# DENTAL DINALENSIONS

WWW.SFVDS.ORG

# AT THE END OF THE TUNNEL



A PUBLICATION OF THE SAN FERNANDO VALLEY DENTAL SOCIETY

# **REFER A MEMBER. EARN DOUBLE REWARDS.**



Help your colleagues discover the strength of organized dentistry — a community that's built to deliver expert support, trusted guidance, innovative education and results-driven advocacy to California dentists.

Earn **DOUBLE REWARDS** for every new member you refer: a \$100 American Express® gift card from ADA plus a \$100 Visa® gift card from CDA.\*

## THE MORE YOU REFER, THE MORE REWARDS!

Get started at **cda.org/refer**.



\* Rewards issued to referring member once referral joins and pays required dues. Total rewards possible per calendar year are limited to \$500 in gift cards from ADA and \$500 in value from CDA.

# IN THIS ISSUE

MACRONUTRIENTS **2021 SFVDS MEMBERSHIP DIARY CDA: MAXIMIZE YOUR MEMBERSHIP BENEFITS** FOOTHILLS/GLENDALE AREA LIAISON UPDATE ADA: MEMBERSHIP BENEFITS WELCOME NEW MEMBERS NEW SFVDS CAREER CENTER THANK YOU PEER REVIEW **MEMBER HIGHLIGHT: CLASSIFIEDS** SFVDS UPCOMING EVENTS 2021

**EDITOR'S NOTE FROM THE PRESIDENT** FROM THE EXECUTIVE DIRECTOR **TRUSTEE REPORT LEGISLATIVE COMMITTEE REPORT 2021 BOARD OF DIRECTORS** A COVID-19 VACCINE VOLUNTEERS VIEW THE CORONA VIRUS COMMENTARY FORGIVENESS OF YOUR ROUND ONE PPP LOAN **DENTAL PRACTICE OPERATIONS. TOOLS FOR EVERYDAY LIVIN SILVER IN MEDICINE & DENTISTR** 





### DISCLOSURE

Dental Dimensions is an opinion and discussion magazine for SFVDS membership. Opinions expressed by authors are their own, and not necessarily those of SFVDS or Dental Dimensions Editorial Board. SFVDS reserves the right to edit all contributions for clarity and length, as well as reject any material submitted. Dental Dimensions is published quarterly by the SFVDS, 9205 Alabama Avenue, Suite B, Chatsworth, CA 91311 (818) 576-0116. Acceptance of advertising in Dental Dimensions in no way constitutes approval or endorsement by San Fernando Valley Dental Society or products or services advertised. SFVDS reserves the right to reject any advertisement.



EDITOR'S

A 3-year break feels like a whole era bygone! When our president, Dr. Whang invited me to consider returning as the Editor of our component dental society, I could not refuse. I am extremely excited to be back and helping out this amazing organization that advocates and stands by all of us, especially in the unique times that we have all encountered. With daily COVID cases on a steep decline across the nation, a set goal of access to vaccination for every adult American by May 1st '21, schools getting ready for in-person learning, and more businesses being allowed to come out of the most restrictive tiers, we are getting closer to that light we have been seeking at the end of this rather long tunnel.

A historic event of epic proportions, this pandemic brought a seismic shift across every aspect of human life globally- education, work, play, relationship dynamics, travel, and social interactions. While we start looking forward to some semblance of normalcy, we would be remiss to expect the world to rewind the clock back to 1.5 years ago to the same exact pre-COVID times. The economic and mental health impact may take years to recover, but the resultant mindset shift and adaptability of humankind have been remarkable, to say the least. As an example, if I had gently suggested to my husband, "Honey, do you mind requesting your company to allow you to work from home 100% for the next 6-9 months so you are around the kids more while I am busy with my new practices?" He would have brushed me off saying I am probably out of my mind to even think of something like that! My kids would think their mom is going bananas if I told them they will be attending school from the comfort of their desks for the next grade and a half! And I, and perhaps most of you would never entertain the idea of taking a 2-month long sabbatical to bake, read, hike, work out, binge on Netflix, and just hang out with your families in the comforts of your own home- one long "staycation" of some sort!



Personally, these changes in all the strata of society taught me resilience, reset priorities, and just let go at times. It helped me become more open-minded in my approach at work, and in relationships. There is really not just one, two, or three correct ways around a situation. There can be many more, and just because they do not fall within the realm of our conventional wisdom, does not rule it out. Most importantly it helped me focus on the big picture and not sweat the small stuff.

At SFVDS, we want to hear from our membership rather than bore you with a one-sided monologue. What was your take home from this pandemic? Mind sharing your 2 cents with your colleagues and friends? Please email them to the central office at exec.sfvds@sbcglobal.net, and/or share on our Facebook page.•

## **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: exec.sfvds@sbcglobal.net or contact the dental society office at 818-576-0116.

As we head into Spring, I look forward to basking in the warmth of a sunny Southern California day. Spring is a time for renewal and growth. The past year was a difficult one on many fronts. From the initial closure of dental offices to the scarcity of PPE, we encountered many challenges. Through the leadership of Dr. Chi Leung, the San Fernando Valley Dental Society helped many of our members weather the storm. Now as we move further into 2021, I am looking forward to recovery and getting past the difficulties of last year.





I have the honor of serving as your President for the 2021 year. My focus is to help our Membership to the best of our ability through our programs and by providing access to resources. I am grateful for a hardworking staff, Bella and Wendy, and executive director, Curt Thornton, to help us in that regard.

Earlier this year, as health care providers began to get vaccinations, I commend the help of Dr. Bob Hale, who facilitated the ability of dentists and their staff to get vaccinated at Northridge Hospital. When facing current and future issues surrounding our dentist members, I am fortunate to have the support of an experienced and dedicated Board of Directors, whose invaluable wisdom and sage advice make the San Fernando Valley Dental Society amongst the best in California.

Finally, in light of events happening around us, I would like to emphasize that the San Fernando Dental Society is in favor of diversity and is opposed to discrimination of any type based on race, ethnicity, or religion.





EXECUTIVE DIRECTOR Well, here we are in the Spring of 2021, as we publish our first edition of Dental Dimensions. And as such, I would like to welcome our new Editor, Dr. Shukan Kanuga, to the publications team and to our Board of Directors! We are excited and blessed to have her and all her creativity!

As I am sure you can appreciate, sometimes time goes by so **FAST**, and other times time goes by so **S-L-O-W**. It is hard to believe that I am celebrating my first-year anniversary at SFVDS. It seems like only yesterday that we began sheltering-in-place (only two days after I started working at SFVDS). Today, we have had one full year of the "COVID-19 life" - just reflecting on what we all have been through, how our lives and businesses have changed, how our families have been impacted, and just how we look at things and do things now, compared to a year ago. **Wow!** 

BUT - there is light at the end of the tunnel! Over the last three months we have been navigating through the launch of multiple vaccines, their availability, and pushing information to you as quickly as possible. Information was changing and being updated almost daily as we strive to keep up with it all. So, thank you for reading our emails! By the time you are reading this issue of Dental Dimensions, we hope that every SFVDS member dentist and their staff will have received their vaccine. It is through the efforts and partnerships with our LA County Oral Health Program dental team that we are succeeding. Thank you to LA County for your partnership with SFVDS!

While we are physically back in the office at the SFVDS we are still scheduling our monthly zone and general meetings via LIVE Zoom webinars this year. And they are **G-R-E-A-T**! Please check out our meeting and event schedule in this issue of Dental Dimensions, as you will find world-class speakers with phenomenal topics. You will not be disappointed! Coming Soon: more CPR classes, another "Schlep & Shred", and some Hands-On Interactive workshops! So.....check out the 2021 calendar and do not forget to save the dates! Please be looking for our weekly informational emails and promotional flyers for all these events - they are exceedingly valuable. If you are not on our mailing list, please send me an email at exec.sfvds@sbcglobal.net.

DENTAL DIMENSIONS SPRING 2021

Here is to a great 2021 with you! We are filled with excitement, hope and optimism! •



# Want to get paid by patients faster?

Improve the patient experience & increase your bottom line with **Practice Management Bridge**<sup>®</sup> from Rectangle Health.

## A Safe, Simple, Secure, Seamless Solution.



### Text

Allow patients to pay through a convenient mobile message.



### Online

Offer patients access to a simple and secure payment link to your website.

<u> </u>	
	)

### **Mobile**

Communicate with patients through their hand-held devices.

(( به	
°	

### Contactless

Provide a safe, touchless method of in-office payment.

**Cut down on wasted time, money, and effort with Practice Management Bridge.** As easy to implement as it is to use, Practice Management Bridge expedites the payment process for you and your patients.

### For more information, contact:

David Fitzgerald, Senior Practice Management Consultant 314-677-0891 | dfitzgerald@rectanglehealth.com

Schedule a demo: http://bit.ly/SFVDS







# TRUSTEE REPORT





Yes, it has been one year since the Corona Virus (COVID 19) pandemic shocked our world. March 2020, the governor of CA recommended a two week shut down that lasted on/off more than a year to combat the unknown deadly virus. A year later, some schools are barely reopening, restaurants and other public activities are opening on limited capacity.

But more important than all, dental offices and dentistry have shown a remarkable resilience in face of adversity. Even though we voluntarily reduced our practices, sacrificed our own safety and donated PPE to hospitals. dentistry is the branch of health care that has always been familiar with protection against virus, and other pathogens.

Furthermore, dentists have shown great flexibility by volunteering in vaccination efforts. HHS has amended an emergency declaration under the Public Readiness and Emergency Preparedness Act to authorize additional providers, including dentists and dental students, to vaccinate patients for COVID-19 nationwide. With the amendment, HHS is also granting temporary liability protection to those additional providers who can administer the vaccine during the pandemic. The administration has expanded the pool of qualified professionals able to administer vaccines to include dentists and other health care providers.

As of publication of this journal many dentists have volunteered in a public or hospital setting to help vaccination efforts. Two dentists (that we are aware of) have been approved to provide Moderna vaccines to healthcare providers and public in their offices in

public in their offices in California.

I was personally able to volunteer as a vaccinator at CSUN, one of the Los Angeles locations. All that was required was to complete the short training provided by CDC and sign up as a volunteer. 2200 healthcare providers and adults over 65 were vaccinated on that day. The most fun part was that my Mom was able to get an appointment and showed up to the same location! So, I



vaccinated my mom! I have done many other volunteer activities , but this was one of the most rewarding. It felt great participating in this mass effort to protect our community and contribute to our country's safety and return to normal. (see pics below)

At the last CDA Board of Trustee's meeting Dr. Maritza Cabezas, Los Angeles County Oral Health Program Director, shared results of a survey her office conducted in partnership with the Los Angeles Dental Society and with the cooperation of all five Los Angeles area components, which highlighted the impact of COVID-19 on dental offices and clinics. The results indicated that CDA was the leading source of information for dentists in private practice and dental clinics during the pandemic.

Among some of the member benefits available, CDA Presents Anaheim has been one of the most important. CDA Presents has been the best convention where dentists can learn, interact with peers and yes, shop! The regulations regarding gatherings have eased up some, but there is still some unease as to large indoor gatherings. CDA will once again



provide CDA Presents in May 2021 in a virtual format with new educational opportunities for members and their dental teams. The virtual format will provide interaction with speakers, networking with peers and opportunities to shop in the virtual exhibit hall.

In addition, CDA continues advocacy efforts on behalf of dentists. CDA is sponsoring four bills in 2021, including a bill that could require dental and medical plans to support their provider networks during future state emergencies and a bill by Assembly member Jim Wood, DDS, to give dentists

permanent authority to administer COVID-19 and flu vaccines.

As a result of CDA's consistent advocacy, the California Department of Consumer Affairs has issued a waiver and additional time to satisfy the examination and CE requirements for license renewal for Registered Dental Hygienist, Registered Dental Assistants and other professionals who have active California licenses that

expire between March 1 and March 31. However, licensees still must complete and submit renewal forms and pay renewal fees on time.

In the meantime, our organization is fully operational and here to help our members. It is comforting to know that in these uncertain times, our organizations, SFVDS, CDA and ADA continue to protect the profession and the public.•



## LEGISLATIVE COMMITTEE REPOR **GIB SNOW. DDS**

There is always a lot of legislation going on in Sacramento and other levels of Government that will have influence on the quality of our lives and our profession. I am listing what I feel are some of the more applicable issues facing dentistry.

SB 242 (Newman) is proposing insurance companies be required to reimburse dentists \$10 to \$25 per visit per patient to cover the cost of COVID-19 related expenses.

CDA is requesting a one-time payment of \$40 million to reimburse medical providers for COVID-19 related costs for mandatory infection control and PPE expenses.

CDA sent a letter requesting Dr Tomas Aragon, Director of California Department of Public Health, to include dentists in providing COVID vaccine to the public. Along the same subject Assemblyman Jim Wood is sponsoring AB526 to allow dentists to administer the vaccine.

The California Dental Hygiene Association along with CDA are sponsoring AB733 which would allow dental hygienists to clean teeth and administer fluoride in a medical setting for patients receiving Medical benefits. It seems this could open the door to more dental work being performed outside the dental office.

AB 1400 is asking for a single payer medical insurance program run by the State of California. The CDA is opposed. This kind of socialistic program would eliminate any benefit of competition that has made the free enterprise system so successful in our country. Wages paid to health providers would also come under the control of the state. The result would probably end with fewer talented people going into the health industry.

AB1163 provides local governments to tax sugary drinks.

Another reminder that MICRA is on the horizon. November 2022 will have MICRA on the ballot. If passed patients will be able to sue beyond \$250,000 for non-economic damages. Lawsuits against health professionals will skyrocket. Very large settlements will be available. Malpractice insurance will increase by several multiples. We must get prepared to participate in defeating this oppressive proposition.

Let's thank the advocacy of our association. Please speak up to your association if there are issues you feel need to be addressed and give your opinion if you disagree with any actions taken by your association.



Never be stuck without a front desk again!

## Does your practice need some extra hands in the front?

Consider using our Virtual Front Desk Services! Our services can be used as a permanent or interim resource for your practice! Some of our services include:

Billing/Posting .

٠

- Hygiene Recare
- Insurance Claim Follow Up 
  Dental Receptionist Answering Services
- Patient Account Follow Up
  Unscheduled Treatment Follow Up



(916) 500-4125 contacteswissmonkey.io www.swissmonkey.io

Contact us today to learn more!

# BOARD OF DIRECTORS



### MICHAEL WHANG PRESIDENT

A native Angeleno, Dr. Whang, a 3rd generation USC DDS and UCLA trained Periodontist, devotes his time volunteering at SFVDS, treating patients in various practices, and training residents at UCLA. When not doting on his wife and three daughters, he enjoys channeling his inner oenophile, perfecting his skills on the BGE, or striving to avoid buzzards, three/four-jacks and the dreaded snowman while playing a round.



### CHI LEUNG IMMEDIATE PAST PRESIDENT EMPLOYEE OVERSIGHT COMMITTEE

Dr. Chi Leung graduated from USC with an undergraduate degree in Biomedical engineering, and then graduated from USC dental school in 1996. Dr. Leung is a member of the Pinhole Academy faculty staff. She is currently President, Southern California Academy of General Dentistry, and immediate past president of the San Fernando Valley Dental Society. She has a dental Practice in Glendale and has been a General dentist since 1996. Dr. Leung is Married with 2 wonderful sons, and enjoys dancing, cooking, sculpture making, and traveling.



### PHILOMENA OBOH PRESIDENT ELECT

Dr. Philomena Oboh became an active member of the San Fernando Valley Dental Society in 2016. Among many other positions that she has held was Chair of the Council on Dental Health for her first two years on the board. She has been in Private practice since 1996. She has also worked in public and cooperate dentistry. She is currently the President Elect of the San Fernando Valley Dental Society.



### EMAD BASSALI TREASURER

Dr. Emad Bassali is an Adjunct Assistant Professor of Clinical Dentistry, Herman Ostrow Schools of Dentistry at USC. His Practice is limited to Endodontics in Sherman Oaks, CA.



### IRUBIEL BARBOSA secretary / council on dental health

Dr. Barbosa graduated from the National University of Mexico and received a scholarship from the Education Department in Japan to study dentistry for 2 years. He also worked at the Children's Hospital in the Cranofacial- Ortho-Dental Department for 5 years. He is the Founder of the Professional chapter of the Hispanic Dental Association in Los Angeles and the former Treasurer at the national level. He is the Former President of Latinos for Dental Careers. Former Director of dental community clinic El Proyecto del Barrio. Member ADA, CDA, SFVDS and volunteer in many non-profit organizations. President of Los Angeles Dental Meeting.



## SHUKAN KANUGA

Shukan Kanuga DDS, MSD is a board-certified pediatric dentist with practices in Santa Clarita and Porter Ranch. Originally from India, she lives in Porter Ranch with her husband and her 2 kids- Kahan, age 11 and Parishi, age 16. Shukan enjoys hiking, fitness activities, cooking, entertaining, reading, writing, and planning the next family travel experience in her down time!



### GIB SNOW - LEGISLATION COMMITTEE, ANTELOPE VALLEY LIAISON

Dr. Gilbert Snow has been creating beautiful, healthy smiles since 1971, and he has gained a reputation for providing the highest quality and most modern orthodontic treatment available. Dr. Snow is a graduate of USC School of Dentistry with a post graduate specialty degree from Loyola University in Chicago.



### MARK A. AMUNDSEN - BY-LAWS COMMITTEE

Dr. Mark Amundsen graduated from University of Southern California Dental School in 1982. He is a Former President of the SFVDS in 2010, and the current Chair of the Bylaws Committee. Dr. Amundsen is a General Dentist practicing in Woodland Hills, CA, and enjoys lots of outdoor activities.



### SEAN SAKHAI - COMMITTEE ON THE NEW DENTIST

Dr. Sean Sakhai received his dental degree, with a specialization in Periodontics from the University of California San Francisco (UCSF). While there, he also earned a Master's Degree in Oral and Craniofacial Sciences. Dr. Sakhai is board certified and a Diplomate of the American Board of Periodontology. When he is not fighting periodontal disease, you can find Dr. Sakhai spending time with his family and friends, hiking, fishing, and tuning his culinary skills.



### MAHFOUZ GEREIS - MEDIA RELATIONS COMMITTEE

Dr. Gereis has been a member of CDA since 1980, got involved in organized dentistry and served in different roles as past president of SFVDS and Foundation, past Chair CDA Dental Forum, invited guest to Board of Trustees meetings, AD-PAC team leader, assistant to CDA Board of Managers, presenter for Judicial Council at CDAS presents. He served as a delegate for SFVDS at CDA HOD as well as CDA delegate to ADA HOD. Dr Gereis has a private practice in San Fernando Valley. He strongly believes in the role of organized dentistry in serving our community.



### MIKE BROMBERG - COUNCIL ON DENTAL PRACTICE

Dr. Mike Bromberg is Past President of the SFVDS, Past Trustee to CDA, Delegate to CDA, and Chair of the Dental Practice Committee. He has been a Past Trustee, Delegate and Past Dental Care Council of the CDA, along with being a Past Delegate, Past Dental Practice Council, and ADPAC Board member of the ADA. Dr. Bromberg has also been quite busy with AGD serving as National Chair, Council on Legislative and Governmental Affairs, Past national chair, Council on Dental Practice, Congressional Liaison, Delegate, Past President, California AGD, and Past President, Southern California AGD.



### NEIL SANGANI - DIGITAL MEDIA COMMITTEE

Dr. Sangani is an active member of San Fernando Dental Society since 2017 and a member of the CDA and ADA. He is a proud Bruin and Trojan, and his private practice is in Lancaster, CA where he practices Family and Cosmetic Dentistry.



### TALINE KOTCHOUNIAN - ETHICS COMMITTEE

Dr. Kotchounian is a proud graduate of USC Herman Ostrow School of Dentistry. After dental school, she completed a General Practice Residency at Montefiore Hospital in Bronx, NY. She has been in private practice since 2009 and currently practices with her partner in Studio City, CA. Dr. Kotchounian has been serving on the SFV Dental board as Ethics Chair since 2019.



### MARILYN HOPKINS - FOOTHILLS/GLENDALE AREA LIAISON

Dr. Marilyn Hopkins is a newer addition to the board. She has served on the San Fernando Valley Dental Society Board since 2020 as the Foothills/Glendale Area Liaison. She is a graduate of the University of Pennsylvania School of Dental Medicine and was in private practice in Glendale until 2007. She has held numerous leadership positions volunteering in the community and is now proud to be serving the dental community.



### NITA DIXIT - LEADERSHIP DVP'T COMMITTEE

Dr. Dixit has practiced as a general dentist since graduating from USC in 1991. She has been involved in leadership at CDA and SFVDS for over two decades and tries to visit at least 2-3 new countries every year.



### ALAN TAYLOR - POLITICAL ACTION COMMITTEE, MEMBER AT LARGE

Dr. Alan B. Taylor graduated from UCLA school of dentistry in 1982. For the last 39 years, he has had a private practice in General Dentistry in Los Angeles, Culver City and now in the city of Palmdale. Dr Taylor's hobbies are Bicycle Riding, Foreign Language and tutoring Mathematics to high school students. He and his wife Mary has resided in the Santa Clarita Valley for the last 24 years.



### AFSHIN MAZDEY - PROGRAM COMMITTEE

Dr. Afshin Mazdey is a Board-certified Endodontist. His Practice is limited to Endodontics and Microsurgery, in Northridge, CA. He is also on the Adjunct Faculty staff, Department of Graduate Endodontics, Herman Ostrow School of Dentistry at USC.



### **ANETTE MASTERS - MEMBERSHIP COMMITTEE**

Dr. Anette Masters has served Organized Dentistry since 1998 where she lobbied for children's access to dental care through "Healthy Families Plan." She later became the 3rd youngest female President of San Fernando Valley Dental Society. Dr. Masters has been involved at CDA Presents, ADA Annual Sessions, CDA Legislative Lobbying, ADA Action Team Leader and serves at the ADA Library & Archives Advisory Board. She is both a Fellow of the International College of Dentistry and Pierre Fauchard Academy.



### ANITA RATHEE - MEMBER AT LARGE

Dr. Rathee has served on the San Fernando Valley Dental Society Board for over 15 years, 8 of them as Editor. She was President of the SFVDS as well as the SFVDS Foundation in 2016. She has been in private practice in West Hills since 1999. Aside from her DDS degree, Dr. Rathee has a Master's degree in Public Health Policy and Administration and received her Mastership award in the Academy of General Dentistry in 2020. Dr. Rathee is proud to continue serving in the leadership of the dental profession and feels being involved is the best way to ensure the future success of our profession and serve our patients.



### MAHROUZ COHEN - MEMBER AT LARGE

Dr. Cohen received her bachelor's degree from ucla following which entered into the usc school of dentistry. She then went on to do her residency in endodontics where she received high honors from the usc school of dentistry in advanced endodontics in 1995. She then became a diplomate of the board of endodontics in 2004. Dr cohen has taught at usc advanced endodontics from 1993-2010. She has been in private practice since 1995. Dr. Cohen has served at the sfvds board for over 15 years. She has been a delegate to the house of delegates since 2009. She is credited by her peers to have introduced and subsequently passing the bill which allowed dentists to be able to apply cosmetic botox. She has served as the president of the sfvds and the foundation in 2014. She is a firm believer of organized dentistry.



### MICHAEL SIMMONS - MEMBER AT LARGE

Michael Simmons has been serving on the SFVDS Board for about 15 years. He is past president of the SFVDS, SFVDS Foundation, Dental Foundation of California and has also served on several sleep medicine boards including the AADSM, California Sleep Society and the ASAA. Dr. Simmons is board credentialed in Sleep, TMJ and Orofacial Pain Disorders and was part time faculty at UCLA's dental school for 31 years having also taught at UCLA's medical school pain management center and as a dental school pain clinic director. Dr. Simmons continues to publish original research, lecture, and advocate for more dentist involvement in sleep health having written multiple resolutions discussed at the CDA House of Delegates over the past 10+ years. Dr. Simmons has a master's in sleep medicine, a master's in public health in community health services and is now working on a masters in Laser dentistry.



### MEHRAN ABBASSIAN - MEMBER AT LARGE

Dr. Mehran Abbassian is a general dentist In Valencia, CA. His is a past president of the San Fernando Valley Dental Society and has been on the SFVDS board since 2008.



### **TED FEDER -** MEMBER AT LARGE

Dr. Ted Feder grew up in the SFV, graduating from El Camino Real High School. He then graduated from UCLA and Northwestern University Dental School in Chicago, and later returned to Harbor/UCLA Medical Center for his Oral & Maxillofacial Surgery Residency. Dr. Feder has been practicing OMFS in the SFV since 1986, and has been on the SFVDS Board since 1989. He is married with (3 grown) children.



### JORGE ALVAREZ - TRUSTEE

Dr. Alvarez has served the SFVDS since 2004, he was President in 2009, 6 of them as Media Relations Committee Chair, 3 years as Legislative Committee Chair, and CDA Trustee since 2020. He has been in private practice in the San Fernando Valley since 1984, in addition being a Lecturer at UCLA School of Dentistry until 2019, and supervisor at MEND Dental Clinic in Pacoima until 2019. Dr. Alvarez is committed to continue serving our profession and the public we serve.



### KARIN IRANI - TRUSTEE

Dr. Karin Irani graduated from USC Dental Hygiene in 2000 and Dental School in 2003. She graduated from ADA Executive Management Program and is an Alumni of ADA Institute for Diversity in Leadership. Dr. Irani's accomplishments include: Past Chair, SFVDS New Dentist and Membership Committee, Past Chair, ADA Council on Membership, Past Chair, CDA Leadership Development Committee. She is currently going to law school at GUCL, with an expected graduation date of May 2022. Dr. Irani is passionate about Veterans' well-being, and loves skiing, horseback riding, traveling and learning.

## A COVID-19 VACCINE volunteers view



### BY DR. CHI LEUNG

As the distribution of the COVID-19 vaccine continues to ramp up across California, the state deploys a work-for-a-shot program for volunteers.

When Governor Newsom asked dentists to help with vaccinations, I signed up and was excited to start my day as a volunteer.

On my first day of dental school, I made a pledge that as a member of the dental profession, part of my pledge states:" I swore with pride in my commitment to the profession and the public it serves." It is now time for me to contribute and help during this unprecedented global pandemic.

On Jan 30th, 2021, I arrived at Cal State Northridge at 7AM in the morning. I was joined by 4 other volunteer medical doctors, and we worked in the observation unit as emergency personnel. We worked from 7AM - 6PM, and we took breaks in established rotations to ensure that a doctor was available in the event of a patient emergency.

"I am Dr. Leung, and I am here to help. Please let me know if you have any discomfort," I said to the people during post-vaccination observation. They replied to me with cheer and comfort in their smile, and said to me, "Thank you so much for being here for me, thank you for your volunteer work." Their words warmed my heart, and they made me feel so proud of what I do.

I want to do what I can to help get our nation vaccinated as quickly as possible so that we can all go back to the safety and normalcy that we know of. I want to be part of the solution.





# THE CORONA / PUS C O M M E N T A R Y

### BY DR. ELBERT TOM, M.P.H., D.D.S.

COVID-19, aka the novel coronavirus (nCoV), was first diagnosed in China in 2019. Since being diagnosed, it has spread to pandemic proportions, and in its wrath continues to affect the well-being and economy in unprecedented ways.

A chief concern expressed by various health departments includes the possibility of COVID-19 transmission by aerosols. AGP, or Aerosol Generating Procedures, occurs in a dental office while using the dental turbine which uses air to generate rotations and water to cool it, ultrasonic scaling, 3 in 1 dental syringes, air polishing and piezo handpiece usage. This commentary shall address issues relative to COVID-19 transmission and the general public's perception of it relative to receiving dental care.

Various studies have been conducted (COVID-19 Transmission Risk and Protection Protocols in Dentistry: A Systematic Review 10/8/20, Banaker, et. al, BMC Oral Health 20, article 275) examining aerosol use in the various dental disciplines. It was concluded that there is no evidence of transmission, but there is a possibility of transmission due to contaminated dental fluids, saliva or aerosol spread during close human to human contact. An ADA study conducted by the ADA Science and Research Institute and Health Policy Institute found that the COVID-19 rate among dentists was less than 1% (JADA, October 15, 2020) as of June, 2020. It was concluded that "Understanding the risks associated with COVID-19 transmission in the dental setting is critical to improving patient and dental team safety."

(Dr. Marcelo Araujo, Ph.D., CEO of the ADASRI, Chief Science Officer of the ADA and senior author of the above report)

Dental offices continue to support recommendations of the WHO, ADA and CDC in implementing enhanced infection control and prevention procedures, including disinfecting all equipment and surfaces that are commonly touched, checking staff and patient temperatures, asking patients and staff COVID-19 screening questions, promoting regular COVID testing, encouraging social distancing between patients while waiting and providing staff with proper PPE. Despite the profession's enhanced practice of infection control, in March the New York Times listed dentistry as one of the professions at highest risk of COVID-19 infections based on data from O\*NET, a database maintained by the U.S. Department of Labor (JADA, October, 15,2020).

So how have various organization's remarks affected our dental profession? The ADA's Health Policy Institute conducted a survey on COVID-19's Economic Impact on the dental profession and found that the pandemic has adversely affected the economy of the profession. At the inception of the pandemic, dental offices were mandated to be closed. A few weeks later, on June 19, all dental offices could open but only render emergency treatment. Presently, offices may remain open to provide unrestricted dental services, but poll respondents report lower patient volumes than pre-pandemic. It is speculated that the decline in dental busyness is attributed to patients' perception that the dental office may be an unsafe setting for COVID-19 transmission.

What can be done to promote the busyness of dental offices and reduce the public's fear of transmission? Educating the public on the importance of dental visits including dental disease prevention as well as continuing to promote and practice enhanced infection control practices is one way. The other is the administration of the COVID-19 vaccine. It is hoped that both processes will be integral in supporting our profession leading to an economic regrowth.

### BIOGRAPHY

Elbert Tom, M.P.H., D.D.S. is a Health Sciences Assistant Clinical Professor, Group Practice Director and axiUm Coordinator at the UCLA School of Dentistry. He joined the dental school faculty in 1988. He has extensive experience in academia, in the private sector as a practicing dentist as well as vast volunteer experience in local and global communities.





## HOW YOU CAN POTENTIALLY RECEIVE FULL Forgiveness of your round one ppp loan and obtain up to a \$5,000 employee retention tax credit for each of your employees for 2020

### BY ARTHUR S. WIEDERMAN, CPA Dental Division Director Eide Bailly, LLP

As most of you know on Sunday, December 27, 2020 the President signed into law the Consolidated Appropriations Act of 2021 (CAA). This was a \$900 Billion economic stimulus package and the new law has several provisions primarily dealing with the Paycheck Protection Program (PPP) that directly (and very positively) affects dentists.

The Coronavirus Aid, Relief, and Economic Security Act of 2020 ("CARES Act") created the PPP as well as the Employee Retention Tax Credit (ERTC). If you qualify for the ERTC, the credit is a maximum of 50% of qualifying wages up to a total of \$10,000 per employee for 2020, so the maximum credit would be \$5,000 per qualifying employee.

When the CARES Act was passed, you did not qualify for the ERTC if you also received a PPP loan. This eliminated the ability for most of our dental clients to take this credit for 2020 wages paid.

Under the CAA, dentists who received a PPP round one loan in 2020 now CAN ALSO POTENTIALLY CLAIM THE ERTC IF THEY QUALIFY IN 2020 EVEN IF THEY RECEIVED A PPP LOAN IN 2020 (however, you cannot use the same

potentially tens of thousands of dollars of refundable payroll tax refunds for your practice.

We believe that since most dental offices in California were closed for all but emergency procedures for anywhere between 8-12 weeks in March, April and May, many dental practices may meet the 50% reduction criteria for the second quarter of 2020 and most could also qualify via a partial suspension of business due to a governmental order. This new law creates a potential planning strategy that could allow you to carefully select wages to qualify for PPP forgiveness and other carefully selected wage to qualify for the ERTC in 2020. We caution, however, that guidance is expected from the IRS covering the interplay of PPP forgiveness and the ERTC, and this guidance is likely to affect any potential strategies.

For example, if your practice has 10 employees and you meet the rules, you could qualify for up to \$50,000 in tax credits for 2020. SINCE YOU CANNOT USE THE SAME WAGES FOR PPP AND ERTC, ONE POSSIBLE PLAN IS TO DELAY FILING FOR ROUND ONE PPP FORGIVENESS UNTIL YOU CAN DETERMINE IF YOU QUALIFY FOR THE ERTC FOR 2020 AND IF YOU DO, DETERMINE WHICH

wages for the ERTC that you use for PPP loan forgiveness). In addition, the credit has been extended to apply for the first two quarters of 2021 and has been expanded to a maximum of 70% of wages paid up to a maximum of \$10,000 per quarter, so the credit is



WAGES YOU SHOULD USE FOR THE PPP F O R G I V E N E S S FILING AND WHICH WAGES YOU SHOULD USE FOR ERTC. Due to this new law and the opportunity it presents to many dentists, we are providing a webinar on this subject on Wednesday, March 10th from 6-8PM as

increased to a maximum of \$7,000 per quarter. In summary, the maximum credit for 2020 is \$5,000 per year per employee, and the maximum credit for the first two quarters of 2021 is \$7,000 per employee per quarter for a maximum credit of \$14,000 per employee for 2021. And even better for 2021, to qualify you only need to show a greater than 20% reduction in revenues in quarter one or quarter two.

We believe that this new law created a planning opportunity that could allow you to file amended payroll tax returns for 2020 IF YOUR PRACTICE HAD A REDUCTION IN GROSS RECEIPTS IN ANY CALENDAR QUARTER IN 2020 OF GREATER THAN 50% or if you were fully or partially shut down under a government mandate or order. This new law could generate part of our "Business of Dentistry" monthly series. Learn more here.

If you have any questions about this complex new law, please give me a call at 657-279-3243 or e-mail me at awiederman@eidebailly.com.

Below you'll find resources to help.

### Maximizing PPP Loan Forgiveness

Dental Practices Information and Podcast Visit here and click "get started" to be connected with someone from our team who can help.•

## DENTAL PRACTICE OPERATIONS. *Re-MAGINED*. How covid-19 May change the front desk role and the use of remote, specialized teams

### BY CHRISTINE SISON, BA, MS. CEO, SWISS MONKEY

As the dental industry re-emerges from COVID-19 and with social distancing measures in effect, dental practices are looking for ways to become more efficient. The concept of using remote or virtual teams for traditionally in-office tasks is not only appealing, but in some cases may become a necessity.

### WHY NOW?

The cost of dentistry just got more expensive. To deliver the same procedure is now going to cost practice owners more as new PPE and safety precautions become the new norm. In addition, some offices are likely to see fewer patients due to new protocols between appointments. While sharing the cost between the practice, patients and insurance carriers is ideal, the reality is uncertain. Many practices have contractual obligations with insurance that "disallow" additional fees to patients and there is no assurance reimbursement will increase. Further, many practices may fear the patient response to passing on these costs.

The current climate is forcing practices to re-imagine how everyday dental tasks are done and what cost containment measures they can take. For example, how does a practice continue to do accounts receivable and billing when shelter-in-place is in effect? How does the simple activity of delivering treatment plans in a small consult room change in a social distancing climate? New practice and business models will need to emerge to adapt to the changing times.

### WHAT ARE THE BENEFITS OF REMOTE AND SPECIALIZED TEAMS?

The use of remote, specialized teams or virtual front desk services have

When looking to invest in professional dental space, dental professionals choose

 30 years of experience serving the dental

- communityProven record of performance
- Dental office leasing and sales
- Investment properties
- Owner/User properties
- Locations throughout Southern California

For your next move, contact: Linda Brown

Linda Brown Broker CalBRE# 01465757

Linda@LDMcommerical.com (818) 606-0527

COMMERCIAL

multiple benefits.

• It can reduce the number of people physically needed in the office. This is ideal as offices need to comply with social distancing guidelines now – and possibly in the future.

• When you outsource certain tasks, an in-office team can focus on revenue generating work like effective treatment planning and scheduling to goal. What work can be done better if you give your team more time?

• There is a tremendous benefit to the patient experience. Team members can now provide undivided attention to a patient vs. trying to do things that do not need to happen in the office. This becomes especially important during a time where patients want to feel that additional sense of safety and attention from their dental provider.

• From a business perspective, outsourcing reduces the cost of payroll taxes and benefits normally associated with an employee.

• Finally, some offices simply do not have the time, talent, or expertise available in-house to do the work. Finding resources beyond their current team is necessary.

### WHAT AREAS OR TASKS CAN BE OUTSOURCED TO A SPECIALIZED TEAM?

Now more than ever, practice owners should take a step back and look at ways they can re-engineer their current operations. Below are some examples of work that can be handled effectively outside of the office:

- Strategy development and practice management
- Accounts receivable and billing
- Hygiene recare services
- Confirmation calls and schedule auditing
- Insurance verification
- Marketing
- Staffing and HR services
- Collection services
- Legal and CPA services

Many practice owners already do some combination of the above. Not all work should be handled outside of the office, but a lot can be done remotely if it is integrated and managed properly. In addition, remote services can be used as either permanent or interim complements to an office. At Swiss Monkey for example, offices that lose a front desk person or have someone on medical leave, may want to outsource specific tasks until they find someone or until that person comes back.

Want to learn more about how specialized, remote teams work or virtual front desk services? Contact Swiss Monkey at 916-500-4125 or christine@swissmonkey.io.



Christine Sison is the CEO of Swiss Monkey, a staffing and virtual front office services company and has managed a dental practice for over 10 years. She has her Bachelors in Neurobiology from UC Berkeley and a Masters in Health Policy and Management from the Harvard School of Public Health. Prior to her work in dentistry, she conducted brain tumor research at UCSF, assisted in the integration of IT into clinics and hospitals, and later led the development of community-wide systems, including telemedicine efforts.

## TOOLS FOR Everyday Living IN EASE



### BY DR. KHANH

These are unprecedented times. There is a lot of commotion in the world and it is understandable to get caught up in the uncertainty, however, it is also possible to navigate these times with calm and confidence. To do this,

we must consider taking good care of ourselves, physically, mentally and emotionally. We are usually very good to our physical body; we have come to value exercise and good nutrition. It's time to give our mental and emotional health as much consideration.

The following are tools we can use daily to restore our emotional balance and peace of mind. They are techniques I have learned through the years from friends and many sources including Louise Hay, Mastering Alchemy and Heart Math.

Have you noticed that some of your more sophisticated appliances have plugs with three prongs? That third prong is a pathway for electricity to travel through in case there is a short circuit within the appliance. Without the grounding prong, if there is an electrical fault inside the appliance, when we touch it, we can get shocked. As humans, we are highly sophisticated and we have an electrical component to our body. Wouldn't it be great if we came equipped with a grounding cord? Wouldn't it be nice to siphon off some of the chatter and noise in our space?

Just like a fancy blender, we have the capability to ground ourselves. We can do this by literally getting in touch with nature. We can walk barefoot on any natural surface like grass, dirt or sand. Another option for grounding is by using our imagination. We can picture a grounding line, from our tailbone, extending deep into the earth. This line can be a tree trunk, a rope, or a beam of light, any connection we fancy. Now, whenever we have unwanted thoughts and emotions, we can instantly send it down the grounding cord. This grounding line will keep us physically, mentality and emotionally stable. It's a great tool to use to set the tone of the day.

These unwanted emotions usually come about from interactions with another person. We are in relationship with everything and everyone in life. It's so much nicer when we have mutually respectful relationships. Since we know that there is no changing the other, to improve our relationships, we can only look to ourselves to change.

To enhance our communication with others, we can picture a rose, at the edge of our energy field. This field extends out from us about arm's length, in all directions. When we encounter a person that is emotional, the rose keeps that drama out of our space. Our responsibility is then to stay on our side of the rose, in neutrality so we can better respond instead of replaying reactive patterns. As with the grounding cord, we can use and refresh our rose throughout the day as needed. It can help us be more aware of how well we interact with others.

When it comes to interactions with our patients, we take the time to ensure we motivate them towards good oral health. We can give the same attention to our own mental and emotional health. Each morning, we can take time to boost our mood. One way is to imagine ourselves having all the qualities of our best version self so we can revel in that atmosphere, in the moment and throughout the day.

Another great way to start the day is by assuming calm, peace and clarity. However, chances are our mind has a different agenda. It probably is replaying the events of yesterday or speculating about the future. It is more difficult to move through our day when we are preoccupied. To help us focus and be present, we can be in the center of our head. Imagine there's a magnet behind our eyes, bringing all of our attention back to us. This helps us fully operate.

Now a truly good day actually starts with how we end the day. Before going to sleep tonight, spend a few minutes being in the center of your head, then engage your grounding cord to release any thoughts and emotions you don't want to carry into tomorrow. Let go of what happened at the office, let go of what's happening in politics. Go to sleep with a neutral mind and body free of discordant emotions.

There is another tool we can use to brighten our day that we are familiar with. It is the powerful frequency of love. We can use it personally as well as for the benefit of all life on Earth. Whenever we take time to be still, we can end the practice with building feelings of love and appreciation for ourselves and then radiate it out to the world. We can make a point to intentionally do this. Whenever we feel good, we add to the collective happiness because the truth is, we have the power to change the world.

The tools really do work. On a recent morning, I was driving on the inside lane of the street, when the cars in front came to a stop. One by one they moved to the outer lane to reveal a stalled car at the traffic light. By the time I was able to make this maneuver, I ended up at the red light, next to the broken down car. Having just written this article, it occurred to me to use the tools. I put a grounding cord on for the driver and the car. After what seemed like a long time, the light turned green and I drove away although I noticed from the rear view mirror that the stalled car was now running and turning right. Instant roadside service!

### **AUTHOR BIO**

Growing up in a dental family, Dr. Khanh Le has been around dentistry her whole life. Her fondest memories are of playing a game with her brother and cousins called, "We're going to pull out your rotten tooth, but it won't hurt a bit!"

Five years ago, Khanh was introduced to Reiki, a Japanese technique for relaxation and stress reduction. Captivated by its soothing effects, she pursued advanced Reiki training, receiving her Reiki Master certification soon after.

Khanh has presented and demonstrated Reiki at the California Society of Pediatric Dentistry, at the American Academy of Pediatric Dentistry's annual meetings and for pediatric dental residents at USC. In the summer of 2017, she answered the San Fernando Valley Dental Society's call to dentists to share their health tips. This resulted in an article on the benefits of Reiki to the

Dental Dimensions Journal.

Khanh attended the Herman Ostrow School of Dentistry of USC. She received her pediatric dentistry training from the University of Texas, School of Dentistry at Houston. Currently, she is a board certified pediatric dentist practicing alongside her brother, an orthodontist.

For more from Dr. Khanh, visit her website at reikibright.net

# SILVER IN MEDICINE & DENTISTRY

THEODORE P. CROLL, DDS; JOEL H. BERG, DDS, MS; AND KEVIN J. DONLY, DDS, MS October 2020 Issue - Expires october 31st, 2023 Inside Dentistry

### ABSTRACT

Silver was recognized for its ability to keep water fresh and promote wound healing, as well as used in dental filling materials, long before civilizations knew about the existence of microbes. As history progressed, silver nitrate came into use. In addition to being used in the medical treatment of conditions such as neonatal conjunctivitis and common warts, silver nitrate was used in the treatment of tooth decay since at least 1846, and for the next century or so, many prominent dentists published articles in the literature lauding its use as a means of abating the progress of dental caries. In 1969, SDF was developed, and for the next 5 decades, its use as a chemical means of managing caries spread around the world. Although research has indicated that SDF merely slows the progression of caries rather than arresting it, experience with its use has revealed it to be an effective adjunct to other restorative options, especially among pediatric and geriatric patients. This article presents a history of the use of silver in medicine and dentistry, particularly the use of silver nitrate, and discusses the later development of SDF as well as its indications and use in practice.

Silver is one of the "precious" metals. Designated by the symbol Ag on the periodic table of elements and known also as argentum, its atomic number is 47.<sup>1</sup> It is malleable, ductile, resistant to oxidation from the atmosphere, and polishable to a high luster. When alloyed with other metals, such as copper and gold, the resultant materials are more fusible and exhibit increased toughness and hardness, making them ideal for coinage, ornaments, and jewelry.1 No metal has a higher thermal or electrical conductivity; therefore, silver is used in printed electrical circuits and as a coating in electronic conductors. Silver also forms compounds with other elements, such as silver chloride (AqCl), silver iodide (AqI), and silver bromide (AgBr)-all of which are used in photography and photographic paper.<sup>1</sup>

Silver and the compounds it forms have a toxic

effect on algae, fungi, and bacteria in vitro, which usually carries over in vivo. This antimicrobial action is related to the ability "of the biologically active silver ion to irreversibly damage key enzyme systems in the cell membranes of pathogens, and this explains the metal's long history as an antimicrobial agent in healthcare."<sup>2</sup> Silver has been used in water purification, wound care, bone prostheses, reconstructive orthopedic surgery, cardiac devices, catheters, and surgical suturing and appliances.<sup>2,3</sup>

Alexander extensively reviewed the history of silver in medicine.4 He noted that Cyrus the Great, the founder of the first Persian Empire, who ruled from 550 bc to 530 bc, and other Persian kings used silver vessels for their drinking water. They did not know about microbes, but they did recognize that the water stayed fresh in those containers.4 Alexander also noted that Hippocrates (460 bc to 377 bc) used silver preparations to treat ulcers and promote wound healing and that silver nitrate was mentioned as a medical preparation in a pharmacopeia published in Rome in 69 bc.<sup>4</sup>

### **RESTORING TEETH WITH SILVER**

The history of silver as a dental filling material can be traced back to the Tang Dynasty, when it was mentioned in a medical text by Su Gong in 659.5 In addition, Czarnetzki and Ehrhardt wrote about silver fillings that were rendered in Germany in 1528.6 In 1830 or thereabouts, amalgam became the dental restorative material of choice due to its low cost, ease of application, strength, and durability. What followed was approximately 190 years of use that, although significantly diminished, continues to this day. Silver amalgam filling materials have undergone continuing alterations of the mercury, silver, tin, copper, and zinc content, and advancements in the manufacturing methods have continued to improve the physical characteristics of silver

amalgam and maximize its longevity in the mouth.<sup>7,8</sup> The use of silver amalgam has always been accompanied by controversy, some of which is based on science and some not.<sup>8,9</sup>

### **EARLY USES OF SILVER NITRATE**

Later in history, silver nitrate (AqNO3) became extensively used for bacteria control in both medicine and dentistry. The use of silver nitrate for oral conditions can be traced back to 1827. In 1847, D. Francis Condie reported that "nitrate of silver was the only local remedy employed in the cases of gangrene of the mouth that occurred in the Children's Asylum of Philadelphia from June 1st, 1827 to January 1st, 1830, the greater portion of which terminated favourably. As soon as the disease of the mouth was detected, the nitrate of silver, either in pencil or solution, was applied, freely, to the parts affected."10 In 1850, Chapin A. Harris recommended that "spongy gums that manifest no disposition to heal, their edges should be touched with a solution of the nitratum argentum (ie, silver nitrate), which will seldom fail to impart to them a healthy action."11 He also cautioned practitioners to keep the solution from "getting into the fauces, as in that case, it will cause a disagreeable nausea." In the 20th century, silver nitrate was perhaps most widely recognized for its use in treating newborns' eyes to prevent ophthalmia neonatorum; however, erythromycin ointment is now the antibiotic generally used for that purpose. Currently, silver nitrate sticks are used for the treatment of common warts, and the compound is also used for other antiseptic and antimicrobial purposes.

The use of silver nitrate to chemically alter the course of dental caries infections has a history dating back to the mid-19th century. In 1846, the German dentistry publication Zahnarzt presented a clinical tip, giving directions on how to use "hollenstein" (ie, hellstone, devil's stone, lunar caustic, argerol, silver nitrate) for the treatment of dental caries lesions.<sup>12</sup> The article (translated into

English) addresses the use of "hellstone in heavily eroded teeth. If the tooth, as is usually the case with damp tooth decay, is so heavily eroded that it can no longer be sealed, yet one still wishes to keep it, one may try the following method by which one at least stops the decay and preserves the tooth as long as possible. One is to carefully scrape out the decay and dampen the inside with a very concentrated silver nitrate solution or with moistened silver nitrate powder."12 The article also notes that "a tooth cared for in this manner will often be preserved for years without being sealed, without being damaged in any way by eating or drinking. However, if one still wishes to seal such a hollow tooth, then it is good to first apply the procedure just cited, namely to scrape out the decay and apply silver nitrate to the substance (ie, any remaining decayed tissue); the seal will then last much longer."12

### SILVER NITRATE GAINS MOMENTUM

Although some suspect that silver nitrate had been used for the treatment of tooth decay prior to 1846, strong evidence of such activity is not well documented in the literature. However, there have been many writings regarding silver nitrate since 1846. Prinz wrote that "Clark, Chupein, Shanasy, Tomes, Salter, Bauer, Black, Miller, Pierce, Conrad, and many others-have greatly lauded the value of silver nitrate as a means of abating the progress of dental caries, and especially Taft."13 Willoughby D. Miller, in his many writings and, especially, in his classic text, revolutionized scientific thought about the microbiological etiology of dental caries and had a major influence on the researchers of his day and beyond.<sup>14</sup> He wrote about chemical methods of altering intraoral microflora to influence soft-tissue and osseous pathosis and the pathogenesis of dental caries. Pedley, in his 1895 book addressing the diseases of children's teeth. made six different references to the use of "lunar caustic" (ie, silver nitrate) for treating tooth sensitivity and caries lesions.<sup>15</sup>

According to Duffin, Percy Howe's article in Dental Cosmos about using silver nitrate for chemical treatment of dental caries<sup>16</sup> was "the most highly regarded dental scientific paper of his era." Duffin pointed out that the silver nitrate solution described by Howe was so popular for about 30 years after 1920 that it was referred to as "Howe's solution."<sup>17</sup> Duffin also reported that Howe was the first research director of Boston's Forsyth Institute and noted that "thousands of children who were treated at the institute every year received the silver nitrate method and this was carefully documented in the Forsyth annual records. Additionally, Army soldiers leaving for WWI were also treated with Howe's solution."<sup>17</sup> Greene Vardiman Black offered an erudite and detailed discussion of the use of silver nitrate for dental caries in primary teeth and for Class V cervical caries in permanent teeth, which also demonstrated the compound's black stain characteristic in the mouth.<sup>18</sup> In a 1924 revision of Black's text, Arthur Black joined his father in documenting the use of silver nitrate as a chemical means to treat dental caries infections.<sup>19</sup> Also in 1924, Hogeboom's text advocated for silver nitrate use,<sup>20</sup> and in 1937, McBride's book pictured an example of a black stain resulting from silver nitrate treatment.21 Decades later, in their 1956 textbook, Muhler and Hine presented a 50- year history of the use of silver nitrate for the treatment of dental caries lesions.22

### **SILVER DIAMMINE FLUORIDE**

The most common contemporary use of silver in dentistry involves the treatment of caries with silver diammine fluoride (SDF) (ie, AgFH6N2). Regarding its chemistry, SDF has been described as a metal ammine complex of silver fluoride. Its ligands are ammonia, thus "ammine" is the appropriate spelling; however, the term "amine" is very commonly used incorrectly in the nomenclature for this chemical.<sup>23</sup>



SDF was developed in Osaka, Japan, in 1969.<sup>24,25</sup> During the next 5 decades, its use and related research spread around the world.26-32 Various formulations of SDF (Bioride<sup>®</sup>, Densply Industria e Comericio Ltda; e-SDF™, Kids-e-Dental Llp; Riva Star, SDI; Saforide®, Toyo Seiyaku Kasei Ltd) have been developed in different countries to attenuate dental caries infections. In 2014, an SDF solution made up of 62% water, 25% silver, 8% ammonia, and 5% fluoride (Advantage Arrest® Silver Diamine Fluoride 38%, Elevate Oral Care, LLC) was the first to gain approval by the US Food and Drug Administration to be used in the United States as a tooth desensitizing agent33; however, others have since been cleared as well. Its ability to affect dental caries pathodynamics has developed into an exceedingly popular off-label use by dentist clinicians. Figure 1 depicts an example of a

malformed and carious permanent first molar that had been treated with SDF followed by 2.5% sodium fluoride varnish 6 months and 12 months prior when it was only partially erupted. This strategy attenuated the caries infection for over a year, until the patient, an extremely anxious 7-year-old boy, was able to tolerate routine restorative treatment.

Designating 38% SDF as a "caries arresting" agent is problematic. The term "arrest" suggests that the microbes within a treated caries lesion are stopped. The perception that caries lesion infections are arrested by application of SDF is based on "the surface hardness and visual characteristics of the caries lesion, the desensitizing ability of the SDF, and the erroneous belief that the low concentration of silver ions thoroughly kills high concentrations of microbes."<sup>34</sup> However, that is not true. A team of research scientists at TRAC Research has shown that "recovery of a high number of viable microbes throughout SDF treated lesions indicates significant doubt that silver diamine arrests dental caries fluoride lesion progression."34 One month after three weekly, two-minute SDF treatments were performed on a caries lesion, the TRAC researchers were able to use anaerobic and aerobic incubation to grow and identify a variety of microorganisms, including Actinomyces sp, Actinomyces odontolyticus, Actinomyces oris, Atopobium sp, Eikenella corrodens, Gemella morbillorum, Gemella sanguinis, Lactobacillus fermentum, Micromonas micros, Rothia dentocariosa, Rothia mucilaginosa, Staphylococcus epidermidis, Streptococcus sp, Streptococcus gordonii, Streptococcus mitis/oralis, Streptococcus mutans, parasanguinis, Streptococcus Streptococcus salivarius, Streptococcus sanguinis, Streptococcus sobrinus, Streptococcus tigurinus, Veillonella sp, Veillonella parvula, and Veillonella rodentium.34

The TRAC researchers concluded that "currently, there is no dental product or treatment that arrests dental caries progression-the best outcome possible today is delay of progression."<sup>34</sup> SDF intercepts and slows down the progress of a caries infection lesion, and its fluoride component, plus additional fluoride from a fluoride varnish cover, serve to remineralize the tooth structure. Relief from tooth sensitivity also is achieved. The TRAC researchers identified special indications for the use of SDF, including the following<sup>34</sup>:

•The presence of caries in very young and very old patients for whom the minimization of trauma and pain are important

•Cases involving difficult behavior or

medical management

- •Cases involving access to care problems, such as bedridden elderly
- •Identification of caries in demineralized tooth structure

### SDF IN PRACTICE

Although the TRAC research is most telling regarding the action of 38% SDF on the microflora of caries lesions, practical experience using multiple applications of SDF for carious primary teeth, which are repeated at varying intervals after initial placement (eg, 2, 3, or 6 months), demonstrates that it clearly augments attenuation of the infective process, oftentimes until primary tooth exfoliation.<sup>35,36</sup> One wonders what would be revealed by microbiological studies of caries lesions that were treated more frequently or using a longer application time than 2 minutes. It is logical that different treatment protocols will result in different degrees of reduction of microbial numbers and virulence, but the ideal treatment regimen may vary for different patients as well as for different caries lesions in the same patient. The best SDF regimen for any one patient may also be influenced by a dental clinician's experience, purpose, and intuition. In an interview in 2017, Rella Christensen offered a remarkable summary of the clinical use of SDF.37

In the primary dentition, improving access to caries lesions by trimming the enamel and/or selectively debriding a certain amount of carious substance will improve the coverage and penetration of SDF solution.<sup>35,36</sup> These procedures do not involve local anesthetic injections or discomfort to the patient. Such methods of SDF application could perhaps be applied to the treatment of incipient pit and fissure caries in permanent posterior teeth as an interim caries control measure. Certainly, 38% SDF solution is ideal for caries disclosure because the infected regions turn black and the healthy tooth structure does not.

There are other indications for SDF in pediatric dentistry, including intercepting early proximal caries lesions in primary and permanent teeth using soft dental pick delivery,<sup>35,38</sup> controlling caries lesions in primary teeth that will exfoliate naturally within a year or two, and intercepting caries lesions at the margins of dental restorations rather than replacing those restorations.<sup>39</sup> In patients for whom treatment is influenced by financial or management considerations, SDF can provide a useful delaying tactic to intercept caries progression until traditional restorative methods can be accomplished. Likewise, for geriatric patients, SDF caries attenuation can be a useful continuing

option to rapidly and comfortably end a dental caries crisis. A search of the medical and dental literature and the internet identified many dozens of modern research and clinical reports, technique articles, review papers, and opinion pieces on SDF.<sup>40-52</sup>

With the introduction of SDF to the North American dentistry marketplace, the concept of chemical management of dental caries using silver materials in conjunction with the preventive abilities of systemic and topical fluorides has been vigorously rejuvenated, particularly in pediatric and geriatric dentistry. An excellent example of this was how the atraumatic restorative treatment (ART) concept was evolved into the silver-modified atraumatic restorative technique (SMART). The ART procedure involves the use of hand instrumentation to achieve partial debridement of a caries lesion after cleaning the treated tooth. Next, polyacrylic acid is scrubbed into the lesion, after which it is rinsed with water and the moisture is blotted. A glass polyalkenoate (ionomer) restorative cement (not resin-modifed, so as to maximize the fluoride dynamics) is then placed and isolated while hardening.53,54 No local anesthetic or powered instrumentation is used. The SMART procedure also involves the use of hand instrumentation to partially debride a caries lesion, but prior to restoration, the lesion is soaked in SDF for 2 minutes.<sup>53</sup> Although this method does not replace traditional restorative dentistry protocols, in certain cases, it can offer a practical treatment alternative for dentists, to the benefit of patients, especially in parts of the world where electricity and modern dentistry equipment are not available.

#### SILVER NANOPARTICLES

A contemporary overview of the uses of silver in dentistry would be incomplete without mention of silver nanoparticles, which range in size from 1 nm to 100 nm. Callister and colleagues recently provided an excellent outline of the nature of silver nanoparticles, how they are synthesized, and their mechanisms of action.<sup>55</sup> The article describes the antimicrobial action of silver nanoparticles, how they disrupt biofilms and act in caries control, and their anti-inflammatory effects. In addition, Callister and colleagues review how remineralization and demineralization are influenced by silver nanoparticles and emphasize that rewetting agents, sealants, cements, resin-based composites, and gutta percha can be improved because silver nanoparticles "have the ability to deter bacterial microleakage and adherence and

reduce matrix metalloproteinase interactions in bonded restorations."55

### CONCLUSION

When one considers that the concept of using common silver nitrate to alleviate tooth sensitivity and attenuate dental caries infections was published in Germany in 1846 and many times since and that SDF had its start a half century ago in Japan, it is quite puzzling that only now are North American dentists enthusiastically catching on to chemical means of managing dental caries infections. In this case, the old enigmatic question posed by inventors and innovators: "How many years does it take to have an overnight success?" is more appropriately phrased, "How many decades?"

Queries regarding this course may be submitted to authorqueries@aegiscomm.com

### ACKNOWLEDGMENTS

The authors gratefully acknowledge Leah M. Morano for her thoughtful English translation of the 1846 Zahnarzt article and Nabil Ouatik, DMD, for his assistance in locating the piece in the German dental literature and his thoughts about the translation. The authors would also like to thank the American Academy of the History of Dentistry for graciously permitting them to use text for this article that was adapted from: Croll TP, Berg JH. Silver diammine fluoride: rejuvenation of a 172-year-old (or older?) dental caries attenuation. J Hist Dent. 2018;66(2):54-61.

#### REFERENCES

1. Silver. Chemistry Explained website.

http://www.chemistryexplained.com/elements/PT/Silver.html. Accessed September 2, 2020.

2. Lansdown A. Silver in health care: antimicrobial effects and safety in use. Curr Probl Dermatol. 2006;33:17-34.

 Silver in medicine - past, present, and future. The Silver Institute website. https://www.silverinstitute.org/wp-content/uploads/2017/01/SilverInMedi cine.pdf. Accessed September 2, 2020.

 Alexander, JW. History of the medical use of silver. Surg Infect (Larchmt). 2009;10(3):289-292.

5. Bjørklund, G. [The history of dental amalgam] Tidsskr Nor Laegeforen. 1989;109(34-36):3582-3585.

6. Czarnetzki A, Ehrhardt S. Re-dating the Chinese amalgam-filling of teeth in Europe. International Journal of Anthropology. 1990;5(4):325-332.

7. McCabe JF, Walls AWG. Applied Dental Materials. 9th ed. Oxford, UK:

Blackwell Publishing Ltd.; 2008.

8. Soler JI, Ellacuria J, Triana R, et al. A history of dental amalgam. J Hist Dent. 2002;50(3):109-116.

9. Rathore M, Singh A, Pant VA. The dental amalgam toxicity fear: a myth or actuality. Toxicol Int. 2012;19(2):81-88.

10. Condie DF. A Practical Treatise on the Diseases of Children. Philadelphia, PA: Blanchard and Lea; 1847:151.

11. Harris CA. The Principles and Practice of Dental Surgery. 4th ed.

Philadelphia, PA: Lindsay & Blakiston; 1850:444.

12. Miszellen. Hollenstein bei sehr ausgehohlten Zahnen. Zahnarzt. Berlin, Germany: Verlag von Albert Forstner; 1846:375.

13. Prinz P. Dental Materia Medica and Therapeutics. 4th ed. St. Louis, MO:

C.V. Mosby Company; 1916: 217-230.

14. Miller WD. The micro-organisms of the human mouth - the local and general diseases which are caused by them. Philadelphia, PA: The S. S.

White Dental Mfg. Co.; 1890. 15. Pedley RD. The Diseases of Children's Teeth; Their Prevention And

Treatment. London: TP Segg & Co.; 1895:189-190, 196, 209, 219-220, 231, 258.

16. Howe PR. A method of sterilizing and at the same time impregnating with a metal, affected dentinal tissue. Dental Cosmos. 1917;59(9):891-904.

Duffin SR. Medical chemotherapeutics. In: Duffin S, Juhl J, Schwab J, Duffin M, ed. SMART Oral Health: The Medical Management of Caries. San Bernadino, CA: Oral Health Outreach, LLC; 2019:13-15.
 Black GV. Management of children's teeth. In: A Work on Operative Dentistry in Two Volumes Vol. 1, Pathology of the Hard Tissues of the Teeth. 2nd ed. Chicago, Illinois: Medico-Dental Publishing Co.; 1916:230-233, 248-254.

19. Black GV. Treatment of decays of the deciduous incisors and canines. In: A Work on Operative Dentistry in Two Volumes Vol. 1. Pathology of the Hard Tissues of the Teeth. 6th ed. (with revision by Arthur D. Black). Chicago, Illinois: Medico-Dental Publishing Co.; 1924:247-253. 20. Hogeboom FE. Filling materials used in deciduous teeth. In:

Practical Pedodontia or Juvenile Operative Dentistry and Public Health Dentistry. St. Louis, MO: C.V. Mosby Company; 1924:60-61.

21. McBride WC. Silver nitrate precipitation. In: Juvenile Dentistry. 2nd ed. London: Henry Kimpton; 1937:192-195.

22. Muhler JC, Hine MK. Operative treatment as a method of dental caries control. In: A Symposium on Preventive Dentistry: With Specific Emphasis on Dental Caries and Periodontial Diseases. St. Louis, MO: C.V. Mosby Company; 1956:161.

23. Lo EC, Duangthip D. Non-restorative approaches for managing cavitated dentin carious lesions: silver fluoride. In: Coelho S, Takeshita EM. eds. Pediatric Restorative Dentistry. Switzerland: Springer Nature; 2019:143.

24. Nishino M. Studies on the topical application of ammoniacal silver fluoride for the arrest of dental caries [in Japanese]. Osaka Daigaku Shigaku Zasshi. 1969;14(1):1-14.

25. Yamaga R, Nishino M, Yoshida S, Yokomizo I. Diammine silver fluoride and its clinical application. J Osaka Univ Dent Sch. 1972;12:1-20.

26. Tsutsumi N. Studies on topical application of Ag(NH3)2F for the control of interproximal caries in human primary molars: 3. Clinical trial of Ag(NH3)2F on interproximal caries in human primary molars. Jpn J Pediatr Dent. 1981;19(3):537-545.

27. Chu CH, Lo EC, Lin HC. Effectiveness of silver diamine fluoride and sodium fluoride varnish in arresting dentin caries in Chinese pre-school children. J Dent Res. 2002;81(11):767-770.

28. Llodra JC, Rodriguez A, Ferrer B, et al. Efficacy of silver diamine

fluoride for caries reduction in primary teeth and first permanent molars of schoolchildren: 36-month clinical trial. J Dent Res. 2005;84(8):721-724.

 Braga MM, Mendes FM, De Benedetto MS, et al. Effect of silver diammine fluoride on incipient caries lesions in erupting permanent first molars: a pilot study. J Dent Child (Chic). 2009;76(1):28-33.
 Peng JJ, Botelho MG, Matinlinna JP. Silver compounds used in dentistry for caries management: a review. J Dent. 2012;40(7):531-541.

31. Liu BY, Lo EC, Li CM. Effect of silver and fluoride ions on enamel demineralization: a quantitative study using micro-computed

tomography. Aust Dent J. 2012;57(1):65-70.

32. Mattos-Silveira J, Floriano I, Ferreira FR, et al. New proposal of silver diamine fluoride use in arresting approximal caries: study protocol for a randomized controlled trial. Trials. 2014;15:448.

 $\ensuremath{\mathsf{33.}}$  US Food & Drug Administration.  $\ensuremath{\mathsf{510}}(k)$  Premarket Notification. FDA website.

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?lD =K102973. Updated August 31, 2020. Accessed September 2, 2020. 34. Clinicians Report Foundation. 38% silver diamine fluoride (SDF): does it arrest dental caries lesion progression? Clinicians Report. 2018;11(1):1-3.

35. Croll TP, Berg JH. Delivery of fluoride solutions to proximal tooth surfaces: Part II: Caries interception with silver diamine fluoride. Inside Dentistry. 2017;13(9):56-58.

36. Croll TP, Berg JH. Silver Diammine fluoride abatement of dental caries infection in primary teeth. Inside Dental Hygiene. 2018;14(9):10-18.

37. Christensen R. Focus On: Silver diamine fluoride. Dentistry Today. 2017;36(2):18.

 Croll TP, Berg JH. Delivery methods of silver diammine fluoride to contacting proximal tooth surfaces and history of silver in dentistry. Compend Cont Ed Dent. 2020; 41(2):84-90.

39. Clinicians Report Foundation. The epidemic of cervical caries in Class II resin box forms. Clinicians Report. 2018;11(6).

40. Liu BY, Lo EC, Li CM. Effect of silver and fluoride ions on enamel demineralization: a quantitative study using micro-computed tomography. Aust Dent J. 2012;57(1):65-70.

41. Horst JA, Ellenikiotis H, Milgrom PM. UCSF protocol for caries arrest using silver diamine fluoride: rationale, indications and consent. J Calif Dent Assoc. 2016;44(1):16-28. 42. Mei ML, Lo EC, Chu CH. Clinical use of silver diamine fluoride in dental treatment. Compend Contin Educ Dent. 2016;37(2):93-98. 43. Gao SS, Zhao IS, Hiraishi N, et al. Clinical trials of silver diamine fluoride in arresting caries among children: a systematic review. JDR Clin Trans Res. 2016;1(3):201-210.

44. Crystal YO, Niederman RN: Silver diamine fluoride treatment considerations in children's caries management. Pediatr Dent. 2016; 38(7):466-471.

45.Crystal YO, Marghalani AA, Ureles SD, et al. Use of silver diamine fluoride for dental caries management in children and adolescents, including those with special health care needs. Pediatr Dent. 2017;39(5):135-145.

46. Chibinski AC, Wambier LM, Feltrin J, et al. Silver diamine fluoride has efficacy in controlling caries progression in primary teeth: a systematic review and meta-analysis. Caries Res. 2017;51(5):527-541. 47. Nguyen YHT, Ueno M, Zaitsu T, et al. Caries arresting effect of silver diamine fluoride in Vietnamese preschool children. Int J Clin Prev Dent. 2017;13(3):147-154.

48. Milgrom P, Horst JA, Ludwig S, et al. Topical silver diamine fluoride for dental caries arrest in preschool children: a randomized controlled trial and microbiological analysis of caries associated microbes and resistance gene expression. J Dent. 2018;68:72-78.

49. Horst JA. Silver fluoride as a treatment for dental caries. Adv Dent Res. 2018;29(1):135-140.

50. Zhao IS, Gao SS, Hiraishi N, et al. Mechanisms of silver diamine fluoride on arresting caries: a literature review. Int Dent J. 2018;68(2):67-76.

51. Crystal YO, Niederman R. Evidence-based dentistry update on silver diamine fluoride. Dent Clin North Am. 2019;63(1):45-68.

52. Horst JA, Heima M. Prevention of dental caries by silver diamine fluoride. Compend Contin Educ Dent. 2019;40(3):158-163.

53. Young DA, Wong A. Glass ionomer cement as a chemical treatment for caries. In: Duffin S, Juhl J, Schwab J, Duffin M eds. SMART Oral Health: The Medical Management of Caries. San Bernadino, CA: Oral Health Outreach, LL; 2019:69-77.

54. Frencken JE, Leal SC, Navarro MF. Twenty-five-year atraumatic restorative treatment (ART) approach: A comprehensive overview. Clin Oral Investig. 2012;16(5):1337-1346.

55. Callister C, Callister M, Nolan M, et al. Preventative agents: The multiple uses of silver nanoparticles in dentistry. Compend Contin Educ Dent. 2020;41(3):143-147.●



You *can't afford* a Dental Broker who needs *training wheels*.

### D&M has been helping Dentists for over 25 years.





"Trust Your Transition with D&M Practice Sales"

818.591.1401 www.dmpractice.com Call D&M!

DENTAL DIMENSIONS SPRING 2021

**I**Q

## **MACRONUTRIENTS AND** THE RELATIONSHIP BETWEEN MACRONUTRIENTS AND PERIODONTAL HEALTH AND DISEASE

KENNETH LIU, DMD; GEORGIOS D. STRONGYLOS, DDS; AND MARIA L. GEISINGER, DDS, MS October 2020 Course - Expires october 31st, 2023 Inside Dental Hygiene

### ABSTRACT

Macronutrients (protein, fats, and carbohydrates) are nutrients that humans need in relatively large quantities daily to function. Eating a balanced diet is critical to overall health: An imbalance, deficit, or overconsumption of macronutrients can lead to significant systemic and oral diseases. Particular eating patterns may be associated with increased risk of oral diseases, including periodontal diseases, therefore properly assessing dietary habits and providing nutritional counseling is critical. The dietary guidelines of the U.S. Department of Health and Human Services can be utilized to determine best practices for dietary counseling and implementation of those guidelines to promote periodontal health.

Diet is defined as the habitual eating patterns of an individual, whereas nutrition refers to the science of food intake and biological processes.<sup>1,2</sup> Nutrients can be categorized into macronutrients (proteins, carbohydrates, fats), micronutrients (minerals, vitamins), and water.1 Examples of macronutrients are

illustrated in Figure 1.

Inflammation is the body's protective response to a challenge, such as infection and trauma. While acute inflammation results in an immune response that leads to resolution with removal of the stimuli, chronic inflammation is central the underlying to pathophysiology of



serum levels of inflammatory mediators and pro-inflammatory cytokines.<sup>3</sup> This demonstrates the link between periodontal diseases, inflammation, and macronutrient intake.<sup>4</sup> Therefore, dental healthcare providers (DHCP) have an important role in advocating healthful diets to improve both oral and systemic health.

When diet and dental health are considered together, the predominant thought is usually about caries and sugar. It is well established that the intake of carbohydrates is subsequently metabolized by oral microorganisms. Acidic end products are released and come into contact with tooth structures, namely enamel and dentin, causing their demineralization. Upon continual exposure to this acidic insult, caries develops.<sup>2</sup>

However, diet and nutrition also impact periodontal health, and the maintenance of periodontal health relies on a diet that provides sufficient macronutrients and micronutrients.<sup>2</sup> This article focuses specifically on macronutrients and their association with periodontal health and disease.

### PERIODONTAL DISEASES: INFLUENCES OF MACRONUTRIENT CONSUMPTION

The pathogenesis of periodontal disease is complex and multifactorial.

Although plague biofilm is necessary for the onset of periodontitis, the tissue destruction mostly results from the abnormal host immuno-inflammatory response.<sup>5</sup> As in many chronic inflammatory conditions, a state of hyperinflammation is apparent.<sup>5</sup> One important factor in periodontal disease progression is oxidative stress, due to an

many chronic diseases.<sup>3</sup> Furthermore, chronic systemic inflammation alters the use and consumption of various macronutrients (ie, fats, proteins, carbohydrates) by promoting the breakdown of protein and fat while stimulating the liver to produce more acute phase response proteins (APP).<sup>3</sup> It is well-established that increased caloric intake or poor quality of diet with nutrient deficiencies is related to systemic conditions such as diabetes and obesity.<sup>4</sup>

In the adult population, one of the most common chronic inflammatory conditions is periodontal diseases. Many studies have shown that significant periodontal disease is associated with a significant increase in

overproduction of reactive oxygen species (ROS) that overwhelms the antioxidant defenses in the body (Figure 2, next page).<sup>1,5</sup> This imbalance causes problems for normal redox signaling and can result in molecular damage, and this process may be influenced by the types and amounts of macronutrients consumed.<sup>1</sup>

An overall caloric excess can cause excess glucose production.<sup>5</sup> Through a series of metabolic pathways, including insulin metabolism and lipoprotein synthesis in the liver, caloric excess results in increases in free fatty acids and a decrease in lipolysis, which, over a sustained period of time, can result in increased adiposity.<sup>5</sup> As adipose tissue increases, this activates transcription



in the progression of periodontal disease, omega-3 fats have been shown to have the opposite effect.<sup>1,5</sup> Omega-3 fats lower postprandial triglyceride levels, inhibit lipid mediators of inflammation (eg, prostaglandin E2 and cyclo-oxygenase), downregulate the pro-inflammatory gene expression, increase antioxidant activity, and produce pro-resolving lipid mediators (eq, resolvins and protectins).<sup>1,5</sup>

Periodontal lesions and tooth loss are frequent symptoms of Kwashiorkor, which is a condition caused by severe lack of protein intake.<sup>10</sup> Additionally, an observational study found a lower incidence of significant periodontitis in individuals who had a high intake of casein and whey proteins (commonly found in dairy products).<sup>9</sup>

### **CURRENT EATING PATTERNS OF AMERICANS**

The US Department of Health and Human Services and the US Department of Agriculture periodically update and publish guidelines for diet and nutrition for

factors that upregulate the production of pro-inflammatory cytokines.<sup>1</sup> Specifically, adipose tissue secretes adipocytokines, including tumor necrosis factor, interleukin-1, and interleukin-6, which can induce the production of ROS.<sup>5</sup> An association between postprandial oxidative stress and increased levels of C-reactive protein (a marker of systemic inflammation) has also been shown to be associated with increased adiposity.<sup>5</sup>

Furthermore, intake of macronutrients may contribute to oxidative stress and inflammation.<sup>1</sup> This is referred to as postprandial oxidative stress or "meal-induced inflammation."<sup>5</sup> For example, a diet that includes an increased amount of refined carbohydrates will result in an excess amount of superoxide radicals, which are byproducts of ATP synthesis in the Krebs cycle.<sup>1</sup> The superoxide radicals can be components for generation of ROS further downstream.<sup>5</sup> In addition, increased consumption of refined carbohydrates can lead to hyperglycemia and result in the formation of advanced glycation end products (AGEs).<sup>1,5</sup> AGEs bind to their receptors (RAGE) and are responsible for a range of changes in the host, including neutrophil defects, hyperinflammatory responsive monocytes, and increased release of pro-inflammatory cytokines.1 Increased intake of saturated fats will result in the formation of low-density lipoprotein cholesterol, which, when oxidized, will bind to toll-like receptor 4 on neutrophils.<sup>1,5</sup> The neutrophil binding activates NADPH-oxidase, which will increase the production of ROS.<sup>1</sup>

An increased incidence of periodontal disease progression has also been shown in individuals who have a high intake of omega-6 fats.<sup>6</sup> Studies have also demonstrated increased gingival bleeding in individuals who have high intakes of sugars and carbohydrates when compared with individuals who followed a "Stone Age" diet low in refined carbohydrates (even in patients who ceased oral home care measures such as toothbrushing and flossing).<sup>7-9</sup> The type of fat consumed may be important in its influence on periodontal health. For instance, while omega-6 fats have been implicated Americans.<sup>11</sup> These guidelines make recommendations for a diet to meet nutritional goals while remaining below caloric limits in order to help individuals achieve a healthy lifestyle and reduce the risk of the onset of chronic diseases.<sup>11</sup> The most recent guidelines (2015-2020) highlight the current eating pattern of Americans.<sup>11</sup> In general, most American do not meet the recommendations for vegetables, fruits, dairy, and oils, while they have a disproportionate consumption of added sugars, saturated fats, and sodium, resulting in excessive caloric intake.<sup>11</sup> It is clear that the typical American diet is not in alignment with the guidelines and that the recommended nutritional goals are not being met.

In brief, dietary recommendations made by the US Department of Health and Human Services and the US Department of Agriculture for 2015-2020 include<sup>11</sup>:

- Increase total vegetable intake from all vegetable subgroups: dark-green vegetables, red and orange vegetables, legumes, starchy vegetables, other vegetables,
- Increase fruit intake (mostly whole fruits, in nutrient-dense forms),

• Shift to make half of total grains consumed to be whole grains: switch refined for whole-grain versions,

- Increase dairy intake in fat-free or low-fat forms,
- Increase the variety of proteins (switch meats/poultry/eggs to more seafood and more nuts, seeds, and soy products),
- Shift from solid fats to oils,
- Limit the amount of sugars, saturated fats, and sodium.

### NUTRITIONAL COUNSELING IN THE DENTAL PRACTICE

Diet is a modifiable risk factor. As dental professionals are able to screen for oral disease, such as dental caries and periodontal diseases, they can assess the contribution of diet to such diseases. Tools such as the Rapid Eating Assessment for Participants (shortened version) can be used chairside to assess a patient's nutritional intake.<sup>12</sup> In addition, because of the two-way associations between periodontal diseases and systemic diseases,



## CDC SEEKS APPLICANTS FOR DENTAL PUBLIC HEALTH RESIDENCY PROGRAM

The Centers for Disease Control and Prevention's Division of Oral Health is now accepting applications for the 2021–2022 Dental Public Health Residency Program.

The CDC Dental Public Health Residency Program is a training program to produce skilled specialists in dental public health.

They can work collaboratively with their public health and dental colleagues in an array of health settings to achieve improved oral health for populations, including:

- Health agencies.
- Voluntary organizations.
- Research settings.

• Health care delivery or health care reimbursement systems.

According to the CDC, the residency program provides "opportunities to gain experience and skills across all ten designated competency areas outlined by the American Board of Dental Public Health."

# The deadline for applications is **SEPT. 28**

For more information about the program, including eligibility requirements, visit the CDC Dental Public Health Residency information page atcdc.gov/ oralhealth/about/residency-program. html.



educating patients and advocating diets that are more compatible with periodontal health is a necessary aspect of oral healthcare. Based on the evidence provided above, a diet that can facilitate periodontal health is low in refined carbohydrates, but is high in whole grains, omega-3 fats, casein and whey proteins, and in foods with antioxidant properties. Because of the multifactorial nature of periodontal diseases, it is important to emphasize that modification of nutrient intake alone will not be able to prevent or arrest progression of periodontal diseases.<sup>2</sup>

When comparing the recommendations made in this article from a periodontal perspective with the 2015-2020 Dietary Guidelines for Americans, many similarities are noted, particularly regarding the decreased intake of refined carbohydrates (and subsequent increased intake of whole grain carbohydrates), increased dairy intake (casein and whey proteins), and reduced sugar intake. However, one notable difference is the recommendations about vegetable oils. The 2015-2020 Dietary Guidelines for Americans recommend vegetable oils instead of solid fats from the standpoint of cardiovascular disease and excess caloric intake.<sup>11</sup> However, studies on vegetable oils (omega-6 fats) have demonstrated that omega-6 fats promote inflammation and can increase the incidence of progression of periodontal disease.<sup>6,8</sup> Therefore, the benefits and the risks of omega-6 fats should be weighed prior to modification of diet in this aspect. For patients who have a cardiovascular disease diagnosis, suitable substitutes can be suggested for vegetable oils with lower omega-6 content.

Periodontitis is characterized by microbially associated, host-mediated inflammation resulting in loss of periodontal tissues. Plague biofilm is required for the onset of periodontitis, but the resulting tissue destruction is primarily due to abnormal host immune response to inflammation.<sup>5</sup> One important factor that contributes to the state of hyperinflammation is oxidative stress, a result of ROS overpowering the body's antioxidant defenses.<sup>1,5</sup> An individual's intake of macronutrients can contribute to oxidative stress and inflammatory response by either up-regulating or down-regulating it.<sup>1</sup> These relationships necessitate consideration of the adjunctive role of diet in periodontitis.<sup>3</sup> Evidence suggests a diet not only low in refined carbohydrates but also one that includes whole-grain carbohydrates and is high in omega-3 fats, casein and whey proteins, and foods with antioxidant properties can downregulate the destructive inflammatory response of the host and facilitate periodontal health.<sup>1,5,9,13</sup> Today, still little is known about the role of nutrition in periodontitis. With rapid advances in molecular biology and nutritional genomics, there is an opportunity for better understanding the interface between nutrition and periodontal disease in the future.<sup>3</sup>

#### REFERENCES

1. Raindi D. Nutrition and periodontal disease. Dent Update. 2016;43(1):66-68, 71-62.

2. Hujoel PP, Lingström P. Nutrition, dental caries and periodontal disease: a narrative review. J Clin Periodontol. 2017;44(Suppl 18):S79-S84.

3. Enwonwu CO, Ritchie CS. Nutrition and inflammatory markers. J Am Dent Assoc. 2007;138(1):70-73.

4. Hamasaki T, Kitamura M, Kawashita Y, et al. Periodontal disease and percentage of calories from fat using national data. J Periodontal Res. 2017;521):114-121.

5. Chapple ILC. Potential mechanisms underpinning the nutritional modulation of periodontal inflammation. J Am Dent Assoc. 2009;140(2):178-184.

6. Iwasaki M, Taylor GW, Moynihan P, et al. Dietary ratio of n-6 to n-3 polyunsaturated fatty acids and periodontal disease in community-based older Japanese: a 3-year follow-up study. Prostaglandins Leukot Essent Fatty Acids. 2011;85(2):107-112.

7. Hujoel P. Dietary carbohydrates and dental-systemic diseases. J Dent Res. 2009;88(6):490-502.

8. Woelber JP, Bremer K, Vach K, et al. An oral health optimized diet can reduce gingival and periodontal inflammation in humans - a randomized controlled pilot study. BMC Oral Health. 2016;17(1):28.

 Adegboye AR, Boucher BJ, Kongstad J, Fiehn NE, Christensen LB, Heitmann BL. Calcium, vitamin D, casein and whey protein intakes and periodontitis among Danish adults. Public Health Nutr. 2016;19(3):503-510.
 Seck T, Moreau JL. Dental lesions. After-effects of Kwashiorkor [in French]. Inf Dent. 1982;64(13):1259-1268.

11. U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 - 2020 DietaryGuidelinesforAmericans.8thEdition.December2015.2015.

https://health.gov/our-work/food-and-nutrition/2015-2020-dietary-guidelines/. Accessed August 13, 2020. 12. Segal-Isaacson CJ, Wylie-Rosett J, Gans KM. Validation of a short dietary assessment questionnaire: the Rapid Eating and Activity Assessment for Participants short version (REAP-S). Diabetes Educ. 2004;30(5):774-778.

13. Baumgartner S, Imfeld T, Schicht O, et al. The impact of the stone age diet on gingival conditions in the absence of oral hygiene. J Periodontol. 2009;80(5):759-768.•





## 2021 SFVDS Membership Diary

Dr. Anette Masters Membership Chair

The horizon seems to be clearing up and businesses are starting to pick up. Although we started slow, the progress is becoming. The once quiet building is now filled with the frequent ringing of the elevator, sound of the footsteps and door chiming.

It is apparent that we have moved from the chaos of the past and a more transparent future is ahead. But for now, we are learning to navigate the new norm around us. We have adapted ourselves to the ever-changing, mandated protocols. Our knowledge of keeping our businesses techno savvy is keeping us ahead. Contactless greetings and mobile phone check-in are now expected by our patients. Some of us became innovative and even experts in handling the necessary changes in our offices, from making our own disinfectant to creating protective barriers.

We realize that we have to be vigilant and mindful as we trudge on with the perils of the pandemic. The journey is not over but we will remain steadfast in keeping ourselves above the crisis.

So, we begin this year with the hope of vaccinating all health care personnel to mitigate the spread of the Covid19 pandemic. The San Fernando Valley Dental Society was able to schedule our Members and their staff to get vaccinated at Northridge Hospital Medical Center with the help of our Past President Dr. Bob Hale, NHMC Chief Medical Officer Dr. Mark Dumais and the hospital staff.

We continue to engage and interact with our members through all the activities and events that we put on this first quarter. With the unique circumstance that we are currently in, we continue to find ways to reach out. Although limited, the persistence to get us back to normalcy was aspired by the SFVDS BOD. Opening our doors once again to our members for CPR classes was well received. Membership Ambassador lunches are trickling in. Recruitment is getting a good start and in no time, we will be off and running again.

For now, here is a glimpse of the beginning of the SFVDS 2021 Membership Journey.



## WELCOME 2021 SFVDS PRESIDENT Dr. Michael Whang



Dr. Whang addressing the 2021 Board of Directors on his first Board Meeting.





Dr. Chi Leung, Immediate Past President, volunteering at California State University, Northridge during Covid 19 vaccination day.

DENTAL DIMENSIONS SPRING 2021





A well-attended presentation by Dr. Stewart Balikov, Dental Director for Blueshield/Bluecross, with over 100 attendees. Lots of catching up with the new 2021 CDT codes and tips on how to properly submit and fill out insurance claims.

A remarkably interesting lecture given by Dr. Roy Shelbourne who shared his "jailtime" experience. The attendees were engaged and learned how to meticulously keep their clinical records.







and efficient when treating pediatric patients.



## SFVDS Membership Ambassador Program





Dr. Nita Dixit (on the left), Leadership Development Committee Chair, along with Dr. Anette Masters, welcomed Dr. Catherine Guerrero (on the right) a pediatric dentist who spent several years working for the US Secret Service before becoming a dentist. She went to dental school at A.T. Still University in Mesa, AZ and completed her residency at NYU Lutheran Medical Center in Tucson, AZ. She moved from Arizona and established her practice in Woodland Hills, CA. She is a proud member of SFVDS, CDA, ADA, American Academy of Pediatric Dentistry and California Society of Pediatric Dentistry.



Dr. Karin Irani, Past President and CDA Board of Trustee, all geared up with her PPE to provide "drive thru" vaccine.













After receiving the Covid-19 Safety Compliance Certificate, SFVDS was able to open their doors for the 2021 1<sup>st</sup> CPR class, limited to 12 attendees only. With everyone almost vaccinated and safety protocols in place, Dr's and their office staff signed up for the class.

DENTAL SOCIETY'S 1st SCHLEP AND SHRED & E -WASTE EVENT OF 2021 IS COMING!!! COME SHRED WITH US ON SATURDAY, February 27, 2021 in Valencia, CA. 9:00 am -12:00 pm

THE SAN FERNANDO VALLEY

Our 1st Schlep & Shred and Electronic E-Waste of the year will take place on:

February 27, 2021 (Saturday)

From 9:00 am -12:00 pm in the parking lot of:

Mehran Abbassian, DDS 27420 Tourney Rd Valencia 91355-5635 The first Schlep & Shred for 2021 was well received by the membership. Cars were ready at 8:30am to unload their boxes of "shredables," recyclable equipment and devices. Dr. Philomena Oboh-President Elect, along with our Executive Director -Curt Thornton and Membership Chair- Dr. Anette Masters welcomed one of our members.













Dr Jason Pair, an orthodontist and SFVDS past president talked about the advantages of using TAD's. Amazing cases and results were presented.



## 2021 Membership Committee Colluding of Great Minds















Dr. Gib Snow- Antelope Valley Membership Liaison



All smiles at the 2021 1<sup>st</sup> Zoom Membership Committee Meeting. Collaboration with different committee chairs and preplanning upcoming events for members and nonmembers. The committee came up with excellent ideas to give more value and benefits to the whole SFVDS Membership.

# MAXIMZE YOUR MEMBERSHIP BENEFITS

Whether you're new to the California Dental Association or a lifetime member, you likely already have a favorite benefit. But you may not be familiar with all of the perks that your membership has to offer. This past year, CDA has evolved its programs, services and expertise to help dentists navigate unprecedented challenges and be supported across all aspects of practice.

These unique benefits can save you time and money, expand your education, streamline practice operations and connect you to priceless guidance when you need it most. Explore some of the many resources available to you through organized dentistry:

### **PRACTICE SUPPORT**

### What is it?

To help members navigate the business side of dentistry, CDA Practice Support provides dedicated expertise in practice management, dental benefit plans, regulatory compliance and employment practices.

### What do you get?

- One-on-one phone and email support from expert analysts
- A full library of easy-to-implement resources, including:
- Compliance calendar and required posters
- Informed consent forms in multiple languages
- Time-saving letters, templates and checklists
- Comprehensive, dentistry-focused guides
- A customized employee manual generator

### **MEMBER-EXCLUSIVE SAVINGS**

### What is it?

Harnessing the buying power of CDA's large membership, Endorsed Programs bring you select offers from vetted vendors. In addition, members have access to consistent, competitive pricing on dental supplies by shopping online at TDSC.com, Powered by Henry Schein.

### What do you get?

• Special offers for business services from Endorsed Programs, including:

- Bank of America practice financing
- CareCredit financing for your patients
- eAssist billing and claims processing
- HR for Health human resources solutions
- PureLife equipment to stay in compliance
- Staples Business Advantage supply savings - WEO Media complete marketing services
- Dental supplies and equipment at negotiated discounts just for
- members

### **ONGOING EDUCATION**

What is it?

In addition to CDA Presents The Art and Science of Dentistry, one of the

nation's leading dental conventions, members benefit from expanding education options year-round through an innovative eLearning platform.

### What do you get?

- Waived registration fees for virtual and in-person events
- Access to live, online and on-demand C.E. on trending topics
- Connection to leading speakers and real-time networking
- Convention-exclusive pricing from leading exhibitors

### **NEWS & INSIGHTS**

### What is it?

CDA's experts across all aspects of dentistry work quickly to provide information and analysis to help you practice safely, productively and stay ahead of the curve on practice management and clinical care trends.

### What do you get?

- Timely, trusted news on COVID-19 and essential issues
- Step-by-step training for new protocols and best practices
- Live member meetings and video updates from leaders
- Access to CDA's robust clinical journal and resource library

### TDIC INSURANCE COVERAGE

### What is it?

In California, The Dentists Insurance Company offers a full suite of professional insurance options only to CDA members, plus attentive advisors solely focused on dentistry.

### What do you get?

- Access to exceptional coverage at a fair price, including:
  - Professional Liability
  - Commercial Property
  - Workers' Compensation
  - Employment Practices Liability
  - Cyber Suite Liability
  - Additional coverages through TDIC Insurance Solutions
- Discounts for new dentists, bundled coverage and more
- No-cost Risk Management Advice Line guidance for members whether or not they are TDIC policyholders

### **DEDICATED ADVOCATES**

While advocacy can seem like an abstract term, CDA's dedicated team drives real and measurable results for the security of California dentists' licensure, education, financial well-being and patient care.

### What is it?

An in-house legislative advocacy team, with dentistry-specific expertise and established relationships, fights on behalf of you, your patients and your profession. CDA decodes complex regulatory issues, keeps members actively involved and amplifies their voices.

### What do you get?

- The strength leveraged by a community of 27,000+ members
- Experts in your corner on emerging issues impacting dentistry
- Opportunities to share your voice through grassroots efforts

### **CAREER AND PRACTICE GROWTH**

### What is it?

To support dental professionals in connecting with the right-fit opportunities, and practice leaders in building their teams, CDA launched a comprehensive Career Center, and offers an array of professional development resources.

### What do you get?

- Deep discounts on your Career Center postings
- Templates, tools and expertise to boost your search
- Concentrated campaigns to build staffing pipelines

It's more rewarding than ever to share the benefits of membership with your friends and colleagues. Current tripartite members who successfully refer a new member to organized dentistry receive double thanks: a \$100 Visa® gift card from CDA and a \$100 American Express® gift card from the ADA. (For terms, conditions and details, visit cda.org/refer.)

Explore your benefits online and begin sharing them with your peers today. Visit cda.org/member or call 800.232.7645 for support maximizing your membership.•

## - FOOTHILLS/GLENDALE AREA LIAISON UPDATE

### BY DR. MARILYN HOPKINS

With the COVID pandemic taking over most of 2020, dentistry has had to adapt. Our in-person zone meeting was replaced by a virtual one. We were incredibly lucky to have Dr. Nadim Baba (the past president of the American College of Prosthodontists, a professor at the Loma Linda University School of Dentistry and in a part-time practice in Glendale) as our virtual lecturer on CAD/CAM fabricated complete dentures. His webinar was so informative and provided exciting new insight!

This past year, we had to transform our offices to accommodate the new normal. The support of peers in our dental community made this transition much easier. Here is to hoping to a brighter 2021 and to a return to some normalcy! We might even be able to meet up in person by the end of the year! Let us stay in touch, and please feel free to contact the central office with any concerns and suggestions.•

## **Considering selling your practice?**

## We have qualified buyers looking in the San Fernando Valley.



"Ken has been amazing throughout the purchase process! He's realistic, well-spoken, and knowledgeable about the business of dentistry without letting the emotions of others prevent him from losing sight of his client's desires and needs. Hard to find out there. Thanks a million, Ken!" - Eric Donaty, DMD

Ken Skeate DRE #00885612 Call Ken today at **(805) 338-5850** to discuss the value of your practice.



(855) 337-4337 www.integritypracticesales.com



DRE #01911548

Integrity Practice Sales Broker-Owners: Darren Hulstine & Bill Kimball, DDS

## YOU'RE INVITED

Join 161,00 of your colleagues as a member of the ADA.

## ADA<sub>®</sub>

Here are just a few ways the ADA is helping us build the future of our profession:

### YOUR VOICE IS HEARD IN WASHINGTON

Representing more than 161,000 members, we make sure that the collective voice of dentistry is heard by legislators and regulators at national, state and local levels.



### ADA.org/advocacy

### ADDRESSING THIRD-PARTY PAYER ISSUES



Not only do members access resources to help make sound decisions about payer networks, we also offer consultation on third party issues and policy advocacy on behalf of all members.

ADA.org/dentalplans

### ATTRACT NEW PATIENTS WITH ADA FIND-A-DENTIST

Add a photo to your profile on the newly enhanced ADA Find-a-Dentist<sup>®</sup> tool and help new patients find you. The ADA Find-a-Dentist website has had more than 2 million visits from potential patients in the past year alone.



### SAVE HOURS SPENT ON PAPERWORK



ADA.org/myADA

The ADA<sup>®</sup> credentialing service, powered by CAQH ProView<sup>®</sup> is a digital solution that helps streamline the credentialing application process. Input your

professional information once and make it available to the participating payers, hospitals and employers you choose. **ADA.org/credentialing** 

### NEW CLINICAL GUIDELINES AND CHAIRSIDE GUIDES

The ADA Center for Evidence-Based Dentistry<sup>™</sup> recently created new practice guidelines on topics including sealants and topical fluoride. Keep your practice in sync with these resources along with those from JADA and the ADA Library & Archives. EBD.ADA.org



### SUPPORT FOR YOUR PRACTICE AND YOUR LIFE



Manage your career, expand your knowledge and achieve work-life balance using the tools and practice management resources available through the ADA Center for Professional Success™. Success.ADA.org

### STREAMLINED ONLINE CE OFFERINGS

Earn world-class CE through ADA CE Online and track and record your courses and credits. Learn from leaders in dentistry with in-person educational opportunities including the ADA annual meeting. **ADACEonline.org** and **ADA.org/meeting** 



33

### BECOME A MEMBER TODAY BY VISITING **ADA.ORG/JOIN**

Learn more about your state society at ADA.org/states.

## **REFER A MEMBER!**



There is no better time to introduce a colleague to what organized dentistry can do for them. And CDA members' personal experiences with our support, advocacy, education, and protection are powerful referral tools.

The benefits are limitless. With more than 27,000 dentists working together, our community is stronger than ever. Get dentist-focused support navigating the challenges brought on by COVID-19, practicing dentistry safely and effectively now and planning for sustainability.

For every new member you successfully refer, you will earn double rewards:



## \$100 AMERICAN EXPRESS GIFT CARD FROM ADA\* \$100 VISA GIFT CARD FROM CDA\*

The more new members you refer, the more rewards.

## **DETAILS HERE**

\*Rewards issued to referring member once referral joins and pays required dues. Total rewards possible per calendar year are limited to \$500 in gift cards from ADA and \$500 in value from CDA.



NARINE ARUTUNIAN, DDS 1009 Glenoaks Blvd. San Fernando, CA 91343 (818) 361-3889 General Western University, 2017

KIMIA ATTAR, DDS General UCLA, 2018

KAREN DROSDIK, DDS General Virginia Commonwealth University, 1987

MARTIN HERNANDEZ, DDS General Universidad De La Salle, 2020

#### JAMES MALOUF, DDS 2028 Lake Ave

2028 Lake Ave Altadena, CA (626) 797-7551 Endodontics USC, 1996

JESSICA JARMOND, DDS General University of Detroit, Mercy, 2012

NAVEED MOHAMMED, DDS General International

SANAZ MOHSENI, DDS 1000 Newbury Rd. Ste. 260 Newbury Park, CA 91320 (805) 480-0092' General UCLA 2015

EUGENE PENG, DDS General Boston University, 2020

HUZEFA SAIFEEE, DDS Periodontics UCLA, 2015

MAHSA SAMOUHI, DMD General Western University

DEYANIRA SANCHEZ, DDS Pediatrics UCLA, 2007 SHERVIN SARRAF, DDS General USC, 2018

NAIRY SEKAYAN, DDS General Loma Linda, 2020

PRABDEEP SEKHON, DDS General UCLA, 2014

**DAVID SHIRINIAN, DDS** USC< 2020

CHRISTY TRAN, DMD Pediatrics Midwestern University, 2020

BRIAN TSAI, DDS 5620 Wilbur Ave. Ste. 102 Tarzana, CA 81356 (818) 881-1261 General USC, 2019

**JEAN TSAI,** General USC, 2020

STEPHANIE VARGAS, DDS Pediatrics Columbia University, 2018

BRANDON VILLAR, DDS General Arizona School of Dentistry, 2019

BEIBEI WU, DDS General UCLA, 2020

MATTHEW YEKIKIAN, DDS General USC, 2017

MILAD ZADFAR, DDS General USC, 2019

SAM ZIJOUDI, DDS General Universidad De La Salle, 2020





My Account | Job Search | Manage Resumes | Create Job Alerts

The SFVDS Career Center is the premier resource to connect career opportunities with qualified dentistry professionals. Whether you're searching for jobs or finding candidates, the SFVDS Career Center offers a wealth of resources to help you achieve your career goals!

### As a jobseeker, the SFVDS Career Center allows you to:



### Mange Your Career

Search and apply to the best dentistry jobs at institutions that value your credentials

Upload your resume anonymously with an option to specifically release your information to allow employers to contact you

Receive an alert every time a job becomes available that matches your criteria

Access career resources and lob searching tips and tools

### As a employer, the SFVDS Career Center is the best platform to:



San Fernando Valley Dental Society 9205 Alabama Avenue, Suite B, Chatsworth, CA 91311 818-576-0116 www.sfvds.org Email: exec.sfvds@sbcglobal.net

## NEW SFVDS CAREER CENTER ON SFVDS.ORG CONNECTS EMPLOYERS AND JOB SEEKERS, BUILDS DENTISTRY EMPLOYMENT PIPELINE

SFVDS has launched an enhanced platform to offer practice owners and job seekers an intuitive and easy way to connect through job alerts, customized profiles, and high-quality job matching technology.

The employment landscape in dentistry is changing – both job seekers and employers must be informed and connected to keep pace. The growth outlook in dentistry is strong, with hygienists and assistants in especially high demand and practices shifting toward more flexible staffing models.

In a strategic effort to aid members in growing their careers and building their practice teams, SFVDS has launched a robust online Career Center for both employers and job seekers. After hearing from members firsthand about staffing challenges and their concerns about mitigating future shortages that would impact successful practice operations, SFVDS launched the new platform to stay ahead of members' evolving practice management needs.

The new Career Center was built to support SFVDS members:

### CONNECT TO A NEW CAREER OPPORTUNITY FASTER.

Through the new platform, job seekers can explore and filter relevant listings with real-time updates. "Careers You Like" recommendations, alerts and bookmarks facilitate job matches. Tips, training, and materials prepare candidates to put their best foot forward.

Graduating dental students and new dentists can get a head-start on securing a job by posting their resumes and gain visibility to hiring practices.

### FIND THE RIGHT-FIT NEW HIRE FOR YOUR PRACTICE.

SFVDS is making recruiting more affordable. Connect faster to great candidates with the new platform's features, plus social tools, and emails.

Job seekers and employers who are ready to pursue their searches have support preparing their postings and resumes.

### Job seekers: See how to make your resume stand out.

- Start by organizing your past job descriptions, contact info and educational transcripts.
- Choose a resume format that spotlights your achievements: functional or chronological.
- Be concise to gain immediate attention, choosing only what is most important to feature.

- Access resume best practices and interview tips – or even request a free resume review.

### Employers: See how to attract great candidates sooner.

-Find tools to increase your candidate reach and search success in the Career Center.

Start your search today and explore resources to support your professional path or build your perfect practice team. Visit the new Career Center at careers.sfvds.org.•

# Thank You Peer Review!

As the Peer Review program has come to a close with the completion of its last cases, please join me with this opportunity to thank our Chairman, Dr. Alan Lewis, for his exemplary dedication and leadership over his 29 years of service on Peer Review. Spending countless hours to help maintain the integrity and high ethical standards of our profession while also providing a fair and impartial resolution to our community of patients, Dr. Lewis and his committee members hold my utmost respect and gratitude for this noble work. With an acknowledgment of the tremendous value this benefit has had for our members, I know that if we are able to resume Peer Review in the future. Dr. Lewis and his wonderful committee members will answer the clarion call and return. Thank you ALL again and hope to welcome you to serve again soon. Best regards,

Michael Whang, DDS, FACD

Members

Alan Lewis, DDS Emad Bassali, DDS Brian Bergh, DDS Timothy Buckley, DDS Kathy Keikhan Ebrahimi, DDS Kaivan Kiai, DDS Andre Kanarki, DDS Jill Lasky, DDS Charles Low, DDS Alan Levy, DDS Harry Markarian, DDS Nishan Odabashian, DDS Jason Pair, DDS Michael Rabinovici, DDS Mark Stein, DDS Cynthia Tatsuta, DDS Greg Turk, DDS Kory Zussman, DDS Wendy Zaslove

DENTAL DIMENSIONS SPRING 2021 / 30

# MEMBER HIGHLIGHT PERIODONTISTS

NAME	ADDRESS	PHONE
Neal C. Murphy, DDS	5400 Balboa Blvd Ste 105, Encino, CA 91316	N/A
Kalid N. Hosn, DDS	505 E Doran St Apt 1052, Glendale, CA 91206-5320	(818) 813-3337
Bertram Henick, DDS	26560 Agoura Rd Ste 102, Calabasas, CA 91302-1949	(818) 871-9416
Elisa S. Sin, DDS	4455 Deanwood Dr, Woodland Hills, CA 91364-5620	(617) 620-0873
Mahasti Saghizadeh, DDS	12423 Ventura Blvd, Studio City, CA 91604-2407	(818) 760-0333
Aida Yashar-Matian, DDS	19900 Ventura Blvd Fl 200, Woodland Hills, CA 91364-2689	(818) 914-7484
Alfred Penhaskashi, DDS	5363 Balboa Blvd Ste 226, Encino, CA 91316-2822	(818) 788-7091
Robert L. Sobel, DDS	16311 Ventura Blvd Ste 1110, Encino, CA 91436-4354	(818) 788-6600
Moshe Benarroch, DMD	27421 Tourney Rd, Valencia, CA 91355-2190	(661) 222-7762
Steven G. Exler, DDS	16311 Ventura Blvd Ste 1005, Encino, CA 91436-4344	(818) 907-1780
Fariborz Matian, DDS	19900 Ventura Blvd Fl 200, Woodland Hills, CA 91364-2689	(818) 914-7484
S S. Khorsandi, DDS	8515 Florence Ave Ste 201, Downey, CA 90240-4043	(562) 622-6017
S S. Khorsandi, DDS	4521 Sherman Oaks Ave Ste 201, Sherman Oaks, CA 91403-3807	(818) 981-4867
Shalini Singh, DDS	44443 16th St W #103, Lancaster, CA 93534-2840	(661) 723-9414
Marc Y. Waki, DDS	3808 W Riverside Dr Ste 204, Burbank, CA 91505-4339	(818) 842-6162
Androush Safarian, DDS	1000 N Central Ave Ste 250, Glendale, CA 91202-2912	(818) 241-6860
Marc J. Gross, DDS	5400 Balboa Blvd Ste 315, Encino, CA 91316-5229	(818) 990-5220
David H. Isaacs, DDS	4350 Woodman Ave, Sherman Oaks, CA 91423-3031	(818) 981-4508
Michael L. Abelson, DDS	25880 Tournament Rd Ste 108, Valencia, CA 91355-2383	(661) 254-9640
Jack E. Wasserstein, DDS	27450 Tourney Rd Ste 100, Valencia, CA 91355-1829	(661) 254-8484
Kory M. Zussman, DDS	16311 Ventura Blvd Ste 625, Encino, CA 91436-4317	(818) 907-1318
Matthew J. Okui, DDS	16055 Ventura Blvd Ste 820, Encino, CA 91436-2610	(818) 990-5222
Richard Benveniste, DDS	19231 Victory Blvd Ste 256, Reseda, CA 91335-6347	(818) 881-7337
Homan Hanasab, DDS	7239 Van Nuys Blvd # 6, Van Nuys, CA 91405-5863	(818) 785-2424
Tyler J. Hendry, DDS	411 N Central Ave Ste 220, Glendale, CA 91203-2020	(818) 240-4555
Sohail S. Parham, DDS	4955 Van Nuys Blvd, Sherman Oaks, CA 91403-1801	(818) 990-5795
Gary W. Green, DDS	16133 Ventura Blvd Ste 1040, Encino, CA 91436-2423	(818) 995-0294
Stephen A. Horowitz, DDS	17777 Ventura Blvd Ste 214, Encino, CA 91316-3738	(818) 654-8310
Sara Tanavoli, DDS	6325 Topanga Canyon Blvd Ste 202, Woodland Hills, CA 91367-2015	(818) 606-7871
Sara Tanavoli, DDS	500 Esplande Drive, Oxnard, CA 93036	(805) 981-7818
Franklin D. Niver, DMD	16311 Ventura Blvd Ste 1110, Encino, CA 91436-4354	(818) 788-6600
Sam I. Naim, DDS	16661 Ventura Blvd Ste 308, Encino, CA 91436-1919	(818) 336-1120
Ronald J. Lascoe, DMD	3808 W Riverside Dr Ste 204, Burbank, CA 91505-4339	(818) 842-6162
Michael B. Imberman, DMD	18425 Burbank Blvd Ste 709, Tarzana, CA 91356-6669	(818) 345-5300
Gary W. Green, DDS	23005 W. Soledad Canyon Rd, Saugus, CA 91350	(661) 254-1031
Michael B. Imberman, DMD	32144 Agoura Rd, #120, Westlake Village, CA 91361	(818) 865-8666
Rodica S. Grasu, DDS	16055 Ventura Blvd Ste 405, Encino, CA 91436-2608	(818) 990-5090
Sean A. Sakhai, DDS	6342 Fallbrook Ave Ste 101, Woodland Hills, CA 91367-1613	(818) 887-7772
David F. Levine, DDS	3808 W Riverside Dr Ste 305, Burbank, CA 91505-4339	(818) 558-7454
Taylor M. Hoang, DDS	3808 W Riverside Dr Ste 204, Burbank, CA 91505-4339	(818) 842-6162

# CLASSIFIEDS

### EMPLOYMENT OPPORTUNITY

Dental Screeners (consultants) Needed

Medi-Cal Dental is looking for dentists to perform evaluations in an office environment, on an as needed basis throughout California. Must have 10 years clinical experience, current unrestricted dental license, no prior or current investigations and your own office. Participation in the Medi-Cal Dental program is not a requirement. Email resume to: srotblatt@delta.org

### FOR SALE

Valencia practice + condo for sale.

Gross \$820K, net \$385K on 3 days/wk. Growing area. FFS. 6 ops, beautiful office, wonderful staff. Dentist retiring. practicesale499@yahoo.com

### LEASE

Dental/Orthodontic suite for lease in Woodland Hills. Open floor plan (4 operatory). 1150 sq. feet for \$3000/mo + shared expenses. (818) 836-1280, Kent

### PROFESSIONAL SERVICES

Unique Clinical & Lab Services in Oral Pathology and Orofacial Pain

We provide the following services for your patients:

1. Microscopic diagnosis for the biopsies submitted by dentists;

2. Diagnosis and therapeutic management of oral mucosal lesions, such as chronic ulcers; vesiculobulous disorders; burning or dry mouth, etc.

3. Diagnosis and management of orofacial pain disorders including  $\ensuremath{\mathsf{TMD}}$ 

4. Diagnosis of ambiguous white/red lesions(oral cancer/precancer) and clinical follow-up programs;

5. Comprehensive care of prior/post radiotherapy for head/neck cancers

Lan Su, DMD, PhD, Diplomate, American Board of Oral&Maxillofacial Pathology 31332 Via Colinas, Suite 109 Westlake Village, CA 91362 Telephone: 818 865 1039 www.oralpathmed.com

### SHARED SPACE

Tarzana Dental Office to share- 2 operatories available. Great Ventura Blvd location with ample free parking. Please call Tom at (818) 903-4549

## SAVEtheDATES EVE UPCOMING

## APRIL

28th - Live Webinar: The Art of Aesthetics & Occlusion and Team Case Acceptance Made Simple with Dr. Todd Snyder and Gary Kadi

### MAY

13th – 16th CDA Presents (virtual): Art & Science of Dentistry 20th - Live Webinar: Interactive Workshop #1 Thriving in Challenging Times

## IIINF

12th - Schlep & Shred (Burbank) 17th - Live Webinar: Interactive Workshop #2 Thriving in Challenging Times 23rd - Live Webinar: Implants with Dr. Todd Schoenbaum

## JULY

7th - Dental Business Summit (DBS) #1 21st - DBS #2 27th - CPR class

### AUGUST

4th - DBS #3 14th - Hands On Workshop #1 18th - DBS #4 26th - CDA Sponsored: Special Live Webinar - Employment Law Update

## SEPTEMBER

9th - 11th CDA Presents 22nd - Live Webinar: Digital Impressions: The Essential Tools for Every Practice with Dr. Jonathan Ng, and Dental Photography with Dr. David Wagner 30th - Live Webinar: To Be Announced

### OCTOBER

10th - 13th ADA SmileCon: Mandalay Bay Resort and Casino in Las Vegas 20th - Live Webinar: Local Anesthesia with Dr. Alan Budenz 23rd - Live Virtual Halloween Party 28th - Live Webinar: To Be Announced

### NOVEMBER

6th - Hands On Workshop #2 12th - 13th - CDA House of Delegates 17th – Live Webinar: Leveraging Advancements in Dental Materials; Products & Techniques to Improve Patient Care, Outcomes and Productivity in Contemporary Restorative Practice with Dr. Foroud Hakim. AND, Building Your Practice with Implants: Enhancing Diagnosis, Placement, Cementation and Marketing with Dr. Sam Halabo.

20th - Schlep & Shred (Van Nuys)

DECEMBER 7th - CPR class



### PROFESSIONAL LIABILITY

## Dentistry isn't like anything else.

### Better protection is built just for dentists.

The Dentists Insurance Company was founded by dentists, to protect only dentists, and is led by your peers.

In fact, TDIC's Professional Liability coverage follows the scope of practice, which means you're protected for the administration of the COVID-19 vaccine.\*

See more ways you benefit from exceptional protection at every stage of practice:

- · One-on-one guidance by Risk Management analysts
- · In-house claims team and razor-sharp legal team
- · Higher limits for specialties with higher exposures

Plus, get premium discounts for bundling your policies or completing our current risk management seminar.

Talk to an agent or apply today at tdicinsurance.com/PL.

### Protecting dentists. It's all we do."

800.733.0633 | Idicinsurance.com | CA Insurance Lic. #0652783

f in 🔽 @TDICinsurance

Endorsed by

San Fernando Valley Dental Society



\*Coverage is subject to compliance with all requirements of a vaccine emergency waiver; vaccine manufacturers requirements, and policy provisions.