

GP



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**The Award-Winning
Journal of the New
York State Academy of
General Dentistry**

222 Mamaroneck Avenue, White Plains, NY 10605
914-683-1139 Fax: 914-683-1345
www.agd.org www.nysagd.org
Seung-Hee Rhee, DDS, FAGD – Editor
Michael Steinberg, DDS - Associate Editor
Steven Eichberg – Executive Director
Paula Jones – Education Manager

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Editor – Seung-Hee Rhee, DDS, FAGD
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Editorial



Yes, We Can! by Seung-Hee Rhee, DDS, FAGD

On January 20, 2009, history was made when Barack Obama was sworn in as the 44th President of the United States. A momentous occasion as he is the first African-American to hold this office. Only time will tell how his legacy will unfold, especially during these tough economic times - the worst this country has seen since the Great Depression. But as I watched his Inauguration, like the millions all over the world, I felt hope. I felt as if a great wrong has finally been righted in this world.

President Obama begins his term of office with great burden on his shoulders. Not only the burden of our country's fiscal crisis, health care issues, and strained foreign policy but also the burden of our expectations of him. Yes, he is a "change we can believe in". But no, he cannot do it alone. In his report, our Regional Director, Dr. Abe Dyzenhaus, wrote about volunteerism and reminded us of how President Obama has called on all Americans to step forward and volunteer. Reminiscent of John F. Kennedy, "Ask not what your country can do for you, ask what you can do for your country", President Obama is asking us to help. In times of hardship, it is not the government that helps people. It is people who reach out to help other people.

The idea of volunteerism is alive and thriving among the members of AGD.

In this issue, you will read about Donated Dental Services (DDS) and how AGD members are making life-altering changes with their volunteer services to the needy. You will also read about how AGD dentists have volunteered their time and their experience to educate the future dentists through our NYSAGD Externship Program. Moreover, you will see the effort and dedication of all our volunteer dentists in the AGD, including our very own NYSAGD Executive Council and Board of Trustees: all the hard work and countless hours they put into making the lives of our fellow dentists and patients just a little better. Please be sure to check-out the various AGD journals and websites to see all that they do.

But we cannot do this alone. We need your help. I know most dentists are chronic over-achievers and over-workers. I know that you are busy with your practice, family, friends, and other obligations that keep you "going 24/7". But reach out to help out - volunteer your time and considerable talent and generosity to better the lives of your fellow human beings. Remember: The best gift you can give is yourself.

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

-Dr. Martin Luther King Jr.

GP – The Journal of the New York State Academy of General Dentistry is published twice a year by the New York State Academy of General Dentistry. The issues are mailed out in March and September to all the members of the New York State Academy of General Dentistry. All correspondence should be addressed to the Editor at 286 Madison Avenue, Suite 500, New York, NY 10017 or e-mailed to dr.rhee@yahoo.com.

The views, opinions and recommendations expressed in this publication are those of the respective authors and are not necessarily endorsed by the Academy of General Dentistry. The publication of an advertisement in GP – The Journal of the New York State Academy of General Dentistry does not indicate an endorsement of products or services.

Final Report From The President

By Nathan Hershkowitz, DDS, MPH, MAGD



Dear fellow members of the Academy,

A little background to this “Breaking News”: Do you remember back in early September 2006 when you tied up the telephone lines and swamped the servers on the New York State Board of Dentistry (NYSBD) with e-mails via Capwiz to petition for acceptance of the AGD transcript by the NYS licensing board? The Board’s own Executive Secretary called the AGD Headquarters in Chicago and pleaded for a stop to all communications! In return, he promised to place the topic of transcript acceptance on the agenda for the next NYSBD meeting. Although it was placed on the agenda for the September 26, 2006 meeting, it was not until October 12, 2007 that the Board members voted unanimously to recognize the AGD transcript as an acceptable verification of CE course completion (Example: in case of random audit for re-licensure).

Therefore you are probably wondering what has happened since then. The NYSBD has gone through many changes, including the untimely passing of its chairman as well as staff turnovers. To finalize the process, however, the current NYSBD staff asked for modifications in the online editing features that were available to our members. To comply, AGD Headquarters de-activated the self-editing feature on previously-reported courses. But please don’t be too upset by this change! The dedicated staff at AGD Headquarters is available to assist us make any necessary corrections to our transcripts.

The acceptable submissions to AGD Headquarters needed to correct a transcript or to enter a course completion are as follows:

- Electronic submission of the course completion roster from the course provider. This contains all the relevant details of the course.
- Copy of the member’s course completion document submitted via mail by you or the course provider.
- Copy of the member’s course completion document submitted via fax by you or the course provider.
- Copy of the member’s course completion document submitted electronically through scanning by you or the course provider.

The removal of the self-editing feature from the transcripts of NYSAGD members is actually the first step of a nationwide project by AGD Headquarters. So please maintain your membership and get our colleagues to join and experience ALL the enhanced benefits of membership in AGD.

AGD Headquarters is currently awaiting written confirmation of acceptance of the transcript by the New York State government authorities. Stay tuned!

This article was originally titled “Succession - Lifeblood of Our Organization”. In my previous report in *GP*, all members of our current Executive Council were named with a short description of their roles in our NYSAGD. The exception was our Immediate Past President, Dr. Joseph DiDonato III because his efforts in tending to succession in our leadership are only now bearing fruit.

Joe was the first to ask me to consider leading our organization after nearly a decade of developing and heading our award-winning continuing education program as the Chair of the Dental Education Committee. Joe maintains a life-long commitment to bring worthy members under-represented in leadership positions to the forefront. This year, he continued this endeavor in his capacity as Chairman of our Nominating Committee. In their report, contained in this issue, my friend Dr. Muhammed Kasem has been nominated as our next Vice President.

Muhammed and all the nominees have my congratulations and best wishes for a successful term in office. Please make every effort to attend their Installation on Saturday, May 2, 2009 in Syracuse - hometown of my friend and our next President, Dr. Janice K. Pliszcak. Please contact our NYSAGD office for more details.

In my opinion, all the current members of the Executive Council, which I chair, are past or future Presidents of our organization. It has been an exceptional privilege to work with them as well as Mr. Steven Eichberg, Ms. Paula Jones, and our entire Board of Trustees.

It has truly been a joy for me to serve with people both locally and nationally who have become my friends and who continue to teach me, a relatively cloistered yeshiva graduate from Brooklyn, through their rich diversity of geographic backgrounds and personal life experiences. I thank those of you who have mentored me. It is with great confidence in our future leadership that I look forward to many more years of active participation as a past president of our beloved Academy.

As you read the announcements and reports in this issue and on the web site, please see them as invitations to join us in person. When you consider attending a Board meeting, a lecture, or the Annual Meeting in Baltimore (July 8-12), just remember that our Academy is your Academy! When you attend, you will get to befriend colleagues who will never treat you as a competitor. Just call the NYSAGD office a bit in advance so we’ll be sure to have the proper refreshments for your visit. We look forward to your active participation. I hope to see you soon!

From The Regional Director

by Abe Dyzenhaus, DDS, FAGD



Volunteerism is defined as the willingness of people to work on behalf of others without being motivated by financial or material gain.

This definition accurately describes the members of the NYSAGD board. These individuals give up a lot of their time to come to board meetings, committee meetings, and trips to various areas of our state to meet with members and to lead educational and membership

meetings. In these times of economic turbulence, governments are unable to fund many of the programs that the populace has taken for granted. Volunteer organizations have stepped forward to replace the government programs, even though these organizations are also struggling due to financial cutbacks. President Obama has called on the American public to step forward and volunteer.

We, at the NYSAGD, invite you to volunteer for our profession. You can join a dental board, volunteer at a dental clinic, invite a dental student to come to your office to observe and many more.

I would like to thank all those volunteers who have given of their valuable time to help our profession. Thank you very much.

And just a reminder: This July 8th to the 12th in Baltimore, Maryland the AGD will be holding its annual meeting. Please come and join us for education and camaraderie. Go to the AGD website for more information and registration at www.agd.org.

From the National Trustee

by John C. Comisi, DDS, FACD, FAGD



As I write this report to the membership, our national and world economies are becoming more and more challenging for all of us. Our practices are all beginning to "feel the pinch" as our patients start to reassess where their dollars are going to be spent.

National magazines are saying that we in the dental profession are "reaping the rewards" as consumers rush to get their dental work done, before they lose their insurance. What they don't seem to realize is this perception may not be very accurate. I'm pretty sure we will all feel the pinch of this economic "catastrophe" and will need to find more and more creative ways to help treat our patients, and pay our bills.

One of the ways the AGD is attempting to do this is through the creation of a new patient information website. You can find it at www.knowyourteeth.com. It has a wealth of information for our patients that can help them become better consumers and better patients. I would suggest you take a look at it and recommend it to your patients as a resource that they can trust for sound dental information on the internet.

Of significant importance are the government affairs issues that seem to be "popping up" on the state level. The trial lawyers are trying to push legislation through the New York Legislature to affect the statute of limitations for medicine, dentistry and podiatry. This law, if it were to take effect, would have significant negative implications on all of the health professions. Because of the significance this issue bears on our professions, the AGD, NYSAGD in cooperation with the New York State Dental Association and the New York State Medical Society are working together to send letters to our legislators to have them oppose this piece of legislation. You have all been sent e-mail blasts from the AGD and NYSDA regarding this issue. Please contact your Assemblyman and Senator to tell them that they must oppose this onerous piece of legislation.

This mutual cooperation between the organizations is monumental since it will help all of us and our profession better serve our patients.

I hope that next time that I write to you, the economic challenges we share will be turning a positive corner and that we will all have survived this tsunami.



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COUNTERPOINT PERSPECTIVES

on

EVIDENCE BASED DENTISTRY

Evidence Based Dentistry (EBD) is hardly a new concept. According to the ADA, a new process for reviewing scientific evidence emerged in medicine and other health fields in the 1990s that relies on systematic approaches to summarizing large quantities of literature that health care providers need to assimilate into their practices. Since health care providers do not have the time to read the thousands of articles published each year, the "Evidence-Based Medicine" (EBM) process uses a systematic approach to review and publish the evidence relevant to specific clinical questions. The advantages of such process is obvious to a busy practitioner and its applications many. For example, in emergency medicine, where split second decision may mean the difference between life and death of a patient, we can clearly see the benefits of EBM. Like EBM, the ultimate goal of EBD is to help dentists provide the best care for their patients.

However, questions and skepticism arise when something sounds too good to be true. Dr. Jeffrey Galler voices his opposition to EBD in his featured article, "Let's Ban the Phrase Evidence Based Dentistry". Dr. Galler's concern that EBD will be misused by insurance companies to limit and minimize patient benefits and how we practice dentistry is a legitimate one. Even the strongest advocates of EBD agree. We have all seen what insurance companies and their HMO has done to the practice of medicine and what it nearly did to dentistry. Furthermore, if EBD is going to transform current dental practice into a more "statistically-appropriate" and "scientifically-sound" method for treating patients, Dr. Galler asks, "What have we been doing until now?"

In 2005, the National Institute of Dental and Craniofacial Research (part of NIH) awarded New York University College of Dentistry \$26.7

million dollars to launch the PEARL (Practitioners Engaged in Applied Research and Learning) Network, a network of private-practice dentists who conduct clinical studies in the course of routine patient care. Over the 7-year grant period, the goal of PEARL Network is to establish one of three regional practice-based research networks with the mandate to expand and research evidence base in dentistry. Whether we like it or not, EBD is here and it is going to affect the way we practice dentistry - one way or another.

In the following pages, you will have the opportunity to read the arguments for and against EBD by distinguished colleagues. What's your verdict on Evidence Based Dentistry? Is it a tool that will help you in your busy practice or a tool that will help the insurance companies like the "usual, customary, and reasonable"? You decide.

*Let's Ban the Phrase "Evidence Based Dentistry"****

by Jeffrey Galler, DDS

I am angry, insulted, and worried.

Pick up any dental journal today and you are likely to find some reference, either in an article or an editorial, to "Evidence Based Dentistry." This ubiquitous phrase has crept into the dental literature and is now an oft-repeated part of our dental jargon.

When we dentists read about how the new paradigm of "Evidence Based Dentistry" is going to transform current dental practice into a more statistically-appropriate and scientifically-sound method for treating patients, we should howl in outrage. And we should worry about sinister implications for our future.

Why is this phrase so offensive?

It is incredibly insulting for a speaker or writer to extol the virtues of the

new world of Evidence Based Dentistry. What do they think we dentists have been doing until now? Have we been mixing and applying concoctions of snake oils at whim and experimenting on our patients?

We all remember learning and utilizing the Scientific Method at our very earliest, fourth-grade Science Fair. We toiled through biology, chemistry, and physics classes in high school and college, learning how new scientific knowledge builds upon prior accumulated information, after repeated, sound, verifiable experimental evidence and laboratory data become well-established and accepted.

In dental school we all remember struggling with the new concepts of compressive, ductile, and tensile strengths in dental materials, the calculation of therapeutic dosages in pharmacology, and the meanings of

megapascals and newton/centimeter measurements, all based upon careful, reproducible testing, subjected to the rigors of biostatistics analysis.

We learned the differences between *in vitro* and *in vivo*. At Literature Reviews, we learned the fine art of distinguishing between objective scientific research that appears in peer-reviewed journals and articles that are merely infomercials from dental manufacturers; and in studying the dental literature, we mastered the ability to be suspicious of authors' conclusions that are not justifiable.

Now suddenly, the new mantra of "Evidence Based Dentistry" is going to change the world of dentistry? What an insult to all of our dedicated science professors, dental school instructors, and editors of peer-reviewed dental journals!

The introduction of that outrageously offensive expression should fill us all

with righteous indignation. It implies that we have, until just recently, been egregiously mistreating our patients, and performing dentistry in a scientifically unsound manner.

What is really behind this push for “Evidence-Based Dentistry?”

Even paranoiacs have enemies

If one carefully studies the large number of “Evidence Based Dentistry” articles that have appeared in dental periodicals, it is clear that a vast number of them have been penned by individuals who are in some way associated with dental insurance companies.

This fact does not bode well for the future of our profession. When we ask our medical colleagues about their experiences, they explain as follows: “If we refer a backache patient for an MRI, an insurance company will reply that Evidence Based Medicine dictates that the procedure is not covered. Because the vast majority of backaches are simple muscle sprains, and statistically, only a very small percentage of related, serious problems would benefit from early detection, proper utilization of limited financial resources rejects the referral for an MRI.”

This is what dental insurance companies are planning for us and for our patients. This hype of “Evidence Based Dentistry” is a cynical and sinister plot to limit and to minimize patients’ benefits.

Beware the wolf in sheep’s clothing

Do not be misled by benign-sounding platitudes, such as those expressed in the NYSDJ, March 2007 Viewpoint article by Dr. Robert S. Laurenzano. In his article, he discusses how prestigious dental research facilities, in conjunction with the Delta Dental Plan of Massachusetts, are allowing input from “seminal thinkers” regarding this “paradigm shift” of “Evidence Based Dentistry.”

As a result of “this shift,” the author (who is a clinical consultant, United Healthcare Dental/Dental Benefit Providers, Inc., President of Advances in Dental Care, and President-elect of the American

Association of Dental Consultants) reveals that Delta Dental has added newly covered services to its benefit plans, such as sealants in patients above age 15 and that Cigna Dental now provides 100% coverage for scaling/ root planing.

Hello? Sealants and scaling/root planing were deemed to be effective, well-documented, well-researched, valuable, and highly recommended evidence-based procedures in the 1970’s! If some dental insurance companies are only now adding benefits for sealants and scaling/root planing, I cynically believe that their motivations are malevolent. Do not be surprised if we soon are faced with rejection codes such as:

D12345 – Payment is denied for occlusal resin on tooth #30 because Evidence Based Dentistry indicates that the sealant placed three years ago should be intact and successful 90% of the time.

D67890 – Payment is denied for periodontal flap surgery lower right quadrant because Evidence Based Dentistry indicates that seven years after treatment there is little difference in periodontal health between areas treated with scaling/root planing and with periodontal flap surgery.

These cynical predictions are based upon our profession’s collective dental experiences with insurance companies and these fears are for the welfare of our profession and of our patients. These concerns also apply to those practitioners whose patients pay the dentist directly and the patient is reimbursed whatever meager pittance the cold-hearted, miserly insurance companies generously consent to dispense.

Word-processing academicians

To be fair, some of the “Evidence Based Dentistry” articles that I have come across have been authored not by dental insurance-related writers, but by university-based individuals.

Here, too, I am very skeptical. Many of these individuals, I believe, are not genuinely interested in the good of our profession, but are merely interested in self-promotion. Writing many articles in journals looks good on one’s resume and gaining a reputation for

expertise in the “New paradigm of Evidence-Based Dentistry” is an effective engine for greater responsibilities and prestige in academia.

By jumping on the “Evidence Based” bandwagon, are they rejecting as inadequate and unscientific all the decades of careful research and credible, scholarly teachings at their very own universities?

Words have power

The recurring use of a simple, benign-sounding phrase like “Evidence Based Dentistry” is not innocuous. Words and expressions, when repeated continually, become part of our perceptions of reality. In a short time, when dental insurance companies begin to limit patients’ benefits based upon “Evidence Based Dentistry,” it will be hard for our leadership to argue with them. That obnoxious terminology, having become ingrained in our psyches as the new, proper model for making clinical decisions, will serve to stifle any effective dissent.

If not blocked now, “Evidence Based Dentistry” will become as odious and unstoppable an expression as “usual, customary, and reasonable.” We have the power of the editor’s pen. Let us ban the phrase now.

****This article appeared in the Second District Dental Society Bulletin and is reprinted with permission.**



Dr. Jeffrey Galler is the Chairman of the Peer Review and Quality Assurance Committee for the Second District Dental Society and is a visiting lecturer at the Staten Island University Hospital.

He is a Master of the Academy of General Dentistry, a Fellow of the International Congress of Oral Implantologists, a Fellow of the International College of Dentists, a Fellow of the American Society of Dentistry for Children, and is a Member of the American Academy of Cosmetic Dentistry and of the New York Society of Forensic Dentistry. Dr. Galler lectures internationally and is the author of over 50 publications in various dental journals. Dr. Galler is a general dentist and practices in Brooklyn, NY.

Evidence Based Dentistry: Three Dirty Words or a Scientific Way to Practice Modern Dentistry?

by Silvia Spivakovsky, DDS, Analia Veitz-Keenan, DDS, Kay-Tiong Oen, DDS, MAGD

The term “Evidence Based Dentistry (EBD)” has evoked emotional outcries against it. The main cause for this response seems to stem from fear that insurance companies will interpret EBD findings to their advantage in making decisions on reimbursement policies. This article will attempt to address this concern by defining Evidence Based Dentistry and its role in the scientifically sound dental practices.

In 1996 Dr. David Sackett, a leader in Evidence Based Medicine, defined the term as “The conscientious, explicit, and judicious use of best evidence in making decisions about care of individual patients.”¹

The American Dental Association later adopted the definition of Evidence Based Dentistry as “An approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.”²

As practitioners, we are faced with enormous amount of information and demands. In 2001 Dr. Susan Sutherland, a pioneer in Evidence Based Dentistry, stated that “Keeping current with advances in dentistry and being able to manage patients who have complex needs and demands is a challenge for practicing dentists. Each day, we are inundated with information about new techniques, tests, procedures, materials or products. Our desire to keep up to date is often tinged with doubt about the claims of superiority of these new treatments or products.”³ Dr. Sutherland further affirmed quoting from Sackett that “Despite the increase in skills that comes with experience in clinical practice, there is evidence, at least in medicine, that expertise and effectiveness in some areas begin to deteriorate the moment physicians leave medical school. This phenomenon has been called ‘the slippery slope of clinical competence’.”⁴

Becoming familiar with the Evidence Based Dentistry will help the busy professional deal with the information over-load by using tools and skills as a way to find and determine the relevance of the information in simple to use steps.

Evidence Based Practice is a “skill” to gain knowledge, based on systematic and unbiased methods of appraising scientific evidence. It is an approach to promote clinical thinking consisting of 5 steps. These steps are known as the “5 A’s”.

The first **A** is for **Ask** an answerable clinical question. Organizing the question will help to establish the precise limits to be used during the search process and determine what research design will best answer the planned question. This format is called PICO. (It is an acronym for four elements in an answerable clinical question. The P is for patient, population or problem. The I is for the intervention or treatment. The C is for comparison intervention (if applicable). And lastly the O is for outcome and refers to the results. For example, let’s say we want to look for evidence comparing the predictability of a single tooth implant compared with a three unit bridge in adult patients. The PICO format would be: P (population) - adult patients; I (Intervention) - single unit implant; C (Comparison) - three unit bridge; and O (Outcome) - predictability and effectiveness of the single tooth implant.)

The second **A** is for **Acquire**. It means to search for information in the most efficient way, using the knowledge and power of the databases. It has to be fast and effective.

The third **A** is for **Appraise**. The appraisal is the objective process of determining the validity and strengths of the evidence. This is the backbone of the Evidence Based Practice.

The fourth **A** is for **Assess** if the information acquired will help to answer the clinical question.

The fifth and last **A** is to **Apply** the information if the results are applicable and if the information will improve our practices.

The whole process may seem intimidating because it requires computer skills and some degree of statistical knowledge. It can be simplified by accessing tools that are offered in pre-appraised literatures. These include guidelines and recommendations found in certain journals such as the “*Executive and Critical Summaries*” from the ADA, “*The Journal of Evidence Based Dental Practice*” or the “*Evidence Based Dentistry*.” Other promising EBD resources will soon be available from the practice based research networks such as the PEARL Network at New York University College of Dentistry. In these networks, the research is done by practicing dentists in real world clinical settings.

There are many sources of evidence. Even though randomized control trials may be considered the gold standard, they are not the only source of evidence by any means. Randomized controlled trials may be impractical or even unethical. Some types of questions are best answered through observational studies. An example of such study is the osteonecrosis of the jaw in patients undergoing bisphosphonate therapies. All the knowledge that we have today about this subject comes from observational studies, starting with the case series published by Dr. S.L. Ruggiero in 2004 entitled, “Osteonecrosis of the Jaw Associated with the Use of Bisphosphonates: A Review of 63 Cases.”⁵

There are terminologies EBD uses to report findings after critical appraisal. Examples of such terminologies are: “There is evidence” or “There is no evidence.” This is because sometimes there are not enough significant clinical trials to answer the proposed question. That poses the issue: Are there any high quality experimental studies that dealt with the issue? Evaluation of the results is an entirely different subject and is reported on the strength of the evidence.

Potential for misuse can become a problem if the language is purposely misinterpreted. The statement "There is no evidence" cannot be used as a synonym for negative results. For example in 2007, a Cochrane review concluded that there is insufficient evidence to support or refute the practice of encouraging patients to come in for dental check-ups at 6-month intervals.⁶ The review goes on to further state "There is insufficient evidence from randomized controlled trials (RCTs) to draw any conclusions regarding the potential beneficial and harmful effects of altering the recall interval between dental check-ups". **Anyone who justifies not seeing a patient every six month due to these findings is manipulating the evidence at hand.**

Manipulation of evidence is as damaging as ignoring the evidence available. Consider the case of sealants⁷ or topical fluoride applications.⁸ These procedures are systematically rejected by insurance companies despite the body of evidence that supports their effectiveness. Implant supported dentures and single unit implant are other such examples. As advocates of our patients' oral health, the profession needs to challenge such decisions. Were these decisions evidence based or based on selective use of the available evidence? What data was used to come to these conclusions? Are they based on utilization patterns or scientific evidence? Selective use of EBD results is not acceptable.

EBD is a way for dentists to combine their clinical expertise with the best available external evidence. Without clinical expertise, practice risks becoming "tyrannized" by evidence. Even excellent external evidence may be inapplicable or inappropriate for an individual patient. Without current best evidence, practice risks becoming rapidly out of date.

In conclusion, we have tried to show that EBD is a scientific way to practice modern dentistry. It is not a cookbook or a scientific justification for cutting costs at our patient's expense. We as a profession need to condemn the misuse of "evidence" by any insurance carrier. Our dental associations need to be vigilant in monitoring possible misuse and assure a balanced point of view so

that both evidence and clinical experiences prevail.

EBD, when properly utilized, is a skill for lifelong learning that makes relevant, up-to-date, and high quality information available to the busy professional. It is also a foundation for sound clinical decisions. We cannot condemn or ban EBD because of its potential for misuse. Condemning EBD is like throwing out the baby with the bath water. Our focus should be to use EBD appropriately and to condemn only the misuse and selective use of EBD by those who may have a vested interest.

"For the clinical expert to have a place in the hierarchy of evidence-based dentistry, the clinician expert's knowledge and experience must be based on some kind of evidence." Michael Glick DMD, Editor, *JADA*.⁹

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Dr. Silvia Spivakovsky DDS is an Associate Clinical Professor and Educational Coordinator in the Department of Oral and Maxillofacial Pathology, Radiology and Medicine at NYU College of Dentistry. She completed her training in Evidence Based Practice at McMaster University in Canada and in the Center for Evidence Based Dentistry in Oxford, UK. Dr. Spivakovsky is a Member of the NYU Evidence Based Steering Committee and is an ADA Evidence Based Champion. She graduated from NYU College of Dentistry and has a general practice in Brooklyn, NY.



Dr. Analia Veitz-Keenan is a Clinical Assistant Professor in the Department of Oral and Maxillofacial Pathology, Radiology and Medicine at NYU College of Dentistry. She completed her training in Evidence Based Practice at McMaster University in Canada and in the Center for Evidence Based Dentistry in Oxford, UK. Dr. Veitz-Keenan is a Reviewer for the upcoming ADA Evidence Based Dentistry website and is a Member of the Evidence Based Practice Steering Committee at NYU. She is a practitioner for the PEARL Network at NYUCD and is an ADA Evidence Based Champion. Dr. Veitz-Keenan is a member of the AGD and practices in Brooklyn, NY.



Dr. Kay-Tiong Oen DDS, MAGD is a member of the Executive Committee for the PEARL Network at the Bluestone Center for Clinical Research at NYU College of Dentistry where he is also an Assistant Clinical Professor in the Department of General Dentistry and Management Sciences. He is also a Past President of the NYS Academy of General Dentistry where he held many posts including the National Trustee and Regional Director. Dr. Oen is a recipient of numerous awards from the AGD including the Meritorious Service Award and the Lifelong Learning and Service Recognition Award in 2008. He is also a Master of the Academy of General Dentistry and a Fellow of the American College of Dentists. Dr. Oen practices in Port Chester, NY.

Nutritional Support for the Prevention and Treatment of Periodontal Disease

by Michael Steinberg, DDS

On the first day of the brief nutrition module we had in dental school, the professor was a realist. He said, "I'm going to tell you up front, the **ONLY THING** you will remember from this course. After eating out at a Chinese restaurant, why is it that we feel like tearing into the leftovers as soon as we get home? It's because of the tea we most likely drank with the food. The tea speeds gastric emptying. Now, those of you who need to cut my class to tend to more important subjects may do so." He was so right! I don't remember another fact from that class but I aced the oral pathology exam!

That nutrition was given such short shrift in dental school didn't take me by surprise. The answer to a question I asked at a periodontal lecture, however, did. My question was, "Doctor, could you tell us what nutritional support and supplements we could recommend to our patients to help them succeed in their periodontal therapy?" His answer was, "No, I cannot."

In September of 2001, the results of an online survey of 135 periodontists conducted by the American Academy of Periodontists (AAP) stated that:

- 1) 65% of them believed that nutrition plays a role in the status of their patients' periodontal health, whereas 87% of consumers believed that nutrition plays a role.
- 2) 53% of them or their staffs talked to their patients about the role of nutrition in their oral health.
- 3) 59% recommended supplements to patients not getting adequate nutrition from their diets.
- 4) Regarding what was recommended to patients, 68% said a multivitamin, 60% said a calci-

um supplement, 74% said vitamin C, and only 11% said Coenzyme Q10.

According to the ADA, up to 75% of people above the age of 20 have some form of gum disease. If the mouth is truly a window on the overall systemic health of our patients, then 75% of our patients have, to some degree, an illness or a faltering of their overall health. What is the reason for this faltering? This percentage is similar to the percentage of Americans that are overweight or obese. It is also close to the 80%, whom Harvard scientists have reported, have ongoing dietary deficiencies in several key, health-promoting nutrients, vitamins and minerals.

Most infections require a combination of a bacterial or viral pathogen in sufficient quantity AND a susceptible host. There are several modalities of periodontal therapies that alone or in combination serve to reduce the levels of pathogenic bacteria contributing to the infection. These include ultrasonic scaling, manual scaling and root-planing, laser therapy, as well as local and systemic antibiotics. Now that the bacterial challenge is diminished, what can we do to help the patient's tissues to heal? What can we do to improve the defense system of the patient and make him a less susceptible host?

Some Requisite Dietary Suggestions

Eat a rainbow. Pigments that give fruits and vegetables their colors contain powerful phytonutrients - chemicals with potent antioxidant and anti-inflammatory properties. They are found in berries, produce, whole grains, red wine, green and white tea, tomatoes, watermelon, pink and red grapefruit, broccoli, and green

leafy vegetables. Aim for 5-7 servings of these a day. Increase intake of Omega-3 fatty acids with walnuts, flaxseeds, sardines and salmon. Decrease Omega-6 fatty acids like trans-fatty cooking oils. Limit intake of simple sugars, alcohols, soda and red meat. Get enough exercise and sleep. **THERE!** I'm done with the part that, in reality, most people just won't do. I know that eating less and eating like a vegetarian or a vegan is most healthy (Ever see a fat vegan?) but few of us can do that.

Dietary Supplementation: Taking the Offensive in the Battle Against Disease

The rising rates of obesity, diabetes, hypertension and heart disease clearly indicate an epidemic of nutritional imbalance. During much of the lifetime of a majority of Americans, our bodies are to some degree compensating for some state of nutritional deficiency. As we age, our ability to live our lives in a state of "visible normalcy" begins to decline. The nutritional shortfalls begin to manifest as sub-clinical symptoms like pre-hypertension, pre-diabetes and systemic low level inflammation which go undetected for years. Often the very first sign of a faulty immune system may be bleeding gums. Like it or not, we as dentists are on the front lines in the lifelong battle against disease and premature aging.

The suggestions I will make come from a wide variety of sources. Each of the supplements mentioned, have at some time, had the results of research studies testify that it alone can have a positive effect for the patient. The dosages can vary depending on factors such as the patient's state of overall wellness, the medications being taken, personal habits, as well as if the supplement is being taken as a stand alone therapy or if it is being used in conjunction

with other supplements or modalities. Regardless, the potential for interaction of these with medications or other supplements must always be investigated. **Lexi-Comp Online** is an excellent resource for this. The medical history forms and updates should **boldly** request complete information from the patient regarding their meds and nutritional supplements.

First, choose a multivitamin to cover the minimum requirements of a wide variety of vitamins and minerals. Then, for emphasis on periodontal concerns, consider adding one or more of the following:

1) **Coenzyme Q-10** - Also called "ubiquinone" because it is ubiquitous to all animal cells. CoQ10 is the "Swiss Army Knife" of nutritional supplements. It is essential to energy production by the mitochondria and supports oxygen utilization in the cell. It is especially important to cells that are highly metabolically active such as heart, brain, liver, muscle and epithelium in all locations. It can also protect the body against destructive free radical damage, suppress inflammation, and enhance immunity. Many diseases respond well to CoQ10 supplementation. Best known as a cardio protective nutrient, the research on CoQ10 as an aid to periodontal health goes back at least 35 years (The idea is so old, it's new!).

Important: Some popular drugs are known to deplete the body of CoQ10. Statin meds, which block production of bad cholesterol, also block the body's production of CoQ10. Beta blockers and diabetes meds can also lower CoQ10 levels. Signs of CoQ10 deficiency include fatigue, muscular weakness and cardiac arrhythmias.

Several non-traditional dental rinses and dentifrices have added CoQ10.

Recommended Dose: 100mg twice daily for therapeutic. 100mg per day for maintenance.

Form: Chew-melt.

How Used: Chew one tablet and swish with the mixture for 30 seconds, then swallow.

2) **Vitamin C** - A very powerful antioxidant and free radical scavenger that is required for maintenance and repair of connective tissues. Vitamin C is essential in the production of collagen.

Recommended Dose: 2000-3000mg per day for therapeutic. 500-1000mg per day for maintenance.

3) **Fish Oil** - Beneficial for several reasons. It is a source of Omega-3 fatty acids which are used to manufacture cell membranes. It is anti-inflammatory and anti-oxidant.

Recommended Dose: 1000-3000mg per day.

4) **MSM** - Methylsulfonylmethane is a form of organic sulfur that builds healthy gum tissue. Highly anti-inflammatory. MSM is best taken with Vitamin C.

Recommended Dose: 1000-3000mg per day in divided doses (with morning and evening meals).

Other significant nutrients include the following: Zinc, Vitamins A, D and E, folate, alpha lipoic acid, calcium and magnesium, grape seed extract, green and white teas, pomegranate extract, tea tree oil, aloe vera and echinacea.

I have heard it said that, "Medicines are Poisons with Positive Side Effects." The side effects of these added nutrients are usually good ones - chiefly, the control of sources of inflammation. Inflammation is the root cause of most illnesses. By carefully using nutritional supplements as an adjunct to traditional periodontal therapy, we can eliminate oral inflammation as a source of systemic inflammation and at the same time, support the overall health of living tissues throughout the body.

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Dr. Michael Steinberg is a graduate of NYU College of Dentistry and received his General Practice Residency training at Metropolitan Hospital Center. He is the Associate Editor for the NYS Academy of General Dentistry Journal, General Practitioner, and is a member of the Board of Trustees of NYSAGD. He is also a long time member of the Second District Dental Society's Peer Review Committee. Dr. Steinberg holds membership with the American Academy of Dental Sleep Medicine, the Dental Society for Sleep Apnea (DOSA), and the American Headache Society. Dr. Steinberg authored dental publications relating to migraines and NTI and he lectures on the subject. Dr. Steinberg is a general dentist and he practices in Brooklyn, NY.

Disabled and Elderly Patients Smile Again

Thanks to the generosity of New York State AGD members, many disabled and elderly patients around New York are smiling again.

Meet Bruce, an 18 year-old young man who became the victim of a terrible car accident that claimed the lives of his mother and sister, and put Bruce into a 10-month coma. After awakening from his coma, it became apparent that Bruce suffered from Traumatic Brain Injury and had become quadriplegic. In addition to those overwhelming challenges, Bruce's front teeth had been damaged, making him unable to bite and restricting his nutritional intake to pureed foods. Given all that had happened, he also found himself unable to smile.

Enter Dr. Scott Firestone of Melville, NY. A NYSAGD member and a Donated Dental Services (DDS) volunteer. He donated hours of care to fabricate an eight unit anterior bridge. The bridge restored function, improved nutrition, aided recovery, and most importantly, restored dignity and hope through a healthy smile. Though Bruce couldn't articulate his delight with his new smile, it was evident to everyone around him. Dr. Firestone and his staff are proud of the work they do with patients like Bruce and thoroughly enjoy every smile of appreciation they receive.

Donated Dental Services (DDS) is a program of the National Foundation of Dentistry for the Handicapped, which makes it easy for dentists to provide donated treatment to elderly, disabled and medically compromised people who have no other access to care. More than 13,800 dentists nationwide volunteer, 300 of who are located in New York.

Dr. James Keenan of Brooklyn remembers Ms. C., a 68 year-old woman who was his first DDS patient. Although she suffered from osteoporosis, depression and several bouts with skin cancer, she came all the way from Staten Island to receive dental treatment. Dr. Keenan recalled that her lovely Scottish accent charmed all those whom she met. Ms. C. was exceptionally grateful to DDS for sending her to a "very kind dentist" who would "take such good care" of her. When asked why he chose to do this, Dr. Keenan replied that he wanted to give something back. He also shared that one of the best things about the program is that dentists can work in their own offices. "Having people come to the office and treating them enables me to see where my efforts are going. It is not a blind donation. I can get immediate satisfaction and see the results of my work."

Dr. Kay Oen, NYSAGD Past President and Chair of the NY DDS Leadership Council, would like to see the program really grow in New York. DDS existed in NY in a very limited fashion for several years. But just over a year ago, the program received funding from several New York foundations to expand its reach. NY DDS now has a full-time coordinator in Manhattan and serve patients in the five boroughs, Long Island, Westchester and the Hudson Valley.

"In addition to the New York State AGD, the program has nine other endorsing organizations in the state: American College of Dentists - New York Section, Bronx County Dental Society, Nassau County Dental Society, New York Academy of Dentistry, New York County Dental Society, New York State Dental Association, Ninth District Dental Association, Queens County Dental Society, Second District Dental Society of New York, and the Suffolk County Dental Society," said Dr. Oen. "All of the endorsing organizations have worked hard together to encourage their members to participate in DDS. Given current economic conditions, the need for our services will continue to grow, so we need even more of our members to join us in volunteering." There is an especially pressing need for more volunteers who are General Practitioners in Manhattan.

Participation in DDS is easy. Dr. Jerry Wolfert of Mineola said that at first, he was apprehensive about patient selection and possible broken appointments. He shared his experience. "The program coordinator was terrific in the selection of patients she provided. Each and every patient has been genuinely needy, respectful and appreciative of my time and the services that our staff delivered. I was also impressed with the way that coordinator was sensitive to our experience with DDS. There were many calls and follow-up calls to be sure things were running smoothly for us at our end. We formulated the treatment plan and integrated the patients into our practice. It was all very easy, no big deal."

"We're very fortunate to have an extremely dedicated volunteer corps," said Lori A. Ropa, CAE, Director of Affiliate Operations for the NFDH. "Once a dentist decides to get involved with DDS, he or she typically stays involved." Volunteers choose when and how many patients they'd like to see. There is no required minimum number of patients that a volunteer must see annually. "Dentists are free to choose to see DDS patients when it is convenient for them. That feature, along with the integration of patients into their own office schedules, makes the program quite appealing."



Bruce Brooks



Dr. Scott Firestone



Dr. James Keenan



Dr. Kay Oen



Dr. Jerry Wolfert



Dr. Gary Minkowitz

DDS patients are extremely grateful to receive care through the program and they make sure their care providers know it. Appreciation comes in all shapes and forms, from the satisfaction of seeing a newly found smile on a patient's face to the delivery of somewhat unexpected gift items. Dr. Gary Minkowitz of Queens received a highly personal expression of gratitude from one of his DDS patients – a piece of artwork. His most recent patient, a physically challenged architect who likes to create oil paintings, donated one of his works to the office. "We have it in the waiting room," Dr. Minkowitz said. He and his staff routinely received thank you notes and gifts of flowers but this was by far the most unique expression of appreciation they have received to date.

"The NYSAGD and I are proud of the many members that help to rebuild the smiles of disabled and elderly patients through the DDS program, especially those featured in this article," said Dr. Oen. "I urge those of you who have the slightest interest to get involved. From my own personal experience, I can only echo the reactions of Drs. Firestone, Keenan, Wolfert and Minkowitz. The DDS program is a wonderful opportunity for dentists to contribute to the welfare of fellow human beings."

For more information on DDS or to volunteer to see your first patient, visit www.nfdh.org or call Caroline Montero, DDS Coordinator at 212.598.9000.



Ms. Lori A. Ropa is the Director of Affiliate Operations for the National Foundation of Dentistry for the Handicapped located in Denver, Colorado and is the key staff liaison for the New York Donated Dental Services (DDS) program. Her primary responsibility is to continue to develop and work with the all-volunteer DDS Leadership Council to help strengthen DDS in NY. She also serves as the staff connection to each of the endorsing organizations, creating partnerships that will ensure the continued support and future success of the program. In addition, Ms. Ropa works with fourteen other states to achieve the same goals. She earned the CAE designation from the American Society of Association Executives in 2003 and has served as a member of ASAE's Membership Section Council, a Lead Subject Matter Expert, and speaker/facilitator for both national conferences and local continuing education sessions.

NYS AGD Lends a Helping Hand

The New York State Academy of General Dentistry participated in the **2008 America's Step Out Walk for Diabetes** on Sunday, October 5, 2008. The following AGD members graciously volunteered their time: Dr. Sheri B. Glazer, Dr. Paul Epstein, and dental hygienist Jacklyn Altman. They performed over 50 oral cancer screenings on the participants of the Step Out Walk.

In 2008, according to the National Cancer Institute, there were 22,900 new cases of oral cancer with 5,390 fatalities. That is one person every 1.5 hours that dies due to oral cancer. Smoking and alcohol abuse are the major causes but approximately twenty-five percent of oral cancer happen in people who never smoke or drink.

AGD Launches www.KnowYourTeeth.com

The AGD's new web portal, www.KnowYourTeeth.com is now "the Internet's go-to resource and authority for all things dental," says AGD President Paula Jones, DDS, FAGD. The AGD launched the new Web portal at the end of 2008 to meet a growing need for accurate, accessible information in user-friendly formats.

The AGD engaged an extensive network of member volunteers and experts to build www.KnowYourTeeth.com "The AGD has a proud heritage as the leading educator of general dentists for more than 50 years," says Dr. Jones. "We created www.KnowYourTeeth.com to extend this commitment to the general public, especially moms and other caregivers who are looking for easy-to-use resources on the Internet every day."

One of the most exciting, sophisticated offerings on



www.KnowYourTeeth.com is a personalized "Dental Diary." The only one of its kind among dental association Web sites, the Dental Diary can be uploaded onto desktops or personal Web pages of portal visitors, and it can be used as a personalized interface to www.KnowYourTeeth.com. The Dental Diary provides up-to-date information and options designed to help users

maintain optimal oral health, including:

- Reminders for each member of the family to replace toothbrushes every six months;
- Reminders to schedule dental visits (such as cleanings) for family members;

The portal's wealth of content makes it easy for consumers to browse important dental topics and find answers to their questions.

NYSAGD EXTERNSHIP PROGRAM

CONNECTING STUDENTS WITH AGD DENTISTS AND THEIR PRACTICES

The NYS AGD Externship Program is a one week shadowing program for college and dental students. This gives them the opportunity to experience first-hand the life of a dentist. Last year, this program helped Anisha Budhiraj and Garrett Reichelt learn and observe some of the challenges that dentists encounter daily. Anisha, a fourth year dental student at NYU College of Dentistry, spent one week working with Dr. Jean Furuyama, DDS of New York, NY, an AGD dentist. Garrett, a fourth year undergraduate student at SUNY Stonybrook, spent the week observing Dr. Mark Cherches, DDS, FAGD and his staff and residents at St. Charles Hospital in Port Jefferson, NY. This one-on-one experience gave them new knowledge and insight into our profession that cannot be learned anywhere else.

Upon completing the program, Anisha and Garrett wrote essays of

their experiences which are included in this journal. On September 18, 2008, Certificates of Completion were awarded to our externs at the La Guardia Marriott Hotel in Queens, NY. In attendance were the Board of Trustees of NYSAGD; Anisha's mother, Mrs. Aruna Budhiraj; Ryan Reichelt, Garrett's brother who is an undergraduate student at Adelphi University in a 7 year DDS program with NYUCD; and Dr. Kenneth Stoller, DDS, an Oral Surgeon from St. Charles Hospital. A special recognition go out to those who could not attend the event including Dr. Jean Furuyama, Dr. Mark Cherches and his residents, and Chelsea Prince – a high school intern who helped Dr. Sheri Glazer run the NYSAGD Externship Program.

For the 2009 NYS AGD Externship Program, Gina Berti, a third year undergraduate student from SUNY Stonybrook, has already completed her externship with Dr. Jimmy

Kilimitzoglou, DDS, FAGD, FICOI in Smithtown, NY. When Dr. Kilimitzoglou was asked of his thoughts on the program he said, "It was a great opportunity for me to share my enthusiasm and passion towards dentistry with young aspiring individuals."

Heartfelt thanks to all the NYS AGD dentists who volunteered last year to be a part of this program and to all who participated and made the 2008 program a success. We are still in need of dentists to volunteer for the NYS AGD Externship Program for 2009. All who are interested in participating are encouraged to contact Dr. Sheri Glazer, DDS, Chair for the NYS AGD Externship Program, at 260 Middle Country Road, Suite 202, Smithtown, NY 11787 or e-mail at glazerdds@optonline.net.

*Anisha Budhiraj and
Dr. Sheri Glazer*



*Garrett Reichelt and
Dr. Sheri Glazer*



Dr. Sheri Glazer, Garrett Reichelt, Anisha Budhiraj and Dr. Nathan Hershkowitz.

by Anisha Budhiraj

Externships provide a unique opportunity to gain professional experience. For me it was an important step towards becoming a professional in my chosen field that would allow me to put into practice all that I had learned in the classroom. This was my chance to move from the role of a student to the role of a professional. This summer, I had the privilege to observe Dr. Jean Furuyama who owns a multi-specialty clinic. She is very active in helping the students bridge the differences between the academic setting and the outside world of private practice. She believes in putting patient factor first when considering the different treatment options. She really took the time to explain to the patients the status of their teeth and her best recommended plan to resolve any problems. She taught me how to alleviate any dental concerns, from the relatively minor to the most extreme, in a knowledgeable, professional and compassionate manner. This was indeed an opportunity to hone technical and interpersonal skills - a good balance of practical and didactic content. Being exposed to various aspects of dentistry, I learned how to supervise and manage patients' care while interacting with dental and medical specialists as well as other members of the health care team. I learned to look at the patient as a whole and to make decisions "chair-side." I gained valuable experience working as a member of a "team" that provides comprehensive patient care.

In addition, I was taught how to work within a schedule and develop tools to maintain clear communication with the front desk and other members of the dental team including the receptionist, hygienist, dental assistant, lab technicians, and other dentists. I also learned to share the responsibility for assuring the scheduling and staffing of duties and the delegation of tasks to the appropriate members of the team.

Furthermore, the program has helped me accept patients' dental health as a right rather than a privilege, their psychological and physical health being the prime focus of any practice. Last but not least; the program has motivated me to always strive for quality education and self-improvement.

by Garrett Reichelt

While volunteering and assisting in private practice for Dr. Sheri Glazer, I was given the privilege of participating in the NYSAGD Externship Program. Being a pre-dental college student, I could not pass up the opportunity. Under the auspices of Dr. Mark Cherches, I got to find out just how different a hospital clinic would be from a private practice.

With several residents on staff, I was able to assist with one procedure after another and even got to choose which to participate in. The variety of different procedures being done was completely different from what you normally see in a general dentist's private practice. The pace was fast and the challenges many. It is comparable to traveling abroad when learning a foreign language. Being immersed in the environment challenges you to learn faster and with more confidence than you could have from any book or class.

The residents themselves could not have been friendlier and the assistants on staff didn't seem to mind the occasional break provided by the extern. Every day, different specialists would come to volunteer their time in the clinic. This would sometimes set a theme of patients with similar dental complications in the office, as they would be scheduled together to meet with the visiting specialists. This provided a great opportunity to observe various procedures performed by different specialties. The diversity among the residents also allowed me to observe the different approaches and personalities in treating similar cases.

Due to the timing of my externship, I was very lucky to actually observe the residents deliver their final projects in front of Dr. Mark Cherches. Having assisted the residents with the patients included in their final projects, I felt connected to the success of their treatments. Listening to the full explanation of how and why the residents conducted their treatment plans and the different options they had during the course of treatment was a priceless opportunity. For me, it connected the dots between chair-side manner, treatment planning, and patient care. I don't think I could have received a more complete overview of the practice of dentistry, or a better practical education, than from the NYS AGD Externship Program. I have since returned to assisting in private practice with increased speed and confidence.

From my first hour assisting in private practice, I have learned things I don't think I ever could have from books or classes. Classes and books certainly have their place but it's hard to beat hands-on experience. Participating in the AGD program allowed me to go a step further. I was able to assist in a hospital dental clinic where the pace and variety of dental complications are very different from a private practice. Working in that environment was like being in a foreign country. You get unique yet practical skills and the confidence to use them. The AGD program gave me the chance to immerse myself in an environment completely different than my own. And the benefits of participating are still echoing in my work today.



February 17, 2009

Dear Students:

The New York State Academy of General Dentistry invites you to apply for the 2009 NYS AGD Externship Program. NYS Academy of General Dentistry is an organization of general dentists that promotes the science and art of dentistry for the betterment of public health and to preserve the rights and freedom of choice for all dental practitioners. The Academy encourages quality continuing education to increase dental knowledge and professional development. We want to impress upon our future dentists the importance of continued learning even after dental school. This Externship Program is open to all college/dental students and residents who are interested in getting a real life experience.

What will you get out of this program? A first hand experience in the life of a dentist; a one-on-one mentoring session with a member of our Board of Trustees; information on the AGD; the importance of AGD fellowship and mentorship; and how to practice dentistry with the focus on patient care and lifelong learning. It will give you the opportunity to see a real day in the life of a dentist.

Externship consists of **one week** shadowing of a NYS AGD member dentist in his/her office/clinic/hospital.

Housing and transportation must be provided by the student. Please send completed application to:

Dr. Sheri Glazer, DDS, 260 Middle Country Road, Suite 202, Smithtown, NY 11787 or email to: glazerdds@optonline.net.

Application for 2009 NYSAGD Externship Program*

- (1) Name**
- (2) Address**
- (3) Phone Number**
- (4) E-mail Address**
- (5) Name of School and Year in Attendance**
- (6) Why do you want to participate in the NYS AGD Externship Program?**

- (7) What aspects of dentistry are you interested in?**

- (8) What type of dental practice would you like to observe (private practice, clinic, hospital, research setting) and why?**

- (9) When is your availability (month/day/year)?**

* Use additional pages as needed.

Transcripts and 1 Letter of Recommendation are required. Deadline for Applications is April 1, 2009. Open to all college and dental students and residents. After completing the Externship, applicant must write an essay about the experience to be published in the GP, the journal of the NYS AGD. Certificate of Completion will be awarded after submission of the essay and/or at the 1st Board of Trustee Meeting in 2009-2010 before the President and all the members of the Board. Student will have pictures taken that may be used in the journal. All participants who successfully complete the program are invited to help select externs for the following year.

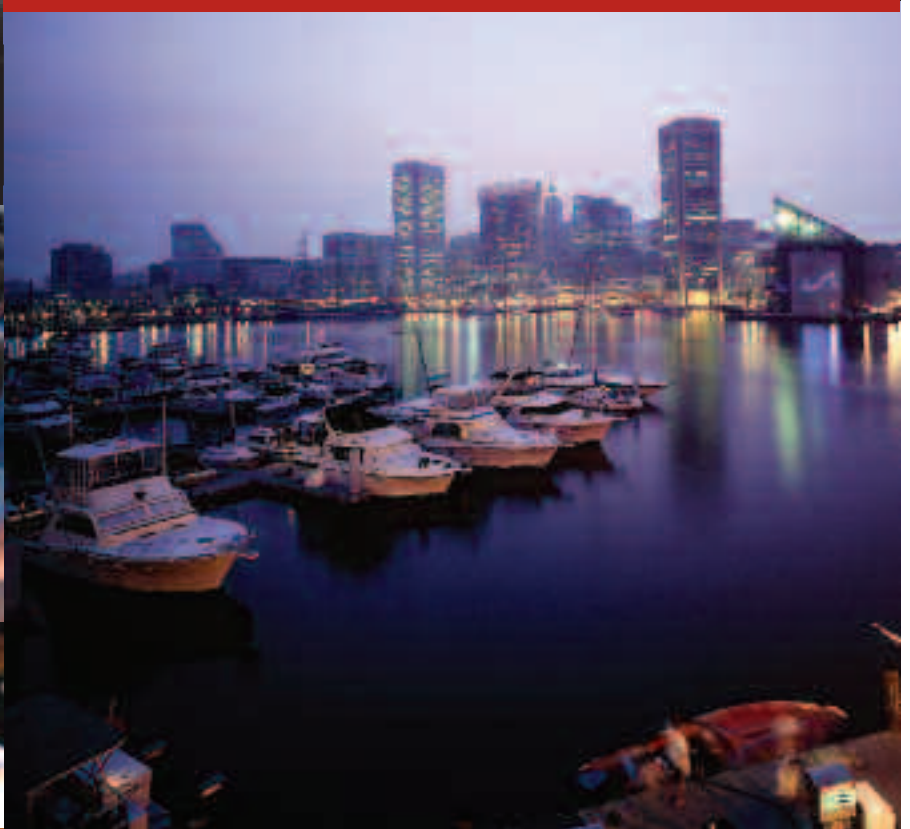
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Nominating Committee Report to Membership

January 12, 2009

Respectfully submitted: Dr. Joseph DiDonato, Chair, Dr. B.K. Verma, Dr. Robert Margolin, Dr. Stephen Akseizer, Dr. Kay .T. Oen, Dr. Lawrence Bailey, Dr. Louis Bartimmo, Dr. Brian Ciporin

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Recruiter # New Members Recruited

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Janice K. Pliszcak, DDS, MS, MBA, MAGD	5
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Age and underwriting eligibility requirements vary with each program.

CORRECTION

In the spring 2008 issue of GP, the cover illustrated a radiograph of an apicoectomy that was in contradiction to the article written by Dr. Ron Ganik, DDS entitled, "The Apicoectomy Revisited". Our apologies to Dr. Ganik for the inaccuracy.

Welcome!

The New York State Academy of General Dentistry welcomes the following new members. We hope you will take advantage of all the AGD has to offer and we look forward to seeing you at our upcoming meetings!

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2009 Partial List of Speakers

1. **ESTHETICS**
Dr. Ronald Jackson
Dr. Edward McLaren
 2. **PROSTHETICS**
Dr. Tom Dudney
Dr. Neis Ewoldsen
 3. **PRACTICE MANAGEMENT**
Dr. Joe Steven, Jr.
Dr. Mark Troilo
 4. **ORAL SURGERY, IMPLANTS & TMJ**
Dr. Berry Stahl-Hands-on
Dr. Michael Tischler-Hands-on
Dr. Brian Lambert
Dr. Michael Monto
Dr. Donald Tanenbaum
 5. **PERIODONTIA AND DENTAL HYGIENE**
Dr. Nell Gottehrer
Prof. Leah MacPherson
Dr. Michael Varallo
 6. **DENTAL INSURANCE**
Ms. Vicki Anderson
 7. **MATERIALS**
Dr. Howard Glazer
 8. **OPERATIVE DENTISTRY**
Dr. Howard Strassler
 9. **WELLNESS AND HEALTH**
Dr. Uche Odiatu
Kary Odiatu, BPE
 10. **ENDODONTIA**
Dr. L. Stephen Buchanan
Maximum Dental (hands on)
 11. **ORAL MEDICINE & PERIO**
Dr. Scott De Rossi
Dr. Alvin Heller
 12. **PRACTICE TRANSITIONS, ASSOCIATES, BUYING AND SELLING**
Dr. Thomas Sayder
 13. **ORTHODONTIA INVISALIGN:**
Dr. Adam Goodman
 14. **ORAL PATHOLOGY FOR THE TEAM**
Olga Ibsen, RDH
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Date	Location	Course Title	Speaker	Type/Credits	Code
2009					
Sunday, March 8	Queens	CPR Meets New Mandated Requirement	HeartSavers Inc.	5MCEHours	142
Friday, March 20	Queens	Drugs in Dentistry	Dr. Robert Fazio	7 MCE Hours	016
Wed/Thurs, March 25-26	Mahwah, NJ	Big Apple Meeting	Various	Various	
Friday to Sunday, April 3-5 Empire State Masters Program	Glen Cove	Crown Lengthening and Flap Surgery (Fixed/Removable Presentation on Friday 4/3)	Dr. Tim Hempton	34 MCE Hours Participation*	490
Friday, April 17	Queens	Porcelain Laminate Veneers: The Good, The Bad and The Ugly	Dr. Larry Hamburg	7 MCE Hours	610
Sunday, April 19	Queens	Management of the Medically Complex Dental Patient	Dr. Muhammed Kasem	4 MCE Hours	750
Tues/Wed April 21-22	Melville	Greater Long Island Dental Meeting	Various	Various	
Sunday, April 26	Queens	Computers in the Dental Office	Dr. James Sconzo	4 CE Hours	561
Friday, May 8	Queens	Dental Restorative Materials	Dr. John Burgess Grant Supplied by Dentsply	7 MCE Hours	017
Saturday, May 9	Syracuse	Dental Restorative Materials	Dr. John Burgess	7 MCE Hours	017
July 8 – 12	Baltimore, MD	AGD Annual Meeting	Various	Various	
Friday, September 11	Queens	Mastering Your Financial Future	Brian Hufford, CPA Hufford Financial Advisors	7 CE Hours	552
Saturday, September 12	Syracuse	Mastering Your Financial Future	Brian Hufford, CPA Hufford Financial Advisors	7 CE Hours	552
Friday, October 16	Queens	Esthetics	Dr. Gerard Kugel Grant Supplied By P&G	7 MCE Hours	780
Saturday, October 17	Syracuse	Esthetics	Dr. Gerard Kugel	7 MCE Hours	780
Saturday, October 24	Albany	Infection Control/OSHA	Olivia Wann	2 MCE Hours	148
Sunday, October 25	Queens	Infection Control/OSHA	Olivia Wann	2 MCE Hours	148
Fri to Sunday, November 6-8 Empire State Masters Program	Glen Cove	TMJ	TBA	34 MCE Hours Participation*	
Saturday, November 7	Latham/Albany	Cross Coding Medical with Dental	Ms. Christine Taxin Grant Supplied By CareCredit	4CE Hours	552
Sat/Wed, Nov. 28 to Dec. 2	NYC	Greater NY Dental Meeting	Various	Various	
Sunday, December 6	Queens	Invisalign: Minor Tooth Movement	Dr. Ben Miraglia	4 MCE Hours	377
2009 NYSAGD Study Groups	Watch for More Information	Albany, Rochester, Suffolk County, Westchester, Buffalo	Meet Locally Meet Your Peers	2-3MCEHours	Varies

*Full Credits based on presentation at Fall 09 Masters Program; otherwise earn 14 MCE Participation Credits

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