

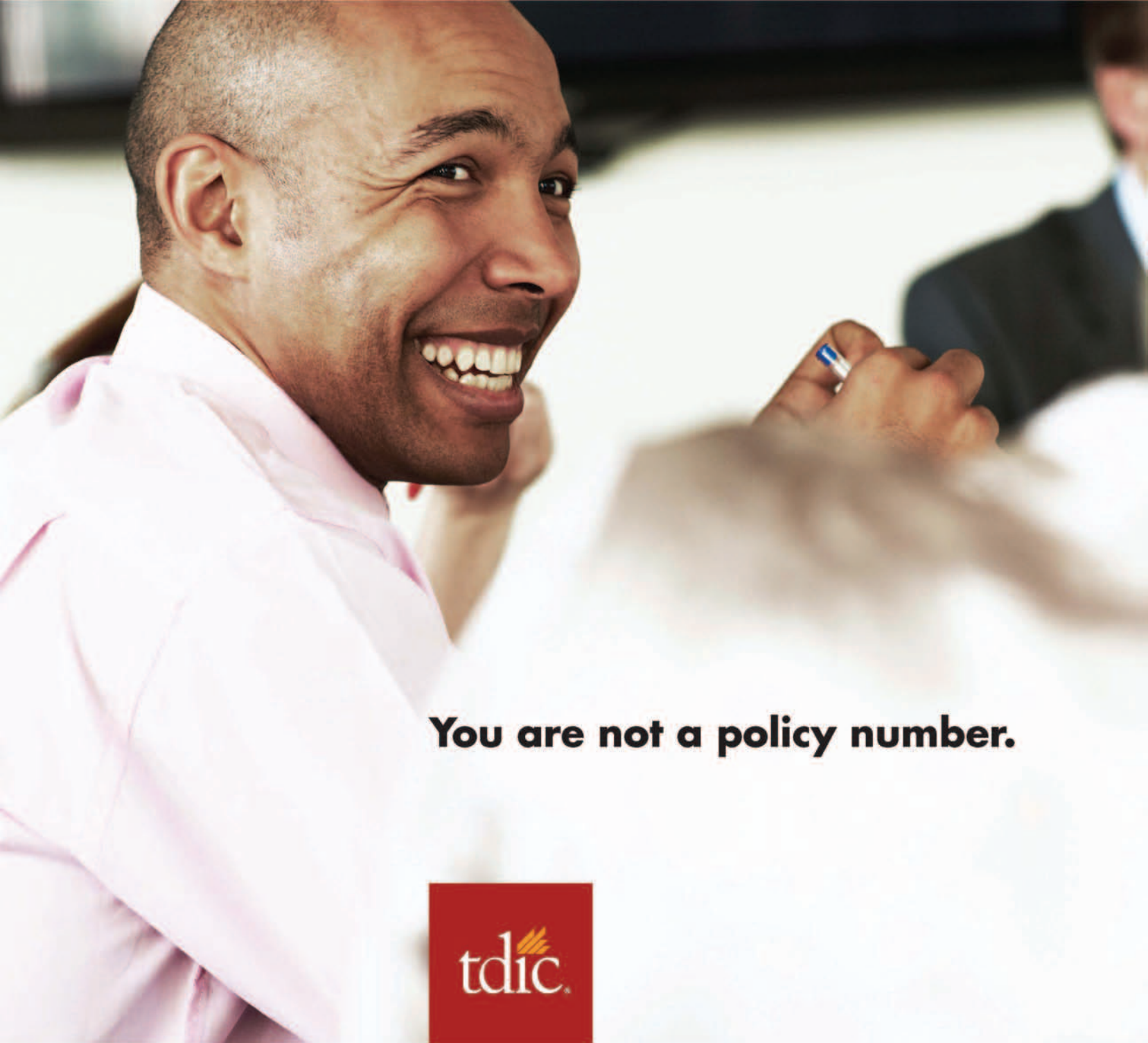
Dental Dimensions

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Spring
2014

**Yoga
for
Dentists**

- 
- A man and a woman are sitting in a meditative lotus position on a sandy beach. The man is in the background, shirtless, with his eyes closed. The woman is in the foreground, wearing a white long-sleeved top with a tie-front, also with her eyes closed. The ocean and a clear sky are visible in the background.
- **A 3rd World Expedition**
 - **Communications After Referral**
 - **Botox And The Dentist**
 - **Avoiding Harassment Liability**



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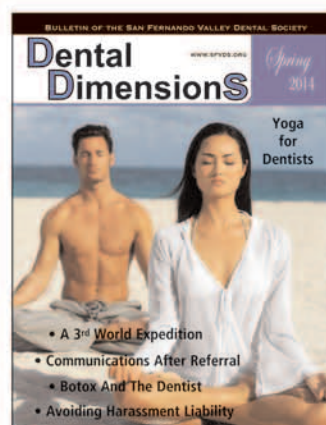
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Volume XLVIII Number 2

From the Desk of the Editor	4
President's Message	5
From the Desk of the Executive Director	6
Legislation Report	7
General Meeting Preview & Review	8
Trustees' Report	9
Yoga and its Effect on Mind & Body	10
I, Orthodontist	12
Communication between Health Care Practitioners	14
SFVDS Member Orthodontists	16
Botox and the Dentist	17
Avoiding Harassment Liability	18
SFVDS Member Receives ADA's Presidential Citation Award	19
Antelope Valley Report	22
Glendale/Burbank/Foothills Report	22
New Members	23

Call for Submissions

Do you have an unusual case study or an interesting article you would like to have published? Dental Dimensions is looking for articles from our members so we can share our collective knowledge. Articles should be 500-1000 words with references where applicable and photos if possible. Send your submissions to: shukandds@gmail.com or contact the dental society office at 818-576-0116



On The Cover.....

Yoga is fast becoming the exercise of choice for dentists young and old. See page 10 for a primer on this ancient exercise routine that can help you practice easier and longer.

From the Desk of the Editor

"It was one of those March days when the sun shines hot and the wind blows cold: when it is summer in the light and winter in the shade". - Charles Dickens, Great Expectations.

I hope everyone is getting their fair share of the beautiful California spring, which seemed to start sometimes in winter this year! We can have nothing but grace for this beautiful weather and ample sunlight, especially when we think about our friends and family in the rest of the country amidst a multitude of snowstorms and frigid winter, well into the spring! Isn't it amazing to be able to carve some time to hike up the mountains that surround us or bike along one of the lovely beaches, and jog or walk in our neighborhoods? These extraordinary activities not only enable us to maintain our fitness and vitality but also to soak in some of the beauty of a seemingly ordinary day. It is an excellent way of thanking ourselves for the hard work we put in, day in and day out for our practices, patients and our families. And may I add that it can be "exercise in disguise"!

Now, that brings us to this issue's article on "Yoga and its Effect on Mind and Body". I was able to talk my dad into writing an article on Yoga, an area of his expertise, which I hope you will find inspiring. While I am no expert at this, it is an area that is near and dear to my heart. Born and raised in a vegetarian family with both parents being astute practitioners of Yoga, the importance of exercise was emphasized early on. I have vivid memories of being awakened at 6.30 AM in middle school and high school summer breaks, and biking to a one hour Yoga class every morning. Although it was my least favorite summer activity, I am very thankful to my dad who pushed me back then! While I lost practice during my dental school days and a few years that followed, I have embraced it again in the past decade. In my personal

experience, 20-25 minute regular Yoga sessions have helped me combat chronic neck and back pain, and improve my overall vitality and energy.



Constantly juggling between home, practices, kids' school work and extra-curricular activities, personal fitness tends to take a low priority.

The importance of integrating some form of exercise into our daily routine is not news to us and cannot be overstated. In a profession like ours, regular practice of Yoga can help us stay limber and consequently increase the longevity of our practice years - for those of us willing to postpone retirement that is! A 'fitness buddy' can be a great way to start. He or she is someone who can motivate us when it's tempting to slack-off and lets us look forward to working out with someone, and keep us on track with those new year's resolutions that we made not too long ago!

I hope you will enjoy the specialty articles in this issue as much as I did. Our orthodontist members have some useful tips about communication between providers that can ensure well-rounded patient care. Better communication also allows us to look at the big picture when it comes to using our skills and expertise in our communities and beyond.

Let's also not forget about all the important 'behind the scenes' activities that go on in our component's central office by our executive director Andy, and his co-workers Wendy and Bella, and the board members, committee chairs and committee members, who meet on at least a monthly basis to brainstorm, plan and implement programs and policies so that the rest of us can focus on running our practices and caring for our patients. Please feel free to stop by at one of the monthly meetings in our central office. You will develop a whole new appreciation for organized dentistry in general and our component in particular!

Wishing you all loads of good spirits and the best of health!

Cheers,
Shukan Kanuga DDS, MSD.
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From the Desk of the President



Dear colleagues,

It has been a rewarding journey as your president so far. This privileged undertaking started in December of 2013. Now with numerous meetings behind us, we

have discussed, and I am happy to report, we have made progress in dealing with our Screening, Strategic Planning, PAC, Media Relations, Foundation Fundraiser, Dental Care, Adhoc Program Review, Leadership, and Membership Committee meetings to name a few.

All of the above meetings occurred with our selfless and hard working board members, and have resulted in several recommendations not only for this year but for years to come. These recommendations will ensure stronger membership through strong advocacy, community service, effective communications while maintaining a viable organization and excellence in continuing education for our members.

We are all excited and looking forward to our foundation's fundraising party, which will take place in late October, 2014. At this event, we are planning to honor Dean Landesman (a past Dean of the School of Dentistry at USC). We have also asked Gary Bryan (the host of K-Earth101) to be our master of ceremonies. Both these gentlemen have gracefully accepted our invitation. Please keep that timeframe open as we anticipate a warm and wonderful evening.

On another note, we are happy to inform you that Dr. Annette Masters' early head start on 2014 gave us a funding approval of six ADA Grants worth a total of \$38,600 to be used for membership related events. The funded grants are as follows:

1. New Dentist Socials (2)
2. Afternoon Tea
3. Diversity Forum II
4. Job Opportunities fair (2)
5. Membership Ambassador Program
6. Speed Pairing (2)

We will be hard at work to make certain that these programs are well designed and that they will maximally benefit our members.

Mahrouz Cohen D.D.S.

Diplomate, American Board of Endodontics

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From the Desk of the Executive Director



As I write this column, it's hard to believe that four months of the year have already passed. The central office has been busy with the day to day operations of the dental society and in planning and executing the myriad of member programs scheduled for this year.

We have been awarded a substantial share of ADA's 'Membership Program for Growth' funds, receiving funding for six programs (out of 13 grant requests submitted) totaling about 7.5% of the national total. No other component in the country even came close! As mentioned in my last column, the SFVDS has returned to national prominence and is already considered a leader among all 170+ staffed components in the country. In fact, as soon as I finish writing this column, I'll be preparing to go back to Chicago, this time for ADA's annual Membership Conference, where we have been asked to present on a few of our successful membership programs from last year – being held up as 'best practices' for the other components to learn from. The trip to ADA in Chicago during the brutal cold of mid-February by Dr. Irani and myself, proved to be very productive as we lent our opinions and perspectives to ADA's newest initiative of focusing on the membership in their next five-year plan. Called the "Power of Three", this initiative aims to focus the three levels of your membership like a laser-beam on delivering member value, services, advocacy and satisfaction. Common branding; reducing the duplication of services; employing member surveys, focus groups and feedback in developing and providing member services; dividing up the responsibility for advocacy to the appropriate level of the tripartite; and, engaging the members in all three levels of the tripartite's activities were key elements incorporated in ADA's member-centric plan for the immediate future.

While nationally, membership numbers have remained flat and market share has been declining (as newer dentists are not joining at the same rate as previously), I am happy to report that the membership numbers for our dental society are growing. Last year, we gained 18 new members and increased our market share by a couple of percentage points.

This year, we again have an opportunity to grow and you as individual members can actually profit from our growth if you would help us out. Both ADA and CDA are again offering the "Member Get a Member" incentive of \$100 each, for each new member a current member recruits for membership. Last year, in our component size category, we took

first place for most new members recruited by existing members in two quarters. We would like to repeat and improve on that success again this year, but we need your help.

We all know that personal contact, especially with friends, can be the difference between a dentist joining and a dentist who doesn't. For each new member you can recruit into membership, you will receive a total of \$200 from ADA/CDA – plus, you'll have the satisfaction of knowing that you are contributing to the growth and voice of organized dentistry. Please call the central office or CDA if you need additional information, or simply have the new member include your name in the 'referred by' section of the membership application form before it is submitted for processing.

You will also be happy to know, that Governor Jerry Brown has included a budget for a state dental director in his revised budget, which was released on April 2, 2014. This long sought-after position has been championed by CDA, whose help was referenced along with the Governor's release of the 2014-15 budget revision. The position must be filled by a licensed dentist and an epidemiologist in the Department of Public Health, with the charge of establishing a state oral health program and managing the implementation of that plan.

Lastly, and on a lighter note, CDA past-president Ron Mead, has asked me to pass on an invitation to all members, to join him in the "Sixth Annual CDA Dental Motorcycle/Bicycle Event" on September 11-14, 2014. This Thursday through Sunday event will take place at the Wuksachi Lodge in Sequoia National Park and will feature Drs Hatcher and Homoly interspersing 10 hours of CE between the fun rides and hikes that are planned. While there is a registration fee and a separate lodging fee, any net proceeds will be donated to the CDA Foundation for dental health programs. You can find more information and the sign-up form at <https://sites.google.com/site/dentistrides/>

As always, please feel free to contact me with any questions and/or suggestions about membership and the upcoming activities of the dental society. The central office staff are here to help in every way we can.

Andy Ozols
Executive Director

Legislation Report

By: Jim Mertz, DDS



Has the Affordable Care Act had any effect on you, your patients or your office staff?

This is my story. Last August my receptionist informed me that her insurance rates were increased as autism and maternity care were now added benefits to her policy, neither services did she need or want. Several months later she was informed that as of December 31, her insurance company, Aetna, would not be renewing her policy. As a single parent, her son was covered under Healthy Families. In January she received a statement from Aetna requesting premium payment for health insurance for the month of January. In the interim, being uncertain of the status of her insurance, she made inquiries with Covered California. She filled out the required forms, but heard no further response. As January's premium was paid, she assumed that Aetna had reversed their position and she would continue to be insured. As premium notices from Aetna were sent out monthly, she did not pay attention to the fact that she had not received another payment request until early in March. She called Aetna and was informed that Aetna was no longer providing her health care insurance in California. She called Covered California and discovered that she was not covered under Covered California, and neither was her son.

If you listen to talk radio you will hear similar stories repeated.

Over the many years that I have been writing articles for Dental Dimension, I have refrained from advocating for partisan politics other than supporting CDA dentists who were running for the State Senate and Assembly, including Jim Wood who is presently running for State Assembly and would appreciate your financial support.

HOWEVER, I am now pushing the envelope, encouraging each and every healthcare provider and recipient of healthcare to support Dr. Ben Carson, pediatric heart surgeon in his American Legacy PAC, "Save Our Healthcare Project". To refresh your memory, Dr. Carson was the individual who criticized President Obama for what he called the flawed Obama Care legislation, during Dr. Carson's presentation at the White House Prayer Meeting last year. During that speech Dr. Carson then issued his own proposals for an alternate health insurance program. I encourage you to investigate Dr. Carson's proposals.

Regarding other issues about which we should be concerned:

CDA has sponsored legislation (AB 1962) Medical Loss Ratio (MLR) Dental Plans.

This legislation would require dental plans to adhere to a MLR which would require more patients' insurance premium dollars to be spent directly on dental care rather than on dental plans overhead and administrative costs. Under the ACA and state laws, all medical insurance plans must adhere to an MLR, presently at 80% (80% of the patients' premium going for treatment and 20% for administrative costs). There is no MLR for dental insurance plans. This legislation would require the same MLR that exists for medical plans, 80% for small group and individual plans and 85% for large group plans. Dental plans that fail to meet the MLR standards would be required to provide rebates or lower premiums to dental plan purchasers as medical plans currently do. As a result of the MLR for medical plans, enrollees have already seen billions of dollars of benefits through rebates and reduced premiums. This legislation will help insure that dental patients are getting adequate value for their insurance premium dollar.

The Dental Hygienist Association has been requesting, over the years, that a committee of the Dental Board regulate them under their own board, rather than under a committee of the CA Dental Board. The Dental Hygiene Committee of CA, in its sunset review process, recommended that for the next four years, the Hygienists should remain as a committee of the Dental Board.

Effective May 1, 2014 there will be a partial restoration of the Denti-Cal benefits for eligible recipients. However the 10% cut of fees paid to providers will still be in effect. (Editors Note: It was noted that full dentures will be one of the benefits, but no mention of partial dentures. Does this mean that there may be a willingness of the patient to accept and a motivation by the dentist, to construct a full denture, when a partial denture would be the treatment of choice?

Virtual Dental Home Pilot Project: AB 1174 Bocanegra This legislation, if passed, would provide for a workforce pilot project, to allow certain expanded duties (determining radiograph need, and placing interim therapeutic restorations (ITR), under the direction of an off site dentist.) There are some concerns among members of our profession, that allowing a non-dentist to scoop out dental caries could result in a pulpal exposure, requiring treatment beyond the ability of the individual to treat. Your input to the CDA's Government Affairs Council is always welcome.

Dental Licensure Fees

The Dental Board has adopted regulations that will raise the biannual fee from \$365.00 to \$450.00. The fees have not been raised since 1998

General Meetings - Preview

JUNE 25, 2014

A Dental Materials Update
Todd Snyder, DDS



2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

If you are interested in learning about what has changed in dental materials during the past year, what new materials you should be using, how and when to use those new materials, and what are the indications and contra-indications of using various materials, then this course is for you. You'll learn about advances in direct adhesives, composites and nano-technology, which materials provide strength and esthetics, which impression materials to use and when, when to use glass ionomers, luting and adhesive cements, and how to protect and strengthen teeth using sealants and remineralization.

SEPTEMBER 17, 2014

Esthetics for the General Practitioner
Marc Geisberger



2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

Treatment planning, designing and managing complex restorative and esthetic cases can be a daunting task. While each practitioner may have their own treatment preferences, Dr. Geisberger teaches that several universal design and treatment principles can be applied to the treatment of all complex cases. Particular emphasis will be placed on specific techniques and design concepts to aid practitioners in achieving optimal functional and esthetic results.

General Meeting Review

February 26, 2014

How to Achieve Predictable Excellence in Cosmetic Dentistry
Mike Malone, DDS, FAGD



Combining the occlusion and restorative teachings of L D Pankey, Alvin Filastre, and Pete Dawson, Dr. Malone presented systems for combining predictable restorative techniques with ideal cosmetic procedures. He

reviewed his step-by-step process for achieving predictable case acceptance for optimum dentistry. Reviewed were how to: complete the preparation phase faster and with more control; Manage soft tissue and take ideal impressions; transfer the information in the diagnostic wax-up into a completed provisional that rivals the final restoration; and how to complete and seat finished restorations with predictability.

March 26, 2014

State of the Art Implants Positioning for the General Practitioner (Sponsored by Zimmer Dental)
Ziv Simon, DDS



Lecturing on modern surgical techniques, Dr. Simon presented on how to treat the majority of implant patients in the general practice setting, efficiently and with minimal morbidity. He emphasized that with proper planning and the recent advances in the dental laboratory industry, practitioners are able to not only lower the price, but also decrease the costs to the patient in terms of fewer and shorter duration visits, decreased pain, less bleeding, fewer post-op complications, and easier and less costly repair and rework.

April 23, 2014

CA Dental Practice act and Infection Control
Marcella Oster



Our annual required license renewal coursework updated attendees on the Dental Practice Act and Infection Control. Ms Oster made this otherwise dry subject interesting and at times funny.

TRUSTEES' Report

By: George Maranon, DDS



Much of the focus of the Board of Trustees has been about improving the services of California Dental Association to its members given the changing healthcare economy. One example is the trend in changes in practice type to large group practice models. There are trends that indicate that by 2025, 50% all California dentists may be practicing in large groups.

At the end of March, CDA members received a survey to determine if there is interest in CDA developing and operating a dental practice management service organization (MSO). The skyrocketing increases in these costs are making it more challenging to practice dentistry. This MSO could provide comprehensive services such as administrative, business and financial support and would be available as an optional member benefit. In 1980, CDA responded to a very challenging professional liability insurance market and created The Dentists Insurance Company (TDIC). Since that time, TDIC has offered high quality and competitive insurance services enjoyed by many of our members. It is with that member benefit in mind that CDA is considering new services to help dentists in today's competitive market.

Mr. Irwin Giles has been hired as the new chief operating officer of TDIC/TDICIS. Mr. Giles has a wealth of understanding of the insurance industry. TDIC recently had its A.M. Best "A" rating reaffirmed for the 20th year in a row. TDIC also successfully managed to transition of member policy holders from the Anthem Blue Cross group health policy into new products. TDIC continues to explore ways to increase the number of insurance products for members. One example is by expanding property coverage to policy holders who are no longer practicing dentistry.

The Delta litigation is progressing and an arbitration hearing has been set. With respect to MICRA (Medical Injury Compensation Reform Act 1975), the trial lawyers submitted initiative signatures by the deadline for new legislation. The trial lawyers' ballot measure would more than quadruple MICRA's cap on non-economic damages, raising it to \$1.1 million. If passed, California's healthcare cost would be increased by billions of dollars annually and reducing access to care while allowing lawyers to make more in legal fees. The initiative also contains provisions regarding drug testing of physicians and places unfeasible requirements on the state's prescription drug database, which proponents have said were only included in the measure because they polled well.

The CDA Foundation is scheduled to have a CDA Cares event in Solano on April 25-26. This event is on track to raise \$260,000. The event in San Diego raised \$165,000 in Cash sponsorship plus an additional \$200,000 of in kind support. To date California dentists have provided more than \$6 million and care to more than eight thousand people since May of 2012. Future dates include Pomona on November 21-22. Fresno and Sacramento are planned for 2015.

The establishment of a state dental director position to provide leadership and direction for oral health care in California, has been a goal that CDA has actively pursued for more than two years. Gov. Jerry Brown's recently released 2014-15 budget revisions called for ongoing funding for a state dental director, who must be a licensed dentist, and an epidemiologist in the Department of Public Health to establish a state oral health program.

The Board of Trustees received a report from the treasurer. The current financial position of the association is good though there may be financial strain on the association in two or three years given current trends.

Dr. Carol Summerhays, the 13th district trustee to the ADA, gave her report to the Board. I must commend this component for applying for 13 of the 19 programs of the Membership Program for Growth Initiative of the ADA. Of those applications, the component was successful in six. No other component was granted more than one.

Lastly, CDA leadership applications were made available March 1 for 2015 CDA positions. Please contact the San Fernando Valley Dental Society Central office with any questions concerning applications for CDA leadership positions.



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YOGA AND ITS EFFECT ON MIND AND BODY

What is Yoga?

Yoga is an art of living. It is not a distinct religion but the wisdom of life, and experiencing that life holds a rich promise for us. Yoga

shows the way to control the mind through harmonizing with the body. It is a perfect art of living for both physical and mental well-being and to explore the infinite potential within us for the highest development of our selves.

Yoga is a gift to the world from the ancient sages in India. Yoga is a Sanskrit word meaning "Union of individual consciousness with the cosmic consciousness." Yoga is a journey of physical and mental discipline and elevating the self in absolute harmony with the universal existence. As the efficacy of Yoga in relieving the stress and strains of modern living increases, the message of ancient Indian sages is gaining momentum across the continents. Yoga enables an individual to realize and unfold his unlimited potential. Yoga does not mean renunciation of action but action with contemplation and perfection. Yoga helps the mind to be tranquil, gentle and free from stray thoughts.

In the 6th century BC, Patañjali, the Sanskrit grammarian interpreted yoga in the form of short aphorisms, "Yog-Sutras" popularly known as "Patañjali Yog Sutras." He divided Yoga into eight limbs and hence known as Patañjali Ashtang (Eight limbs) Yog for building physical and mental discipline for a healthy life.

Eight Limbs Of Yoga

1&2. "Yam & Niyama" are related to pursuing an ethical and values-based life for the welfare of the self and the society;

3. "Asana" (Posture) is sitting in a posture which is firm but relaxed. The idea behind practicing various physical postures is to make the body supple with flexibility of spine for a healthy body and mind.

4. "Pranayama" relates to building breathing discipline for vital energy in the body. "Prana" is the vital energy that connects the body and the mind. It helps to gain control over one's mind.

5. "Pratyahara" means withdrawal of the five senses from external objects to be replaced by the mentally created senses of an enlightened deity.

6. "Dharma" (Concentration) It aims at molding the mind within a center of spiritual consciousness in the body.

7. "Dhyana" (Meditation) is an unbroken flow of thoughts towards the object of concentration.

8. "Samadhi" (Deep and prolonged meditation) When in meditation, the true nature of the subject shines forth, not distorted by the mind of the perceiver, that is absorption of mind into cosmic energy.

Globally, life is becoming more stressful and it has been shown time and again that "Asanas" and "Pranayama" have a positive effect on the mind and the body. Health is commonly understood as the absence of disease but the World Health Organization (WHO) has defined health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Yoga helps to achieve this – a complete union of physical, mental and

spiritual well-being. Yoga believes that happiness is the true nature of man.

By practicing Yoga regularly, the Yogi (student of Yoga) acquires a fit and flexible body and a joyous countenance with overall gain in vigor, energy and general well-being. He/she is endowed with a healthy nervous system and quick reflexes.



The practice of yoga may boost the immune system. . Some Asanas are good for relaxation of the mind, while others are good for the digestive, respiratory, circulatory, nervous and glandular systems. Pranayama (Breathing Exercise) promotes blood circulation and helps to improve the oxygenation of cells in the body.

Continues on page 11



Curative Effects of Yoga

Yoga is effective in controlling both functional and stress disorders. The former are those where the function of an organ or a gland may be impaired. Example of functional disorders include: Varicose Veins, Rheumatoid Arthritis, Dyspepsia, Constipation, Diabetes and Sciatica. Yoga also helps to cure psychosomatic disorders as an adjunct to conventional medicine. Physicians often recommend "Yogasanas" to their patients as a supplementary therapy.

Physiological & Therapeutic benefits

1. Yoga keeps the body supple and flexible, and promotes harmony between body and mind. Yoga promotes youthfulness and prevents premature aging.
2. It improves the ability to tolerate extreme hot and cold weather.
3. Yoga promotes circulation, thereby improving the cardiac function and enhances the functions of vital organs.
4. Yoga helps fight insomnia with a more sound and peaceful sleep, resulting in a well-rested and well-rejuvenated mind and body.
5. The regular practice of yoga promotes a healthy body weight with improved fitness and vitality.

Improving Personal Efficiency

1. Yoga increases stress threshold, besides improving IQ(Intelligent Quotient); EQ(Emotional Quotient); and SQ (Spiritual Quotient)
2. Improved concentration and focus, in turn help increase personal efficiency.
3. A sharp, well-focused mind and a balanced body are thought to enhance a positive attitude towards life and relationships.

By: Atul Parikh



Yoga may hold the key to the health of the human race. Yoga defies barriers of caste, creed, color, religion, gender or age. It is universal in its scope. Yoga works like the most efficient conductor of an orchestra of human anatomy and physiology. Once you leave your mind and body in the hands of this conductor, you simply have to rejoice in the ecstatic melody of unbroken, blissful and peaceful experience flowing through perfect tuning, rhythm and coordination of the entire organism. Yoga is the universal religion of mankind sans its political, religious, social or professional status.



Currently retired, Mr. Atul Parikh worked with Axis Bank, a leading Private Sector Bank, as

Senior Vice President in Mumbai, India. Mr. Parikh has also been guest faculty with various institutes in the area of Banking, Investment Banking and Self-improvement programs.

Mr. Parikh has conducted several workshops on "Yoga for health of body and mind" in India. He initiated a "Yoga for health" program for executives of the Bank of Baroda (Public Sector Bank) at their Apex Training Institute which has been continuing for 25 years. He has coauthored a book on "Yoga for Health" published in 1992. Mr. Parikh is the Hon. Secretary and Trustee with Yog Sadhana Ashram in Ahmedabad, India.

He plays the violin and enjoys Indian classical music, and going to concerts. He lives with his wife in Ahmedabad, India where they both are passionate about helping the community around them by sharing their expertise on Yogasanas. His two daughters and three grandchildren live in the US, one of whom is Dental Dimensions editor, Shukan Kanuga, DDS, MSD. Readers are welcome to Email Mr. Parikh at: atulpari@gmail.com

I, Orthodontist

Three years ago, I became the sole dentist on a short-term medical team headed to Phnom Penh, Cambodia through a nongovernmental organization. This was to be a no-frills, basic medicine: jungle-style! The team was comprised of physicians, nurse practitioners, a physical therapist, and a pharmacist. The neighbor who invited me was an oncologist, and assured me a dentist would be welcome.

Helping patients achieve an esthetic smile and a functionally healthy occlusion is an immensely gratifying experience for an orthodontist. Particularly rewarding is seeing the fruits of harnessing a young child's dental and facial growth and development during treatment to establish a confident healthy smile. Knowing the places we were headed, I kept asking myself, "I am an orthodontist, what can I offer?" And the words of internet sensation Sweet Brown kept answering me back, "Ain't nobody got time for that!"

Nonetheless, I brushed up (no pun intended) on my surgical techniques, and my preventive dentistry schtick. Yes, I was fully expecting to leave my orthodontic skillset behind, and this made me sad. I was nervous about my role. Keeping positive, I reminded myself that my post-doctoral orthodontic residency training placed a strong emphasis on integrating orthodontics with various other medical disciplines, albeit mostly for the care of craniofacial patients requiring special attention. I was psyched, I was prepared, and I was needed. That and a bit of wanderlust prompted me to take a leap of faith and join the team.

We set up a makeshift clinic in a rural village away from the city in the home of native residents who helped organize our operation for smooth flow and follow up after our departure. Patients would travel many miles, sometimes days just to be seen by our group for a need that they had. They were triaged, and treated by various practitioners, and dispensed medications as needed. All of our U.S. health care professionals had native Khmer (Cambodian) translators who were medical, dental, and nursing students, who not only served as communication aids but also received an education on western health care which they were eager to learn. My translator, a young dentist, was fascinated that in the United States I only practiced orthodontics. Given the limited resources, our dental services were limited to cleanings, fluoride treatments, oral hygiene education, and extractions. Although I was obviously unable to treat patients with orthodontic appliances, I was able to help educate my native dentist translator through live patients young and old about practical orthodontic principles. One thing that captured my attention was when he stated that if he wanted to formally

learn about orthodontics he would have to travel to Thailand and that this was his only possible option. The trip was amazing because it opened an opportunity to treat and educate patients who would otherwise never have the chance to receive care, teach orthodontic principles to a dentist eager to learn, and to learn life principles from a culture and a people so different from our own.



My next destination would take me to Kathmandu, Nepal. My contribution was limited to establishing contacts for future clinical operations and teaching children in rural elementary schools about dental health. Courtesy of many donors, corporate and private, we were able to distribute oral hygiene kits to many needy children. This is by no means trivial, and by the end of our visit, these kids absolutely knew how and why to use them!

Continues on page 13



By: Jimin Oh, DDS



A few months ago, I again joined a health professional team to broaden our horizons in Oaxaca, Mexico. Fortunately, this time I was not the sole dentist but rather was accompanied by a general dentist and a Southern California dental student. We were able to provide dental education and basic clinical treatment to locals in that village and also offer a great learning experience to the dental student on our team about orthodontic principles as they applied to each patient we encountered.

necessarily a particular skill, but availability. When we make ourselves available to these opportunities, doors will open to use many different skills (some of them surprising) for the service of others.



Dr. Jimin Oh is a 2003 graduate of the Harvard School of Dental Medicine and a 2005 graduate of the UCLA School of Dentistry's Orthodontic program. He has a private Orthodontic practice in Northridge California and can be reached at 818.366.8180 or jimin.oh@gmail.com. He has been a member of the SFVDS for 8 years.

Whether in Cambodia, Nepal, or in Oaxaca Mexico (or even here in the San Fernando Valley), the need for dental care is great. I used to think that the most impractical person to be a part of a medical-dental volunteer team was an orthodontist: that what was needed was anything but what I had to offer. The more places I travel overseas and the needs I am made aware of, abroad and domestically, remind me that the most important thing to possess is not

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ORTHODONTISTS MUST COMMUNICATE WITH GPs



We are all aware that a dentist's communication with their patient is of paramount importance to their clinical success in any procedure. Managing patients' emotional state, managing their physical state,

and managing their expectations are all ultimately accomplished by proper communication. Having practiced general dentistry before specializing in orthodontics, I can assure you that the dental profession, including the staff, assistants and hygienists, has done an incredible job of understanding and practicing this critical exchange between the health care provider and the patient. What I would like to stress is how communication between dentists can improve the quality of clinical outcomes for both the dentist and the specialist.

It is widely accepted in the world of orthodontics that poor cooperation in regards to; oral hygiene, elastic wear, food restrictions, regular visits and regular (if not more frequent) cleanings adversely affects treatment times of orthodontic cases. Consider how powerful a message can be sent to patients and parents when the orthodontic team and the general dental team, having discussed the case, echo the same message regarding the importance of the previously mentioned factors. The orthodontist has frequent and regular visits with the patient and can notify the primary dental care team if there is a decline in the quality of dental hygiene or cooperation. The general dental team can then evaluate if more frequent cleanings are required during the orthodontic treatment phase.

Another problem that frequently arises during orthodontic care is the incorrect assumption by the patient or the parent that they do not need regular dental check-ups since they are being seen by an orthodontist every month or two. In this case, simple communication between the dentist and the

Your score is:



Fig. 1 Example scoring method used to communicate with general dentist

orthodontist can result in a system where the orthodontist reminds the patient/parent that the patient is due for a recall, and that before the next visit it is recommended the patient see his/her dentist. This helps prevent patients from "falling through the cracks" during orthodontic treatment. In both instances, all parties benefit, especially the patient.

These examples are easy steps to initiate and provide benefit to all parties involved. but the dramatic difference occurs when a multidisciplinary case is started, usually on an adult with a deteriorated oral environment, and the services of an orthodontist are required before the restorative phase is initiated. Every year the number of adult patients who need orthodontic treatment is increasing. This is caused by the improving quality of life, increasing number of adult patients having an active social life and the progressive development of orthodontic and other dental technologies.

Continues on page 15

By: Mark Deukmedjian, DDS



Dr. Mark Deukmedjian

*is an Orthodontist in
Porter Ranch who has a
unique perspective due*

to his experience practicing general dentistry prior to specializing in Orthodontics. Dr. Deukmedjian graduated from the University of the Pacific in 1996, practiced general dentistry for 8 years and taught seniors in the University of the Pacific clinic as an associate professor for 5 years. In 2003, Dr. Deukmedjian returned to the University of the Pacific and received his specialty certificate in Orthodontics along with a Masters in Science in the area of facial attractiveness. Dr. Deukmedjian and his wife, who is a Pediatric Dental Specialist practicing in West Hills, have 2 children and live in the Granada Hills area.

It is very important for the dentist and the orthodontist to come together and plan the case so each is aware and can appreciate what the other can provide and accomplish. Without this collaboration, the ultimate goal of a fully rehabilitated oral environment becomes very difficult to achieve. The amount of bite opening, the amount of incisal display, the distribution of each individual tooth, the amount of mesial/distal space required to replace desired teeth, are some of the factors general dentists take into account when planning a full mouth reconstruction, that it would be unimaginable for an orthodontist not to be involved in the restorative planning process. In the end, the more ideal environment orthodontics can create for the dentist to restore, the more extraordinary the final results will be.

The effect of this joint effort results in a significant benefit to the patient, the general dentist and the orthodontist. Everybody wins!



Fig. 2 Patient sent to restorative dentist before appliance removal for final "fine tuning" instructions for the orthodontist.



Fig. 3 Post restorative result looks natural and the functional component was approved by the restorative dentist prior to appliance removal

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TDIC

By: Risk Management Staff

As questions increase about the use of Botox in dentistry, The Dentists Insurance

Company advises California dentists that the use of preparations such as Botox and Dysport must be within the scope of dental practice.

"If doctors are practicing legally within the scope of their dental license, there is coverage under TDIC's professional liability policy," said TDIC Underwriting Director Dora Earls. However, Earls noted that if the Dental Board of California determines that use of Botox or similar drugs is not within the scope of dental practice, there is no TDIC coverage.

In California, dentistry is defined by the California Business and Professions Code section 1625. The dental board lists the pertinent language of the code as, "diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents and physical evaluation ..." The board states that a dentist may use any legally prescribed drugs to treat patients as long as the treatment is within this specified scope of practice.

Additionally, in California dentists may not use Botox cosmetically without an Elective Facial Cosmetic Surgery permit issued by the dental board. Licensed dentists who have completed residencies in oral and maxillofacial surgery and additional criteria outlined by the dental board can apply for an Elective Facial Cosmetic Surgery permit. There are two categories for these permits. Category I relates to cosmetic facial surgery, such as contouring of the osteocartilaginous facial structure, and Category II relates to cosmetic soft tissue contouring or rejuvenation. The details of this

Use of Botox in Dentistry is a Fine Line

system can be found in the California Business and Professions Code section 1638.1.

Currently, there are 26 dentists in California with these permits, according to the dental board. The dental board also states, "Some permit holders may not be authorized to perform all cosmetic surgery procedures within the scope of the Elective Facial Cosmetic Surgery permit." Additionally, the dental board notes that all procedures authorized under the Elective Facial Cosmetic Surgery permit must be performed in an acute care hospital or a certified surgical center as defined in California Business and Professions Code section 1638.1(f).

Botox and Dysport are commercial preparations of botulinum toxin derived from the bacterium *Clostridium botulinum*, a nerve "blocker" that binds to the nerves and prevents the release of acetylcholine, a neurotransmitter. The result is muscle paralysis, according to the National Center for Biotechnology Information. Botulinum toxin is approved by the FDA, and its most common use is in applications to minimize fine facial wrinkles.

Concerning professional liability coverage and training or certification for dentists to use Botox or similar drugs, TDIC's endorsement states: "Before performing the alleged injection(s), you must have obtained any license, permit, certification or training required by the state dental licensing authority where you practice."

For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.

The Dentists Insurance Company offers policyholders a free advice line at 800.733.0634 for assistance with questions or concerns about potential liability. TDIC risk management analysts will work with policyholders to develop a solution.

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Address Harassment Complaints Immediately to Avoid Liability

TDIC
By: Risk Management Staff



The Dentists Insurance Company reports repeated calls to its Advice Line about harassment of dental staff by patients or vendors.

Federal and state laws forbid harass-

ment of employees, and dentists have an obligation as employers to maintain a safe workplace. Further, dentists can be held liable if a harassment situation is not addressed, according to attorney Christopher Yeh.

"Dentists can be liable because their duty is to provide a harassment-free workplace," said Yeh, a Honolulu-based attorney specializing in labor and employment law. "Their responsibility is to protect employees from harassment by an individual in the work environment, whether it is a coworker or a third-party such as a patient or vendor. Once dentists have notice of harassment, such as a complaint, it is their duty to take reasonable steps to prevent it."

The U.S. Equal Employment Opportunity Commission states that it is "unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature." The commission also notes "harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general."

When it comes to harassment of employees, Yeh said every situation is different. Dentists must apply proportional corrective action depending on the circumstances. If a coworker, vendor representative or patient tells an off-color joke, the corrective action should be reasonable based upon the severity of the situation.

The Equal Opportunity Commission specifies that the "law does not prohibit simple teasing, offhand comments, or isolated incidents that are not very serious." However, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment. The commission also notes that harassment can happen to either a man or a woman, and the harasser can be the same gender.

Yeh said that the best action for dentists is to have an office policy that defines and prohibits inappropriate behavior. This is best included in your office's employee manual. "The policy should include a definition of harassment as well as examples of unprofessional and rude behavior," he said. Yeh emphasized that there should be at least two people in the dental office to whom employees can report regarding harassment, and that employees must be assured there will be no retaliation for reporting harassment.

Once a dentist or office manager has notice of harassment, either by an employee reporting the situation or by observation, the harassment must be investigated as soon as possible. "Dentists must determine the facts of the situation and if office policy was violated," Yeh said. Office managers must be trained to take immediate corrective action in the event of employee harassment.

To investigate a harassment complaint, talk to the employee who filed the complaint and guarantee that he or she is safe from retaliation. Reassure the employee that he or she did the appropriate thing by reporting the incident. Inform the employee that you need to know immediately about any retaliation or ongoing harassment. Ask the employee to recount the situation while you take notes about dates, times, situations and witnesses. Clarify any vague or unclear comments.

Investigating a harassment complaint against a patient is a delicate situation, and TDIC advises that the dentist interview the patient accused of harassment with the same respectful approach given the employee and any other witnesses. Ask open-ended questions, seek specific facts and take objective notes.

Once you have interviewed all parties, consider the degree of the offense. If it is not a completely offensive situation such as inappropriate jokes or comments, talk to the offender. Provide examples of the inappropriate behavior and what will happen if the behavior continues. If the offender is a patient, advise him or her that dismissal from the practice will occur if the behavior does not stop. Note the situation in the patient's chart using objective language and facts.

If the offense from a patient or vendor employee is more serious, such as sexually explicit language or touching, TDIC advises dentists to dismiss that patient or stop doing business with that vendor. The dentist can also consider calling the vendor and requesting a different representative. In this situation, call TDIC's Advice Line at 800.733.0634 to discuss the situation with an analyst before taking the next step.

SFVDS Member Receives ADA's Presidential Citation Award

By: *George Maranon, DDS*



At the end of last year, one of our most distinguished members, Dr. Myron (Mike) Bromberg received a special citation for his service to the American Dental Association from the then ADA president, Dr. Bob Faiella. This citation was recommended by the

ADA's 13th district Trustee and candidate for ADA president, Dr. Carol Summerhays. Presidential citations were developed to enable the ADA President to commend an individual for significant contributions to advancing the oral health of the public and the profession of dentistry. Recipients of this citation are rare, and this award is a great honor and deserves high praise. Mike's citation reads, "For your many years of service to the ADA House of Delegates, and for your advice and support to the ADA President".

Mike Bromberg graduated from the University of the Pacific College of Physicians and Surgeons in 1964. Since that time, he has maintained a solo private practice in Reseda, California. Mike's curriculum vitae is extensive. In addition to his practice, Mike has been an extraordinary volunteer leader in organized dentistry. Mike has been a member of the San Fernando Valley Dental Society for more than 40 years. He has served in every leadership position in the Society including president. As a delegate to the California Dental Association's House of Delegates (CDA HOD) Mike has a reputation of being a thoughtful and persuasive speaker. He has served as a delegate from the SFVDS to the CDA HOD for 39 years and was a Trustee to the CDA Board of Trustees from this component. In addition to his leadership positions, Mike has served on numerous committees, councils and task forces for both CDA and SFVDS. He was one of the founders of The Dentist's Insurance Company (TDIC). Mike is a recipient of the SFVDS Distinguished Service Award.

Not only has Mike given a lot of his time to organized dentistry in California, he is a recognized leader nationally. Mike has had the distinction of being a delegate to the ADA House of Delegates for more than 34 consecutive years and was its ranking member. The first thing you notice when

you walk with Mike Bromberg at the ADA House of Delegates is how many people he knows, and more importantly, how many know him. He is a recognized authority on dental benefits programs and has been an ADA Annual Scientific Sessions speaker numerous times. Mike was selected as a member of the Oversight Committee and was one of the authors of the 2001 ADA Future Dentistry Project because of his extensive scope of knowledge on the practice of dentistry, dental practice models and health care trends. Mike has spoken extensively both nationally and internationally on dental care issues as well as matters affecting the practice of dentistry. He is known as an advocate for the private practice of dentistry. Mike is presently a Board member of the American Dental Association Political Action Committee (ADPAC).

It would be remiss not to mention that he is a former president of the Southern California Academy of General Dentistry (SCAGD) and the California Academy of General Dentistry (CAGD). He has chaired the Government Relations Conference and led delegations to meet with Washington DC Legislators as well as conducting courses on how to meet with Legislators. Mike has been a featured speaker at the National Conference of State Legislators and at the National Oral Health Conference, and has been the AGD Legislative & Governmental Affairs Council Chairman. Mike has been the chair of the AGD Council on Dental Care. He has been awarded the CAGD Distinguished Service Award, CAGD Spirit of Leadership Award, SCAGD Dentist of the Year Award, AGD Distinguished Service Award, AGD Mark Ritz Advocacy Award and the CAGD Special Advocacy Award. Mike is a Fellow in the American College of Dentists; a Fellow in the International College of Dentists; a Fellow in the Pierre Fauchard Academy; and a Fellow in the Academy of Dentistry International.

But if you asked Mike what his greatest achievements are, he would probably say they were being a private practice dentist caring for his patients, being Donna's husband, being Alisa and Jason's dad and being a wonderful grandfather. Understanding Mike's achievements and contributions, the ADA Presidential Citation he received is recognition of a career and a life well lived.

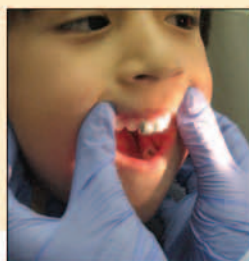
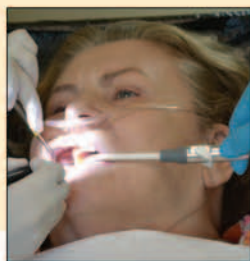
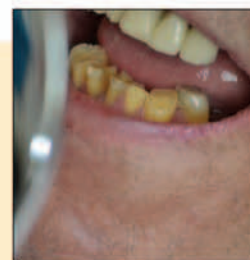
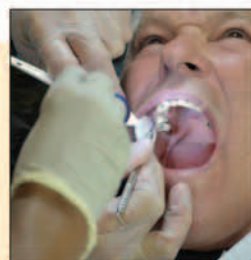
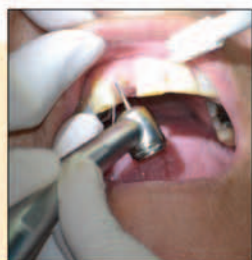
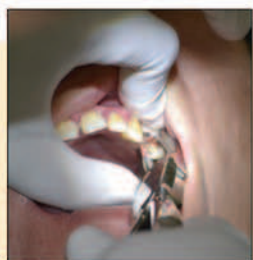
SAN FERNANDO VALLEY DENTAL SOCIETY FOUNDATION



Helping the less fortunate in our communities achieve basic oral health for themselves and their children, the SFVDS Foundation needs your help to make the greatest impact with: children of low-income families; uninsured, out of work, homeless and undocumented adults; and in educating the general population on proper oral health care from pregnancy through adulthood.

The foundation is currently gathering grants and conducting a fundraising campaign to develop a portable dental capacity which can be brought to those patients who cannot get to a volunteer dentist's office for needed treatment. Your financial help, and especially your volunteer expertise as a dentist, are both needed in order to establish a model that we will eventually request ADA to adopt nationwide.

Please contact the central office to volunteer and/or make a tax-deductible donation (818.576.0116)



Needs Oral Surgeon

(Sample results from a 'Smiles From the Heart' visit to a homeless shelter)

Date	Patient	Extractions/Notes
6/8/2013	Allen	4,6,13,14,21,22,23,25,26,27,29. Most root tips. Needs M/R form. Heart attack and recent hip replacement. Partial Dentures ready (PLD & PUD?)
6/8/2013	Brooke	6,10 Root Tip
9/14/2013	Cheryl	3 Root Tips, 7,20,21,22,28,29. M/R form in chart
9/14/2013	Corrine	2,4,19
9/14/2013	Francisco	Full upper and lower extractions. Dentures ready
9/14/2013	Jim	12,23
6/8/2013	Lanette	1,16,17,32
6/8/2013	Marie	Full upper and lower extractions. Dentures ready (FUD & FLD?)
9/14/2013	Milcah	2,3,4
6/8/2013	Rick	14 Root Tips, 17.30
11/9/2013	Susie	1



THANK YOU!

The San Fernando Valley Dental Society Foundation wishes to thank the following financial contributors.

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Please join your colleagues in supporting the SFVDS Foundation as it begins its programs of oral health literacy and free restorative services to low/no income adults and seniors who have no insurance and do not qualify for any other forms of assistance. Please use the form below to send in your tax-deductible donation and to volunteer to help deliver much needed services to the adult and senior populations. Please also mark your calendars and attend the foundation's second annual fundraiser in mid-late October, 2014

Contribution Form

(All contributions to the SFVDS Foundation are tax deductible, charitable contributions.
You will receive a confirmation letter for your tax records)

Name: _____

Contact phone and/ or email: _____

☐ \$5,000 Founding Member*

☐ \$2,500 Sponsor*

☐ \$1,200 Friend*

☐ \$500 Supporter

☐ \$250 Contributor

☐ \$100 Donor

☐ Enclosed is my check (Payable to: San Fernando Valley Dental Society Foundation)

☐ Charge my credit card # _____ (Visa, M/C, Discover only)

Exp Date: _____ Sec Code: _____ Street number of billing address: _____ Billing address Zip Code _____

* Initial here _____ if you would prefer to have your 'Founding member', 'Sponsor' or 'Friend' level donation charged to your credit card in 12 equal monthly installments.

I would also like to volunteer to:

☐ Provide Triage Screening for Adults and the Elderly

☐ Provide emergency care in my office

☐ Provide screening for GKAS

☐ Follow-up care for GKAS, or for the adults and elderly program

☐ Help with Fundraising

☐ Join a Foundation Committee

**Once completed, please fax/email/mail this form to the foundation office at (818) 576-0122.
exec.sfvds@sbcglobal.net or SFVDSF, 9205 Alabama Ave., Ste B, Chatsworth, CA 91311**

Antelope Valley Report

By: Kathy McKay

Welcome Spring to the Antelope Valley! Along with the weather, our SFVDS services and events are really warming up!

The Hi Desert Children's Dental Clinic has provided services for ten families since the beginning of the year, with more applications arriving weekly. A big thanks to everyone helping in the process of providing much needed dental care to our area's less fortunate children.

The AV School Screenings are in full swing, with hundreds of children weekly receiving oral health education, and for many their first oral dental exam ever.

Remember!!! You can now get your CPR renewal certification at the Snow Orthodontics Palmdale office. Please call (661) 273-1750 for additional information.

Recruit a new member, get \$200

Dentists who refer a new member to CDA now can receive a \$100 check from CDA and a \$100 American Express gift card from the ADA.

The \$200 total reward is part of the Member Get a Member campaign, which provides incentives for every CDA dentist who refers a new member to the tripartite membership (for a total of \$1,000 maximum per referring member).

The combined campaign lasts through Sept. 30, after which time members will still receive \$100 from CDA.

A growing ADA and CDA means greater recognition for the dental profession, more resources and support for members and a stronger voice in the policy arena in Washington D.C. and Sacramento. The incentive program is a result of CDA leadership reaching out to members for input on the program.

To receive credit for a referral, an applicant must add the name of the member who referred them to membership on a CDA membership application. The referring member may also enter the name of the dentist they referred on the recruiter's form at ada.org/MGAM. Once the referred member pays their dues, the referral incentives are mailed to the referring dentist.

There are many advantages to being a part of organized dentistry, but here are a few key benefits:

- Legislative advocacy;
- CDA Presents continuing education — free admission for the San Francisco and Anaheim meetings;
- TDIC insurance — member-only access and risk management hotline;
- Practice support services — cdacompass.com; and
- CDA publications.

Here are some tips on recruiting a new member:

- Seek any colleague who is not currently a tripartite member.
- Share the benefits and services of the ADA, CDA and local dental societies.
- Ask a colleague to include your name on the membership application or, better yet, give them an application with your name on it. Applications are available online at cda.org/mgm.
- To find out if a dentist is a current tripartite member, visit cda.org under "Find a CDA Dentist." In addition, updated nonmember lists are available through local component offices.

For more information on Member Get a Member, visit cda.org/mgm.

GLENDALE/BURBANK/FOOTHILLS REPORT

By: Chi Leung, DDS



Science is all about questioning, evaluation and education. In the coming month of June, we will have a Glendale/Foothills area zone meeting where we will have the opportunity to hear Dr John Chao, the inventor of the 'Pinhole Surgical Technique'. He holds various trademarks and patents for the 'Pinhole Surgical Technique', which he pioneered in 2006.

This technique has caught the attention of several media outlets including channels 5 and channel 7. We are excited to have him come to give us an introduction to this technique. After all, I have patients coming to my office and specifically asking about this procedure, so it will be good for us to learn about it. We will send out the details of the meeting soon to the membership and I am looking forward to seeing many of you there!

Welcome New Members

Joel Olmos, DDS
10668 Riverside Dr
North Hollywood, CA 91602
General
USC, 2013
818.760.9912

Les A Kurian, DDS
1654 W. Ave J
Lancaster, CA 93534
General
Loma Linda, 1992

Jacqueline V Lopez Sanchez, DDS
12120 Saticoy St.
North Hollywood, CA 91605
818.255.2244
General
USC, 212

Sohail Sean Parham, DDS
4955 Van Nuys Blvd
Sherman Oaks, CA 91403

Mohamad Reshad, DDS
6325 Topanga Cyn. Blvd. Ste. 513
Woodland Hills, CA 91367
818.888.3751
Prosthodontics
USC, 2006

Jae K. Jung, DMD
Prosthodontic
Univ. of Pittsburgh, 2003

Bitu Moalej, DMD
5363 Balboa Blvd.
Encino, CA 91316
Orthodontics
818.981.0641
USC, 2010

Behrod Khankhanian, DMD
General
Tufts University, 2012



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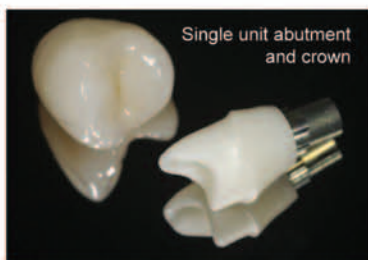
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