procedures. Of those of us who visited a dentist:

- 4 out of 5 had a diagnostic procedure
- Three-quarters had preventive care
- One-quarter had restorative treatment
- 30 percent had some prosthetic services (yes, some had new dentures fabricated, adjusted and repaired – we'll get back to that shortly)
- 14 percent had oral surgery, and
- 12 percent had a variety of other services, including: periodontics, endodontics, orthodontics (you're never too old for that), treatment of TMJ problems, bonding, whitening or bleaching (yes, vanity in old age).<sup>2</sup>

In general, there has been an

increasing use of dental services by older individuals, which is reflected in the decrease in the proportion of us with untreated dental caries between 1988-94 and 1999-2004. Nevertheless, despite these general decreases in the untreated dental caries among older persons, males, blacks, Mexican-Americans and lower income populations continue to have greater rates of untreated caries than their respective older counterparts. (Table 1)

### Yes, we have problems

Of the 35.6 million of us who are 65 years and older, 40.9 percent (about 14.6 million) have one or more disabilities, including almost 17 percent with sensory disabilities, 31 percent with physical disabilities, 12 percent mental disabilities and 17 percent are unable to go-outside-of-home because of disabilities.<sup>5</sup>

And then there is the problem of poverty and the impact on spending for needed health services. About 3.5 million seniors (9.7 percent - with higher rates for minority group seniors) live with incomes below the federal poverty level. (I need not discuss the stock market and the impact on retirement plans.) Yes, we are aware of the fact that 13.3 million children (18 percent) also live in families with incomes below the poverty level; and probably are increasing as a consequence of the recession.<sup>6</sup>

**Table 1.**  
**Untreated dental caries by the 65 years and over population by selected demographic characteristics: 1988-1994, 1999-2004<sup>4</sup>**

	Percent	
	1988-1994	1999-2004
Male	31.9%	20.4%
Female	24.5	16.4
Race/ethnicity		
White, non-Hispanic	25.0	15.9
Black, non-Hispanic	53.9	36.8
Mexican-American	49.1	41.2
Percent of poverty level		
Below 100%	46.6	33.2
100% to less than 200%	37.1	23.8
200% or more	21.1	14.2

### As far as dentures are concerned

Yes, there has been a decline in edentulism. However, “the 10 percent decline in edentulism experienced each decade for the past 30 years will be more than offset by the 79 percent increase in the adult population older than 55 years...”<sup>7</sup> As a result, “...only general practitioners in concert with prosthodontists, can meet the full denture requirements in 2020.”<sup>8</sup> By contrast, there is the comment that, “...full denture construction will likely become so rare that the dentures required by the public could be handled by specialists...”<sup>9</sup>

The reality is that all the traditional emphasis on edentulism, dentures and the elderly overshadows the full range of services that are now available and sought after by my contemporaries; ranging from bleaching to implants, endodontics and just about any procedures that general and specialty practitioners have in their armamentarium to maintain and prolong the dentition. It's just that...

### It ain't over 'til it's over

While my average life expectancy is 10 more years, (about 13 years if I were a woman), the number of individuals 100 years and older increased from 37,000 in 1990 to 50,000 in 2000 (with estimates of 55,000 in 2005). 80 percent of them are women. In addition, for every 100,000 children born in 2004, more than 2,500 are projected to live 100-plus years. More than four million children were born in 2004. Thus, for this single year, more than 10,000 may reach the century mark and beyond.<sup>10,11</sup>

My contemporaries and I may be old and still trying to come to terms with the fact that, “in less than a second, a computer can surpass ten thousand lifetimes of human calculations.”<sup>12</sup> But dental care is still a part of our needed health care and in the not too distant future (within about two decades), we will represent 20 percent of the population in this country. Six states – Florida (naturally), Maine, Wyoming, New Mexico,

Montana and North Dakota – will have older residents representing more than 25 percent of the population.<sup>13</sup>

Are you and your practice ready for us?

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### About The Author

*Dr. Waldman is a Distinguished Teaching Professor in the Department of General Dentistry at Stony Brook University in New York. He can be reached at [hwaldman@notes.cc.sunysb.edu](mailto:hwaldman@notes.cc.sunysb.edu)*



# Awards & Achievements

## Saccone Honored by Pierre Fauchard Academy

Dr. Nicholas D. Saccone of Scranton, a former president of PDA, has received the Pierre Fauchard Academy's Presidential Award of Excellence.

The Pierre Fauchard Academy is an international dental honor society with a presence in 50 countries. Dr. Saccone served as its president during 1995-1996.

The award reads: "In recognition for your outstanding dedication and commitment to the profession of dentistry. We salute you for your many contributions and devotions to uphold the finest traditions of our profession."

Dr. Saccone practiced dentistry in Scranton for 51 years, and prior to his term as PDA president in 1983-84, he served as president of Third District Dental Society and Scranton District Dental Society. He has also served as

president of the Alumni Society of the University of Pennsylvania School of Dental Medicine.

Throughout his dental career, Dr. Saccone was awarded four fellowships: Pierre Fauchard, where he was President; International College of Dentists, where he held the office of Regent; American College of Dentists; and the Academy of General Dentistry.

Other awards and recognition throughout Dr. Saccone's career include: a gold medal from the French Dental Association, "Le Medaille d'Or de Conseil National); PDA's "Annual Award" (now Distinguished Service Award); Greater Philadelphia Guild of St. Apollonia "Dentist of the Year," the Catholic Youth Center's "Wall of Fame" and the Purple Club Outstanding Service Award.

## How PDA Works for You: Monthly News Releases

To increase the visibility of the dental profession and help disseminate important dental health information to the public, PDA staff, with the input and oversight of members of our Council on Communications and Public Relations (CCPR), writes and distributes monthly news releases to more than 450 Pennsylvania media outlets.

Covering a wide variety of dental health topics, the releases reach both daily and non-daily newspapers, magazines, radio and TV stations and websites. Topics have included tips for finding a dentist, root canals, safe tooth whitening, smokeless tobacco, the effects of sugary beverages, oral health's link to overall health, overcoming dental anxiety and many more.

Our news releases also bring awareness to National Children's Dental Health Month (NCDHM) every February. Twice each year, news releases feature our annual poster contest in which all Pennsylvania third-grade students are eligible to participate.

News releases benefit members because they often contain information highlighting additions to PDA's website, [www.padental.org](http://www.padental.org), and legislative updates. For example, a news release was recently published about our new online Kids' Corner, [www.padental.org/kidscorner](http://www.padental.org/kidscorner), which provides kids with a wealth of oral health information through interactive games and activities. Also, when the ADA published new antibiotic prophylaxis guidelines, PDA was quick to respond with a news release outlining the updates.

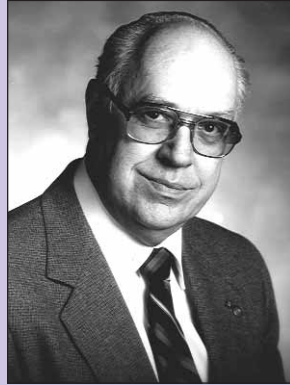
Watch for our monthly news releases in your local publications. If you have any questions or topic suggestions, please contact Rachel Damrauer, communications coordinator, at (800) 223-0016, ext. 133, or [rsd@padental.org](mailto:rsd@padental.org).

# In Memoriam

## Dr. Herman M. Aqua

On January 18, the Pennsylvania Dental Association lost a great leader. Dr. Herman Aqua passed on after a lengthy illness.

Dr. Aqua, who was PDA president in 1990-1991, served dentistry with steadfast determination and dedication. He was a role model for many and exemplified the highest ideals, ethics and professionalism. He came from a very humble background and appreciated what blessings he had. He and his beloved wife Ruth gave more to our dental organizations than we could ever repay, and we are all the better for it.



He became president of the Luzerne County Dental Society in 1964. His local colleagues praised his ability to always keep things running smoothly. Herm became president of the Third District Dental Society in 1978, and then served as PDA's Third District Trustee from 1982 to 1988 before his term as PDA president. This organization honored him with its highest honor, the Annual Award (now the Distinguished Service Award) in 1999.

Herm dedicated his life not only to the advancement of dentistry; he was also a loving father and donated his time and leadership abilities to many civic organizations and his synagogue Ahavas Achim.

I remember a quote from John Wesley, which I think makes an attempt of summing up Herm's lifelong accomplishments.

*Do all the good you can  
In all the ways you can  
In all the places you can  
At all the times you can  
To all the people you can  
As long as ever you can*

This was Herm Aqua. Gone, but not forgotten.

Herm is survived by wife, Ruth; children, Harold, Karen, Marlene and Ellen; seven grandchildren; nieces and nephews.

— Dr. Richard Grossman

*Memorial Contributions, if desired, may be made to Ahavas Achim Synagogue, c/o Dr. Richard Grossman, 375 Stanley Dr., Kingston, PA 18704, or charity of donor's choice.*

**Dr. Frank R. Cafaro**  
Pittsburgh  
University of Pittsburgh (1952)  
Born: 3/8/28  
Died: 12/13/09

**Dr. John G. Steciw**  
Bethlehem  
Temple University (1973)  
Born: 6/13/47  
Died: 12/20/09

**Dr. Charles W. Apple**  
Franconia  
Temple University (1942)  
Born: 7/1/15  
Died: 1/3/10

**Dr. Herman M. Aqua**  
Forty Fort  
University of Pittsburgh (1952)  
Born: 3/31/27  
Died: 1/17/10

**Dr. Richard M. Madore**  
State College  
Temple University (1986)  
Born: 3/7/58  
Died: 1/18/10

**Dr. Nevin C.T. Shaffer**  
Allentown  
University of Pennsylvania (1951)  
Born: 3/22/18  
Died: 1/20/10

**Dr. Richard C. Zahm**  
Bethlehem  
Temple University (1959)  
Born: 5/23/33  
Died: 2/1/10

# It's Your Money

## Technical Analysis

By Mark J. Funt, DMD, MBA

So far, I have discussed fundamental analysis when it comes to researching your stocks. Now I will touch on technical analysis. I was never a fan of technical analysis until several years ago, and since that time I find it to be an invaluable part of buying and selling stocks. Where fundamental analysis is a qualitative approach, technical analysis is completely quantitative. True technicians feel they don't even need to know what the company does, let alone its' financials. As a matter of fact, technicians feel that companies can and do "cook the books." Enron and MCI WorldCom anyone? They believe that charts tell the truth. In reality you should use all techniques available. It is often said that fundamental analysis is used to determine what stock to buy and technical analysis is used to determine when to buy or sell that stock.

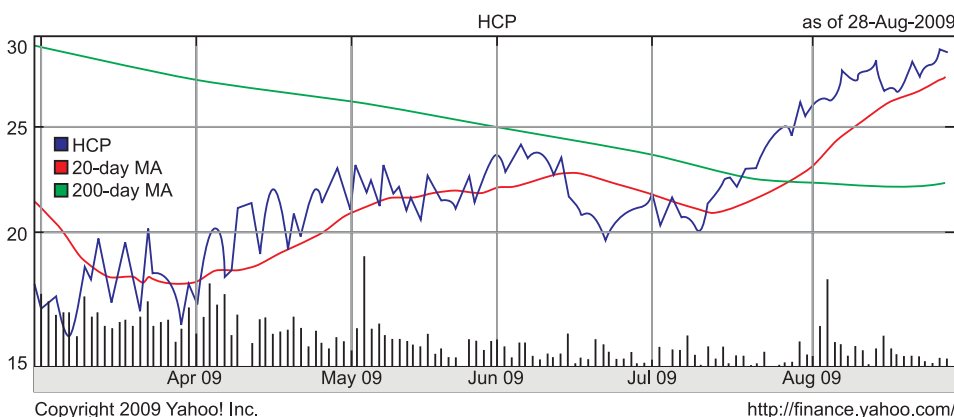
Technicians look at a myriad of technical indicators. As a matter of fact, there are probably at least 50 technical indicators and patterns. They have names like Bollinger Bands, Fibonacci Retracing, stochastics, MACD, flags, pennants, cup and handle and head and shoulders just to name a few. Most people agree that the three most important and easiest to use indicators are price, price trends and volume. I will also discuss moving averages, support and resistance. Technicians basically believe it is insider information that moves the price of a stock and when this information gets out to the public, the price of the stock moves. If you have a real interest in technical analysis, there are two websites that have great educational

sections: [www.stockcharts.com](http://www.stockcharts.com) and [www.clearstation.com](http://www.clearstation.com).

Let's look at an example of how you can use technical analysis. Get your pencil and rulers ready because this is going to be interactive. I am using a six-month chart of Health Care Properties (HCP). HCP is a health care real estate investment trust that owns nursing homes, medical buildings and other things. The first thing you need to know is that this is a daily

The green line on the chart going from left to right and trending downward is the 200-day moving average and the red line, which starts at the left side of the chart at about \$22 and curves downward and then upward as it moves from left to right, is the 20-day moving average. But more about that later.

The vertical lines at the bottom of the chart represent the daily volume – that is how many shares were traded



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chart. Each point along the line represents the closing price of the stock at the end of each day. You can get weekly, monthly, hourly and even 15-minute charts if you are a day trader. The charts can be linear, bar or candlesticks. Linear charts are probably the easiest to use, especially if you are just starting out. Bar charts give you more information such as the lowest, highest and closing price of the day. Candlestick charts are the most sophisticated charting method but are also the most complicated to use. If you are going to be a true technician, understanding candlesticks is essential.

that day.

The first thing you want to do when looking at a chart is look at the trend of the stock. Is it trending up, down or sideways? If you look at the month of March (the very left of the chart) you will notice that the stock trades between \$20 and approximately \$16.50 per share. Take your ruler and draw a line connecting the points at the top of the chart (\$20) and the bottom of the chart (16.50). Extend your lines to the right beyond April 9. The first thing you will see is that every time the stock hits \$20, the sellers come in and push the price of

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## It's Your Money

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the stock down. The stock hits resistance at \$20. Every time the stock hits \$16.50 per share the buyers come in and push the price up – this is called support.

Resistance represents a ceiling and support represents a floor. When a stock trades between resistance and support, the stock is trading within a range or a channel. Normally when a stock trades within a range or consolidates, it will eventually make a move either up or down. In this case the stock broke resistance on or about April 14 and shot up to about \$22.50 per share, where once again it went into a long range of consolidation to approximately June 16 when it broke its uptrend at about \$23. The stock fell in price and went as low as \$20 between July 1 and July 15 when it resumed its upward trend to close at \$30 per share around the end of August. In many cases, old resistance will become new support and HCP demonstrates this concept beautifully. It met resistance in March and early April at \$20, which then became new support from mid-June to mid-July before resuming its uptrend.

Pick up your pencil and ruler and draw a line at the bottom of the chart from approximately April 9 to May 16 and you will find a line that trends up and a stock that closed at higher highs and higher lows. This is a great up trending stock and the trend is your friend. Once the stock breaks beneath that up trending line on or about May 16, that may be a signal to sell. The reverse is also true. HCP does decrease in price for a short period of time

before resuming another short uptrend to June 16. (One could make the case that on a longer term basis the stock was in an uptrend from April 9-June 16) If you drew a line on the top part of the chart from June 16 to July 1, you would have a down trending line and a stock that is falling in price where the stock is closing at lower highs and lower lows. When the stock breaks above that trend line that may be the time to buy, and that certainly was the case with HCP as it shot up to \$30.

The next thing to look at is moving averages.

A simple 20-day moving average (MA) takes the closing price of the stock over a 20-day period and then averages the number to get a point. On day 21, the closing price of day 1 is dropped and the closing price of day 21 is added and averaged to get point number 2. The 20-day moving average represents 20 trading days or roughly one month and the 200 day MA represents 40 weeks or close to one year. Many institutions base their buying and selling on how the stock trades relative to its moving average. HCP has a very interesting relationship with the 20-day MA in that as long as it stays above the 20-day, the stock is in a nice uptrend. In many cases, it will actually find support at the 20 day and bounce off it and move up. Around July 9, the 20-day actually acted as resistance to the stock. The 200-day moving average is way above the stock price until the end of July, when it broke through it at around \$23. More importantly for many tech-

nicians is that around August 1, the 20-day MA crosses over the 200-day MA. This is a very significant bullish indicator. The reverse is true as well. Finally, and very importantly, is volume. The volume is confirmation of a bullish or bearish move in the stock. When the stock breaks resistance, you want it to break out on very high volume and the opposite is true as well. Unfortunately, HCP volume doesn't really confirm up or down moves on high volume. As a matter of fact, many technicians would not be convinced by this stock's move because of its moves on rather low volume. When a stock moves higher or lower on heavy volume, it is telling you that institutions like mutual funds and the Goldman Sacks of the world may know something us retail investors do not know. Volume spikes on the graph are a quick and easy way to see that. You can also compare the 30-day average volume with the daily volume.

A good way to practice is print out a chart and then cover it with a piece of paper. Then move your paper from left to right and see how you would trade the stock given the information you have. Continue to move the paper to the right and see how the stock did according to your prediction.

Like anything else in investing, nothing is 100 percent and even in the best of circumstances technical analysis can fool you. However, it is another tool you can use if you want to become a serious stock investor.

# On the *Lighter Side*

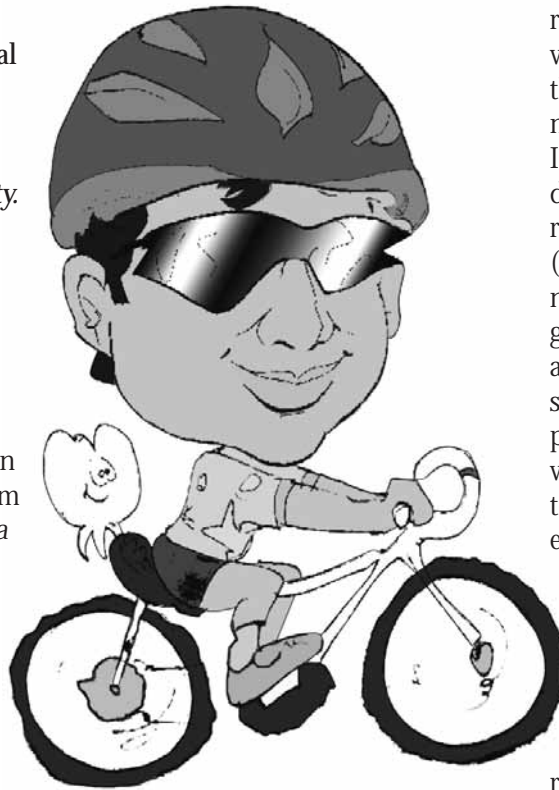
The following article appeared in the Jan/Feb/Mar 2010 issue of The Journal of the Philadelphia County Dental Society. It is reprinted here with permission. Dr. Miller is the editor of the Philadelphia County Dental Society.

## Top This

Saul N. Miller, DDS

Thanksgiving 2009 is over. The December holidays have come and gone, and we must wait another 12 months for the next joyous celebration of Festivus. I have just recovered from not being selected one of *Philadelphia Magazine's* Power Fifty, and the January and February Presidents' holidays are just around the corner. More importantly, my friends, the February edition of *Philadelphia Magazine* will soon be here, and we will finally know who among us is at the TOP, the apex, the pinnacle of our profession in the region.

Of course, now I have to deal with the reality that I may not be one of the chosen ones; however, I must state that I have it on the highest authority, or very close to it, that I am, in fact, one of the area's top/best dentists. You can ask Sister Annuntia, Sister Barbara and, of course, my assistant Ms. Rita, who sees it all. End of Story!! Forget the poll, the voting for the top three choices, or who your best friends are and how many you have. Yes, the top dentist could have been selected if a marketing campaign were put into place whereby specialists, for example, request votes for (or from) a particular person (or persons) in a category other than theirs. Would someone actually think of such a thing? In the words of a former candidate for Vice President of the United States, "You



betcha." Hey, we made it through many years of school, we could surely solve this problem. Obviously, I figured it out also; however, aside from the lack of fairness in creating a campaign to be the top dentist, it then would have been disingenuous to write this column, and as you know I have a responsibility to you, my loyal readers, and to truth, justice and Rita.

The question must be asked, "The top, the highest point in reference to what?"; and it is likely that *Philadelphia Magazine*, its editors and advertising executives are using the terms "top" and "best" synonymously. Is the question who has the most modern equipment, the fanciest office, the biggest or smallest laser, the highest production, the largest or best looking staff, the latest cad unit, or maybe who refuses to place an amalgam

restoration, but knows the concerns with composites? Is the best dentist the most skillful communicator or the most masterful in technical prowess? I can refer patients to the "top" dentist in the city, and there is a reasonable chance they may be back (if they are not angry at me) for any number of valid, personal or even goofy reasons. Dentistry, like love, is about nurturing, involving patients, staff and self, and proposing and performing appropriate treatment, while considering age, finances, tolerances and dental IQ, along with everything else. The top dentist for one person may be the bottom for another. So the question remains, "the best what, how, why, for whom and when?"

I mention advertising execs because we must not forget that ad revenue is a publication's ultimate reward, source of profit and *raison d'être*, and in today's climate of internet publishing, it is vital that a print publication stays on top of its game. It seems that *Philadelphia Magazine* is doing just that. In a letter from the magazine, dated November 9, 2009, I was offered "an array of customizable opportunities, in print and online, to ensure that your practice receives the exposure you're looking for—year round." Interestingly, although it was also noted that the debut Top Dentist issue would be a great place to advertise, there was no mention that having a "top" recognition of any kind was a prerequisite. Then, on November 17, 2009, Ian from the magazine called my office to thank me for completing the survey (which I did not), to inform me that the

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## On the *Lighter Side*

magazine was creating a database of Philadelphia's top dentists, and most importantly to sell advertising. I explained to him that the database was of all Philadelphia dentists (top and bottom) and that I would have completed the survey had I been able to return to the survey page after making just a couple entries. I then advised Ian that I had to get back to my patient; otherwise, if I were to be selected Top Dog, this patient might question whether I was truly worthy of the honor. As my good buddy and riding partner asks, "How does one convince the dental patient population that the skill of a dentist is not measured by an advertising driven magazine, even if they have an advisory board?"

Of course, congratulations to the *Philadelphia Magazine* Top Dentists. I just hope they can pass the Sister Annuntia, Sister Barbara and Rita Zeitone evaluations. Lastly, and most importantly, congratulations to the dentists who continually strive for excellence in their lives, their profession and their practices. They are the BEST.

(Author's note: I always look forward to receiving and reading *Philadelphia Magazine*. Also, Philly Mag may want to note the number of mentions and free advertising in this column.)

### Observations

By Dr. Alex J. McKechnie

A recent article, "Tips for Any Age," lists 40 ways to improve your health in 2010. No. 8 was "Keep Up the Dental Care – cleaning routines and maintenance dental work are not flashy, exciting or glamorous – it's all about brushing, flossing and maybe a fluoride rinse. Do it twice daily for 75 years. Schedule a kid's first professional dental appointment around the age of 2 or 3."

Want to live to 100? A recent New England study found that most centenarians share the following characteristics: (1) emotional resilience (2) self-sufficiency (3) intellectual activity (4) a good sense of humor (5) religious beliefs (6) strong connections with other people (7) low blood pressure (8) a zest for life (9) don't currently smoke or drink heavily (10) may play musical instruments (11) follow an anti-inflammatory diet. Of interest is that 80 percent of all Americans over age 100 are women.

Hard to believe, but a movie titled "Tooth Fairy" is now showing in theaters. It stars a former wrestler known as "The Rock" and Julie Andrews as his kind boss, "the queen of all the tooth fairies."

An excuse? A cartoon recently depicted an elderly lady telling her physician that the metal fillings in her teeth are pulled by the refrigerator fragments to her kitchen thus, she cannot lose weight.

Is this a Dentist's Proverb? 12:14 states "a man shall be satisfied with good by the fruit of his mouth: and the recompense of a man's hands shall be rendered unto him."

# Continuing Education

## University of Pittsburgh

Contact: Lori Burkette  
Administrative Secretary  
(412) 648-8370

### On-Campus Programs

#### March 19

Implant Considerations in  
Endodontic Therapy: When to Hold  
and When to Fold  
*George Just, DDS, J.D.*

#### March 26

Periodontal Accessories  
*Othman Shibly, DDS, MS*

#### March 27

Surgical Crown Elongation -  
Hands On/Limited Attendance  
*Ali Seyedain, DMD, MDS*  
*Pouran Famili, DMD, MDS, MPH, PhD*

#### April 9

New Products and Procedures  
That Make Sense  
*Donald E. Antonson, DDS, M.Ed*

#### April 16

Dental Photography: Shooting Digital  
*Ali Seyedain, DMD, MDS*

#### April 17

How to Optimize the Results with  
Photoshop - Limited Attendance  
*Heiko Spallek, DMD, PhD*

#### April 24

Dental Implants: What I Have  
Learned in 25 Years!  
*Steve J. Kukunas, DMD*

#### May 1

Radiology Review for the Dental  
Assistant  
*Judith E. Gallagher, RDH, Med*

#### May 7

When the Unexpected Happens  
Are You Ready?  
*Jane Segal, DMD*

#### May 7

The Oral Surgery Experience:  
Tips, Techniques and Planning  
*James Tauberg, DMD*

#### May 13-14, 2010 (Part 1)

**June 10-11, 2010 (Part 2)**  
Local Anesthetics for the Dental  
Hygienist  
*Sean Boynes, DMD*  
*Paul Moore, DMD, PhD, MPH*

#### May 22

Bowser Memorial Lecture:  
Virtues of Profitable Dentistry  
*Howard Farran, DDS, MBA, MAGD*

### Off-Campus Programs

#### Altoona

#### April 8

Creating Smiles with the Latest  
Generation of Esthetic Techniques  
and Materials  
*Dr. Luis Sensi*

#### Bradford

#### March 24

Cad/Cam in Your Office  
*Dr. Kevin Pawlowicz*

#### April 22

Oral Mucosal Disease: An Update  
*Dr. Scott S. DeRossi*

#### September 23

Immediate Load Implant Retained  
Overdentures Utilizing Mini and  
Small Diameter Implants  
*Dr. Joseph P. Buttacavoli*

#### October 14

Pediatric Dentistry Made Easy for the  
General Practitioner  
*Dr. R. Glenn Rosivack*

#### Butler

#### April 15

Achieving Excellence in Treating and  
Counseling the Oral Oncology Patient  
*Sandra Boody, CDA, RDH, MEd*

#### Erie

#### March 17

An Overview of Oral Pathology  
*Dr. Bobby Collins*

#### April 14

Shift Happens! New Directions with  
Adhesive Restorative Materials  
*Dr. Howard E. Strassler*

#### Greensburg

#### April 9

Shift Happens! New Directions with  
Adhesive Restorative Materials  
*Dr. Howard E. Strassler*

#### Johnstown

#### March 25

Current Issues in Health and Disease  
*Dr. Kenneth Etzel*

#### April 28

Periodontics 2010: Pearls for the  
General Practice  
*Dr. Francis Serio*

#### October 13

Updates in Pediatric Dentistry:  
Treating Tiny Tots to Teens  
*Dr. Lance Kisby*

(continued on page 38)

# Continuing Education

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## November 18

The Restorative Edge  
*Dr. James Braun*

## Pittsburgh (VAMC)

### April 14

An Overview of Oral Pathology  
*Dr. Bobby Collins*

### May 5

Updates in Pediatric Dentistry:  
Treating Tiny Tots to Teens  
*Dr. Lance Kisby*

## Pottsville

### April 8

Drugs, Herbals, Nutraceuticals:  
New Issues for Dentistry  
*Dr. Richard Wynn*

## Reading

### April 9

Drugs, Herbals, Nutraceuticals:  
New Issues for Dentistry  
*Dr. Richard Wynn*

### May 14

What's Hot and What's Getting Hotter  
*Dr. Howard Glazer*

## September 10

Porcelain Veneers: The Prep vs. No-  
Prep Controversy...The Whole Story!  
*Dr. Steven Weinberg*

## October 15

Miracles and Myths of Direct  
Composite Restorations  
*Dr. Mark Latta*

## Scranton

### April 7

Tricky Decisions and Treatment  
Techniques in Pediatrics  
*Dr. Jane A. Soxman*

## Steubenville, Ohio

### March 25

Tricky Decisions and Treatment  
Techniques in Pediatrics  
*Dr. Jane A. Soxman*

### April 29

Periodontics 2010:  
Pearls for the General Practice  
*Dr. Francis G. Serio*

## Titusville

### March 24

Medical Emergencies in the  
Dental Office  
*Dr. Michael Cuddy*

### April 21

Techniques and Advances in  
Forensic Dentistry  
*Dr. Michael N. Sobel*

## Williamsport

### April 21

Oral Mucosal Disease: An Update  
*Dr. Scott S. DeRossi*

## Temple University

Contact: Dr. Ronald D. Bushick  
or Nicole Carreno  
(215) 707-7541/7006  
(215) 707-7107 (Fax)  
Register at  
[www.temple.edu/dentistry/conted.htm](http://www.temple.edu/dentistry/conted.htm)

### March 19

Ethics in Dentistry-Ethical Principles  
and Code of Professional Conduct  
Ethical Dilemmas in Practice-  
Malpractice, Licensure and Risk  
Management  
*Lillian Obucina, DDS, JD*

### March 26

Updates in Pediatric Dentistry:  
Treating Tiny Tots to Teens  
*Lance Kisby, DMD, FASCD, FAGD,  
FAAPD*

## April 9

A Complete Guide to Predictable and  
Profitable Anterior and Posterior  
Esthetic Restorations (Hands-On)  
*Marvin Fier, DDS, FASDA*

## April 16

The Immediate Placement of  
Endosseous Dental Implants in Fresh  
Extraction Sites  
*Michael Peleg, DMD*

## April 28

Hypnosis and Treatment of Anxious  
Patients  
*Marc Gottlieb, DDS*

## June 17-27

10 Day Cruise N Learn to Ireland  
Practical Clinical Oral Pathology  
*Jim Drummond, DDS, MSD, PhD*

## June 26

1<sup>st</sup> Annual Smile Symposium  
The Impact of the Teeth and Smile  
on Facial Esthetics  
Program Director:  
*Dr. Joseph R. Greenberg*  
Keynote Speaker:  
*Dr. Ronald Goldstein with  
Drs. Ackerman, Greco, Chu and  
Greenberg*

## September 15

Ultrasonics: Evidence Based Approach  
to Non-Surgical Periodontal Therapy  
Assessing Aesthetic Options for Non-  
Surgical Periodontal Therapy  
*Gail Malone, RDH, BS*

## September 24

The Million Dollar PLUS Blue  
Collar Practice  
*Craig Callen, DDS*

## October 22

Update in Restorative Dentistry  
*Lou Graham, DDS*



## October 29

New Approaches for Clinical  
Anti-Infective Periodontal Therapy  
*Thomas Rams, DDS*

## November 5

Exquisite Complete and Implant  
Retained Over-Dentures Calibrated  
for the General Practitioner  
*Joseph Massad, DDS*

## November 19

Empowering the Dental Team to  
Deliver "Quality" Periodontal Care in  
Restorative Practice  
*Samuel B. Low, DDS, MS, Med*

## December 3

The Art and Science of CAMBRA:  
A team approach using chemical  
treatments and minimally invasive  
dentistry  
*Douglas Young, DDS, MS, MBA*

## University of Pennsylvania

Contact: Susan Conroy  
(215) 573-9098 or log on to  
[www.dental.upenn.edu/cde](http://www.dental.upenn.edu/cde)

## March 20

Tooth and Consequences  
*Gail E. Yarnell, DMD, JD*

## March 27

Enamel Therapy:  
The Next Generation of Care (AM)  
*Maria Perno Goldie, RDH, BA, MS*

## March 27

Evidence-Based Decision Making for  
Oral and Systemic Health (PM)  
*Maria Perno Goldie, RDH, BA, MS*

## April 10

Restoring Dental Implants: A General  
Dentist's Guide (UPDATED for 2010!)  
*Daniel Kubikian, DMD*

## April 17

Enhancing The Esthetics and  
Function of Ceramic Restorations  
(Limited to 30 – REGISTER EARLY!)  
*Alan Atlas, DMD*  
*Najeed Saleh, DMD*

## May 8

The Latest in Dental Technology:  
Learn from the Master  
*Michael Bergler, MDT*

## May 22

Pharmacology Primer:  
Dose Response Relations and  
Adverse Drug Interactions  
*Elliot V. Hersh DMD, MS, PhD*

**DKU**  
DENTISTS KEEPING UP  
Each course 6 CEU  
Lecture

## THE DENTAL SOCIETY OF CHESTER COUNTY AND DELAWARE COUNTY, PA

proudly presents  
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Springfield Country Club, Delaware County

# 2009/2010

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Recognition Program

DKU is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. DKU designates this activity for 30 continuing education credits.

Wednesday, April 14, 2010

**Bernard Touati, DDS – Paris, France – "Esthetic Integration of Digital-Ceramic Restorations on Implants and Natural Teeth"** Today's great challenge on teeth and implants is to develop natural-looking and harmonious soft tissue that mimics that of the adjacent teeth. Since implant treatments are presently biologically-driven, we must consider in every case the importance of tissue preservation to limit unaesthetic tissue remodeling around implants. Presently metal-free restorations both on teeth and implants combine strength, biocompatibility, aesthetics and longevity and can be fabricated via CAD-CAM technology. The objectives of this course are: To evaluate anterior implant sites and determine if (and how) one must preserve or regenerate, to "advance plan" implant esthetic cases for shorter treatment and better outcome, to learn more about all-ceramic restorations and modern CAD-CAM technology and to achieve predictable esthetic outcome in difficult situations (dark substrates, metal posts and cores, etc. . . .) Dr. Touati is a Past-president of the European Academy of Esthetic Dentistry, Founder-past president of the French Society of Esthetic Dentistry, Member AAED, and Editor-in-Chief of "Practical Procedures and Aesthetic Dentistry". Experience this rare appearance by Dr. Touati in the US. This course is co-sponsored by a major educational grant from Nobel Biocare. Other educational grants provided by Dodd Dental Lab and Citi-Corp.

Wednesday, May 19, 2010

**Peter Jacobsen, PhD, DDS – San Francisco, CA – "The Art of Dental Therapeutics: Dental Drugs and Over-the-Counter Dental Products"** This course will update you with the latest information on a wide range of prescription drugs and over-the-counter dental products in order for you to better address your patients' questions. It will also discuss the various "active ingredients", allowing you a better understanding of oral care products which will be useful for your patients. You will learn: how to choose the most current, effective topical and systemic antiviral drugs for patients with herpes virus infections, the newest drugs for fungal infections, aphthous ulcers, sinusitis, and other oral cavity/head and neck problems, the advantages and disadvantages of the various types of pain medication and the best trial of medication to prevent pain before it starts, the range of compounds available in single-purpose and multi-purpose toothpastes, and the range of products and treatments for patients with dry mouth. Dr. Jacobsen has his Phd. in Pharmacology and directed the oral medicine clinic at the University of the Pacific School of Dentistry. He is a diplomat of the American Board of Oral Medicine and past chair person of the council on dental therapeutics of the ADA. Bring the entire clinical team! This course is co-sponsored by educational grants from Dodd Dental Lab, Citi-Corp, and Hayes Handpiece.

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA.

Registration for all courses 8:15 AM. Lecture 9:00 AM – 4:30 PM. Continental breakfast and lunch included for all DKU courses.

## FEES

Delco and Chesco Society Members - Individual Course - \$185 Other ADA Members - Individual Course - \$195

Non-ADA Members - Individual Course - \$205

Staff members accompanied by a doctor will be \$85 per course per person with reservation at least one week in advance, \$100 per course per person at door.

**Cancellations and Refund Policy** - No refunds will be made without notice of at least one week prior to course date. (A \$25 administrative fee will be deducted.)

For information please contact: DKU • c/o Barry Cohen • 4750 Township Line Road • Drexel Hill, PA 19026 • 610-449-7002 • [DKUdental@aol.com](mailto:DKUdental@aol.com)

# Continuing Education

## Greensburg

Giannilli's II Restaurant & Banquet Facility, Greensburg  
Contact : Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

### March 19

The Restorative Edge  
*James Braun DDS, MS*

### April 16

Getting to the Heart of the Matter – Periodontal Disease and its Effect on Heart Disease and Diabetes  
*Joel Weintraub, MEd, BS*

### May 14

Updates in Pediatric Dentistry: Treating Tiny Tots to Teens  
*Lance E. Kisby, DMD*

## Brookville

Educational Conference Center in Brookville Hospital Annex  
Contact: Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

### March 26

An Approach to Medically Complex Patients and Medical Risk Assessment  
*Scott S. De Rossi, DMD*

## St. Mary's

Educational Conference Center in Gunners Inn and Restaurant, St. Marys  
Contact: Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

### May 21

A Simple Path to Excellent Endodontics  
*Michael J. Ribera, DMD, MS*

## Wellsboro

Educational Conference Center in Pennsylvania College of Technology  
Contact: Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

### April 30

Practical, Predictable Prosthodontics  
*Nels Ewoldsen DDS, MSD*

### September 24

Overviews of Contemporary Management of Facial Trauma, Obstructive Sleep Apnea and Snoring  
*David C. Stanton, DMD, MD, FACS*

### October 29

It's About Time!... Early Oral Cancer Detection  
*Jonathan Bregman, DDS*

## PDA and PDAIS

Gettysburg  
Wyndham Gettysburg  
Contact: Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

### June 11

Current Concepts for Managing Dental Trauma and Preventing Sports-Related Dental Injuries  
*Dennis N. Ranalli, DDS, MDS*

## Seventh District Dental Society

The Penn Stater Conference Center Hotel, State College  
Contact: Dr. David Schimmel  
(814) 234-8527  
drsimmel@verizon.net

### April 9

Open Your Door to the New Periodontics  
*Tim Donley, DDS*

### May 14

Ergonomics, Efficiency and Economics: Maximizing Comfort and Productivity for the Dental Team  
*Mary Govini, CDA, RDH, MBA*  
Seventh District Annual Meeting



**Michael D. Barton, Jr., D.M.D.**  
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Lebanon, Pennsylvania

**James M. P. Kyros, D.M.D.**  
has acquired and merged the practice of  
**Peter B. Bidzila, D.M.D.**  
Pittsburgh, Pennsylvania

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Malvern, Pennsylvania

We are proud to have represented all parties in these Pennsylvania transactions.



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## Dental Society of Chester County and Delaware County

DKU Continuing Dental Education  
Springfield Country Club  
Delaware County  
Contact: Dr. Barry Cohen  
(610) 449-7002  
DKUdental@aol.com

### April 14

Esthetic Integration of Digital-Ceramic Restorations on Implants and Natural Teeth  
*Bernard Touati, DDS*

### May 19

The Art of Dental Therapeutics: Dental Drugs and Over-the-Counter Dental Products  
*Peter Jacobsen, PhD, DDS*

## Beaver Valley Dental Society

Contact: Dr. David C. Spokane  
dspokane@stargate.net

### March 18

An Overview of Anterior Esthetics  
*Dr. Ed Narcisi*

### April 15

Oral Pathology: An Update for the General Practitioner  
*Dr. Mike Ban*

### May 20

Updates in Prosthodontics  
*Dr. George Hadeed*

## Philadelphia County Dental Society

2009 – 2010 Liberty Continuing Education Series  
Philadelphia Hilton City Avenue Hotel  
Contact: Teresa F. Ravert, Executive Director  
(215) 925-6050  
Fax (215) 925-6998  
e-mail: philcodent@aol.com or visit the website at [www.philcodent.org](http://www.philcodent.org)

### April 30

Restoration of Implants  
*Dr. Paul Goodman*

### May 21

Techniques & Materials for Fixed Prosthodontics  
*Dr. Alan A. Boghosian*

Join your colleagues, spouses and students for

*PDA's Day on the Hill*

**Rescheduled for June 8, 2010**

Talk with Pennsylvania's representatives and senators about the issues that pertain to you as a small business owner and those workforce issues that will impact you as the individual held liable for the health and safety of your patients, including:

- **Prohibiting Insurers from Capping Reimbursement Rates for Non-Covered Services.**
- **Limiting Retroactive Insurance Claim Denials.**
- **Assignment of Benefits Legislation.**
- **More Insurance Coverage for Dental-Related Procedures.**
- **Expansion of Scope of Practice for EFDAs and CDAs.**
- **More Funding in the Loan Forgiveness Program.**

You can access all of the information you need to know about PDA's Day on the Hill at [www.padental.org](http://www.padental.org). Information also was published in the January/February issue of the *Pennsylvania Dental Journal*.

*Thanks to your ongoing support, PDA has had many legislative victories, such as:*



**DEFEATING** legislation that would have required dentists to submit proof of having paid taxes before renewing their licenses, threatening their livelihoods if the state made mistakes processing information.

**DEFEATING** legislation that would have required dentists to report information on the state's Internet database comparing fees for dental services and treatment.

...and MANY MORE!

Please register by **May 11** at [www.padental.org](http://www.padental.org) or [mss@padental.org](mailto:mss@padental.org).

# There is Value in Membership



## Member Profile

Dr. Frederick Johnson and Dr. Jennifer Davis, Cleona PDA members since 1979 and 2002

### *Why did you join PDA?*

**Johnson:** I joined immediately out of dental school in 1978. I wanted to be a part of my profession.

**Davis:** I somehow just knew that I should belong to PDA.

### *Why is it important for all dentists in the Commonwealth to be PDA members?*

**Johnson:** Dentistry needs a unified voice to speak on issues that affect our practice at a state level – not just how dentists react to their individual practices.

**Davis:** You don't know what you don't know, so get involved! It is important to know what's going on in your profession, and PDA is the way I stay knowledgeable.

### *What member benefit provides the most value to you?*

**Johnson:** The *Pennsylvania Dental Journal* and PDA endorsed insurance providers.

**Davis:** The contact with other dentists and the connection to dentistry's current legislative concerns.

### *If you were not a dentist, what would you be?*

**Johnson:** Maybe an ophthalmologist.

**Davis:** A pharmaceutical chemist.

“ ONLY as a unified organization can we provide realistic input into important issues involving dentistry, both in the legislature and in public opinion. Every person does make a difference. ”

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### Lancaster Group Practice

Associateship or Associate to Partnership in Lancaster, Pennsylvania. Large group dental practice. Income potential of \$100,000 to \$200,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or e-mail [SJRDM@aol.com](mailto:SJRDM@aol.com).

## POSITION AVAILABLE

Harrisburg applicant must be proficient in all chairside phases of fabricating dentures. This position is ideal for a retired dentist wishing to work part time. Salary negotiable. Respond to PDA Box M/A 1.

### Associate Needed

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## Dentist Wanted

Dentist needed full time by May 2010. A multi-specialty practice located in Slippery Rock, PA. Hours 9-5, M-F. Attractive salary package. Possible buy-in available. For information, call (724) 794-2224.

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Dental Dreams desires a motivated, quality oriented Associate Dentist for its offices in Pennsylvania, Connecticut, Massachusetts, Illinois and Texas. At Dental Dreams, we focus on providing the entire family superior quality general dentistry, in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our Associate Dentists, we make sure that their compensation package ranks among the best in the industry. Our average colleague Dentist earns \$240,000 per annum, and is supported with health insurance, 3 weeks vacation and malpractice insurance. Visa sponsorship assistance is available. For more information, please call Chyrise Patterson at (312) 274-0308, extension 320 or e-mail your CV to [cjpatterson@kosservices.com](mailto:cjpatterson@kosservices.com).

## Allentown/Lehigh Valley Area

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(continued on page 44)

# Classified Advertisements

## **Pedodontist Wanted**

Practice in Stamford, CT. seeking a caring committed professional to join our team. State of the art facility, all digital and a history of continuous growth. Fairfield County CT, just an hour from New York City. Equity possible. [www.DentalCareStamford.com](http://www.DentalCareStamford.com). Reply to [gregmaur@optonline.net](mailto:gregmaur@optonline.net).

## **Dentist Wanted**

Dentist - part time. What unique skills can you bring to our practice? Fax resume to (215) 396-9517 or e-mail resume to [Jrodeds@yahoo.com](mailto:Jrodeds@yahoo.com).

## **Scranton**

Busy Scranton dental office looking for partner/business associate. Fax resume to (570) 343-3850 or call (570) 347-2920.

## **Philadelphia**

Busy dental offices looking for dentists FT/PT to provide dental care for Northeast and South Philadelphia. Efficiency in molar endo, extractions, crowns and bridgework is a must. Compensation to potential 200K+. Fax resume to (215) 331-7589 or call (215) 331-7585.

## **Medical Professionals**

PrimeCare Medical is seeking a full-time dentist with excellent salary and benefits working in a challenging correctional environment. Travel is required throughout the Central PA area. Contact HR at (800) 245-7277 or fax resume to (717) 651-1865. EOE. REF #600.

## **General Dentist Wanted**

Pennsylvania dental practice seeks full-time dentist. Excellent salary/fringe benefits to include malpractice. Modern working environment. Family oriented

community two hours from major cities. Reply: Practice Manager, P.O. Box 20103, Scranton, PA 18501.

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Thriving 5-doctor group practice in Chambersburg seeks to add an outstanding associate dentist to our group. Beautiful new office facility and wonderful staff. Excellent compensation and benefits. Fee-for-service practice, no HMOs. See our website at [www.chambersburgdentistry.com](http://www.chambersburgdentistry.com). Contact Dr. Pastor at [PASTOR7@comcast.net](mailto:PASTOR7@comcast.net) or (717) 264-2011.

## **Office Space Available**

Share space and equipment with a general dentist located in Lewisburg. Five operatories fully equipped including Casey and Digital Radiography. Separate reception and storage areas. Off-street parking. Please call (570) 523-3991 if interested.

## **FOR SALE**

### **Lackawanna County**

Well-established family practice in Lackawanna County. 4 ops, great staff, low overhead plus real estate. This office shows very well. Please contact Sharon Mascetti at Henry Schein Professional Practice Transitions (484) 788-4071 or (800) 730-8883.

### **Northeast of Pittsburgh**

Fee-for-Service Practice (only participates with Delta Dental Insurance). Located 75 miles northeast of Pittsburgh. Practice collects \$1,200,000 per year on 3 1/2 days per week (28 hours). Practice sees 25 to 30 new patients per month. Practice offers Oral/IV Sedation (PA Permit 1); advanced restorative and cosmetics. Doctor does own endo, surgery and most implants. Dentist is willing to mentor new buyer (if so desires) for up to 2 years. Practice is housed in a

gorgeous Victorian mansion, which also contains 3 apartments. Real estate is available for sale or lease. Serious inquiries only. Contact Dan Slain at Henry Schein Professional Practice Transitions at (412) 855-0337 or (800) 730-8883.

## **Central Dauphin County**

Harrisburg suburbs, great location, all phases of dentistry. 1,200 active patients, mostly FFS. Great pre-tax cash flow and tax benefits. Real estate available. Contact [smuench@paragon.us.com](mailto:smuench@paragon.us.com).

## **East Central Pennsylvania**

2,100 active patients, 6 fully equipped treatment rooms, collections of \$400,000. Two busy full time hygienists. Excellent growth potential and tremendous value. College town. Contact [smuench@paragon.us.com](mailto:smuench@paragon.us.com).

## **Ortho Practice**

Harrisburg area, computerized, 2009 collections exceed \$1.2 million. Seller willing to stay on as desired by purchaser. Excellent possibilities for this transition whether you are a seasoned provider or new out of residency. Real estate available. Contact [smuench@paragon.us.com](mailto:smuench@paragon.us.com).

## **Harrisburg West Shore**

A tremendous opportunity to purchase a small practice with a large number of active patients and turn it into a very high producing practice. Great cash flow, tax benefits, and return on investment. Excellent facility and equipment. All the right ingredients for success. Real estate available also. Contact [smuench@paragon.us.com](mailto:smuench@paragon.us.com).

## **Montgomery County**

Montgomery County - 7 ops, 1,500 active pts., 32 hrs/wk., leased 1,600 s/f in free standing bldg., Strong hyg. Rev. \$617k. Call Donna (800) 988-5674.

### **PRACTICE FOR SALE - DUTCHESS CTY**

Wonderful, 4 op, digital, general practice with 2,000 active patients. Rev \$825K. Call Donna (800) 988-5674.

### **Practice for Sale - Cumberland County**

4 ops in 2,200 S/F (r/e also available) free standing building. Over 3,000 active pts. 4 days/wk. Strong hyg. Rev. \$527K 6 yr young practice. Call Donna (800) 988-5674.

### **Practice for Sale – Adams County**

6 ops in 2,900 s/f stand-alone. R/E for sale, 2,200 active pts. Strong Hyg., Digital, Cerec, Intra-Oral Cameras and Panorex. Rev \$620K. Call Donna (800) 988-5674.

### **Dental Practice For Sale - Practice for Sale – Northwestern PA**

General – Wonderful community. 5 ops with room for expansion. Rev \$541K. Call Donna (800) 988-5674.

### **Northeast Pennsylvania**

Well-established general practice for sale in Wayne County/Pocono Mountain area. Owner looking to retire. Completely renovated 1,300 sq. ft. modern office with room for expansion. Real estate also available. Please contact [aes631@gmail.com](mailto:aes631@gmail.com) or (570) 862-4921. Near Philly – Seeking an associate to buy-in and buy-out. \$1.4 million in revenue in this modern highly profitable practice just 30 minutes from Philadelphia.

### **FOR SALE**

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For great practices in the Pennsylvania area. We have many practices available for sale. Are you tired of being an employee in a dead end job? Call us for a FREE CONSULTATION to find out about these opportunities. THE MCNOR GROUP, (888) 273-1014, ext. 103 or [johnf@mcnorgroup.com](mailto:johnf@mcnorgroup.com). [www.mcnorgroup.com](http://www.mcnorgroup.com).

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# Classified Advertisements

## Practice Sales in PA

Please call Nancy Schoyer at (888) 237-4237 or e-mail to [nschoyer@comcast.net](mailto:nschoyer@comcast.net) and ask about our 19 listings in PA. We have practices for sale near Harrisburg, four in York Co., the Pittsburgh and Philadelphia areas, Linesville, Williamsport, Berks County and Hanover. Call **The MCNOR GROUP AT** (888) 273-1014, ext. 103 or e-mail [johnfm@adstransitions.com](mailto:johnfm@adstransitions.com).

## NEW PRACTICES FOR SALE

We have six excellent new listings in PA!  
**Central** – Grosses \$400K. Great location. 6 ops. FFS.

**Near Pittsburgh** – Practice and building for less than \$295K. Motivated seller.

**Scranton** – Practice and building available. This practice grosses \$600K.  
**Berks County** – Great place to raise a family. This practice collects over \$900K.

**Near Chambersburg and Bedford** – Practice and building for sale. Great practice.

Please see John McDonnell's article in the November issue of the Dental Economics magazine, page 94 titled "Why Not Sell Now?" Contact **THE MCNOR GROUP AT** (888) 273-1014 ex. 103 or [johnfm@adstransitions.com](mailto:johnfm@adstransitions.com) for more information on these and other opportunities in the area. [www.mcnorgroup.com](http://www.mcnorgroup.com).

## PRACTICE FOR SALE NEAR PITTSBURGH

This is a great opportunity. This practice is located in 1,400+ square feet and has four fully equipped treatment rooms, and is collecting over \$990K with high earnings. The real estate is also available for purchase. This is a great practice for someone that has a dead end job and wants to control their destiny. We have 100 percent bank financing available at reasonable

rates and terms. **THE MCNOR GROUP**, (888) 273-1014, ext. 103 or [johnfm@mcnorgroup.com](mailto:johnfm@mcnorgroup.com). [www.mcnorgroup.com](http://www.mcnorgroup.com).

## Lancaster County

Established family practice for sale in Lancaster County. Dentist willing to transition with buy-out. Spacious office with seven ops. and high tech equipment. Pleasant suburban setting. \$800,000 gross/yr. Please call (717) 725-0032.

## ERIE

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## General Dentistry Practice for Sale

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## FOR SALE

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## PRACTICE AND OFFICE BUILDING FOR SALE

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OH – Numerous.

We also have several other dental practices and dental labs available in Michigan, Massachusetts, and Southern California.

Please contact Bob Septak at (724) 869-0533, ext 102 or e-mail [bob@udba.biz](mailto:bob@udba.biz). [WWW.UDBA.BIZ](http://WWW.UDBA.BIZ).

As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential.

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## PRACTICE VALUATION APPRAISAL

We are the only transition consulting company in the area that has a Certified Valuation Analyst (CVA) as a principal that focuses exclusively on the transition of DENTAL PRACTICES. Please see the article by CVA Karen Norris on page 82 of the April '07 issue of Dental Economics on this subject or call or email us for a FREE CONSULTATION and a copy of the article. If you are selling, buying, creating a partnership or just want to find out the current value of your practice contact **THE MCNOR GROUP**, (888) 273-1014, ext. 103, or [johnf@mcnorgroup.com](mailto:johnf@mcnorgroup.com). [www.mcnorgroup.com](http://www.mcnorgroup.com).

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## Consulting Services

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## Practice Transitions

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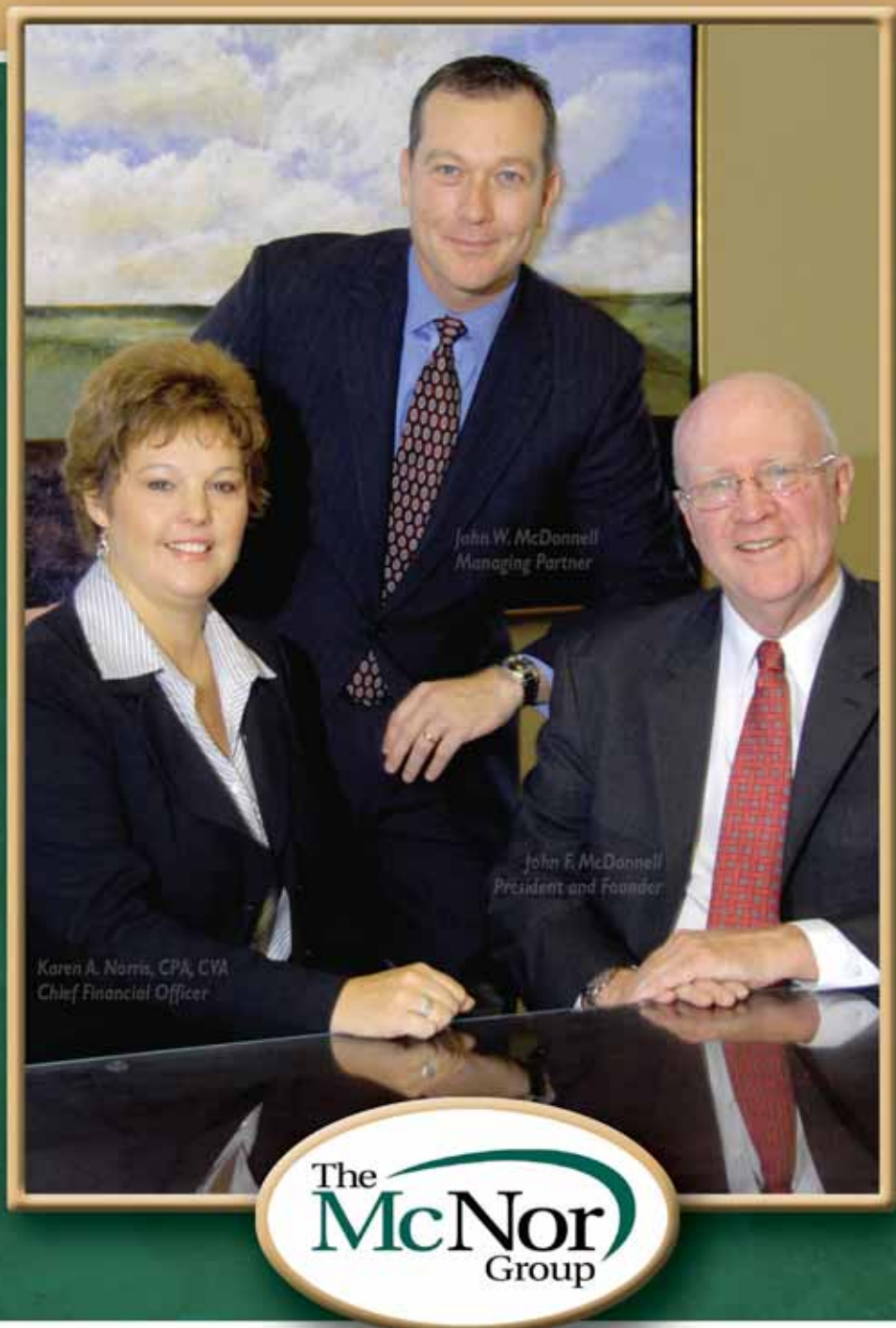
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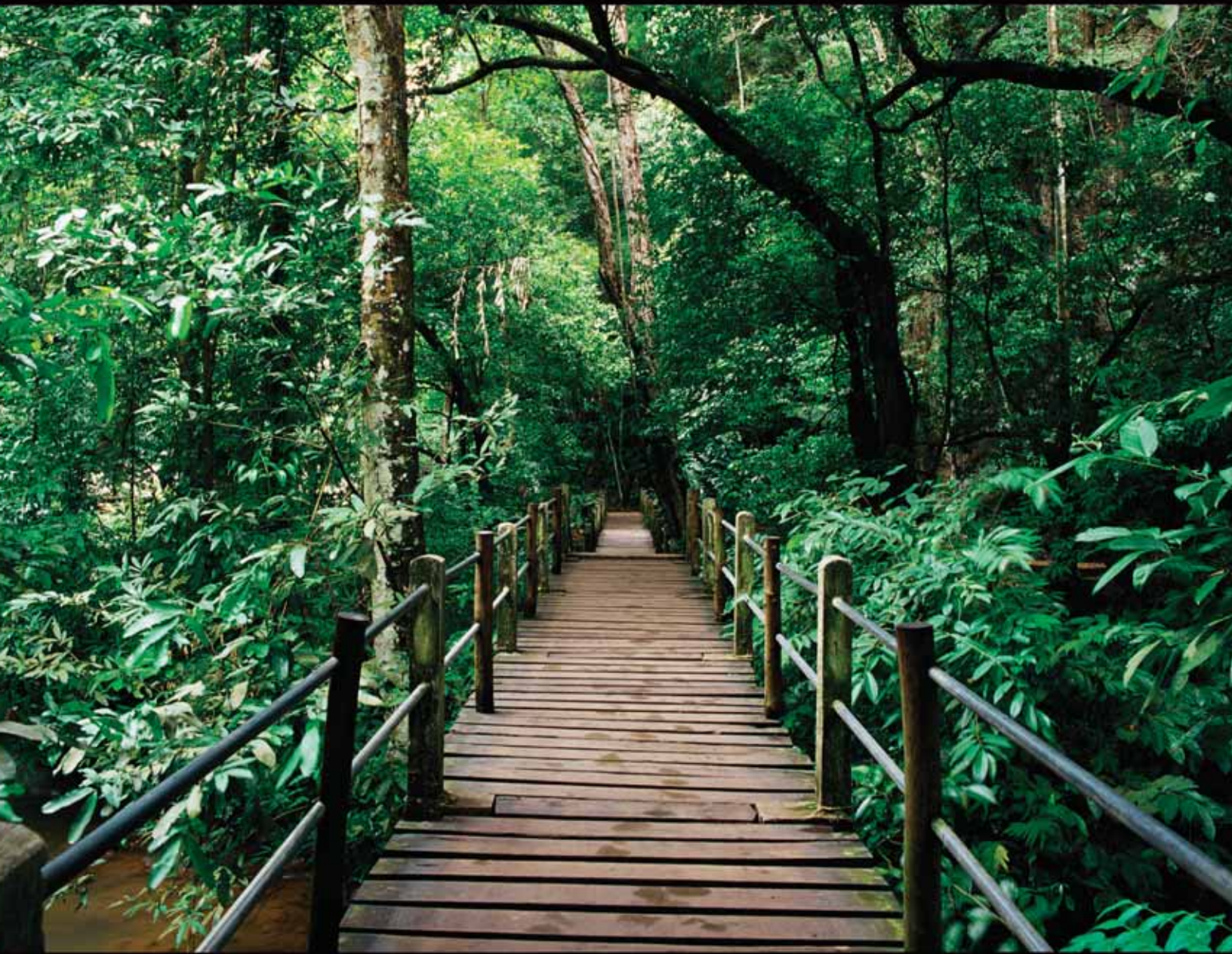
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per unit

**An Affordable Alternative to Gold!**



*Beautiful results begin with All-Z<sup>SM</sup>:*

- Virtually unbreakable (1250 MPa)
- Biocompatible  
(medical grade zirconia) 
- Long term wear – chip resistant
- Glazed to a smooth surface to reduce plaque accumulation
- Shoulder or chamfer preparation
- Conventional cementation or adhesive bonding

All-Z<sup>SM</sup> crowns and bridges are a truly remarkable alternative to full gold restorations – and the cosmetic choice of discerning patients. All-Z<sup>SM</sup> (all-zirconia) restorations are digitally scanned, designed, and milled from a solid block of zirconia to assure you of both a precision fit and the strength of 1250 MPa. Since All-Z<sup>SM</sup> full contour crowns and bridges have no porcelain overlay, they are completely chip proof.



**THAYER DENTAL LABORATORY, INC.**

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