Mission: Helping Members Succeed

Culture: The Reliable Resource for Dentists

Values: Service, Commitment, Integrity and Excellence
Colleagues, I need your help!

This is the greatest time to be a dentist and the most important time to be involved in organized dentistry. The ADA, FDA and WCDDA are your advocacy team. As your president, I am concerned with the dental initiatives presented by lay people to legislators. They do not understand patient care as well as active practitioners.

There is a coalition being formed by organizations such as the Pew and Kellogg Foundations. They have targeted Florida to pass legislation to introduce dental therapists into our state. Dental therapists are mid-level providers that provide preventative and restorative services. According to the University of Minnesota, School of Dentistry website, “you can earn a new Bachelor of Dental Hygiene/Master of Dental Therapy in just 32 months. This can reduce the educational cost to students and also the length of time to earn both degrees.” In Minnesota a dental therapist can provide procedures such as emergency palliative treatment of dental pain, cavity preparation and restorations. Currently, dentists in Alaska and Minnesota can legally hire dental therapists. Maine and Vermont are rolling out their version as well. These mid-level providers have been introduced to help meet the dental needs for the underserved rural areas of the state. Predictably in Minnesota, most of the dental therapists work in the urban areas of the state. There must be a better way.

One of the most misunderstood statements in dentistry is “access to care”. In reality it is more of a lack of care problem rather than an access to care problem. As many dentists who work in a low income Medicaid environment can attest the no-show rate for scheduled appointments is way above normal. What we can and should do to increase the “lack of care” is educate the patients not lower our standards of education of dental providers.

How can the American Dental Association (ADA) help? The ADA in 2006 launched a pilot project to produce Community Dental Health Coordinators (CDHC) whose training focuses on oral health. According to the ADA website, “The CDHC training focuses on community outreach, coordination of care, educational and social interventions in the community, and prevention. This new member of the dental team will act as a catalyst for better dental health and increased access through dentists and dental offices, improving the overall oral health of their communities.”

What can you do to help?
✓ Join the American, Florida and West Coast District Dental Associations. Membership keeps you abreast of the issues that are important to you as a dentist and allows for your voice to be heard by legislators and the Board of Dentistry.
✓ Attend Dentists’ Day on the Hill to speak directly to your legislators on a day dedicated to dentistry. We will be in Tallahassee on February 6, 2018. Register by visiting www.floridadental.org.
✓ Educate the public about our training as dentists. I completed 11 years of higher education to become a pediatric dentist. The public is not aware.
✓ Volunteer at the Mission of Mercy in Fort Myers on March 9 and 10, 2018 to serve low income citizens of Florida. Register by visiting www.flamom.org
✓ Also we can help each other by posting questions and answers on our closed members only forum - www.facebook.com/groups/wcddaclosedforum/

Finally, thank you for allowing me to serve you as your president. If you have any questions, I am always happy to help you find an answer. Membership Matters! Join me to serve the citizens of Florida in the most competent manner, while maintaining our highest standards.
Congratulations to the top male and female 5K Winners, WCDDA Member, Dr. Carey Bonham and Casey Stoutamire from the Florida Dental Association!

Congratulations to Dr. Joseph Spoto for winning the Annual Meeting drawing! Dr. Spoto registered for the Annual Meeting and won 3 days, 2 nights & 9 hours of CE at The JW Marriott, Marco Island Beach Resort for WCDDA's Summer Meeting, July 20-22, 2018!

Dr. Melissa Grimaudo (left) awarded Dr. Robin Nguyen for her time dedicated to the New Dentist Committee!

Dr. William Truax (center) pictured with his family; Dr. Truax was presented with the Kintsugi Award for his commitment to serving the underserved residents in Florida.

Dr. Melissa Grimaudo (right) was presented with the President’s Award for 2016-2017.

WCDDA Officers (L-R) Dr. Melissa Grimaudo, Dr. Reza Irmananesh, Dr. Craig Oldham, Dr. Natalie Carr-Bustillo, Dr. Oscar Menendez and Dr. Jessica Stilley-Mallah.

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The WCDDA Fund supports access to care events and clinics, accredited dental programs and dental health education in thirteen counties. By supporting local events and education, the association is able to impact various important missions and support the profession.

The WCDDA Annual Summer Fundraiser Raffle was another great success! Over $3,800 was raised and 19 attendees won various items donated. The WCDDA would like to thank the following for their participation in our successful raffle event held in conjunction with the summer meeting in Naples!

**Raffle Donations Provided by:**
- WCDDA Fund
- Northeast District Dental Association
- Dental Health Fund
- Oral Health Scholarship
- Oral Health Charity

**Raffle Winners:**
- Dr. Michael Adams, Gift Basket
- Dr. Kenneth Bommarito, Lightning vs Blues Hockey Tickets
- Dr. Carey Bonham, Genius Power Brush
- Dr. Bill Holth, WCDDAs Annual Meeting 2018 CE
- Dr. Mark Kraver, Rodan and Fields Basket
- Dr. Steve Krist, Rodan and Fields Basket
- Dr. Steve Krist, Fire HD 8 Tablet with Alexa
- Dr. Steve Krist, $100 Amazon Gift Card
- Sherri Liddell, $100 Outback Gift Card
- Dr. Robin Nguyen, $200 Gift Card
- Dr. Steve Peirce, Apple Watch
- Dr. Elizabeth Perez Diaz, Hand-piece, 20k Motor
- Dr. Andrew Prousi, Diamond Clean Smart
- Dr. Andrew Prousi, Genius Power Brush
- Dr. Chris Ross, Fleming's Gift Card $100
- Dr. Jeff Scott, 25% off Henry Schein Coupon
- Dr. John Thee, GoPro Hero
- Dr. John Thee, Bose Ear Buds
- Dr. Marcia Timson, $100 Gift Card
- Dr. Monica Weick, FDC Registration: 4 staff/team
- Dr. Margie Young, Gift Basket

**Dr. Dan Bertoch Memorial Grant:**
Dr. Dan Bertoch devoted much time to advocacy for the dental profession. It is in his spirit that a Memorial Fund in Dan’s name was established in 2011 to provide funding for a first-time attendee(s) to Dentists’ Day on the Hill in Tallahassee on February 6, 2018. The grant can be used towards transportation to and from Tallahassee and accommodations at the host hotel.

For questions regarding the WCDDA Fund or the Dan Bertoch Memorial Grant, contact the WCDDA Office at (813) 654-2500 or email: admin@wcdental.org.
Congratulations to the following members for their continued commitment! The year 2017 marks their major milestone in supporting organized dentistry.

**25 Years**
- Dr. Michael Andersen
- Dr. Maria Aragon
- Dr. Deborah Austin-Brown
- Dr. Gregory Bello
- Dr. Debra Bowers
- Dr. Janice Brand
- Dr. Lisa Brewer
- Dr. James Carreiro
- Dr. Leo Chin
- Dr. John Conti
- Dr. Andrew D’Amelio
- Dr. Paul Eckstein
- Dr. Jeffrey Ellenberg
- Dr. Craig Georgiades
- Dr. Christine Grant
- Dr. Lawrence Handley
- Dr. Alan Hecht
- Dr. Philip Jones
- Dr. Terry Kelly
- Dr. Joan Lynch
- Dr. Peggy Mason
- Dr. William McGrady
- Dr. Dan McSherry
- Dr. Steve Neyer
- Dr. Craig Oldham
- Dr. Ramon Ortiz
- Dr. David Petrik
- Dr. Thomas Plunkett
- Dr. Eric Ross
- Dr. John Russo
- Dr. George Sanchez
- Dr. Ann Setkowicz
- Dr. Thomas Silver
- Dr. Hani Tadros
- Dr. Leslie Thompson
- Dr. Dorothy Tiberii
- Dr. T. Merrell Williams
- Dr. Shirin Yasrebi

**35 Years**
- Dr. Bradley Bartel
- Dr. John Belcher
- Dr. Joseph Bender
- Dr. Gery Benza
- Dr. Sidney Christie
- Dr. Matthew Davis
- Dr. Leonard Drazek
- Dr. Robert Ettleman
- Dr. Randy Feldman
- Dr. James Forster
- Dr. Shaun Graser
- Dr. John Haley
- Dr. Michael Harper
- Dr. John Hyatt
- Dr. Dan Knellinger
- Dr. Gregg McNeal
- Dr. Basappa Mruthyunjaya
- Dr. Matthew Nieber
- Dr. Charles Peter
- Dr. Angela Rasmussen
- Dr. Richard Rasmussen
- Dr. Steven Reynolds
- Dr. Hermann Schulze
- Dr. Jeffrey Smith
- Dr. Gary Stevens
- Dr. Charles Thomas
- Dr. Marc Tindell
- Dr. Tom Tran-Hoang
- Dr. Manuel Vilaret
- Dr. Bruce Waterman
- Dr. Dewitt Wilkerson
- Dr. Davis Yates

**50 Years**
- Dr. Richard Adams
- Dr. Lawrence Cook
- Dr. Robert Hart
- Dr. William Johnson
- Dr. Frank Lombardi
- Dr. Wayman Price
- Dr. Gerald Springstead
- Dr. Robert Watkins

**60 Years**
- Dr. Deuel Christian
- Dr. Donald Crawford
- Dr. Richard Ehlers
- Dr. Robert Iler
- Dr. Richard Karlson
- Dr. Carl Mallick
- Dr. Samuel Miller
- Dr. M Paul Nestor
- Dr. James Ross
- Dr. Richard White

**Life Members**
- Dr. William Belton
- Dr. Satish Ankalikar
- Dr. Antonio Benitez
- Dr. Victoria Bong-Krueger
- Dr. Robert Bousquet
- Dr. Leonard Britten
- Dr. Dennis Dalton
- Dr. Brendan Dwyer
- Dr. Lindsay Eastman
- Dr. Polly Eldridge
- Dr. Charles Ford
- Dr. Joel Garblik
- Dr. Michael Gmitruk
- Dr. William Holth
- Dr. Fahey House
- Dr. Harry Insko
- Dr. Stephen Katz
- Dr. Thomas Klement
- Dr. William Kochenour
- Dr. Mark Levinsky
- Dr. John McCombs
- Dr. Michael McRoryan
- Dr. Yolanda Mitchell
- Dr. Arthur Molzan
- Dr. Thomas Porter
- Dr. Gerald Pyser
- Dr. Paul Rubenstein
- Dr. Bruce Schaeperklaus
- Dr. Neil Stringer
- Dr. Undavadi Vasudev
- Dr. Michael Walker
- Dr. Thomas Yoho

The WCDDA would like to extend a warm welcome to new and returning members of the American, Florida and West Coast Dental Associations.

Dr. Jason Alter, Saint Petersburg
Dr. Clay Alviani, Tampa
Dr. Daniel Amyradakis, Lehigh Acres
Dr. Michael Andersen, Fort Myers
Dr. Sheno Bennett, Spring Hill
Dr. Fred Benzenhafer, Saint Petersburg
Dr. Igor Biloy, North Port
Dr. Harrison Black, Tampa
Dr. Gibson Boswell, Tampa
Dr. Kenton Brandimore, Saint Petersburg
Dr. Carina Canizares, Saint Petersburg
Dr. Carina Catipovic, Wesley Chapel
Dr. William Chais, Cape Coral
Dr. Shweta Chapagain, Palm Harbor
Dr. Eros Chaves, Seminole
Dr. Seng Kyu Choi, Tampa
Dr. Stephanie Cole, Sarasota
Dr. Sharon Colvin, Bradenton
Dr. Gianna De Simone, Winter Haven
Dr. Raymond Dixon, University Park
Dr. Jacqueline Dorociak, Seminole
Dr. Kelli Eberhardt, Bonita Springs
Dr. Derek Espino, Spring Hill
Dr. Maira Estrada, Lakeland
Dr. Fadi Fares, New Port Richey
Dr. Ivette Fernandez, Punta Gorda
Dr. Jennifer Fiorica, New Port Richey
Dr. Charlotte Fowler, Bradenton
Dr. Maria Garcia, Naples
Dr. Anna Gayday, Clearwater
Dr. John Girgis, Tampa
Dr. Gabrielle Goodman, Clearwater
Dr. Andrea Gordillo, Brandon
Dr. Saachi Goyal, Lakeland
Dr. Britany Guerrero, Tampa
Dr. Cole Haggerty, Lakeland
Dr. MHD Nadim Haidar, Haines City
Dr. Beenabahen Harriman, Fort Myers
Dr. Kendrah Harper, Lakeland
Dr. Annette Harriman, Sarasota
Dr. Trevor Hart, Fort Myers
Dr. Eric Heisser, Naples
Dr. Johanna Hernandez, Naples
Dr. Helen Hoveida, Plant City
Dr. Jennifer Hughes, Naples
Dr. Sorina Ilie, Naples
Dr. Jacqueline Jakubiec, Tampa

(continued on page 5)
Show Commitment

Dr. Tawana Jenkins, Tampa
Dr. Sarah Johnson, Sarasota
Dr. Myriam Jourdan, Tampa
Dr. Yuriy Kuchmak, Bradenton
Dr. Eugene Kulaga, Sarasota
Dr. Joana Lastres, Fort Myers
Dr. Santiago Lopez, Davenport
Dr. Sadaf Mahdavieh, Valrico
Dr. Julie Mancera - Loftin, Immokalee
Dr. Brian Mannari, Saint Petersburg
Dr. Gjergj Mara, Port Richey
Dr. Joseph Massey, Spring Hill
Dr. Stephanie Mazariegos, Saint Petersburg
Dr. Nicholas Mickelson, Tampa
Dr. Alicia Millan-Morales, Clearwater
Dr. Viviana Mora, Lakeland
Dr. Tony Nader, Seminole
Dr. Brittany Nalley, Palm Harbor
Dr. Ashley Nati, Tampa
Dr. Donna Nichols, Tampa
Dr. Efren Ormaza, Tampa
Dr. Jimmy Orphee, Winter Haven
Dr. Dharmendra Pansuriya, Sarasota
Dr. Gustavo Parajon, Lakeland
Dr. Benjamin Pass, Palm Harbor
Dr. Kelly Paula, Palm Harbor
Dr. Samuel Pero, Lake Wales
Dr. Elena Petrova, Sarasota
Dr. Pete Pham, Saint Petersburg
Dr. Queanh Phan, Naples
Dr. Emily Plaza, Fort Myers
Dr. Jillian Porto, Seminole
Dr. Madge Potts-Williams, Bradenton
Dr. Kampa Raju, Naples
Dr. Navid Rami, Tampa
Dr. Theyyar Rangarajan, Naples
Dr. Kirstin Rasmussen, Tampa
Dr. Michelle Ringwald, Bradenton
Dr. Jade Rivera, Sarasota
Dr. Roxann Russell Aves, Tampa
Dr. Maksym Ruzanov, Seminole
Dr. Adam Scheurer, Fort Myers
Dr. David Schirmer, Sarasota
Dr. Courtney Schlenker, Seminole
Dr. David Smith, Bradenton
Dr. Rachel Spicola, Oldsmar
Dr. Katharine Stringer, Naples
Dr. Gayathri Subbaraya, Riverview
Dr. Monica Tabbita, Fort Myers
Dr. Kirsten Teresi, Temple Terrace
Dr. Richard Thibodeau, Lehigh Acres
Dr. Jonathan Van Dyke, Palm Harbor
Dr. Brianne Wade, Saint Petersburg
Dr. Corey Warrenbran, Sarasota
Dr. Crystal Watters, Ellenton
Dr. Ariel Westervelt, Bonita Springs
Dr. Karen Wilkinson, Fort Myers
Dr. Linda Yang, Saint Petersburg
Dr. Susan Yasrebi, Tampa

Milestones

We are deeply saddened by the death of our colleagues.

Reginald Ligon, DDS of St. Petersburg – August 20, 2017
Charles Martin, DDS of St. Petersburg – May 1, 2017
Christina Martin, DDS of Tampa – September 12, 2017

A contribution has been made to the WCDDA Fund in their memory. If you would like to make a contribution, please make your check payable to the Florida Dental Health Foundation, indicate WCDDA Fund in the memo and mail to: Florida Dental Association, Attn: Foundation, 1111 East Tennessee Street. Tallahassee, Florida, 32308-6914.

WCDDA President’s Trip 2018
Scotland in Spring

DEPARTS APRIL 21, 2018
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- Discover Scottish history during visits to Stirling Castle, Cawdor Castle, and more.
- Explore the beautiful Scottish countryside on the Isle of Skye.

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Advocacy: FDA and ADA lobbyists actively monitor issues and bills that affect dentistry. Visit ada.org/advocacy.aspx to view other important issues currently impacting dentistry.

ADA “Find a Dentist” Feature: The online tool, mouthhealthy.org promotes your practice by allowing you to keep your profile up to date and making it easy for potential patients to locate your practice.

FDA Services: Provides a wide range of insurance at affordable rates. Individual/Group Health, Professional Liability, Term Life, Workers Compensation, Disability, Malpractice, Auto and Pension plans are available. Contact Rick D’Angelo at (813) 475-6948 or rick.dangelo@fdaservices.com.

Peer Review: Avoid costly litigation by utilizing the members’ only peer review service.

Crown Savings: FDA Services has researched and vetted business solutions so members can take advantage of exclusive deals and discounts offered through the Crown Savings program. Members who participate will save time, money and hassle, putting the focus back on patient care. Visit fdaservices.com/crownsavings.

Legal Resources: Legal questions and answers are an educational service of the Florida Dental Association (FDA) for members only. They have been prepared by FDA legal staff based on years of experience.


ADA Credentialing: Spend more time with patients and less time on cumbersome, redundant paperwork. Think like a dentist and run your office like an entrepreneur with ADA's Credentialing Service. Visit ada.org/credentialing.

Leadership Opportunities: Your input at the local level is vital for dentistry today and in the future. To get involved, contact the WCDDA Office (813) 654-2500 or email lissette@wcdental.org.

ADA/FDA/WCDDA Websites: Information right at your fingertips, visit ada.org, floridadental.org and wcidental.org to access important information on laws, rules, and continuing education and employment opportunities. Visit ADA’s New Dentist Blog, newdentistblog.ada.org and FDA’s Beyond the Bite Blog, blog.floridadental.org.

CE Programs/Annual Meetings/Affiliate Meetings: Each association hosts annual meetings and monthly meetings that provide high quality continuing education to members and their staff at a significantly reduced rate. WCDDA’s Annual Winter and Summer Meetings, WCDDA Affiliate Meetings, Florida Dental Convention (FDC) and America’s Dental Meeting.

HIPAA Compliance Forms: Free HIPAA forms are available to all members. Visit floridadental.org/member-center/member-resources

CE Broker Tracking: Continuing education attendance records are uploaded into CEbroker.com for each member who attends a meeting at the FDA, WCDDA and affiliate levels.
Legislative Update

What is a Dental Therapist and Why Florida?

A dental therapist is a mid-level provider that is being promoted as a way to increase access to dental care. It also is being advertised as a means for dentists to “generate higher revenue” by paying dental therapists lower salaries and delegating routine procedures.

The FDA is not supportive of creating a new licensed provider or dental therapists in Florida. What is the rationale for adding another layer of bureaucracy to a health care system that is already costly due to multiple layers of rules and regulations that ultimately impede access to care? There are groups outside of Florida and individuals who have announced that they are building coalition groups, hiring public relation firms and consultants to bring dental therapists to Florida. This is alarming. Resources by these groups that could be used to help promote initiatives that are proven effective in Florida, will instead be used to force a model that is not supported by organized dentistry.

Why has Florida become the target to add dental therapists? Does Florida have a shortage of dentists? No, Florida does not have a shortage of dentists. The Department of Health (DOH) provides a dental workforce survey that is completed by dentists during licensure renewal that clearly shows that Florida does not have a shortage, but instead has a maldistribution of dentists around the state. So, why not support an initiative to help incentivize dentists to go to these underserved areas? Good question. The FDA supports creating a dental student loan repayment program that will incentivize dentists to practice full-time as Medicaid providers in underserved areas and in return get assistance in repaying their student loan. These are trained individuals who will be skilled in assessing the comprehensive health care of their patients, not just trained to do a few procedures — which would include performing tooth extractions.

There is also a false equation of dental therapists to nurse practitioners. This is not comparing apples to apples. Nurse practitioners have a substantial amount of training and experience than what is required of dental therapists, but they are not authorized to perform surgeries like physicians. Dental therapists are seeking authority to perform surgery without being a dentist.

Please be on the lookout for additional information as it becomes available. If you would like to share your thoughts about dental therapists, please send your comments to gao@floridadental.org.

This article first appeared in LCD Exchange, August 2017

Florida Board of Dentistry Approves New Changes

The Florida Board of Dentistry (BOD) recently approved changes to its rules that move scaling and root planing and the placement of medicaments by hygienists from indirect supervision to general supervision. The Florida Dental Association (FDA), Florida Association of Periodontists (FAP), Florida Academy of General Dentistry (FLAGD) and the Florida Society of Oral and Maxillofacial Surgeons (FSOMS) stood in opposition to these changes.

Effective June 28, 2017, a dental hygienist who has received formal training can perform the following task under general supervision: placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride and performing root planning. Please note this rule is not mandatory and the supervising dentist can still require the procedures be done under indirect supervision.

Casey Stoutamire, Esq.
Director of Third Party Payer and Professional Affairs
Florida Dental Association
DENTISTRY HAS CHANGED OVER THE YEARS. COMMITMENT HASN’T.

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Accepting Nominations:
The WCDDA is accepting written nominations for the Treasurer and the Secretary positions. Any WCDDA member may be nominated. The Nominating Committee will review the names and make recommendations to the Executive Cabinet. Please forward written nominations to the WCDDA Executive Cabinet prior to March 2, 2018.

Nominations are being accepted for the following:
Distinguished Service Award: This award is given to a member for outstanding service toward the dental profession and the West Coast District Dental Association.

Dan Bertoch Leadership Award: This award is given to a young dentist who has proven leadership skills.

Affiliate of the Year Award: This is given to an affiliate that has contributed the most towards improving the WCDDA by increasing membership numbers, having the most volunteers, and supporting the ideas, activities and meetings of the WCDDA.

Kintsugi: This award is given to any member who has shown dedication or commitment towards improving the access to healthcare issue in the community.

Please submit nominations to the WCDDA office by December 31, 2017.

Awards will be presented at the President’s Reception in conjunction with the WCDDA’s Annual Meeting on February 1, 2018 at Oxford Exchange in Tampa.

Florida’s Legislative Session ................. January 9th - March 9th
WCDDA Delegation Caucus Meeting ................. January 16th
FDA House of Delegates, Tampa ................. January 26th – 27th
WCDDA President’s Recep., Oxford Exchange, Tampa ........ Feb. 1st
WCDDA Annual Meeting, CAMLS, Tampa .......... February 2nd
FDA Dentists’ Day on the Hill, Tallahassee .......... February 5th – 6th
WCDDA President’s Trip, Scotland ................. April 21st

WCDDA Executive Cabinet Meeting, Brandon ........ May 11th
Florida Dental Convention, Orlando ............... June 21st - 23rd
FDA House of Delegates, Orlando ................. June 22nd - 23rd
WCDDA Summer Meet., JW Marriot, Marco Is. .... July 20th - 22nd
2019 • 2019 • 2019 • 2019 • 2019 • 2019
WCDDA Annual Meeting, CAMLS, Tampa .......... February 1st
WCDDA Summer Meet., The Ritz-Carlton, Naples .... July 26-28th

You’re Invited to attend WCDDA’s Annual President’s Reception
Thursday, February 1, 2018 · 6:30 p.m. – 8:30 p.m.
The Oxford Exchange
420 West Kennedy Boulevard, Tampa, FL 33606
Event held in conjunction with the West Coast District Dental Association’s 2018 Annual Meeting.
Additional details can be found enclosed in the 96th Annual Meeting Brochure.

2018 ~ Mark Your Calendar ~ 2019

You’re Invited to attend WCDDA’s Annual President’s Reception
Thursday, February 1, 2018 · 6:30 p.m. – 8:30 p.m.
The Oxford Exchange
420 West Kennedy Boulevard, Tampa, FL 33606
Event held in conjunction with the West Coast District Dental Association’s 2018 Annual Meeting.
Additional details can be found enclosed in the 96th Annual Meeting Brochure.

Official Calls
There will be a caucus of the West Coast District Dental Association’s Delegation on Tuesday, January 16, 2018 at 6:00 p.m. via conference call. There will be twelve sites throughout the West Coast district.

The West Coast District Dental Association will hold a breakfast caucus in conjunction with the Florida Dental Association’s House of Delegates meeting Saturday, January 27, 2018 at 7:00 a.m. at the Tampa Airport Marriott.

Dr. Jessica Stilley-Mallah
WCDDA Secretary

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NON-SURGICAL TREATMENT MODALITIES for Temporomandibular Disorders

INTRODUCTION
This paper will review evidence-based publications concerned with non-surgical treatment modalities for patients suffering from TMD. The authors searched the literature, on PubMed, February 12, 2015, using the key words "Reviews," "temporomandibular disorders," and "assessment." During this search, it was found that over the past 10 years, 66 review articles relevant to this subject were discovered. Due to the lack of uniformity in diagnostic standards, the reported disagreements among practitioners concerning research methodologies, and the lack of long-term follow up, the general practitioner is unsure of the appropriateness and effectiveness of available therapeutic modalities (1).

Some conditions, such as musculoskeletal pain or limited jaw opening, may be due to local myalgia. In addition, benign clicking and popping of the joint(s) may exhibit a cycle of events and spontaneously improve, therefore being a self-eliminating event (2).

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This manuscript has been peer reviewed.

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INTRODUCTION

This paper will review evidence-based publications concerned with non-surgical treatment modalities for patients suffering from TMD. The authors searched the literature, on PubMed, February 12, 2015, using the key words “Reviews,” “temporomandibular disorders,” and “assessment.” During this search, it was found that over the past 10 years, 66 review articles relevant to this subject were discovered. Due to the lack of uniformity in diagnostic standards, the reported disagreements among practitioners concerning research methodologies, and the lack of long-term follow up, the general practitioner is unsure of the appropriateness and effectiveness of available therapeutic modalities (1). Some conditions, such as musculoskeletal pain or limited jaw opening, may be due to local myalgia. In addition, benign clicking and popping of the joint(s) may exhibit a cycle of events and spontaneously improve, therefore being a self-eliminating event (2).

ABSTRACT

Temporomandibular disorders (TMD) are a group of disorders that involve the temporomandibular joint (TMJ), muscles of mastication and numerous associated structures of the head and neck region. Due to the multifactorial etiology, along with numerous physical and psychogenic influences, the signs and symptoms associated with TMD may vary greatly. Patients with multiple diagnoses of TMD usually have endured tremendous physical and emotional stress that leaves them in a state of debilitated health. The complex nature of TMD has been studied rigorously and clinicians have offered many treatments, such as splint therapy, pharmacological treatments, patient education and reassurance, massage therapy, hypnosis, and other conservative therapies for many years. While surgical options can be reserved for those patients who are non-responsive, the list above contains some of the best conservative and reversible multi-modal approaches to treat these patients with TMD. The purpose of this paper is to review and provide the reader with the available non-surgical modalities and their efficacy based on the credible evidence presented in the recent literature.

KEYWORDS

Reviews, temporomandibular disorders, assessment

TMD consists of a number of clinical conditions that involve the TMJ, the muscles of mastication and numerous associated structures of the head and neck region (3). The etiology of this condition is multifactorial with symptoms ranging from, but not limited to, pain and/or tenderness of the muscles of mastication, clicking or grating of the TMJ, limited movements of the mandible, and orofacial pain. The prevalence of TMD in the general population has been reported to be between 5 and 12% (4). Other prevalence studies have reported that approximately 3 out of every 4 people have had at least one symptom of functional abnormality and 1 out of 3 individuals have had one symptom of facial pain (5-7).

In the literature, many broad and specific speculations have been made as to the etiology of these conditions. Trauma, psychological distress, malocclusion, and parafunctional habits are considered to be some of the initiating, perpetuating, and predisposing factors for TMD. In a recent report, researchers identified several genes displaying preliminary evidence of association with TMD status. While this was the first genetic case-control study to discover this phenomenon, the authors provided tentative evidence that chronic TMD is influenced by genetic contributions within a number of loci (8). Gender differences, along with prevalence in age that peaks between years 20 and 40, were also documented. An ethnic and racial difference has also been identified in several studies and was discovered to show a lower prevalence in African Americans than whites (9). The 1996 US National Institute of Health Technology Assessment Conference Statement on the Diagnosis and Management of TMD recommends that an ideal diagnostic classification system should be based on etiology. To date, there has not been a systematic classification presented using those etiologies. To make matters worse, there has not been an agreement reached by clinicians who treat TMD.

In 1992, Dworkin et al constructed a specific dual-axis diagnostic system. This system is based on the patient’s signs and symptoms, the patient history, and the clinical examination. This protocol is known as the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) (10). This comprehensive protocol consists of a history questionnaire, a clinical examination, specific criteria with physical diagnostic algorithms (axis I), and a chronic pain and scoring scale for psychological components (axis II). This systematic and organized document started with a taxonomic system that was based on the measurement of signs and symptoms. Schiffman et al discussed and evaluated the validity and reliability of the instrument noted above (12). The RDC/TMD protocol, without addressing etiologies, can only be considered a checklist used primarily as a screening instrument (13). Since etiological factors are uncertain, at a minimum, RDC/TMD will continue to provide a map to differential diagnoses in an attempt to eliminate or alleviate symptoms.
Moreover, in the literature there is an abundance of ideas for treatment of TMD. Many of these ideas have proven to be effective within clinical experiments while others have had questionable results that require further investigation. In a summary review, Patel and Manfrendini showed that effective management strategies include, but are not limited to, oral appliances, pharmacological therapy, eliminating inflammation, physiotherapy, massage therapy, and ultrasound (14). De Souza et al revealed results of a systemic review that showed surgical therapies such as intra-articular injection with anti-inflammatory agents, arthrocentesis, arthroscopy, and arthroplasty should be reserved for severe osteoarthritis of the joint (15). Reaching a definitive diagnosis with a clear understanding of the etiology of the disease at hand is not always possible, even though it is the ultimate goal of all seasoned practitioners. Many practitioners treating conditions like TMD and orofacial pain might have to resort to alleviating these conditions based on very little evidence. These approaches may be considered with the patient’s understanding that their outcomes may be “guarded.”

To date, most if not all studies recommended symptoms management as the first and only reliable therapeutic strategy for TMD patients. Furthermore, many believe malocclusion, even when accompanied with symptoms, may not warrant occlusal adjustment. Occlusal adjustment seems to have no effect according to the available evidence (1, 16). Many practitioners believe, based on anecdotal evidence, that masticatory overload due to severe malocclusion could and should have some contributory factors to TMD. A vast number of contradictory findings have created a cloud of confusion for a typical general dentist in the selection of credible and promising treatment options. One researcher estimated that to keep abreast of developments in the field, he would need to read about 17 to 20 original articles on a daily basis (17). On the other hand, some authors stated that today’s general practitioners, who have been accustomed for years to provide occlusal based treatment to their TMD patients, are skeptical and reluctant to accept the recent decade’s paradigmatic shift to new evidenced based findings. Due to recent cases of facial trauma, we have seen an escalating trend in dental malpractice claims for TMD (18).

MASSAGE THERAPY

In order to provide a comprehensive treatment plan for the patient in pain, the initial step in the investigation should be an evaluation of the masticatory muscles. This process should also include the identification and the differentiation of other specific TMD pain not associated with the muscles of mastication (19). In a study to evaluate the effectiveness of massage therapy titled “Changes in Temporomandibular Dysfunction Symptoms Following Massage Therapy: A Case Report,” data were presented that indicated ten 45-minute massage therapy treatments administered over a 5-week period of time is an effective treatment to increase range of motion, decrease pain, stress, and reduce hypertonicity associated with TMD (20). There are no randomized, controlled double-blind clinical studies available to evaluate the effectiveness of message therapy for TMD patients, but for now, studies like this one represent a promising positive patient outcome. Patient education, along with clear communication and realistic expectations, are the key points with this modality.

...ten 45-minute massage therapy treatments administered over a 5-week period of time is an effective treatment to increase range of motion, decrease pain, stress, and reduce hypertonicity associated with TMD
SPLINT THERAPY

When muscle pain is the preliminary sign and symptom or the known cause of the discomfort, myofascial pain may be suspected and the patient should be evaluated for all possible soft tissue muscle disorders, including referred pain. For over 40 years, stabilization splint appliances have been preferred as one of the many available treatment modalities (21). There is not a gold standard treatment for myofascial pain, the most frequent type of TMD. Unfortunately, many patients do not respond well to a variety of pharmacological treatments. This may be due to several possible reasons, such as poor patient compliance and the multi-factorial nature of the disorder, as well as unknown or unrecognized etiologies. Currently, other than splint therapy to treat myofascial pain, we have other modalities such as physiotherapy, home self-care, and trigger point injections. Oral appliances have been the subject of comprehensive reviews and many of them such as stabilizing appliances have shown reasonable efficacy. The actual working mechanism of appliance therapy and how they relieve pain is not understood (18). Lack of clarity regarding diagnostic criteria and information about the natural course of the disorder has also hampered this investigation (22).

Another condition that is mostly associated with TMD patients is sleep bruxism. Bruxism, occurring either at night or during the day is considered one of the major risk factors for TMD. Sleep bruxism is characterized by either the grinding or clenching of teeth as well as being associated with a complex micro- arousal phenomena occurring during sleep. On the contrary, daytime bruxism mainly involves the clenching activities of teeth and is associated with psychosocial factors and a number of psychopathological symptoms (23). In a recent investigative epidemiological report on bruxism and TMD prevalence, the association between the 2 disorders is not clear (24). However, it is recognized that appliance therapy could prove beneficial for both conditions. Correlation of splint therapy outcomes have been studied using electromyography (EMG) by many researchers. Another study demonstrated that splint therapy reduced the electromyographic amplitude records of the masticatory muscles. The study also revealed that occlusal splint therapy could eliminate or improve the signs and symptoms of TMD with myofascial pain (25).

In another prospective randomized clinical trial, when comparing chronic Complex Regional Pain Syndrome (CRPS) with a non- treatment group, subjects used an occlusal splint at night along with 3 hours of daytime use for a total of 7 weeks with the control group having no intervention. The use of an occlusal splint had no impact on CRPS-related pain but improved signs and symptoms of TMD pain (26). Truelove and colleagues, in a randomized controlled trial consisting of 200 subjects diagnosed with TMD studied the efficacy of traditional, low cost, and non-splint therapies. They concluded all patients improved over time and that splint therapy offered no benefit over treatment without it (27). Contrary to the findings of Truelove et al, a systematic review of randomized controlled trials evaluating intraoral orthopedic appliances for TMD revealed that hard stabilization appliances, when adjusted well, showed modest efficacy in treatment of TMD (28). The rationale for continued use of oral splint therapy for the management of TMD was studied in a systematic review by Adibi et al, which concluded that the benefits and effects of occlusal splint therapy in the management of pain symptoms is now widely accepted, warranting its continued use in spite of the absence of evidenced-based data (29). It is important to educate patients regarding their unique condition and set clear expectations. Many patients may be offered appliance therapy in conjunction with other treatment modalities discussed in this article.

PHARMACOLOGICAL INTERVENTIONS

Pain is the most common chief complaint for patients seeking care for TMD. A typical TMD patient may have had clicking, popping or crepitation, as well as other abnormal sounds associated with the joint. These patients may have also had some degree of pain before they sought a solution from their dentist or physician. Often they have tried several over-the-counter pain medications to alleviate the pain, but this was mostly unsuccessful. Due to the waxing and waning nature of TMD, with some episodes of exacerbations, the patient’s condition may become chronic in nature. It is proven that pharmacotherapy is not curative, but rather an aid to patients in managing the discomfort because of chronic/acute pain (30). In a Cochrane Collaboration review to assess the effectiveness of pharmacological interventions for pain, it was reported that there is insufficient evidence to support the effectiveness of the reported drugs for management of pain due to TMD (31).

In many studies, the statistical power analysis along with the sample size is not adequate. In the treatment of TMD, many authors call for more well controlled double-blind randomized trials. In a study by Ta and Dionne in 2004, naproxen was administered at a dose of 500 mg twice daily for 6 weeks. This drug showed the most significant pain reduction of all study drugs used. In another study by Lobo et al in 2004, a topical application of methyl salicylate showed a significant effect over placebo. However, one possible adverse effect was an increase systemic absorption with presence of skin damage. Kimos et al in 2007, reported gabapentin, an anticonvulsant, as a drug of choice. This drug demonstrated a significant reduction of pain in the temporomandibular joint and masseter muscles compared to the placebos. Practitioners using pharmacological interventions must consider the benefits to each patient’s unique condition and medical history. The cost effectiveness of this readily available modality, in addition to a consultation with patient’s physician, should be considered as an option.

COGNITIVE-BEHAVIORAL THERAPY

The psychological component of pain in the TMD patient cannot be discounted. Review of the literature reveals a focus on psychological distress with anxiety and depression associated with many TMD patients (32). Studies have shown that Cognitive-Behavioral Therapy (CBT) has been an effective treatment of TMD pain, as with other chronic pain disorders (33). In a study in which 72 patients were selected based on RDC/TMD, all patients received conservative (reversible) treatment. CBT and hypnotic significantly improved outcomes in TMD patients (34). A clinically significant increase in change was seen in those patients treated with combined hypnosis and CBT as compared with biofeedback alone. Hypnosis has an advantage over other modalities in that it does not require equipment and that it can be taught easily to the patients. Data from studies by Flor et al in 1992 and Aggarwal et al in 2010 evidenced that post treatment results for TMD patients remained effective 9 months after completing the therapy. Understanding and careful assessment of the biopsychosocial profile of the TMD patient is an important initial evaluation step.

In several studies, patients with high risk (psychological components) tend to exhibit more pain during chewing compared to those at a lower risk (35). Additionally, many studies have discovered that patients with a myofascial pain disorder may exhibit a more dysfunctional biopsychosocial risk profile when compared with those patients diagnosed with a degenerative joint disorder or disc displacement conditions (36-41). A study of a young non-patient...
population with a low level of chronic pain, with depression, exhibited a para-functional habit such as bruxism. Any of these nonspecific physical symptoms, without pain, may require intervention due to their tendency to progress to a symptomatic TMD (42). Comprehensive stress management and counseling programs that involve a combination of EMG feedback, progressive relaxation, and change in life style appear to be more effective when used in conjunction with medication and physical therapy to enhance the overall therapeutic effects (43).

CONCLUSION
The authors have concluded that based on the current evidence-based literature, reversible treatment modalities such as splint therapy, pharmacological treatments, patient education and reassurance, massage therapy, and behavior therapy are best for preliminary non-surgical approaches. Conservative and supportive therapies mentioned here, when considered as a comprehensive and concurrent approach, are likely to have a positive patient outcome. A thorough physical and psychological assessment of past and current histories must be taken. Surgical options can be a reserved choice for those patients with chronic and non-responsive cases.

References


Tip of the Tongue

Charlie, Frances, Jeanne, Irma…Now what?

What was that? What was that feeling? I did not realize it at first. I was too busy packing for a camping week in the wet woods. That is what hurricanes do. They force you to define what is important to you – and then stuff that into a Mazda 3. Have food and water for a week? -check- Have raingear tents, tarps, tools for the cleanup? -check- Have photo albums, Christmas ornaments, the hamster? …Wait… What? Do we have room for the kids? Hurricanes come like a timed terminal disease. And just as welcome. “You will come into possible peril on… Tuesday…so you better make plans.” The hurricane preview is on TV right now blowing Barbuda back to the stone age. Ok finally done packing. Now what was that feeling? Oh yeah it was denial, anger, bargaining, depression and acceptance.

In 1969, Elizabeth Kudler-Ross outlined the stages of grief we experience when confronted with great loss or a terminal disease. “No…no…that storm is not going to hit here. I hate these things. God, I know I am not Catholic but if you turn this storm away, I will become a Priest. My office, my home, my family …all my stuff… it could be lost.” And finally, during the calm before the storm it hit me – Acceptance. It did help that my belly was bloated with all the meat we had in our freezer and the rum infused “Hurricane cocktails”… I remember looking over the grill at our hamsterless house – a last look- and thinking it’s just stuff. Goodbye stuff. But I still have my family and my friends. There will be a lot we cannot replace but I will change. I will grow. I will evolve.

In the aftermath, nobody told me about this feeling – Guilt. I lost a gutter, a downspout, a mailbox and a tree. That’s it. At the office shaded under a two hundred-year-old oak tree – Zippo. There is a reason that tree is two hundred years old. Guilt…that I was spared while others were not. I have spoken to Dentists from across the state with four feet of water in their homes and office – no power, no water. One local dentist while trying to pull-start a gas generator on an elevated deck, slipped and fell 20 feet onto an unwelcome shrub. And in Rube Goldberg style nearly pulled the wheeled generator off the deck to join him in the shrub. In each case much work will need to be done. Time to recover and time to heal. And for every member of organized dentistry, we are your family. We may not fit in your Mazda 3 but we can be there to help. As for me look me up at the local Seminary.

A Few Lessons Learned:

• Easy to store install hurricane shutters that do not require electricity
• iCloud backup for all important documents, dental records, photos and other files
• Video inventory of home and office equipment/ furniture
• Natural gas operated generator for home and office

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Speakers

*Larry M. Guzardo, BSBA,* began his 24-year career as a training specialist where he delivered in-house training programs such as active listening, customer service, stress management, and career development. Since turning to full-time dental consulting 22 years ago, Larry has focused his talents and experience exclusively on dental practice management, business systems, and leadership development. Larry has presented numerous workshop series including, “Winning Patient Acceptance”, “Business Communication Systems” and “The Leadership Challenge”.

Larry has spoken to professionals across the United States on practice management and has received various speaker awards and certificates. He also serves as a member of the visiting faculty at the Dawson Academy for Advanced Dental Study where he teaches patient and business communication.

Larry is certified to administer the DiSC Personality Profile, is a member of the Academy of Dental Management Consultants, certified Standard Operating Procedures (SOP) Consultant and has contributed articles for various publications. Larry actively promotes adult literacy in the community by volunteering to serve on the Board of Directors for Project READ as chairman of the program development committee.

*Stanley F. Malamed, DDS,* was born and raised in the Bronx, New York, graduating from the New York University College of Dentistry in 1969. He then completed a dental internship and residency in anesthesiology at Montefiore Hospital and Medical Center in the Bronx, New York before serving for 2 years in the U.S. Army Dental Corps at Ft. Knox, Kentucky. In 1973, Dr. Malamed joined the faculty of the Herman Ostrow School of Dentistry of U.S.C., in Los Angeles, where today he is Professor of Anesthesia & Medicine. Dr. Malamed is a Diplomate of the American Dental Board of Anesthesiology, as well as a recipient of the Heidebrink Award (1996) from the American Dental Society of Anesthesiology and the Horace Wells Award from the International Federation of Dental Anesthesia Societies, 1997 (IFDAS).

Dr. Malamed has authored more than 140 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia. In addition, Dr. Malamed is the author of three widely used textbooks, published by CV Mosby: *Handbook of Medical Emergencies in the Dental Office* (6th edition 2007); *Handbook of Local Anesthesia* (6th edition 2011); and *Sedation - a guide to patient management* (5th edition 2010) and two interactive DVD’s *Emergency-Medicine* (2nd edition, 2008) and *Malamed’s Local Anesthetic Technique DVD* (2004).

In his spare time, Dr. Malamed is an avid runner, exercise enthusiast, and admits an addiction to the New York Times crossword puzzle, which he has done daily since his freshman year in dental school.

*Disclosure:* I or members of my immediate family do not have a financial relationship with any company that may be relevant to this presentation.

**Directions to CAMLS**

**From the north:** Take I-275 South, Take Exit 44 toward Downtown-West, Merge onto N. Ashley Dr., Turn Left onto E. Whiting St., then turn Right onto S. Franklin Street, Tampa, FL 33602.

**From the West (Pinellas):** Take I-275 North, Take Exit 44 toward Downtown-East/West, Take the Ashley ramp toward Downtown-West/Tampa St., Merge onto N. Ashley Dr., Turn Left onto E. Whiting St., then turn Right onto S. Franklin Street, Tampa, FL 33602.

**From the East (Brandon):** Take the S Selmon Expressway Toll exit toward Tampa/Port Tampa, Merge onto S Selmon Exp’y/FL-618 W., Take Exit 7 toward Downtown-West, Turn Right onto S Morgan St., Turn Left onto E Whiting St., then turn Left onto S Franklin Street, Tampa, FL 33602.

**From the South:** Take I-75 North toward I-4, Take I-4 West, Keep left at fork toward N. Tampa St., Take Exit 45A toward Downtown-West, Merge onto N. Tampa St., Turn left onto E. Whiting St., Turn right onto S Franklin St.

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Request West Coast District Dental Association room block.

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Welcome to the WCDDA’s 96th Annual Meeting

Dear Colleagues,

As the program committee chair, I want to personally invite you to our WCDDA 96th Annual Meeting at the CAMLS center in downtown Tampa. We have an amazing line up for you this year featuring renowned speakers that are sure to help enhance your clinical practice as well as invigorate your dental team. I am excited to announce our speakers for our annual meeting. We have an amazing line up for you this year featuring speakers’ presentations in no way imply endorsement of any product, technique or service presented during these presentations. The WCDDA specifically disclaims responsibility for any material presented.

Dr. Stanley Malamed – 10 Minutes to Save a Life: Emergency Medicine in Dentistry Seminar A – 8:00 a.m. – 4:30 p.m., 7 CEUs

All day lecture fee includes lunch.

Life-threatening emergencies can occur anytime, anywhere and to anyone. Such situations are somewhat more likely to occur within the confines of the dental office due to the increased level of stress that is so often present.

In this course Dr. Malamed will discuss the areas which are considered vital to a proper understanding of emergency medicine: prevention, preparation, and recognition and management.

The first session will include a discussion of preparation involving the office staff and includes a thorough review of the office emergency kit (drugs and equipment). The second session will include the recognition and management of specific emergency situations, the management of unconsciousness, respiratory distress, seizures, drug-related emergencies and chest pain, including cardiac arrest and use of the AED.

This course is designed for all members of the dental office staff, not just the doctor and chairside personnel. Situations discussed here can happen outside of the dental environment as well as in the office. Everyone should be prepared!

Larry Guzzardo - Now What Do I Say? Seminar B – 8:00 a.m. – 11:00 a.m. - 3 CEUs

Now What Do I Say? Don’t dread conversations with patients on the phone or in person.

Savvy professionals know how to make every conversation count in their favor. They realize objections can be overcome because smart communicators understand that “No” is often really “YES” in disguise. Learn the skills that lead to more scheduled appointments, fewer last minute appointment changes, and increased patient referrals. Join in to master techniques that will help you uncover what patients really want and need despite what they “say” they need.

This session will enable you to:
• Effectively handle emergencies
• Minimize last minute cancellations
• Converse with someone who “...only wants to get my teeth cleaned”
• Create value for the “price shopping” patient
• Perfect reminder/confimation calls
• Confidently know what to say to the “You don’t take my insurance?” patient

Larry Guzzardo – Unravel the Mystery of Treatment Acceptance: A Dental Team’s Guide Seminar C – 1:00 p.m. – 4:30 p.m., 3CEUs

Do all members of your team know how to provide the best patient experience you can deliver? Working together for the same goal can be frustrating. Remove the guesswork for your team. Help them learn how to be more productive, more profitable, and enjoy the process.

Demystify the steps to implement complete care into your practice. This course will simplify your ability to transition your current systems, so you and your team can work efficiently and profitable. When you learn how easy it can be, you’ll be inspired and motivated to accelerate your transition. Your team will leave with a specific plan for providing exceptional patient care, building a highly profitable practice, while all delivering complete care.

You will learn:
• Effective new patient phone call strategies
• Verbal skills to present treatment and improve case acceptance
• 3 necessary steps for every new patient experience
• Specific practice parameters you should monitor and what they tell you
• How to maintain a stress free schedule and improve productivity

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Questions: Contact WCDDA (813) 654-2500 or kelsey@wcdental.org.

Meeting Facts

• Reception: Thursday, February 1st, Oxford Exchange
• Meeting Location: February 2nd, USF CAMLS, 124 South Franklin Street, Tampa 33602
• Pre-register before January 22, 2018 to avoid late fees. Register via mail, fax (813) 654-2505 or online at www.wcdental.org.
• Late Fee: It is the policy of the West Coast District Dental Association to charge an additional $20.00 fee after the pre-registration date. Two weeks prior to the meeting date, January 22, 2018.
• Badges and Tickets: All pre registered attendees will receive badges and tickets via mail prior to the meeting date. This will allow you to visit the exhibitors and enjoy morning coffee without having to stand in line. Lunyards and meeting programs will be easily accessible onsite.
• Exhibit Hall and On-site Registration: Opens at 8:00 a.m. on the 2nd Floor.
• Handouts: To download your course handouts, please visit www.wcdental.org, click on the ‘Professional’ area, then click on the ‘2018 Annual Meeting’ in the left column, scroll down to ‘Handouts’. Handouts will be available two weeks prior to the meeting.
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The exhibit hall features a variety of dental suppliers and practice management companies. You will have the opportunity to visit with long-time supporters and meet new contacts. Make it a point to stop by and show your support to the exhibitors as they have special offers for attendees.

11:00 a.m. - 1:00 p.m.

Earn up to 2 FREE CEUs for viewing table clinic presentations prepared by dental assisting and dental hygiene students in the West Coast district.
### Ninety-Sixth Annual Meeting of the West Coast District Dental Association

**February 2, 2018**

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<table>
<thead>
<tr>
<th>Seminar</th>
<th>Time</th>
<th>Title</th>
<th>Dentist Fee</th>
<th>Staff Fee</th>
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<tbody>
<tr>
<td>A</td>
<td>8:00am - 4:30pm</td>
<td>10 Minutes to Save a Life: Emergency Medicine in Dentistry, includes lunch</td>
<td>$175.00</td>
<td>$125.00</td>
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<tr>
<td>A - A.M.</td>
<td>8:00am - 12:00pm</td>
<td>10 Minutes to Save a Life: Emergency Medicine in Dentistry</td>
<td>$100.00</td>
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<tr>
<td>A - P.M.</td>
<td>1:00pm - 4:30pm</td>
<td>10 Minutes to Save a Life: Emergency Medicine in Dentistry</td>
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<tr>
<td>B &amp; C</td>
<td>8:00am - 4:30pm</td>
<td>Now What Do I Say? and Unravel the Mystery of... - includes lunch</td>
<td>$175.00</td>
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<td>B</td>
<td>8:00am - 11:00am</td>
<td>Now What Do I Say?</td>
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<td>C</td>
<td>1:00pm - 4:30pm</td>
<td>Unravel the Mystery of Treatment Acceptance: A Dental Team’s Guide</td>
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<td>All Day</td>
<td>New Dental Coffee Lounge</td>
<td>5 people attending</td>
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<td>Free</td>
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**Registration Instructions:** Print primary dentist information below, indicate seminar letter and fee in boxes below, total across, total down with staff registration, include payment.

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<table>
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<th>Dentist Name/License Number</th>
<th>Circle</th>
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<tr>
<th>Staff Name Job title</th>
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#### A delicious variety of options will be provided including:

- sandwiches, wraps, salads, dessert, chips, fruit and beverages.

Please let us know of any dietary restrictions per registrant:

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<tr>
<th>Raffle</th>
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<th>1 for $5, 10 for $25, 25 for $50</th>
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**Registration Instructions:** Print primary dentist information below, indicate seminar letter and fee in boxes below, total across, total down with staff registration, include payment.

**Check category that applies below**

- [ ] WCDDA Member
- [ ] WCDDA Retired Member - $10.00 (All CE)
- [ ] ADA Mbr - $25.00
- [ ] ADA Mbr - $50.00
- [ ] Non ADA Mbr - $350.00
- [ ] Dental Student/Resident
- [ ] Dental Assistant Student – AS

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**Payment Information:** [ ] make check payable to WCDDA  [ ] Credit Card

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<th>Card Number:</th>
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<th>Signature:</th>
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**West Coast District Dental Association**

1114 Kyle Wood Lane • Brandon, FL 33511 • Registration Questions (813) 654-2500 Fax (813) 654-2505

www.wcdental.org