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MDDS Connections for Metro Denver's Dental Profession

Summer 2014
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ARTICULATOR

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METRO DENVER DENTAL SOCIETY

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Inside This Issue:

Get To Know Your MDDS Staff

Jill Kingen - Facilities and Events Manager

This month we would like to introduce Jill Kingen. Jill joined MDDS this April as the Facilities and Events Manager. Originally from Washington D.C., Jill and her family have called Colorado home for the last 20 years.

Jill received her BA from Colorado State University and her MS from University of Phoenix. She and her husband spend most of their free time chasing their five year-old daughter and three year-old son. In the rest of her free time, she enjoys being active, exploring our great rocky mountain state. Her primary form of communication is sarcasm (she fits right in with the MDDS team!).

Jill has spent the last four years as a business owner and fitness guru. Prior to owning her own company, she spent seven years as sales manager at Freeman and MDDS was one of her clients for the Rocky Mountain Dental Convention.

As the Facilities and Events Manager, Jill is the staff liaison for the MWDI Oversight Committee, and handles all facility rental bookings, contracts and arrangements. Jill also plans and executes CE certification courses and other events as needed.

You can reach Jill Kingen at (303) 488-9700 ext. 3274 or events@mddsdentist.com

A LETTER FROM OUR PRESIDENT

Larry Weddle, DMD, MS

The metro Denver Dental Society warmly welcomes Dr. Larry Weddle as our new president. Dr Weddle is an orthodontist serving the north metro Denver area. After serving as MDDS secretary, treasurer, and president-elect he will accept the position of MDDS president in July.

I am truly honored to serve as your 117th MDDS President. I stand on the shoulders of many excellent dedicated leaders who lead with the same passion in mind, to further the field of dentistry. Membership in organized dentistry starts at the local level and MDDS, with its strong leadership, dedicated volunteer members, and the financial support of our general membership, has entered an exciting time in its history. I'd like to thank our immediate past president, Dr. Mitch Friedman, for all of his dedication and hard work this year. He has been relentless in his efforts to further our Society and has put in countless hours ensuring the success of the Mountain West Dental Institute. He has served on our board for many years with honor and dignity and I feel grateful to have him as a colleague and friend.

Our MWDI fundraising campaign has been incredibly successful thus far but l ask for our membership to continue to be generous with their donations. Thanks to the tireless efforts of our volunteers, Executive Director and staff, we have raised over $360,000 in cash donations towards our $500,000 goal for the MWDI. This does not include over $750,000 in donated state-of-the-art equipment received from our vendor community. As the word spreads about our new location and facility, our teaching classrooms are booking very rapidly by our hard working staff. We have also been successful in leasing our extra office space to help increase revenue. Through a strategic partnership, Kids In Need of Dentistry is busy serving low-income children each Monday out of the facility. Our dream of creating a truly tangible membership benefit of local high quality CE and a community outreach hub has come to fruition and we are very pleased that our determination and all the hours of research and planning are beginning to be realized.

This year, some of our MDDS events we have grown accustomed to attending are shifting around a bit. We are always looking for ways to maximize our membership dollars and produce benefits that are utilized by all members. For example, over the past years, the May Annual Meeting has had a steadily declining member attendance (55-60 members per event out of 1650+ members) with a rising cost to produce and attend. This year the Board decided to combine most of the elements of the Annual Meeting with the President's Reception (held every January during the RMDC). We will now recognize our volunteers and update the membership on Thursday night of the RMDC at the MDDS Presidents Banquet. We are hopeful that this will encourage a much larger attendance since more members have already set time aside in their schedules for RMDC- related activities. This move saves our Society thousands of dollars and allows opportunities to use sponsorship support dollars and valuable staff time in a more productive manner. Bylaws voting now takes place during our nomination process from May-June. The new voting process allows for all MDDS members to cast their bylaws changing vote whether they attend the Annual Meeting or not. Our officers will now be sworn in each year at the July Board meeting and will take their offices July 1st at the start of our new fiscal year.

"I am truly honored to serve as your 117th MDDS President. I stand on the shoulders of many excellent dedicated leaders who lead with the same passion in mind, to further the field of dentistry."

I also look forward to a year of working with the CDA and their new president and MDDS member, Dr. Brett Kessler, to further their mission. We are very lucky to have a state dental society that is so dedicated and successful in lobbying for the best interests of dentistry. They have a fantastic combination of volunteer leaders, a highly qualified new Executive Director and staff that I know will do great things for all of our CDA members this year. This coming year it is more important than ever for membership to be engaged and united as one. There are some big challenges on the horizon of dentistry and all of organized dentistry must work with a common goal of protecting the integrity of our profession as these challenges confront us. I look forward to a fantastic year of guiding our society so that you - our member - gets the most out of every dollar you spend on membership dues and every hour you spend on volunteering for our incredible Society. ■

A Day in the Life of a Dental Student (May 24, 2014)

Dr. Ian Paisley speaking to the pre-dental students

MDDS and CDA co-sponsored the Colorado ASDA Chapter's "A Day in the Life of a Dental Student" event on Saturday, April 26, 2014 for pre-dental and third and fourth year dental students. The pre-dental students were matched with a third or fourth year student and were shown around the school. They spent time drilling on plastic teeth, taking impressions and learning about dental school and the profession.

CU Signing Day (May 5, 2014)

Dr. Newman explaining the importance of organized dentistry

The burrito line

The Colorado ASDA, CDA and MDDS organized a national signing day at CU (complete with burritos and Starbucks' gift cards). We would like to extend a special thanks to CO ASDA president Christian Piers and Dr. Sheldon Newman for speaking to the students. Over 90% of the 4th years who attended signed, earning a bonus of $500 for our ASDA chapter from the ADA!

MDDS Luau (May 31, 2014)

The fire dancing was amazing…

The food was delicious…

And the face-painter a true artist!

Mahalo to the over 130 people who attended the MDDS Luau! We enjoyed beautiful weather, delicious food, dance lessons, a fire performance and more. A special thank you to the ADA and Henry Schein Dental for making the event possible!

New Members, Welcome!

Dr. Saffa Alani
Dr. Nancy Cashman
Dr. Raymond Frye II
Dr. Matthew Gawlas
Dr. Al Ochoa
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REFLECTIONS

Major Baba

By Carrie Seabury, DDS

> feel that luck is preparation meeting opportunity"
> *~Oprah Winfrey*

There is a reason why that woman is on every Starbucks coffee cup in America. I know you are thinking that it is because she risked her very life when she took a harrowing journey to the inner realms of India to bring us the perfect cup of chai tea. Well sir, it is not. (Though I haven't actually tried her chai tea so perhaps my next editorial will sing a different tune). No, Oprah has an uncanny way of getting to the heart of the matter. She lifts the gluten free curtains and brushes away the kale veils and reveals the meat and potatoes beneath. Plus, I really do enjoy writing my editorials while wearing my fuzzy pink socks recommended in Oprah's favorite things of 2011 list. You should really check them out. Just sayin. Comfy toes.

Getting to the heart of the matter when it came to assembling this summer's military themed *Articulator* brought some fear and trepidation to my belly. Unfortunately, Oprah couldn't help me out on this one – she didn't have any witty quotes describing what I was up against. Her pink fuzzy socks offered no comfort. The problem I faced wasn't just that I am a pathetically naive civilian who bumbles her way through rank titles and Armed Forces acronyms. I don't even know if I should capitalize Armed Forces...but I'm gonna! The problem was that I would have to do some personal interviews with colleagues who served. I needed to learn their stories. Please understand that I adore talking to our members about nearly any topic, but you see, my only previous experiences in talking to veterans were very negative and somewhat scary. Some of my dental-phobic, post-traumatic stress disorder veteran patients were brave enough to share their experiences with me in my office, and I have digested and absorbed their burden. I know I can never truly understand what they went through, but I can understand the connection between the helplessness and fear they experienced during wartime and the helplessness and fear they feel in our chairs.

The most memorable conversation I ever had about personal experience in serving our country was one unusual isolated conversation with my grandpa. Mind you, my grandpa did not speak of his military experience to me. As far as I recall, he only shared one memory of serving our country with me and you bet your bottom dollar the story was meant to scare me straight out of my sassafrass-teenage-feminazi-Levi's-faded-men-jeans-wearin-attitude. Sidenote: I miss those jeans. You see, Baba shared a terrifying war story with me because I was arguing with him, and I had inadvertently pushed a fairly feisty button of his. I was telling him that if a woman wanted to serve our country in the Armed Forces, she should be able to serve in any capacity she chose. My patriarchal and protective Baba said it was a man's job to serve our country and protect our women and children at home. After hearing his terrifying war story, I yielded to him for several reasons. #1: He was my Gramps and as sassy as I was; I respected him to the core of his very being. #2: I had a feeling that as terrifying as his story was, he was keeping things fairly PG rated for me. I knew he had seen greater evils and did not want to see his granddaughter go through any war experiences that he had endured. As a Major in the US Army Medical Corps, he was called upon to use his general surgery training to sew up our wounded soldiers. I knew without him telling me any more details that sometimes the only thing that carried him through his lonely difficult moments was a sense of duty that came from knowing he was protecting our safety and our way of life. I cut my sass and gave him much appreciation for the sacrifices he made in order to keep my world a place full of opportunity that would reward my preparation and hard work with a very lucky life.

"Baba shared a terrifying war story with me because I was arguing with him, and I had inadvertently pushed a fairly feisty button of his."

The journey of creating this summer's issue of the *Articulator* will likely be my most memorable. I approached the task with trepidation because I didn't know if asking my fellow MDDS dentists about their military stories would be asking too much of them. I was worried about being too nosy, or crossing boundaries I shouldn't. What I found when I spoke to our local dentists was quite the opposite from my experience with my Major Baba. They spoke of the adventures and positive life-changing experiences that led them through their military service. They were excited to write about their years serving our country and encouraged anyone considering a military career to go for it. They wrote with passion, a deep sense of duty, a great level of accomplishment and were so excited to share their experience with other MDDS members.

I originally embraced the opportunity to gather information of our members' military experiences in the hopes of showing our entering dental students and new members an alternative to accumulating crippling student loan debt. One of the hottest topics at the ADA House of Delegates was the number of dental students graduating with

six figure debts. Knowing that the Armed Forces Health Professions Scholarship Program (HPSP) has covered most, if not all of the expenses incurred during dental school for countless students, I thought this topic was essential to cover in our publication.

While doing my research of HPSP scholarships with the recruiters for the Army, Navy and Air Force, (see page 18 for my recruitment resource guide) I was amazed at the commitment level our government gives to our scholarship students. I found myself wishing I had known more about these opportunities when I was applying to school. I also discovered that it is never too late to get involved with our US Armed Forces and serve our country with honor.

My take-away feeling from the experience of assembling this issue was a new appreciation for what my country does for me. America takes care of our military dentists so that they can take care of all of the other men and women serving our country. I have always been grateful to be an American. I know that I am incredibly blessed to live in a country that allows me, as a woman, to earn a doctorate and to own my practice and even the land my practice is located on. There is incredible opportunity in our country and there are a million reasons why I get a little misty-eyed every Fourth of July while watching the fireworks. I truly and deeply understand what people like my grandpa did for me. I appreciate the bravery it took from people like Dr. Scheidt, Dr. Michael, Dr. Diorio, Dr. Gatseos, Dr. Maloney, Mr. Brian Caine and Ms. Marie DePuey to take that first step that led them to their own personal military journeys. I thank all the men and women who have given their talents, their passion, and even their lives to keep American opportunity alive. ■

COLORADO DENTAL STUDENTS SEARCH FOR ADVENTURE, TRADITION IN THE MILITARY

By Christian Piers, Colorado '16, Editor-in-Chief, American Student Dental Association


Mr. Christian Piers

Bryan Caine, a second-year dental student at the University of Colorado School of Dental Medicine, didn't plan on being a dentist. He also didn't plan on joining the military. He spent his first year after college traveling and teaching English in foreign countries, knowing only that he wanted to work in healthcare.

"After traveling abroad and seeing a lot of other places, I realized the military would be a great way to live in other countries," Caine says.

He spoke with his uncle, a retired Navy pilot, about different military paths. He also convinced an Air Force recruiter to let him shadow a newly graduated dentist on base.


Mr. Bryan Caine

"I loved it," Caine said. "He had his own single operatory and worked on one patient at a time. It seemed like such a great transition out of dental school."

During his application to schools, Caine applied to the Health Professions Scholarship Program, which offers dental students two, three and four-year full-tuition scholarships with monthly living stipends in exchange for year-for-year service in the Army, Navy or Air Force. The scholarships are competitive—especially the four-year scholarships, which are awarded to a small number of students in the Army, Navy and Air Force each year. According to the University of Colorado School of Dental Medicine Admissions Office, about 20 students in the four dental classes are currently financed by the HPSP.

Caine won one of the competitive four-year scholarships. He arrived at officer training already commissioned and was surprised to find himself saluted by non-commissioned trainees who had already been there for weeks.

"We didn't know how to march, how to salute back properly, how to get our uniforms right—we didn't know how to do anything right," Caine said with a laugh. "You could tell the other trainees thought we were a bunch of jokers."

He and the other HPSP trainees were kept busy from 4am to midnight. As a person who liked to get seven or eight hours of sleep, Caine said the most difficult part was the exhaustion.

"I didn't think I could function on four hours," he says. "Finding out what I could do was an eye-opening experience."

When asked about his favorite HPSP memory, Caine remembers the day his recruiter, immediate family and uncle gathered for his commissioning in a yard of retired fighter jets at Luke Air Force Base. "I'm really close with my uncle who served. Sharing that ceremony with him was a moving experience," Caine said.

Colorado DS3, Marie De Puey, shared a similar experience. Both of her grandfathers served—one in the Air Force, one in the Navy—and she loved hearing stories of her father growing up in Germany and the Philippines. When she heard the Air Force could deploy her for three months to practice dentistry in a third-world country, her love for adventure kicked in.


Ms. Marie De Puey

She applied for a three-year HPSP scholarship and won, and was commissioned by Dr. George Gatseos, Colorado Restorative faculty, now retired. After that, De Puey said he always looked out for her in the operative dentistry course he taught.

"Because [Dr. Gatseos] met my parents at the ceremony, he knew a lot more about me," De Puey said. "I haven't had the chance to form that connection with other professors."

Aside from sharing military links with faculty, both Caine and De Puey live normal dental student lives. Caine says he fills out a form once a year that says he's healthy and doing well in school, and otherwise all he needs to do is figure out the logistics of a military-funded education. He's in the process of forming a student group to help incoming HPSP students deal with everything from prepping for officer training to submitting book receipts for reimbursements.

Michael Hess, a DS1 on a four-year Navy scholarship, says the one thing he can't stress enough is that students shouldn't choose HPSP solely for the financial benefits. "The scholarship is a true commitment, and having a desire to serve our country should be your motive."

Neither Caine nor De Puey seem to need the caution.

"It frustrates me when people do it for the money," says De Puey. "I want to give back. One of my good friends is in Afghanistan, and I just want to show my support and say, 'Thanks for everything you do. Let's make sure you aren't in any more pain.'"

She and Caine say it's nice to know they'll graduate without debt, but they seem more drawn to the adventure, honor and family tradition.

Both of them are thinking about turning their commitments into careers. ■

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MEMBER SPOTLIGHT: DR. MICHAEL SCHEIDT, DDS, MS

Introduction by Carrie Seabury, DDS

Dr Scheidt in his field gear in Heidelberg, Germany

I had the pleasure of interviewing Dr. Michael Scheidt for the member spotlight in this Articulator's special military issue. It was Dr. Scheidt himself who suggested that we write a piece or two on dentists who serve our country through the branches of the US military. Our Communications Committee members decided to embrace the idea and dedicate an entire issue to member dentists who serve our nation. After serving our country on active duty for over a quarter of a century, then serving our veterans by teaching at the VA Hospital for the last 13 years, Dr. Scheidt has selflessly given most of his career to our country. A very active member of MDDS, he served on the MDDS Executive Committee, culminating with his 2010 presidency. He currently holds the CDA Trustee position for the MDDS, chairs MDDS CE Committee and will be chair of the 2015 RMDC. Dr. Michael Scheidt serves our Metro Denver civilians by practicing periodontics in Northglenn/Broomfield, Colorado in his private practice, while also serving our veterans by teaching residents at the VA Hospital.

Q: Retirement does not seem to be in your vocabulary. Tell us a bit about what you are doing now in the field of dentistry and how you got here. What attracted you towards a military dental career?

A: Almost 16 years ago, I chose Colorado for my private practice experience after a 26-year career in the US Army Dental Corps. I am still practicing my specialty of periodontics in the practice which I sold two years ago. Not being a golfer, I found that some of my Wednesdays off could be used to help the Veteran's Hospital here in Denver as the contract periodontist teaching in their general dentistry clinic and implant program. Rather than retire, I enjoy my two-day per week private practice, and have filled an interim oral surgery position at the VA as well.

I am so very pleased to have been asked to join the faculty of this VA Internship Program as it offers the best of clinical dental experience, as well as the didactics of day-to-day research-based practical decision-making. It is ironic that my first experience, after graduating from Indiana University was in this very type of hospital-based dental internship program with the Army in San Francisco, Calfornia, in 1971. I am re-living that period of my life every time I'm there, and becoming more and more energized for what dentistry can do to help the most deserving of our citizens; our veterans who have given more than most of us in service to our nation.

The attraction to then stay in the military health care system for 26 years was based in part on a deep patriotism instilled in me by my father, who lived his life with injuries as a proud survivor of the Battle of the Bulge during World War II, as well as the opportunity to continue a path of lifelong learning, which is the hallmark of a dental career in the military. I also strongly desired the chance to pass my experience onto others. That eventually culminated in the high point of my teaching career, while serving as the director of the Army's periodontal residency program at Ft. Gordon in Augusta, Georgia. One of the many advantages of teaching or learning in a military or VA-based educational program is that there is never a lack of patients or challenging clinical problems. Many of the clinic or hospital assignments that a service member can have involve working with a team of general dentists as well as specialists, and the communication between them is a very efficient and effective way to treat patients. In civilian practice, the more interaction at meetings, lunches or in organized dentistry events, the more it resembles the collegial atmosphere of military practice.

Dr. Scheidt shaking hands with President Clinton, 1994 Berlin.

I also enjoyed the opportunity for leadership offered by the military in a structure that includes the great deal of leadership development

that one needs to take on this responsibility. As the Commander of the dental activity at Ft. Benning, Georgia, I passed on the opportunity to jump out of perfectly good airplanes, but oversaw the five dental clinics with the mission to prepare our soldiers for Desert Storm, Gulf War One–a moving experience I will never forget. As the Commander of the dental activity in Berlin, Germany, I had the rare opportunity to serve as the last Commander of the Berlin Military Community Hospital and participated in the grand ceremonies in which President Clinton returned the military facilities of the former West Berlin to the unified Federal Republic of Germany.

Q: Would you encourage our dental students to serve in the military?

A: Certainly, I believe that joining the military or entering into a Veterans Administration Hospital Internship program is a great way to start a career in dentistry. To continue that career in military service is a very individual matter. The chance to practice your profession while not only visiting overseas countries, and actually living there, is something that would be the dream come true for many, but feared and avoided by others.

Q: Tell us about your beautiful family

A: I met my wife, Kathryn, an Army nurse, during my internship while extracting her third molar. Kathryn stayed in the Army with me and finished her career as a Deputy Commander of the military hospital at Fort Carson, Colorado after 30 years of service. We have two wonderful sons who traveled the world with us, one initially speaking Korean, to our delight, and both fluent in German. They had the challenge of continually making new friends, as we moved 17 times and they were never in the same school for more than two years in a row. One has pursued a career in video editing in Hollywood and the other as a software engineer with Hewlett Packard in Colorado Springs, Colorado. Maybe Kathryn and I will see a grandchild take up a healthcare career, or best of all in service to our country.

Q: Were you able to participate in organized dentistry while serving our nation?

A: Being a part of organized dentistry is difficult during a military career since participation in leadership positions in the tripartite system starts at a local level where officers are often deployed or move after several years. Most participate only in ADA educational activities, but if pursued locally, a career ending after 20 years develops a wonderful list of relationships and contacts which could facilitate introduction into a civilian community of dental practitioners or educators and facilitate discussions in organized dentistry across the United States. My involvement with our local dental organizations began when I arrived in Colorado with retirement from the Army as a practicing periodontist, clinic chief at Fort Sam Houston, Texas, and Deputy Commander of the southwest dental service area. I became the Secretary/Treasurer of the Adams County Dental Society and took that position on the then decentralized board of MDDS.

Q: How can dentists working in the civilian sector do their part to show their patriotism?

A: In our nation's past conflicts, military reserve dentists have been activated from our area. It is with great pride and appreciation that I hear stories of their civilian colleagues taking on the job of working their practices and keeping them viable until their return. ■

PROUD TO SERVE

- Deborah J. Michael, DDS, MS

In May of 2014, I will have served in the Army Reserve Dental Corps for 27 years. It is one of the best decisions I made in my life. At the time that I entered dental school, the military was not offering any scholarships for any of the branches of service. When I graduated I really wanted more training before private practice.

I spent my first year in the US Army Reserves on active duty in the one year Advanced Educational Program in General Dentistry resident one-on-one program. There were eight residents and we each spent 11 weeks one-on-one with a mentor in oral surgery, general dentistry-restorative, fixed and removable prosthodontics, and endodontics. Our exposure to pediatric dentistry was limited because the military was only treating a limited number of civilians in a stateside environment at the time. One of the nearby orthodontists who was a reservist worked with us on a monthly basis to provide some exposure to orthodontics on military patients. The training and quality of it during that year was phenomenal.

On a personal level, the military opened my eyes in many ways. After my residency, I was sent to Korea for a one-year unaccompanied tour. I was not very enthusiastic about going since I was in my first year of marriage. When I was promoted to Colonel in 2005, I wrote this excerpt below in my program for my fellow soldiers:

"We Make a Difference - Proud to Serve

In 1988, when I was a new Captain in the Dental Corps, I was stationed in Korea for a one-year unaccompanied tour. My dental assistant was a KATUSA soldier (Korean Augmentation to the US Army). When PFC Kim first worked with me he sang anti-American songs in his own language and took smoking breaks whenever he chose to regardless of patient needs. We had some difficulties as he resented not only that I was an American, but that I was a woman and that he was supposed to follow my orders. By the end of the year our differences were resolved and I had earned his trust. He requested that I complete some dental work on him. In his culture, this was a great compliment. After returning home I sent him a letter and photo of my newborn son. This is an excerpt from the letter I received in return:

"I'm so glad to receive your card. Thanks for not forgetting me. What a lovable son you've got! In fact, I didn't expect your "Hello card". On my looking back, there was too much your help. When I first came to the Army, that was strange to me. As you were far away from your home, I felt I was put in a foreign country.

Because I wasn't accustomed to working, talking with you, Americans. Even though I had a language problem, you were trying to understand me. When I was in college before the Army, I got to know lots of bad aspects of Americans. I thought that's all of America, but not now. You helped me open my mind to the fact that Everything exists in the world has several faces.

I'm sure you and your family (now including Michael Murphy) had a nice Christmas. Hope Good Luck follows you everywhere you are! Take care and say Hello to Michael Murphy."

From, Kim, chul soo

In a small way, I was able to make a difference in this young man's attitude towards Americans. That is what it is all about. Our soldiers make a difference every day in the lives of people all over the world. We have sacrificed much in the current conflicts and we have not walked away. There are many grateful people in Iraq, Afghanistan and other places. Lt.Gen. James Helmly states that, 'more than 41,000 Army Reserve soldiers are currently mobilized, serving in 18 countries, to include Iraq and Afghanistan.' He also states that 'we are blessed by each other, all of us different, but stronger because of our love for freedom and respect for human rights. I am most proud to serve in the United States Army Reserves and most grateful for the support and camaraderie of my fellow soldiers. Thank you and I hope that you will always continue to make a difference.' "

I was released from active duty in June of 1990, served in the Inactive Reserves for a year and then decided that I missed the camaraderie of my fellow soldiers. I have served in the active reserves ever since. It has not been the easiest task getting through one six-month deployment to Germany in 1996 and two stateside 90-day deployments to Texas in 2004 and Oklahoma in 2009. There has been significant financial strain on my practice each time with the worst occurring in 2009 when the economy was in bad shape as well.

All in all the military has provided me with opportunities to work in very diverse environments. I was fortunate to have been able to participate in three two-week humanitarian aid missions in Mongolia and one in Indonesia. These were under austere conditions, with dental work occurring in a school or hospital without running water or electricity in Mongolia, and a tent in Indonesia. In the states, I have been able to work my yearly two-week missions at dental clinics in South Carolina, Oklahoma, Texas, California, Idaho, Washington, at the Air Force Academy in Colorado Springs and one time on an Indian reservation in North Dakota. Since the Army requires continuing education to maintain my credentials, I have also been able to attend civilian continuing education courses with most of the meeting costs covered. If I was a graduating dental student at this time, I would put military service high on my list for gaining experience as a dentist and providing opportunities to go to places that you may never have thought of traveling to. ■

IN THE NAVY!

- Michael Diorio, DDS

Which branch of the military did you choose and what rank are you?

I was a Lieutenant in the Navy, which is the equivalent of a Captain in the other branches of the service. If you want to get really military nomenclature geeky, I was an O-3(O standing for Officer and three meaning the 3rd rung up the officer ladder). I chose the Navy over the other service branches because of base locations. Most naval bases are located near water and I was less likely to end up in the middle of nowhere.

What was your favorite military assignment? Any funny stories or heart warming moments to share about this assignment?

One of the highlights of my tour was when they took a bunch of us docs and techs up to the rifle range up at Camp Pendleton and got us all qualified on the M-16. After we all passed our qualifications, they let us put our M-16's on full auto (machine gun mode) and fire off all the remaining ammo.

The kids we worked on were great and very appreciative of the services we were providing. Boot camp is tough and they would actually look forward to coming to dental. We actually treated them like people while they were in the clinic; we would give them updates on what was going on in the real world and we had women in the clinic so they got a little "eye candy" during their 12 weeks of camp! I had a kid from Chicago in for the removal of his wisdom teeth and he was so tired from boot camp he actually slept through four tough bony impactions, no IV, just local. He actually told me it was ok if I took all his teeth out, it would give him more time to sleep.

The kids we worked on were great and very appreciative of the services we were providing. Boot camp is tough and they would actually look forward to coming to dental.

What was your time commitment and your obligations in serving?

My active duty obligation was three years. I served as a dentist at the Marine Corps Recruit Depot (boot camp) in San Diego, or as I like to say, I was guarding the beaches in San Diego from dental disease. We took care of every kid entering the Marines west of the Mississippi. Our mission was to have them dental-ready to be deployed overseas after they completed boot camp. Dental-ready was basically having any dental problems addressed. Dental care in the field is almost non-existent and shipping someone back to a base for dental care becomes very expensive and potentially dangerous.

I really enjoyed working with the Marines; they took very good care of their medical and dental personnel. (The Marines do not have their own medical and dental, the Navy provides it for them). The Navy has two basic paths, either you stay "blue" and work on the Navy side only or you go "green" and spend your career with the Marines.

I had a three-and-done option where I could leave the Navy after my three-year commitment and could stay in San Diego the entire time. I was not required or obligated to take a tour overseas; or do time on a ship. If you had a desire to make the Navy a career, you were obligated to go where ever they wanted to send you. A typical Navy career path included a couple of tours overseas and a couple of tours on a ship with stateside duty in between. After I was released from active duty I had a six year commitment to the inactive reserves, where I could only be called back to duty in times of a crisis.

The time commitment for a Navy dentist, at least at my duty station, was patient care Monday-Friday from 8-5 and we could show up in our civilian clothes and then change into our uniforms for work. We also received numerous paid holidays and were given two+weeks of paid vacation or leave time per year. I had to be on call about once every 20 days and that meant spending the night in the clinic and handling any emergencies.

In your experience, what benefit does military dentistry offer a new dental graduate?

CE was very important and classes were offered frequently. Coming out of dental school I did not feel confident or fast enough for private practice. The Navy gave me an opportunity to gain confidence and speed. Our dental clinic had every specialty covered except for ortho and pedo. We were able to rotate through each of the departments or specialties. The rotations were for three months and I was able to work one-on-one with a board certified specialist. It was like a mini residency. I was able to see and do many things; in fact I saw more diverse and challenging cases in my three years at M.C.R.D. than I have seen in 20+ in private practice.

Another advantage was having approximately 20 other dentists to consult with and utilize their knowledge and experience. I learned a lot, but most importantly, I learned what my boundaries were and what I could do and should not do in a solo private practice situation. Something else that weighed into my decision to do the Navy right after school was the economy or lack thereof in Denver in the mid to late 80's. It would have been a really tough time to try to start a practice and employment situations were very sparse.

Finally, I made lifelong friends while serving. When I reported for duty, there were about seven other new boot lieutenants, all fresh out of dental school. This is where the MASH comparison came in. We all quickly bonded and became great friends. We worked hard and played and partied even harder. I still stay in touch with several of my "ship mates" and we still refer patients to each other that may be moving out of state.

If you did it all over again, would you still want to serve our country as a dentist?

I loved my time in the Navy, would do it all over again and might even consider making it a career now knowing all the challenges of private practice. I could actually be retiring right now. ■

REFLECTIONS ON SERVING OUR COUNTRY - Jeff Young, DDS

Dr. Young serves our country in the US Army. He initially joined the Iowa Army National Guard in 1979 through a program that provided a commission as a Medical Service Corps officer after successful completion of the first year of dental school. He served in the Army National Guard and Army Reserve from 1979 until he was discharged in 1991. After a ten year break in service, he joined the Army Reserve in 2001. Dr. Young currently serves as a Colonel in the Dental Corps.

What was your favorite military assignment?

I have been on multiple deployments listed below:

- Operation Desert Storm in 1990-91. I was assigned to Mannheim, Germany where I treated dependent pediatric patients of soldiers deployed "down range" to Kuwait.

- Fort Carson, Colorado in 2003. I was Chief, Pediatric Dentistry at Smith Dental Clinic where I provided dental treatment for pediatric and special needs dependent patients. I was also involved with clinical and didactic instruction for Army general dentistry residents stationed at Fort Carson.

- Operation Enduring Freedom in 2006-07. I was assigned to Camp Bondsteel in Kosovo. My primary mission was to treat military personnel. We had multiple opportunities to provide treatment to local nationals as well as children in an orphanage.

- Annual training missions to the Dominican Republic and Guatemala. These were humanitarian missions where treatment was provided to local nationals.

- Camp Shelby, Mississippi. This is my current assignment. The mission is to provide dental exams and treatment for soldiers who are returning home from Afghanistan.

All of these assignments provided the opportunity to treat our soldiers, dependents and local nationals. The missions where treatment was provided to the local nationals are among my favorite assignments. There is a tremendous need for dental care. You return from these missions with a new perspective and appreciation for the excellent healthcare we have in the United States.

Dr. Young holding a patient in a Kosovo orphanage

What is your time commitment and your obligations in serving?

The time commitment when not deployed is one weekend of training each month, and two weeks of annual training. The annual training usually involves medical missions to Central and South America. In addition, deployments for at least 90 days on Active Duty are anticipated every two-three years. These deployments are often overseas to areas of active conflict.

Any funny stories or heartwarming moments to share about your assignments?

There are several heartwarming moments. I completed extractions on a pediatric patient who was less than two years of age in a tent in Kosovo. The father held the patient in his lap while I provided treatment. This type of treatment always has an emotional component that is challenging for parents, patients and providers. When treatment was completed, the level of appreciation and gratitude was overwhelming.

Many of the patients treated on the missions to the Dominican Republic had extensive treatment needs on both permanent incisors and posterior teeth. Often times these were teenagers. They wanted the anterior teeth restored despite acute and urgent needs on the posterior teeth. Through the use of interpreters, we negotiated a compromise where anterior teeth were restored after the most urgent posterior needs were completed. The results were patients grateful to have a new smile and satisfied providers that successfully treated dental disease.

Providing exams and dental care for soldiers returning from deployments is always rewarding. Our goal is to complete this process quickly and efficiently so they can return to their homes.

If you did it all over again, would you still want to serve our country as a dentist?

Absolutely. There is an unparalleled amount of satisfaction in serving your country. However, it takes a tremendous amount of support from family to be able to serve, and I am grateful my family has provided this support. ■

Retired Lt Colonel for the US Dental Army Corps - George Gatseos, DDS

What were your most memorable assignments while serving the US Dental Army Corps?

My favorite assignment was my three years at the US Army Hospital in Bremerhaven, Germany (FRG at the time) during the Cold War. I just completed my GPR at Beaumont Army Medical Center and went as a general dentist to a small Army hospital. We performed all clinical treatments in dentistry and had NO specialists; instead all six of us were general dentists. My commander, Lt. Col. Marlin Lewis, was a board certified two-year general dentist very well trained in oral surgery. We were able to perform all of our own restorative, prosthodontics, periodontics, endodontics and oral surgery. It was a great clinical experience. I even treated a fracture jaw case to successful closed reduction.

My funniest experience serving the Dental Corps was when I was the DOD on emergency call one Friday night and we were attending a Halloween costume party at the officers club. I got a call and I was dressed in my pirate costume. My patient was an inebriated merchant maritime sailor who came in with a toothache. When he saw me dressed in a pirate costume he would not let me treat him and found another dentist in the local economy at his own expense.

What was your time commitment/obligation to the US Dental Army Corps?

After I left active duty and started my own practice, my time obligation in an active reserve unit was drilling one weekend a month plus two full weeks of active duty during the year (usually during the summer). Also, I was placed on alert for any military action and I could be called into active duty at anytime. I was lucky as I made it through Desert Storm One which was short-term conflict. We were prepared to leave for active duty but President George H. Bush reached his call up limit of 250,000 total soldiers. They split our hospital unit up and did not take any of us six dentists though we were still on alert. The war ended fast in a couple of days when the Army went into Iraq the first time under General Schwartzkopf, so I was never activated.

If you did it all over again, would you still want to serve our country as a dentist?

I would most definitely serve again if I had the opportunity as a young dentist right out of dental school. I am gratetful for all the additional training I received in the military Dental Corps. It was a great experience and the travel and pay is reasonably good. There were much less practice hassles. I tell people contemplating the military that you are in the military first and they own you. Your family must have buy-in to join you with your military career. You must have a solid agreement with your family. ■

Serving the US Navy - Scott Maloney, DMD, MS

Dr. Maloney served the US Navy for nine years and attained the rank of Lieutenant Commander. He was released from active duty to work full-time as a civilian.

Tell us some of your favorite experiences you had while serving our country.

I served in the US Navy for nine years and worked in nine different dental clinics during that time. I have so many great experiences that picking a favorite would be impossible, so I will list a few highlights that come to mind:

■ Serving aboard the USS Rushmore as Dental Department Head and making a WEST PAC where I became golden shellback (crossing the equator and international date line at the same time). During that six-month period I visited numerous countries. I went scuba diving in Guam with a master diver, surfing in Hawaii, Japan, Australia and Thailand, and experienced United Arab Emirates, Qatar and Saudia Arabia

■ Hiking with the Marines and shooting various models of weapons, including a SAW and 50 cal. Seeing the POTUS treated in our dental clinic

■ Serving as the dentist for the Blue Angels in their winter training base.

■ Taking an LCAC (hovercraft) and helicopter to get to my sister's wedding since my ship was out at sea for the two weeks surrounding the date.

■ Getting a scholarship for dental school and then training as an endodontist.

■ Practicing dentistry in a fully integrated team approach, especially in commands where we were all in the same building.

What was your time commitment for serving?

I had an original scholarship that committed me for four years and ended up staying for nine years to get trained as an endodontist.

If you did it all over again, would you still want to serve our country as a dentist?

I would definitely choose the same path again. I have met so many wonderful and interesting people and been exposed to things that I would have never imagined possible. I highly recommend the dental students I teach to consider a position with the US Navy. The possibility for scholarships and loan forgiveness is amazing, not to mention, the fact most bases are near the beach or some large body of water. ■

Army/Navy/Air Force Recruitment Resource Guide

There are two ways to use the following resource guide:

1) Talk to pre-dental and dental students about scholarship opportunities to help them avoid graduating with crippling student debt. The American Dental Association is counting on us (as the local component of organized dentistry) to guide the next generation of dentists. Rising student debt is on the top of our list of concerns. This resource guide is a great piece of reference to give to any student considering dentistry as a career.

2) As an active practicing dentist, learn about your own opportunities available to serve your country. There are many part-time opportunities to help our soldiers that would not have significant impact on your private practice. There are also many full time opportunities available. Reach out to the recruiter contacts below for more information.

Interested in serving the US Army?

Health Professions Scholarship Program (HPSP)

- Provides three and four year scholarships for students enrolled in an ADA accredited DDS or DMD program.
- Applicant must be a U.S. Citizen.
- Provides full tuition, monthly stipend of $2,157.30 for 10.5 months and reimbursement of certain academic fees
- Provides Second Lieutenant pay for 45 days during non-active or active duty training (ADT)
- Appointed and commissioned as a Second Lieutenant branch unassigned while participating in the HPSP program
- Soldier is commissioned as a Dental Corps Captain upon graduation from dental school
- Active duty obligation is year for year for each year receiving the scholarship with a minimum obligation of three years

Health Professions Scholarship Program Accession Bonus (HPSP AB)

- MC and DC HPSP applicants, regardless of scholarship length, are eligible to receive
- HPSP AB.
- Applicants must meet the HPSP eligibility requirement
- Provides $20,000 bonus paid in three increments between first and second HPSP monthly stipend phase
- Active duty obligation in conjunction with HPSP is four years, regardless of length of HPSP participation. The HPSP AB obligation is served concurrently with the HPSP ADSO

Advanced General Dentistry 1-Year Program (AGD)

- One year training program – target audience is senior dental students
- Practicing dentists who graduated within the past three years may request an exception to policy to apply for this program
- Graduate dentists must be licensed
- Six training sites: Joint Base Lewis-McCord, WA; Ft. Campbell, KY; Ft. Carson, CO; Ft. Benning, GA; Ft. Jackson, SC; Ft. Sill, OK
- HPSP Dental Students are required to apply and ROTC Educational Delay Students are eligible to apply

Financial Assistance Program (FAP)

- Open to dentists at any point during their residency training (only open to Dental AOCs where inventory is low); eligibility is determined on a case by case basis by OTSG
- FAP provides an annual grant of $45,000 plus a monthly stipend of $2,157.30
- Active duty obligation is two years for the first year of FAP participation plus one-half year for each additional one-half year (or portions thereof) of participation with a minimum period of three years on active duty for dentists participating in FAP
- Individuals must be U.S. citizens and be fully qualified for appointment as a Dental Corps officer, to include having a valid state license

Health Professions Bonus Program (HBP)

- Program provides a $75,000 accession bonus
- Four year active duty obligation
- Individuals may be eligible, to participate in the active duty loan repayment program
- Students in their last year of dental school may apply
- Individuals who have held an appointment as a Dental Corps officer with any branch of service or component within twenty four months at time of application are not eligible
- Individuals are not eligible if they received any financial assistance from DOD to pursue their dental degree or specialty including HPSP and FAP, even if the obligation for this assistance has been served.

Health Professions Loan Repayment Program (HPLRP)

- Program provides up to maximum of three years of repayment of qualified education loans
- Payment is made in increments of $40,000 annually for each year of participation
- Active duty obligation is three years
- May be combined with the Health Professions Bonus; obligations are additive to a maximum of seven years

Critical Wartime Skills Accession Bonus (CWSAB)

- Bonus provides a $300,000 accession bonus paid in four annual payments for Oral Maxillofacial Surgeons and Comprehensive Dentists who sign a written agreement to serve on Active Duty for not less than four consecutive years in exchange for receiving the CWSAB

If you need further clarification or would like more information please contact our local Army recruiter Sergeant First Class (SFC) Lyndie S. Corder at (303)873-0491 or at lyndie.s.corder.mil@mail.mil.

All information in this article was taken directly from the army brochure sent via email.

Interested in joining the Navy?

Health Professions Scholarship Program (HPSP) GEARED TOWARDS DENTAL STUDENTS

- 100% tuition coverage (including supplies, fees and any computers/software that the school requires)
- Sign-on bonus of $20,000
- Monthly stipend of $2,157 for up to 48 months
- Four years payback to Navy for three or four year scholarships

Health Services Collegiate Program (HSCP) GEARED TOWARDS DENTAL STUDENTS WITH FAMILY

- Students do not receive scholarships for tuition, but rather are given money to cover all the family costs while pursuing their doctorate degree
- $157,000-$269,000 during dental school based on geographical location (typically around $50,000/yr)

- Monthly military salary
- Housing allowance
- Healthcare benefits for dental student, spouse and any children

Financial Assistance Program (FAP) GEARED TOWARDS RESIDENTS

- $45,000 annual grant for up to 4 years (on top of normal resident pay)
- Monthly stipend of $2,157 to help cover living expenses for up to 48 months
- Practicing dentists can receive sign-on bonus from $75,000-$300,000 depending on specialty and experience
- You can ask the Navy for loan reimbursements and may be rewarded depending on the fiscal year funding situation

Navy Reserves GEARED TOWARDS ACTIVELY PRACTICING DENTISTS - PART TIME NAVY COMMITMENT

- One weekend a month/two weeks per year committment
- Weekend is typically at the Bucklear Air Force Base in Colorado
- The two weeks are typically located outside of Colorado - Hawaii, Guam, remote areas of Alaska etc. (many of these locations are humanitarian missions aimed towards increasing access to care)

Overall message to our readers:

The Navy is focused on recruiting dentists who are specialists - especially oral surgery and prosthodontics. To sign up for active duty or Navy Reserves, there is no specific time of the year that you need to sign up during. There are always openings year round.

To apply for a scholarship program, you should contact your Navy recruiter as soon as you begin filling out dental school applications. It can take between three months to a year to process the application.

Chief Hauptmann wanted to send a message to our readers that it is never too late to serve in the Navy. He told me a story about a woman who decided she wanted to serve our country and enlisted at age 54. She decided that now was a great time to sign up to serve in the reserves. Her children were grown and she wanted to do something significant for herself and for her country.

If you need further clarification or would like more information please contact our local Navy recruiter Chief Trey Hauptmann at (303)919-8761 or at trey.hauptmann@navy.mil.

All information for this article was gained via phone interview with Chief Trey Hauptmann.

Interested in joining the US Air Force?

Health Professions Scholarship Program (HPSP)

- 100% tuition coverage (all fees, supplies, uniforms, medical insurance, laptops etc)
- Three and four year scholarships available
- Monthly stipend for living expenses of $2,157.30/mo
- While on scholarship you will spend 45 days serve active duty - this is typically during summertime as long as the school has a break. During this active duty service, students get paid full time active duty. The location the students serve is usually the base closest to the student's dental school. The student experience during this time is basically like a dental internship.

- The time to apply for the HPSP scholarship is when a prospective dental student is applying to dental schools
- After serving in active duty one year for each year of the scholarship, dentists can choose to leave military service or stay and recommission for at least three years

Options for practicing dentists

- US Air Force reserves or Active Duty (three year commitment minimum)
- Dental specialists receive the ranking of Major or Leutenant Colonel
- Paycheck for these ranks is "extensive"
- When requesting assignments, fully qualified dentists often will get the assignment they ask for
- Some specialties receive a signing bonus

Take away message from the US Air Force:

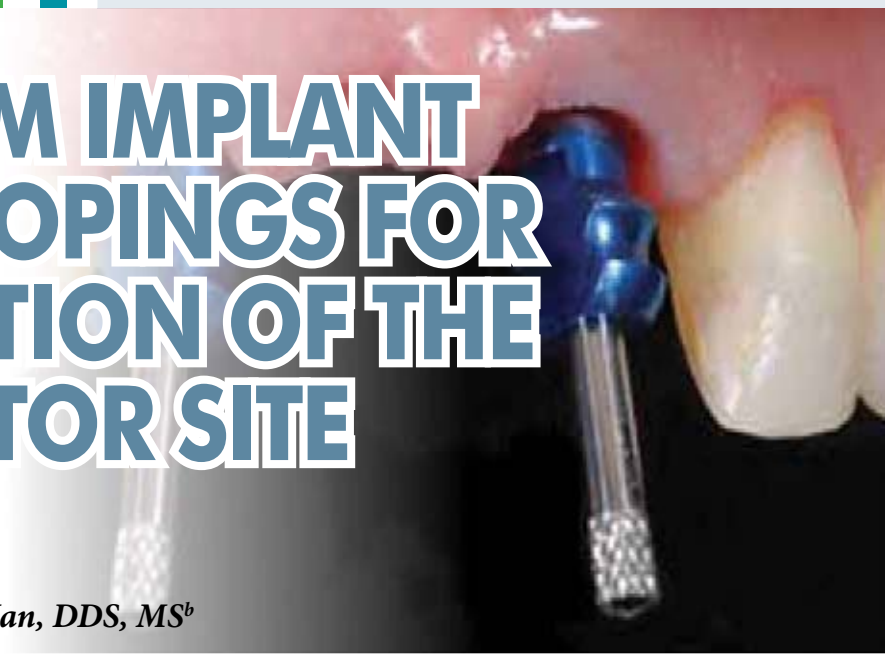
When serving through the US Air Force you can experience humanitarian missions and gain worldwide experience.

If you need further clarification or would like more information please contact our local US Air Force dental recruiter Jill Jeremenko at (303)503-4693 or at jill.jeremenko@us.af.mil.

All information in this article was gained via phone interview with Jill Jeremenko.

Articulator Magazine, Vol. 18 [2024], Iss. 5, Art. 1

DIRECT CUSTOM IMPLANT IMPRESSION COPINGS FOR THE PRESERVATION OF THE PONTIC RECEPTOR SITE ARCHITECTURE



Todd R. Schoenbaum, DDS[a] and Thomas J. Han, DDS, MS[b]

The direct custom implant impression coping technique is designed to record the periimplant gingiva and pontic receptor site after the tissues have been shaped with a provisional restoration. The technique prevents inaccurate recording of the gingival architecture by using a dual polymerizing composite resin placed into the sulcus and pontic receptor sites and adapted to the open tray implant impression copings. This technique may improve soft tissue accuracy between the clinical condition and the laboratory cast. (J Prosthet Dent 2012;107:203-206)

Although the use of implant provisional restorations has become more useful and predictable in the creation of periimplant soft-tissue esthetics, transferring accurate soft-tissue contours to the cast, particularly with implant-supported partial fixed dental prostheses remains a challenge.

Immediately after the removal of the provisional restoration, the periimplant soft tissues begin to remodel into a flatter gingival architecture resembling that of an edentulous site. If no attempt is made to halt the soft tissue remodeling when the provisional restoration is removed, the resulting cast will not accurately represent the soft tissue contours around the provisional restoration. This will leave the dental laboratory technician to estimate the pliability of the soft tissue in the creation of the pontic design, interproximal contact positions, and subgingival contours of the definitive restoration. As a result, the definitive abutments and restorations are likely either to leave a portion of the gingival embrasure open or exert excessive pressure on the tissue, resulting in an alteration in the position of the papilla or free gingival margin.

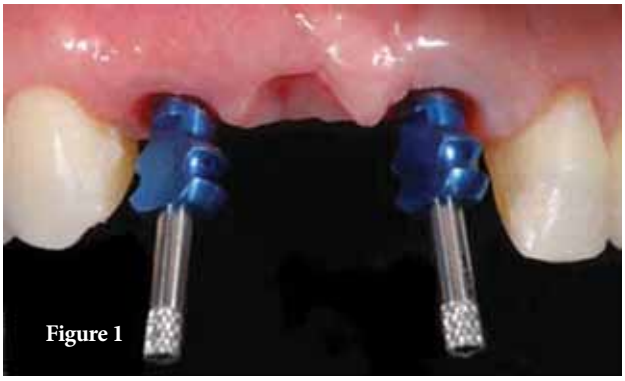
To address this challenge, the use of a low viscosity composite resin with closed tray impression copings to capture the subgingival contours has been proposed.[1] Obvious limitations of this technique include difficulty in accurately transferring the now irregular impression coping body into the impression, inaccuracies of closed tray copings for multiple units,[2-5] difficulties with composite resin polymerization at the depth of the sulcus, and the inability of the closed tray coping/composite resin complex to accurately manage intraimplant pontic sites.

The two most commonly used techniques that attempt to capture the soft tissue contours around implants are an impression using the provisional restoration insitu,[6-8] and indirectly replicating the subgingival contours of the provisional abutment in an impression material or autopolymerizing acrylic resin.[9,10] Although the provisional restoration technique does effectively capture both the final intended soft tissue position and the subgingival contours, it requires that the clinician either replicate the provisional restoration or allow sufficient time for the definitive cast to set before reseating the provisional restoration. Additionally, it relies entirely on the provisional restoration being a splinted, transfer-type, custom impression coping to accurately relate the position of the implants, an assumption which the authors identified no evidence. The autopolymerizing acrylic resin technique is effective in replicating the tissue surface of the provisional restoration, but it does not accurately record the actual tissue position and contour when the provisional restoration is in position (a subtle, but important distinction). The indirect impression of the intaglio surface of the provisional restoration records where it contacts the tissue, but not necessarily the position to which the mature gingiva will be displaced when the definitive restoration is placed. Additionally, intraimplant pontic receptor sites are likely to experience more severe deformation during the fabrication and splinting time involved in creating indirect acrylic resin custom impression copings. The failure to capture this information accurately is of particular importance when significant time and effort has been expended in shaping papilla and pontic sites with the provisional restoration.

After placement of the implant and the provisional restoration, it is often necessary to adjust and refine the provisional restoration to recreate a natural gingival architecture. In particular, additional material must be added to the subgingival portion of the provisional restoration[11] as the tissue matures in an attempt to mold the papillae into their maximum biologically sustainable coronal position. Sufficient time should be allowed for tissue maturation before manipulation. The initial subgingival contour of the provisional restoration should be as narrow as mechanically possible[12-14] to ensure that the gingiva has the maximum volume within which to heal and remodel. Once the final coronal position of the gingiva has been achieved with additions to the subgingival portion of the provisional restoration, the remainder of the gingival embrasure can be filled by extending the interproximal contact of the definitive restoration apically while attempting to retain a natural appearance.[15] Clinician and patient expectations for papilla regeneration should be tempered in light of the research demonstrating expected papilla heights for given situations.[16-19] Once the esthetics of the gingiva and teeth

(continued on .page 22)

a Assistant Clinical Professor, Division of Restorative Dentistry.
b Adjunct Professor, Section of Periodontics.

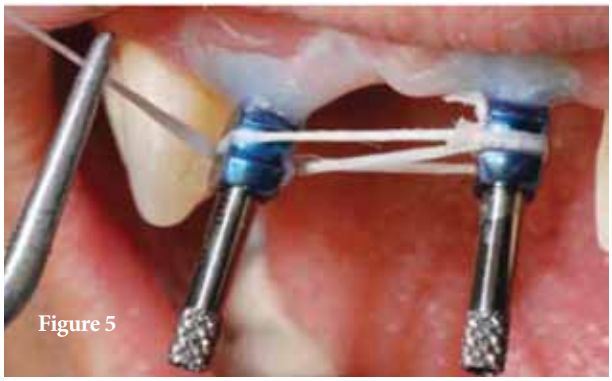


Open tray impression copings are immediately attached after removal of provisional restoration; note development of papilla and pontic site.

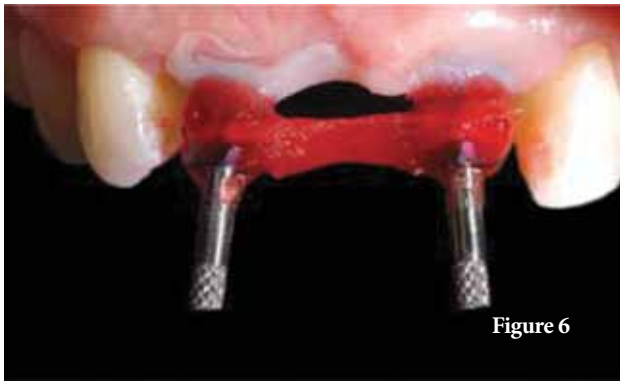
Dual polymerizing composite resin is injected into open gingival emergence to create direct custom implant impression copings.

Composite resin is placed over papilla and into pontic site.

Polymerized composite resin fully supporting developed soft tissue and preventing gingiva from remodeling during time required for impression material to polymerize. impression copings.

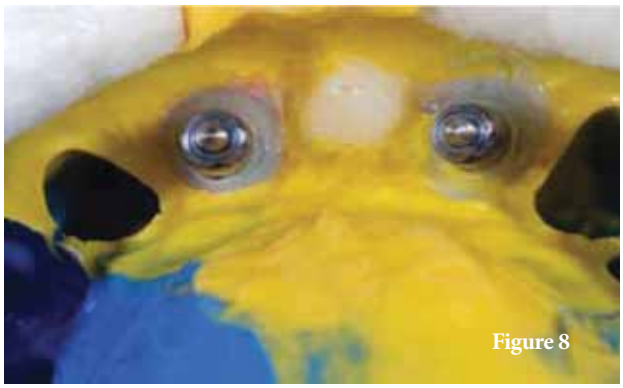


Dental floss creates scaffold across which splinting acrylic resin can be added.



Incrementally added autopolymerizing acrylic resin used to splint impression copings together.

Location of access holes for impression tray recorded with wax and ink marker to facilitate proper positioning.



Final impression illustrating composite resin capturing both periimplant and pontic gingival contours.

(cont. from pg. 12)

have been established in the provisional restorations and the gingiva has been given adequate time to stabilize, the site is ready for the definitive impression.

The technique described is an attempt to minimize the discrepancy between the soft tissue contours on the cast and those intraorally for implant- supported partial fixed dental prostheses. Use of this technique may enhance the accuracy, efficiency, and ultimately the outcomes of soft tissue sculpting with implant-supported provisional restorations.

TECHNIQUE

1. Remove the provisional restoration and inspect the site to ensure that the implant interface, gingiva, and adjacent structures are free of plaque and debris.

2. Quickly attach metal, open-tray impression copings (Implant Impression Post; Keystone Dental, Burlington, Mass) and hand tighten (Fig. 1). To ensure full seating of the copings efficiently, loosen the screw 1 quarter turn and attempt to rotate the body of the impression coping. Verify that the coping body is properly registered and will not rotate. If the body does rotate, turn it to the position where it engages the implant interface and drops to a fully seated position. Re-tighten the coping screws.

3. With the impression copings fully seated, properly indexed, and hand tightened, thoroughly dry the periimplant gingiva, pontic receptor site, and copings.

4. Inject a low viscosity, dualpolymerizing composite resin (Duo-Link; Bisco, Schaumburg, Ill) around the body of the copings to the height of the adjacent papillae (Figs. 2 and 3). Fill and connect the pontic site with the composite resin to the adjacent impression copings. Polymerize the composite resin material incrementally with a dental curing light (Elipar S10 Curing Light-1200 mW/ cm2, 3M ESPE, St. Paul, Minn) for 40 seconds. Verify that the mature soft tissue is held in the same position it was with the provisional restoration in place (Fig. 4).

5. Incrementally splint the opentray impression copings together with dental floss and an autopolymerizing acrylic resin (Pattern Resin LS, GC America, Alsip, Ill) (Figs. 5 and 6).

6. Make radiographs to ensure proper seating of the impression copings.

7. Prepare for the impression by creating access over the screw holes in the impression tray. Use soft wax (Utility Rope Wax; Heraeus, South Bend, Ind) inside the tray to aid in accurately locating the access hole position. Mark the indentations in the wax with a marker (Fig. 7), remove the wax, and create access holes.

8. Practice seating the tray over the impression copings before the actual impression to ensure that the screw posts will easily pass through the access holes.

9. Dry the impression area. Syringe low viscosity impression material (Aquasil Ultra XLV; Dentsply Caulk, Milford, Del) around the impression coping, onto the occlusal surfaces, and along the tooth-gingiva interface. Fill the tray with a high viscosity material (Aquasil Ultra Rigid; Dentsply Caulk) and place intraorally.

10. Approximately 30 seconds before final polymerization of the material, start to remove the impression coping screws.

11. Remove the impression from the mouth and inspect it to ensure that all critical areas are properly recorded and that the composite resin has accurately captured the tissue surfaces and has remained attached to the impression copings (Fig. 8).

12. Inspect the implant sites to ensure that they are free of impression material or debris.

13. Reattach the provisional restoration and obturate the screw access holes with a clear impression material (Tescera Clear Matrix PVS; Bisco, Schamburg, Ill) and composite resin (Filtek Supreme Ultra; 3M ESPE, St. Paul, Minn).

14. Instruct the dental laboratory technician to duplicate the subgingival contours and pontic receptor site in the definitive restoration and extend the interproximal contact apically to the tip of the papilla.

SUMMARY

The use of direct custom implant impression copings can enhance the clinical outcome of implant treatment, particularly for partial fixed dental prostheses in the esthetic zone when efforts have been made to shape the gingiva during the provisional restoration stage. The advantages of this technique are its efficiency and accuracy. However, this technique may be of limited use in situations that involve exceptionally long pontic spans as the composite resin material may not be sufficiently rigid. A major difficulty of the direct custom impression coping technique is that it relies heavily upon the ability of the clinician to attach the impression copings quickly and accurately. The direct custom implant impression coping technique described here increases the communication between the clinician and dental laboratory technician.

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WOW! WHAT A YEAR!

By Amy Boymel, MDDF Executive Director

MDDF just completed its 9th year of service, and your Foundation had a great year thanks to you! With so much good news to share, it's hard to know where to start, so let's start at the very beginning… A year ago I was sorting files, cleaning out drawers and packing boxes along with my colleagues at MDDS in preparation for our move to the new home at the MWDI. If you haven't had the chance to visit, please put it on your "to do" list, and stop by and say hi.

A constant for MDDF, wherever we hang our hat, is our focus on serving our community. Approximately 50 patients were active with the Smile Again Program™ this past year, which I'm sure you know, provides help and hope to survivors of domestic abuse. You and your colleagues provided care valued at more than $5,000 per patient – care that would have been impossible for program participants to receive without your commitment to this program. The Education Station, which lends puppets, props and books, and gives tooth brushes, tooth paste and floss to MDDS members and their associates for health fairs and educational presentations, touched almost 3,500 members of our community, and even reached people in India and Nepal.

The year was filled with fun events, some familiar and some new. MDDF had a great RMDC – from our booth "upstairs" to glow bracelets at the Friday Night Party; and in case you haven't heard, we offered an attended coat check to keep your coats and hats company while you attended sessions and caught up with friends and colleagues. Speaking of friends, we extend sincere thanks to our Friday Night Friends: Perry & Young, SMG Advisors, COPIC Financial Service Group, Pacific Continental Bank, Care Credit, Fortune Management, Poulos & Somers, Amica Insurance and URWA Consulting.

In March, we held the first annual Feed the Foundation event, a fabulous night of food and wine that came together though our collaboration with the MDDS Communications Committee. We hope to see you there next year! And as has become our tradition, our year ends with the Shred Event, helping you clear out the clutter in a safe, secure way. Thanks to everyone at Children's Dentistry for giving that event a new home this year.

None of this would happen without the most amazing volunteers anywhere! MDDF is fortunate to have an incredibly dedicated board of directors: President – Dr. Nelle Barr, Vice President – Dr. Nicole Furuta, Secretary/Treasurer – Ms. Andrea Levine, Immediate Past President – Dr. Pat Prendergast, Directors – Ms. Judy Holmes, Dr. Kevin Patterson, Dr. Michael Poulos, Dr. Nick Poulos and MDDS Liaison – Dr. Sheldon Newman. We would like thank all of the MDDS members who volunteer to help us care for and educate our community, who give their time to volunteer at our events, and who provide financial support. Thanks for everything you do to help make MDDF, your foundation, strong! ■

RECREATIONAL DRUGS: OMG! WINDOWS INTO OUR BRAINS?

Presented by: Dr. Bart Johnson

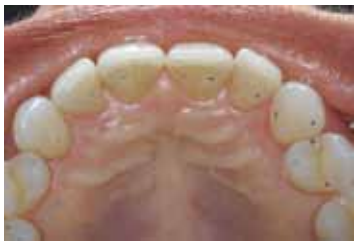
Many of your patients are, or have been, chemically dependent at some point in their lives. This course will detail common drugs of abuse and the astonishing behaviors used by addicts. We will discuss the history and personality of the drugs, current social issues surrounding them, challenges we face, and – remarkably – how some classic drugs of abuse are being used as medicinal drugs of benefit. Of course, dental manifestations and dental treatment issues will be included.

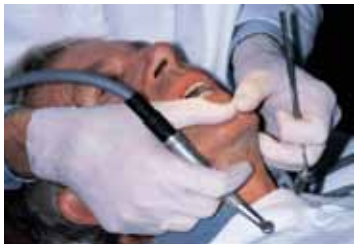
Continental breakfast will be provided.

Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203

You can find more details on this and other events at:
mddsdentist.com

HOW TO RECOGNIZE IF YOUR PATIENT SHOULD BE EQUILIBRATED





By Jeff Scott, DMD

In the practice of complete dentistry the dentist is committed to an examination, diagnosis, and treatment planning process and has developed the skill of recognizing the signs of instability in a patient's masticatory system.

It is our responsibility to offer the patient the most conservative treatment method to achieve the desired end result – a stable, comfortable, healthy dentition and supporting structures that matches their esthetic desires. The most critical skill to be developed in evaluating a patient's occlusion is locating and verifying centric relation. If the examination reveals stable healthy TMJ's and load testing is negative, Centric Relation serves as the starting point to determine the amount of discrepancy between CR and MIP.

Once the doctor becomes proficient in locating and verifying centric relation, discovering occlusal discrepancies becomes routine. **The question of course is do all CR/MIP discrepancies need equilibration? The answer is only the ones that are contributing to the breakdown or instability of the masticatory system.** The extent of the breakdown will be discovered in the examination of each part of the system, (ie. joints, muscles periodontium and dentition).

Common Scenario

A common scenario is a patient presents after having restorative dentistry on one or two posterior teeth with a complaint of discomfort or difficulty chewing on those teeth. If the joints are stable, the use of bilateral manipulation to centric relation will facilitate locating the offending contact that can be adjusted back to occlusal harmony. Where many dentists get into trouble is in the indiscriminate grinding of the new restoration and asking the patient how it feels. This guess-and-grind technique is time consuming and frustrating for both the doctor and the patient, not to mention mutilates the technician's work by unnecessary removal of porcelain.

Complicated Scenario

In more complicated restorative cases involving many teeth, before treatment begins, careful study of properly mounted models will determine a combination of treatment options starting with equilibration, or reductive reshaping, to arrive at the desired goal of equal intensity contacts on all teeth in centric relation. In some cases, equilibration is the only treatment necessary to develop an ideal occlusion. In other cases a combination of Reshape (equilibration), Reposition (orthodontics), Restore or Reposition (moving the alveolus) will be required. This treatment approach makes large cases flow smoothly and predictably from start to finish.

When NOT to Equilibrate

Another way to answer this question is to determine how to recognize if your patient should NOT be equilibrated. Issues such as longstanding TMD symptoms, facial pain, muscle soreness or load testing that results in tension and tenderness in either joint should be resolved before proceeding. Patients with complicating emotional issues or lack of understanding and acceptance of the procedure are situations that are not appropriate to equilibrate.

In order to have success in equilibration we need a stable joint, a skilled operator and a definitive plan based on careful examination and diagnosis.

Much more information about equilibration can be found in Chapter 33 of Dr. Dawson's book *Functional Occlusion: From TMJ to Smile Design* and in the hands-on dental course "The Art and Science of Equilibration" taught at The Dawson Academy. ■

AACP's 29th Annual International Clinical Symposium

AUGUST 1–2, 2014

DENVER, COLORADO Denver Marriott City Center

For almost 30 years, the American Academy of Craniofacial Pain has set the standards in continuing education with regard to TMD and dental sleep disorders.

Our 2014 summer symposium will be held in Denver on August 1 and 2. We have a spectacular lineup of internationally renowned experts who will be presenting, and we offer ancillary educational programs for everyone on your dental staff.

For more details and to register, please visit our website at **www.aacfp.org.**

EVENT CALENDAR

JULY 2014

July 17-19
ADA New Dentist Conference
Sheraton Kansas City Hotel at Crown Center
For more info go to: ada.org/newdentistconf.aspx

AUGUST 2014

August 14 , (September 10, October 9-14)
CPR & AED Training
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
6:00pm - 9:00pm
(303) 488-9700

August 21
New Member Networking Event
Forest Room Five
2532 15th Street,
Denver, CO 80211
6:00pm - 8:00pm
(303) 488-9700

SEPTEMBER 2014

September 12
Recreational Drugs:
OMG! Windows into our Brains?
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
9:00am - 4:30pm
(303) 488-9700

September 27
High Tea at the Brown Palace - Women Dentist Event
The Brown Palace - Brown Palace Club
321 17th Street Denver, CO 80202
11:00am - 1:00pm
(303) 488-9700

OCTOBER 2014

October 14
ADA Annual Session
San Antonio, TX
Henry B. Gonzalez Convention Center
ada.org/en/meeting

October 16
MDDS Presents: Building
Your Dream Practice!
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
6:00pm - 9:00pm
(303) 488-9700

October 17
All on Four Implant Live Surgery Course
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am - 5:00pm
(303) 488-9700

October 24-25
Botulinum Toxin (Xeomin, Dysport,
Botox) and Dermal Filler Training
Level I
Frontline TMJ, Headaches,
and Facial Pain Therapy For Every Practice
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am - 530pm (both days)
(303) 488-9700

October 31
Can Your Dental Team Help to Defend
You in a Malpractice Lawsuit?
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:30am - 3:30pm
(303) 488-9700

NOVEMBER 2014

November 13-15
Oral Surgery for the General Dentist
A Practical Approach
3 Day Hands On Seminar
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:30am - 3:30pm
(303) 488-9700

DECEMBER 2014

December TBD
Nitrous/Oxide Oxygen
Adminstration Training
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:30am - 4:30pm
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Denver, CO
All Day
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You can find more details on all of these events at
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Visit *cdaonline.org/Take5* and join the list of CDA members committed to caring for the new population of patients in Colorado. Questions? Call the CDA at 303-740-6900 or 800-343-3010.

Congratulations to the University of Colorado Anschutz Medical Campus graduating dental class of 2014!


Dr. Matthew Anderson


Dr. Haroon Ashraf


Dr. Carrie Bohon


Dr. Stacey Borowski


Dr. Diana Cole


Dr. Joseph Crepps III


Dr. Miranda Curtis


Dr. Randy Demetter


Dr. Moses Elango


Dr. Christine Finn


Dr. Kelli Garrett


Dr. Joseph Gherardi


Dr. Mitzy Golden


Dr. Christine Goodell


Dr. Lynn Fee


Dr. Ryan Haywood


Dr. Nikita Goyal


Dr. Kevin Hoth


Dr. Louis Jackson


Dr. Ross Johnson


Dr. Brian Judd


Dr. Marisol King


Dr. Kye Kinzer


Dr. Stacey Laiminger


Dr. Ihsan Larsen


Dr. James Brandon Luter


Dr. Savannah Mortensen


Dr. Joshua Nardone


Dr. LanAnh Nguyen


Dr. Paul Nuanes


Dr. Michael Ornelas


Dr. Jacob Parsons


Dr. Joeseph Potter


Dr. Claudia Quan


Dr. Jason Rand


Dr. Laci Rector


Dr. Mark Reynolds


Dr. Heidi Roberts


Dr. Leah Schulz


Dr. Chelsea Shellhart

Dr. Zachary Shelton

Dr. Matthew Simon

Dr. Daniel Sluyk

Dr. Brett Stallings

Dr. Aram Sun

Dr. Kelly Thompson

Dr. Benjamin Tobler

Dr. Aaron Van Wyk

Dr. Michael Welch

Dr. Douglas Whetten

Dr. Matthew Whiteley

Class President Dr. Ihsan Larsen presenting this years teachers awards.

Cheers to Drs. Gatseos and Peters!

ONLINE REPUTATION MARKETING – IS IT BUILDING YOUR PRACTICE OR COSTING YOU A FORTUNE?

By Brian Devine, President of Top Line Management

Welcome back to the discussion around online reputation marketing or ORM. If you remember from my last article, you learned how and why you need to contribute to the conversation online about you and your practice and why you need to delight your patients with ideas on how to do that.

Let's continue our discussion about the five core principles of online reputation marketing that we started in the last article.

The five core principles of online reputation marketing that you want to remember are:

1. Listen to what your patients are saying both online and offline.
2. Contribute to the conversation by being proactive and responding quickly to comments.
3. Delight patients by exceeding expectations. Remember, everyone in your office plays a key role in delighting your patients.
4. Collect feedback, referrals, and testimonials.
5. Plan how you will respond before it is necessary.

As promised, we'll cover numbers four and five in this article today.

It's extremely important that you have a system for collecting customer feedback, referrals and testimonials so that you can get as many of those positive things said about you. The reality is satisfied customers tend not to leave reviews and feedback online.

First, you must make it super easy for patients to leave you reviews and give them some encouragement to do so in order to increase the number of positive things being said. Otherwise, only the dissatisfied or disgruntled patients will have their reviews published online.

There are simple systems to use to help collect patient feedback. Examples include Surveygizmo, Survey Monkey, or the system we use here at Top Line. All of these options offer a simple way to collect feedback from your patients.

Second, set up channels for receiving patient feedback. Whether it's in a survey or some other form, provide multiple ways for patients to give you their reviews. You can include the link to that survey in your email signature or you can put up simple web forms on your website for people to leave feedback. Another idea is to place links or QR codes (those little black and white boxes you scan with your phone) on your invoices, on your appointment cards, or on any newsletters that you send out on a regular basis. You can even provide postcards for patients to fill out at the front desk.

There really are many different ways for you to create an easy channel for people to give you feedback. Decide which ones you want to use and start implementing as many of them as possible.

Finally, create a plan for how you will handle negative feedback about you or your practice. Creating a process that you can implement is much more powerful than improvising in response to a negative situation. Develop a process for responding to negative buzz and do it before you need it.

When creating your process, be sure to keep it simple and train all of your team members to follow it. And, of course, make it easy for you, the practice owner.

Here are the steps that we recommend. The first is to listen. Listen to the feedback and make sure you understand it, and then decide whether or not to engage. It's not always worthwhile to engage somebody in a conversation, especially if you feel it is not going to result in anything positive. Only you can make that call.

An example of when to avoid a conversation would be if you can tell by a person's comments that they are being irrational. If you engage with a person who clearly has a bone to pick, there's a good chance they will use your interaction to criticize you further online. It's okay to sidestep those comments and only focus on the relationships you believe you can fix or at least improve.

Next, when there is a chance of mending or repairing a patient relationship, the best thing to do first is to apologize. Let the person know that you heard his/her concern or issue and take responsibility for the experience they had. Then, assure the person that you will do your best to rectify the situation (and of course be sure that you want to fix what happened).

Lastly, take the conversation offline. Why? If you go through the steps to mend a patient relationship through online conversations and then something goes wrong, you've now made that visible to anyone who finds you or your practice online. Whenever possible, move the conversation offline and find another way to communicate with the person. Have a phone conversation, write a letter, send an email or see if the person will meet you in person. Do what you can and then move on.

Here's what I want you to remember. Don't dwell on the negative feedback. Learn from it. You want to do your best and then just move on. Reflect on what could have been done differently at your practice. Is there something that was under your control that you can change to prevent something like this from happening in the future? If so, act on it and make those changes.

Hopefully, this has helped you to create a process to handle your response to negative reviews online.

In this article series, you've learned the five core principles of managing your online reputation. And, you now have specific actions you can take to protect and enhance your online reputation. Now you have tools to improve your search engine results and the type of promotional benefit you're getting from your online reputation.

Remember, reputations take years to build and unfortunately they can be damaged in minutes. So if you get stuck or you already have negative reviews out there, get in touch and we'll do our best to find a way to serve you.

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