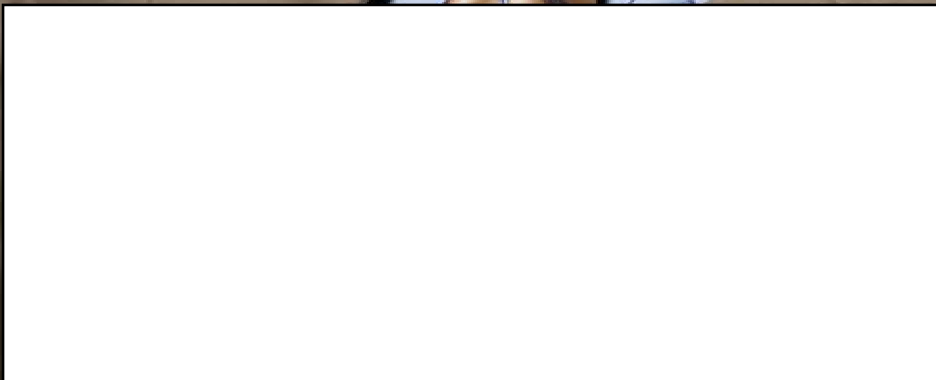
VOLUME 100/ISSUE 4 JUNE 2009

ODA JOURNAL

The official publication of the Oklahoma Dental Association

C. Rieger Wood III, DDS

ODA President 2009-2010 pg. 20



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Please mail your answer sheet from the (February, March/April, June) prosthodontics CE articles to C. Justin Romano, AEGIS Communications, 104 Pheasant Run, Suite 105, Newtown, PA 18940. Be sure to include your name, address, telephone number, and the last four digits of your SSN.

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From the President

C. Rieger Wood III, DDS

Dear Fellow Members of the Oklahoma Dental Association, the Alliance, and Auxiliaries:

It is truly a humbling honor to be elevated to the position of President within our Association. I pledge to you that I will do everything in my power to make this year a success for our Association. I follow a chain of Presidents that have achieved many outstanding success stories, as well as having been influential leaders in our organization and the community. Together, they leave a legacy that is hard to live up to! My agenda for this year will follow in that tradition!

We are faced with many adversities in our lives at this time. Obviously, the economy and the possible changes in health care delivery are major topics that affect each and every one of us. Our Association is here to help you keep abreast of the political events that may directly have an impact on you and your practice. Therefore, it is important that we have your current e-mail address in order to send you important information as it occurs. Furthermore, the endorsed products and services that we offer can be most beneficial to your practice as well.

By now, you should be aware that the House of Delegates voted to support our first Oklahoma Mission of Mercy (OkMOM). It will be held February 5-6, 2010 in Tulsa. Our goal is to treat 850-1000 patients each day. Many people asked why Tulsa? It may be hard to believe, but Tulsa has the least amount of indigent care of any large city in the state! Furthermore, since this is the first time this project will be held in Oklahoma, I wanted to be intimately involved in every aspect of the development and function of this project. I can assure you that I have appointed an oversight committee with very talented and dedicated individuals that will be working with me to make this inaugural year a success for our Association and the people that need our care the most. The Delta Dental Charitable Foundation has agreed to underwrite this entire project. The ultimate objective is to bring together dentists across the state, along with hygienists, the corporate community, and the local citizens of Tulsa, to treat those that need the care the most. This will be an excellent opportunity for the public to be made aware of the need for dental care, and to see first-hand how much our profession gives back to the community!

It is truly amazing to see how the local community has responded in such a short period of time. QuikTrip Corporation has committed to providing 800 lunches for the patients! Bama Pie will contribute 2,000 biscuits for the breakfast, and a small local Mexican restaurant, El Rancho Grande, is going to provide dinner for the volunteers one night. The three major dental supply companies have volunteered their service technicians to be at our disposal during the entire event. Their sales people and staff members have also expressed interest in working at the event. Churches and schools, as well as various community service organizations, have indicated interest in volunteering for the event. I have been overwhelmed by the number of ODA members wanting to take active roles in the planning and treatment phases of the event. Dental offices across the state have indicated that they want to bring their staff to work at OkMOM. The OU College of Dentistry faculty, staff, and students are also going to participate. I must say, I am grateful for the initial response. Be on the lookout for the web page that will soon appear with all the latest information on hotel reservations, event developments, and volunteer registration. We expect to have it online in the next 30 days at www.okmom.org. Michael Willis will be our ODA staff member directly working with me on this project.

All of our Councils are preparing for another successful year. It is so important for their members to be present at the meetings either in person, by teleconference, or even by video conferencing. You do not have to drive to Oklahoma City to be involved. We have all the tools necessary to help you follow through with your commitment and maximize your effectiveness, while minimizing your personal time commitment! We respect your time away from your office and your families, and we want to help you make the most of your volunteer time for the Oklahoma Dental Association!

It is important to understand that, in order for our organization to be truly effective, it must be membership-driven! Our members must take an active role in all aspects of the ODA. We need the young and the “mature” dentists all working together to make a difference. These are turbulent times in our nation and our personal lives. We must all realize that the efforts each of us put forth will ultimately play a major role in the future of our profession. After all, our Future is our Destiny!

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THE OKLAHOMA DENTAL ASSOCIATION JOURNAL (ISSN 0164-9442) is published ten times per year by the Oklahoma Dental Association, 317 NE 13th Street, Oklahoma City, OK 73104, (405)848-8873. Annual subscription rate of $8 for ODA members is included in their annual membership dues. Rates for non-members are $40. Single copy rate is $8, payable in advance. Periodical postage paid at Oklahoma City, OK POSTMASTER: Send address changes to OKLAHOMA DENTAL ASSOCIATION JOURNAL, 317 NE 13th Street, Oklahoma City, OK 73104. Opinions and statements expressed in the OKLAHOMA DENTAL ASSOCIATION JOURNAL are those of the author and are not necessarily those of the Oklahoma Dental Association. Neither the Editors nor the Oklahoma Dental Association are in any way responsible for the articles or views published in the OKLAHOMA DENTAL ASSOCIATION JOURNAL.

MEMBER PUBLICATION
AMERICAN ASSOCIATION
OF DENTAL EDITORS

Calendar of Events

June 2009

5th
– **Governor's Task Force Meeting:** ODA, 1:00 PM

12th
– **Endorsements Committee Meeting**: ODA, 9:00 AM
– **ODA Council on Membership and Membership Services Meeting**: ODA, 1:00 PM

15th
– **Retired Dentists Lunch:** ODA, 11:30 AM

July 2009

3rd
– **ODA Offices Closed**

6th
– **ODA Offices Closed**

8th
– **Children's Oral Health Coalition Meeting:** ODA, 10:00 AM

17th
– **ODA Council on Dental Education and Public Information Meeting**: ODA, 9:00 AM
– **Governor's Task Force Meeting:** ODA, 1:00 PM

20th
– **Retired Dentists Lunch:** ODA, 11:30 AM

30th
– **ADPAC Grassroots Training:** Embassy Suites, Norman, 4:00 PM

31st
– **ODA Dental Leadership Summit:** Embassy Suites, Norman

In Memoriam

Gary Jones
February 2009

Tom Leverich
March 2009

Harry W. Halterman
March 2009

Don Oxford
April 2009

SPOTLIGHT

Featuring an ODA-endorsed company each issue

For more information on ODA's endorsed companies please call the ODA at 405-848-8873 or 800-876-8890 or visit www.okda.org

The Oklahoma Dental Association has announced the endorsement of American Profit Recovery (APR), a collection agency with vast experience in the dental and medical collection industry. APR has a proven track record of not only improving the bottom line of many dental practices across the country, but also working hard to maintain healthy and cordial patient relations with a unique affordable solution. With their flat-fee system and diplomatic approach, APR is resolving past due debt for countless dental practices with great results.

When it comes to paying bills, many are prioritizing and making tough choices regarding which bill should be addressed first. Because dental professionals need to protect their practice's profitability, they must approach delinquent patients, who are sometimes long-term patients, to settle their debts. This often awkward situation leaves most small practices struggling to ask for overdue payments for fear of alienating or losing their patients. Also, as many know, some dental practices lack the staff needed to pursue overdue accounts. APR solves all these issues.

APR has a solid history of successful debt recovery in many industries. Their focus on ethics and diplomacy give them a significantly higher success rate than traditional debt recovery agencies. APR's success is comprised of five core methods that have proven effective in resolving overdue accounts:

- **Early intervention**

Today, it is not uncommon for the most upstanding patients to suffer monetary woes. APR can assist dental practices by sending the first overdue notice before all other creditors, making the dental statement a patient's top priority at bill paying time. Best results are achieved when contact is made within 60 days. This prevents procrastination in settling your practice's bill. Beginning the recovery process early helps APR successfully retrieve overdue fees.

- **A flat-fee system**

APR's flat-fee system makes it possible for dentists to pursue fees owed for services performed. Traditional agencies may keep as much as 50% of profits recovered while APR's Tier I system costs as little as $10 to $15 per account, regardless of the dollar amount being collected. This makes it possible for dentists to afford third-party help in improving their accounts receivables.

- **A diplomatic approach**

Some patients become overwhelmed and embarrassed when they fall behind on their bills. When APR contacts patients, they are respectful and they treat clients diplomatically. APR helps remove dentists from the billing process, defining the line between patient relations and collections. Their educated team of professionals adheres to core values and treats all patients with respect and diplomacy.

- **Customer-driven technology**

Most dentists do not have time to meticulously manage their accounts receivables. APR is fully automated with their APRweb system and allows clients access to their accounts 24 hours a day, every day. The ability to manage accounts virtually, in real time, speeds up the recovery process and keeps dentists from feeling like they are completely relinquishing control over their accounts.

- **A second stage**

Even with the help of a debt recovery agency, it is possible for accounts to go unpaid more than 90 days. After five requests for payment, APR employs a firmer approach with a second-tier phone method, which helps produce greater results.

In addition to their five-step method of debt recovery, APR works to understand the nuances of your practice and creates customized solutions that are good for you and your bottom line. Their methods strengthen your in-house debt recovery procedures and produce the best results to improve your bottom line and your future profitability. If your practice is struggling with overdue accounts, it's time you took the advice of your ODA and call American Profit Recovery. They can be reached at 800-711-0023 or www.americanprofit.net

AMERICAN PROFIT RECOVERY

This message brought to you by your dentist - a proud member of the Oklahoma Dental Association

What to Expect During Your First Patient Visit

The first exam appointment is usually made via a phone call from the patient, although contact can often be made by e-mail, too. Any initial queries that you have can be answered and you can let the dentist know of any problems you have experienced in the past.

X-rays

X-rays are an important part of your dental examination. They help diagnose any problems under the surface or around the foundations of the teeth.

X-rays are usually taken by biting on a small tab which steadies the x-ray film in your mouth while the dentist positions the x-ray beam to take the picture. These are called bitewing x-rays.

Some dentists have an x-ray machine that can take a picture of all your teeth at once (panoramic or panoral x-rays). This involves sitting or standing still while the machine slowly rotates.

Initial Check

After meeting your dentist, he or she will do a visual check using a small mirror or by shining a light in your mouth. The dentist will check your gums as well as your teeth. This is to check for any gum disease and any other potential problems that you should know about which are important for your health.

The dentist may also ask you to wear glasses when you lie back in the dental chair, especially if you're having your teeth cleaned as part of the check-up. These are to protect your eyes in case there is any water splashing about.

A dental probe is used to gently feel the bumps and valleys on the surface of the tooth. If the dentist notices any tackiness on the surface of the tooth, it might be a soft area which would indicate decay is present.

Dental Charting

During your check-up, the dentist will count your teeth and make a note of any fillings that are present, any missing teeth, and any areas he or she would like to keep an eye on.

{ During a dental examination, your dentist will check not only your teeth, but also the health of your entire mouth. }

ODA Oklahoma Dental Association

June Legislative Update

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Mercury Containing Products – The Danish Way

Denmark, following Sweden and Norway, became the latest Scandinavian country to take action on products containing mercury. Effective this summer (pending final EU approval), products containing mercury will no longer be sold in Denmark.

The action was taken for environmental reasons. Significantly, the Danish government recognized that dental amalgam needs to remain available, at least in certain circumstances. The **Danish law** explicitly exempts dental amalgam from the prohibition (for use in permanent molar teeth) where an amalgam filling will last longer than a plastic filling and where there is:

a) no opportunity to keep the tooth dry,
b) difficult cavity accessibility,
c) particularly large cavities, or
d) a large distance to neighboring teeth.

How many states allow dental hygienists to perform a dental diagnosis?

None. An examination of all dental practice laws and administrative code regulations reveals that a defining element of practicing dentistry includes diagnosing or holding oneself out as being able to diagnose diseases and conditions of the oral cavity. Laws and regulations in many states take the additional step of prohibiting dental hygienists from diagnosing or authorizing dentists to delegate diagnosing to dental hygienists.

ADA policy includes diagnosis within those functions or procedures that require the knowledge and skill of a dentist and therefore must be performed only by a licensed dentist.

As it stands, fifty states and the District of Columbia say diagnosing diseases and conditions of the oral cavity is the practice of dentistry. Twenty states take the additional step of prohibiting dental hygienists from diagnosing. Nineteen prohibit the delegation of diagnosis to dental hygienists. To date, one state allows for diagnoses and treatment plans for hygiene service by dental hygienists. These are limited to "dental hygiene" diagnosis and do not apply to complete dental diagnosis and treatment plan.

2009
Capitol Club Members

Doug Auld
William Lee Beasley
Tamara Berg
David Birdwell
Matthew Cohlmia
Raymond Cohlmia
Kurt Gibson
Mark Hanstein
Robie Herman
Steve Hogg
Krista Jones
Larry Lavelett
Jandra Mayer-Ward
Glenn Mead
Raymond Plant
Steven Powell
Jim Torchia
Scott Waugh

Join the DENPAC Capitol Club today!

Contact Stephanie Trougakos at strougakos@okda.org or 800-876-8890 for more information.

ODA Bulletin Board

ODA Alliance President, Ruth Blythe, helps demonstrate proper brushing techniques to children during the 2009 Children's Dental Health Month.

L-R: Dr. Mark Feldman, ADA President, Dr. Jandra Mayer-Ward, 08-09 ODA President, and Mr. Joe Strunk, President, Alexander & Strunk

At the 2008 ODA Annual Meeting, Dr. Krista Jones, President, enthusiastically announced a $50,000 pledge from Alexander & Strunk, Insurance Company to the ODA Centennial Membership Section and building fund. Alexander & Strunk has a long-standing relationship with the ODA and its members. On March 6, 2009, the ODA Board of Trustees dedicated the Museum in the ODA building to Alexander & Strunk. Accepting on behalf of Alexander & Strunk was Joe Strunk, President.

To become a member of the Centennial Membership Section, please visit www.okda.org/BuildingCampaign.aspx.

"Hi. This (Journal CE on Geriatrics) was very interesting and very informative. I enjoyed it and I hope we have more planned for the future!

Thanks!

Jimmie Fuller, Ponca City

Dr. Lindsay Smith, ODA Chair of the Council on Membership and Membership Services, and Dr. Raymond Cohlmia, ODA Editor and Past Chair of the ADA Council on Membership, recently attended the ADA's Conference on Membership Recruitment and Retention in Chicago. The ODA received the ADA's Tripartite Grassroots Membership Initiative Award for the greatest net gain of new dentists.

Congratulations Ruth and Mella!

ODA Alliance members, Ruth Blythe and Mella Glenn, recently received the Spencer Award at the Alliance of the American Dental Association's Spring Conference in Baltimore. The Spencer Award recognizes members who made outstanding contributions and who exemplify outstanding leadership and volunteer spirit through excellence in service and commitment to their Alliance on the component (local) level and/or constituent (state) level and have been an active tripartite member or a member-at-large for ten years or less.

Directly from the ADA: FTC Red Flags Rule Suspended

The Association will continue to challenge the Red Flags Rule while the Federal Trade Commission delays enforcement until August 1, ADA President John S. Findley told members in an April 30 e-gram. The e-gram text is below and posted at www.ada.org. "The ADA's vigorous efforts to reverse the FTC's regulation, coupled with the nearly 11,000 e-mails [ADA members] sent to Congress, have had the desired effect," Dr. Findley said.

Dear Colleagues,

I am very pleased to inform you that the Federal Trade Commission has issued a 90-day delay in the enforcement of its Red Flags Rule, which would have gone into effect May 1. This delay will give the ADA more time to challenge its applicability to small health care providers such as dentists.

The ADA's vigorous efforts to reverse the FTC's regulation, coupled with the nearly 11,000 e-mails you sent to Congress, have had the desired effect. We are grateful to Congressman Mike Simpson (R-Idaho) and House Small Business Chair Rep. Nydia Velazquez (D-N.Y.), both of whom wrote to the FTC in support of our position.

The rule would require financial institutions and creditors to develop written plans to prevent and detect identity theft. FTC originally deemed dentists and physicians as creditors who are subject to the rule when they don't receive payment in full from their patients at the time of treatment.

The ADA believes that characterizing dentists as "creditors" in this context is incorrect, and our friends in Congress agree.

Rep. Simpson and nine other dentist and physician House members signed a letter to FTC Chairman Jon Leibowitz asserting that the agency's interpretation of the authorizing law "goes beyond the intent of Congress and has failed to consider the financial burden this decision will have on dental and medical practices and those of other health care providers across the country."

Rep. Velazquez also wrote to the FTC saying that the agency "has failed to meet the requirements" of the Regulatory Flexibility Act, which requires agencies to assure that small business entities are given an opportunity to participate in making rules that have a significant economic impact on them.

The FTC announced the delay in the rule's enforcement on FTC.gov.

I wish to thank all of you who have helped with this effort. We will keep you apprised of developments.

Sincerely,
John S. Findley, D.D.S. - President

The Federal Trade Commission's new "Red Flags" Rule...

What does it mean for you and your practice?

Despite all the talk about "identity theft" it remains a growing problem. As you know, it has been the subject of many news stories over the past few years that recount the experiences of people who have done nothing wrong themselves, but whose credit cards, social security numbers, and other identifying information have been used by criminals to ring up huge debts, causing serious financial and legal problems for the victims. To fight this problem, the Federal Trade Commission (FTC) has issued regulations requiring any business that may provide credit to customers to take certain steps to guard against identity theft. The FTC has taken the position that its "Red Flags" Rule extends to health care providers, including dentists. The new Rule will go into effect on August 1, 2009.

As a benefit of your membership, your ADA has developed a Guide for Compliance with the new Red Flags Rule that provides a step-by-step plan to help prepare and implement the requirements of the Rule. This Guide can be found on the Members Only side of the ODA website at www.okda.org, as well as a sample identity theft policy and procedures program. While this guide attempts to provide ADA member dentists with the tools needed to comply with the Red Flags Rule, it has not been approved by the Federal Trade Commission nor should it be treated as legal advice. With the wide range of differences among dental offices, practices should adapt these suggestions to meet the unique circumstances they encounter. The ADA will provide updates as new information becomes available and, of course, dental practices should obtain legal advice on specific legal matters from their own attorneys.

Beware! There are many software vendors and seminar providers attempting to capitalize on health care providers' memories concerning the complexities associated with HIPAA when it was implemented. Seminars and software products costing hundreds, even thousands, of dollars have been hawked to dental and other healthcare practices. Whether you wish to purchase any of these products or services is, of course, completely up to you, but is probably not necessary.

The ADA legal staff has been closely following the development of the FTC's position on the Red Flags Rule as it applies to dentists and other health care providers. On November 24, 2008, the ADA's Chief Legal Counsel sent a letter to the FTC explaining the major legal arguments against applying the Red Flags Rule to dental offices. Similar complaints had been lodged with the FTC in communications sent by other health care provider associations, and these arguments resulted in the FTC postponing enforcement of the Rule with respect to dentists and physicians from November 1, 2008 to the current August 1 date.

You can read more about the ADA's continued efforts to challenge the Red Flags Rule in the documents found on the Members Only side of the ODA website at www.okda.org. The ADA-prepared documents available to ADA/ODA members include: (1) A Guide for Compliance with the new Red Flags Rule; (2) The ADA Estimate of Red Flags Rule Compliance Costs for Dentists; and (3) A Sample Identity Theft Detection and Response Program.

DON'T MISS THE ADPAC GRASSROOTS TRAINING SEMINAR!

In an effort to revitalize the dental profession's grassroots efforts and get back to basics by rebuilding dentistry's activist network, ADPAC has rolled out a newly-designed grassroots/political education seminar.

The seminar's content will be individualized, combining both federal and state-specific issues, providing for maximum impact. Make plans now to attend this special seminar to learn more about politics and how to be effective advocates on behalf of dentistry!

Dinner provided by DENPAC

FREE to all ODA members!!
REGISTER TODAY

Thursday, July 30, 2009
4:00 p.m. – 8:00 p.m.
Embassy Suites - Norman
2501 Conference Dr.
Norman, Oklahoma 73069

Register TODAY by contacting Stephanie Trougakos at the ODA at 405.848.8873; or email strougakos@okda.org.

Eastern Oklahoma Donated Dental Services Receives Award

On the evening of Tuesday March 10th, the Tulsa County Dental Society held its annual Awards Banquet at the Renaissance Hotel. New officers were installed and achievement awards given for outstanding service to the community and dental profession. Included in the evening's ceremony were two Eastern Oklahoma Donated Dental Services, Inc. awards recognizing outstanding charitable dental service for mentally/physically disabled and elderly citizens in eastern Oklahoma.

L-R: Dr. Roman Lobodiak, (EODDS Specialist Award 2008), Dr. Steven Lusk (EODDS Board President), and Dr. Gary Kuenning (EODDS General Dentist Award).

The 2008 recipients of the prestigious Zarrow Families Foundations/Tulsa County Dental Society Presidential Award were Dr. Gary Kuenning for outstanding service by a general dentist; and Dr. Roman Lobodiak, a Tulsa prosthodontist, who received the specialist's award. These two compassionate dentists provided complete restorative care that changed the lives of the patients they treated. These services were provided with dignity and respect in the privacy of both dentists' private offices. Dr. Kuenning and Dr. Lobodiak are volunteer members of Eastern Oklahoma Donated Dental Services, Inc., a program that provides more charitable dentistry than not only any other city in the US, but more than any other state in the country.

Eastern Oklahoma Donated Dental Services, Inc. was formed in June of 2003 by a group of concerned dentists along with other caring Tulsa professionals. EODDS receives generous funding from the Maxine and Jack Zarrow Foundation, Anne and Henry Zarrow Foundation, George Kaiser Family Foundation, Hille Foundation, Grace and Franklin Bernsen Foundation, Oxley Foundation, H.A. and Mary K. Chapman Foundation, Mervin Bovaird Foundation, Charles W. and Pauline K. Flint Foundation, Carl C. and Marie Jo Anderson Foundation, OneOak Foundation, Tulsa County Health Dept.,City of Tulsa/AAA, Delta Dental Foundation, State Health Dept/State Legislators and Tulsa Area United Way.

Oklahomans need to be proud of their 227 volunteer EODDS member dentists. The charitable giving exceeded $2,460,000.00 in donated dental care to 1280 economically disadvantaged individuals. According to the NFDH 2007/2008 statistics, this exceeds all charitable dental programs in the United States.

If you would like more information about EODDS, please view their web page at www.eodds.org.

ACTIONS OF THE 2009 HOUSE OF DELEGATES MEETING

State Life Membership
Dr. William A. Kent, Dr. Jimmie L. Gann, Dr. Eugene L. Wagner, and Dr. Vincent M. Kelly, Jr., were elected by the House of Delegates into State Life Membership.

2009-2012 Strategic Plan
The 2009-2012 Strategic Plan, as prepared by the Strategic Planning Committee, was adopted.

2009 Operating Budget
The 2009 Operating Budget, as approved by the Board of Trustees, was ratified by the House of Delegates.

Classified Advertising on the Website
The ODA will add a classified advertising section to www.okda.org with policies and pricing established by the TEC Council.

Dental Manpower
The ODA President shall appoint a task force, under the egis of the Council on Dental Care, to study the issue of dental personnel shortages, especially in rural areas. A majority of the members of the task force shall be from rural areas and a report shall be made to the Governor's Task Force on Children's Oral Health within two months (deadline June 23, 2009). The task force will make recommendations on how to address the Access to Care challenges in Oklahoma's rural areas, in general.

Electronic Communications Workshop
The Council on Technology and Electronic Communications shall develop a hands-on workshop to instruct members in the use of electronic communications.

Appointments
The following appointments by the President-elect were confirmed:

Secretary/Treasurer:	Dr. Tim Fagan
Council Chairs:	
Budget and Finance	Dr. C. Todd Bridges
Bylaws and Rules	Dr. E. Vann Greer
Dental Care	Dr. Lisa R. Grimes
Standing Committee on OHCA and DHS	Dr. Wavel Wells
Dental Education and Public Information	Dr. Thai-An Doan
Governmental Affairs	Dr. Mark Hanstein
Membership and Membership Services	Dr. Lindsay Smith
Standing Committee on Insurance	Drs. Brent Burchard and Steven Hogg
Technology & Electronic Communication	Dr. Raymond Cohlmia

Elections
Dr. Douglas Auld was elected as Vice President.

The following were re-elected:
Dr. Steven Hogg, ADA Delegate
Dr. Stephen Young, ADA Alternate Delegate
Dr. Stephen Glenn, Speaker of the House of Delegates

The following members were elected to serve on Councils and Standing Committees:

Budget and Finance
Daniel Wilguess (OC-1-12)

Dental Care
Christopher Mastin (TC-1-12)
Justin Beasley (OC-1-12)

Standing Committee on OHCA and DHS
James Hackler (TC-2-12)
Kenneth Garner (TC-1-12)
Mary Casey (OC-1-12)

Dental Education and Public Information
Robert Herman (TC-1-12)

Governmental Affairs
Mindy Ahrend (TC-1-12)
Ray Plant (OC-2-12)

Membership and Membership Services
Jandra Mayer-Ward (N-1-12)
Lindsay Smith (TC-1-12)

Standing Committee on Insurance
Jerod Yaerger (E-2-12)
Alan Owen (OC-1-12)

Technology and Electronic Communications
Ray Beddoe (TC-2-12)
Keifer Fisher (E-2-12)

Whiteneck Tray
Dr. Jandra Mayer-Ward presented the Whiteneck Tray to the Oklahoma County Dental Society. The award is presented to the component dental society with the highest percentage attendance at the House of Delegates meeting. Oklahoma County had 100 percent attendance.

POLICY

Discontinue Undergraduate Dental Student Registration Fee at the Annual Meeting
Undergraduate dental students shall no longer pay a registration fee to attend the ODA Annual Meeting.

Annually Review Council Policies
Policy was created stating that "Each Council or Committee of the ODA shall be required to review all policy statements from the policy manual and the duties described in the Council and Committee Manual annually for accuracy and update."

Annual Session Refund Policy Amendment
The Annual Session policy was amended so that requests received for refunds for annual session tickets and fees will be honored if a request in writing by electronic transmission or regular mail is received by the ODA Executive Director up to seven business days

prior to the first day registration opens at the meeting site. A processing fee of $30.00 will be charged. All refunds will be made after the meeting by check.

OkMOM Project

The ODA shall conduct a dental Mission of Mercy (OkMOM) annually and rotate the OkMOM throughout the state using the ODA component societies. A permanent standing committee on OkMOM planning shall be appointed by the OkMOM chairperson.

Rotation Schedule:
2010 Tulsa Chair, Dr. C. Rieger Wood
2011 Oklahoma City Chair, Dr. Tamara Berg
2012 McAlester Chair, Dr. Douglas Auld

Annual Audit Policy Amendment

The Oklahoma Dental Association shall each year contract for an annual external audit of its business affairs. The audit firm shall be reviewed at least every three years and at least three (3) bids shall be obtained every three (3) years for such services.

President's Leadership Award

The following was added to the Policy Manual:
The President's Leadership Award recognizes a member of the Association who has exhibited exemplary leadership skills during the previous year through service to the ODA and its membership. It is selected by the President of the Association and is designed to recognize a member of the ODA committee structure. The award is sponsored financially by the Jerome B. Miller Family Foundation.

Dental Assistant Annual Meeting Registration

This policy was amended to state: The ODA provides a $10 rebate to the ODA Alliance for every spouse registered for the Annual Meeting and to the Oklahoma Dental Assistants Association for every dental assistant registered for the Annual Meeting.

BYLAW AMENDMENTS

Editor

All references to the "Editor" were stricken from the Bylaws. The House previously determined that the Editor and the Editorial Committee are better suited under the purview of the Board of Trustees. The Editor has been removed from the Policy Manual and in other areas of the Bylaws.

Alliance Members

The Bylaws were amended so that Alliance members are Associate members of the ODA.

Assessments

The Bylaws were amended so that the House of Delegates, by a majority affirmative vote, may levy assessments recommended by the Board of Trustees for a specific purpose and for a specific period of time on Active, Active Life, and Retired Members.

Past President added to Executive Committee

The Bylaws were amended so that the Past President is a member of the Executive Committee.

Component Signature Requirement for Membership

The Bylaws were amended to reflect that Component signatures are no longer required on applications for membership.

Retired Membership

Effective 2010, the Bylaws shall be amended as follows:
ARTICLE III Membership, Section 2 Qualifications, B. Life Member
1. Life Active – An active member in good standing with continuous membership for thirty (30) years who has attained the age of seventy (70) years shall automatically become a life member when these qualifications are met.
2. Life Retired – A retired member in good standing who has been a continuous active or retired member of the Association for thirty (30) years and has attained the age of sixty-five (65) years, is retired from practice and is no longer earning income from practice, as a faculty member of an accredited dental school, dental administrator, dental consultant or in any manner as a dentist.
ARTICLE III Membership, Section 2 Qualifications, C. Retired Member
An active member in good standing who has retired and is no longer earning income in any manner as a dentist. The Retired member must make application to the ODA/ADA.

AMENDMENT TO THE COUNCIL MANUAL

Third Friday Rule for Council Meetings

The Council Manual was amended so that meetings shall be scheduled on the second Friday of the month "except December and the month of the Annual Session".

AMENDMENTS TO THE MANUAL OF THE HOUSE OF DELEGATES

Tellers, House Manual

The Manual of the House of Delegates was amended by substituting "the Speaker will appoint tellers as necessary" under the section titled "Tellers".

Resolutions, House Manual

The Manual of the House of Delegates was amended by deleting the third sentence which requires two members of the Bylaws Council to be appointed to review resolutions at the House meetings.

Resolution Format

Title: Addition to House Manual/Resolution Format
Submitted by: Dr. E. Vann Greer, Delegate
Date: March 25, 2009

The House of Delegates adopted this format for all Bylaws and policy amendments, deletions or additions.

(Only the lined portion of the resolution can be discussed if this is an amendment.)
Background: This format would provide a standard format, is user friendly and clear to the reader. Resolutions with similar background that explain the reason for the resolution can be grouped tighter in subsequent boxes but would be voted separately.
Budgetary Implications: Nominal
Strategic Plan Goal: Expedites communication
Board of Trustees Action:
_____ Support
_____ Do Not Support
_____ Recommend referral to ________________________
Comments:

THE FOLLOWING AMENDMENTS FAILED

<u>**Reducing the Size of the House of Delegates**</u>
Resolved, that the Bylaws be amended by reducing the size of the House by increasing the representation of delegates to the House by 5 members over a two year period.

<u>**Amendments to Membership Categories**</u>
Resolved, to delete ODA Policy H (1994-95)-5, effective 2010, and substitute the following:

<u>Life Active Member:</u>
A Life Active Member of the ODA shall pay 0% of the current ODA dues per year and 0% of any special assessments, receive ODA mailings including the Directory and the Journal, and are eligible to vote and hold office.

<u>Life Retired Member:</u>
A Life Retired Member of the ODA shall pay 0% of the current ODA dues per year and 0% of any special assessments, receive ODA mailings including the Directory and the Journal, and are eligible to vote and hold office. Life Retired Members who resume earning income in any manner as a dentist shall lose the status of a Life Retired Member and become a Life Active Member and shall pay appropriate dues and assessments, until they again qualify for Life Retired Member status as previously described.

<u>Retired Member:</u>
A Retired Member of the ODA shall pay 25% of the current ODA dues per year, receive ODA mailings including the Directory and the Journal, and are eligible to vote and hold office.

<u>Affiliate Member:</u>
An Affiliate Member of the ODA shall pay 25% of current ODA dues per year, receive ODA mailings including the Directory and the Journal, and cannot vote or hold office.

<u>Associate Member:</u>
An Associate Member of the ODA shall pay $50.00 per year and cannot vote or hold office. Dues paid to the Alliance shall satisfy dues for Members of the Alliance who are also Associate Members of the ODA.

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http://www.facebook.com/home.php#/pages/Oklahoma-Dental-Association/79136037647?ref=ts

The office server contained

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Contact the ODA today to make your contribution to the new building
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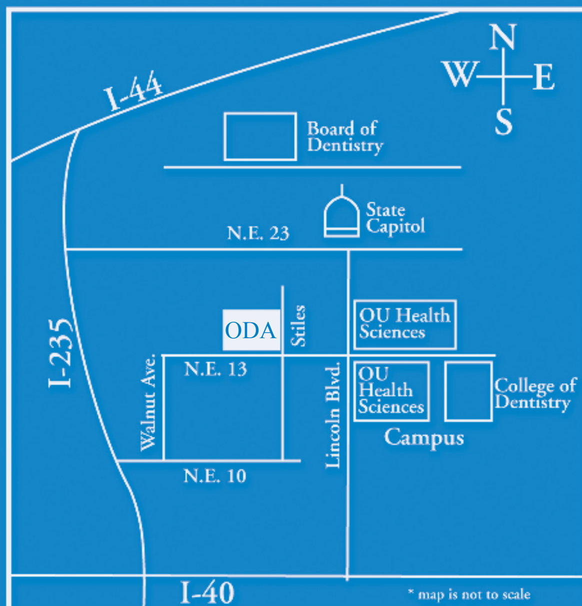

Make plans now to attend the

2009 DENTAL LEADERSHIP SUMMIT

July 31 & August 1, 2009
Embassy Suites – Norman

ALL ODA MEMBERS INVITED
NO REGISTRATION FEE / FREE TO ALL MEMBERS OF THE DENTAL TEAM
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If you are a member of the Oklahoma dental team and you are concerned about dentistry in Oklahoma, please plan to attend this important Summit! Bring your concerns, ideas, comments, questions! This will be a meeting of all facets of Oklahoma dentistry to create an agenda for action by all dental groups in our state. We will have open discussions about the major issues confronting all dentists in Oklahoma and we will set priorities for those issues we need to address now and in the future.

The Summit will have a retreat atmosphere, so come relaxed and willing to think and interact openly!
The dress is casual and comfortable. Please no ties and jackets!

To register, or for more information, please contact Lauryn Carter at (405) 848-8873, or email lcarter@okda.org.

Hotel Information
Embassy Suites Norman – Hotel & Conference Center
2501 Conference Drive
Norman, OK 73069
(405) 253-3547
Special ODA rate $139/night if registered by July 1, 2009

ODA Receives Governor's Proclamation

Oklahoma was selected in the second round of states identified to participate in the American Academy of Pediatric Dentistry (AAPD) Head Start Dental Home Initiative. The state launch took place in Oklahoma City on Friday, March 27, 2009. This initiative is the manifestation of the five-year, $10K contract by the Office of Head Start and the AAPD who have partnered to identify dental homes for Head Start children. Johnson & Johnson Consumer Health Care is also supporting the initiative. The 2000 Surgeon General's Report, "Oral Health in America," noted that not only is dental caries the most common chronic disease of childhood, but low-income children suffer from twice as much tooth decay as more affluent children. Children participating in Head Start programs have decay rates of 30% – 40% among three-year olds and 50% - 60% among four-year olds, compared to a 28% rate among all children ages 2 - 5. Poor oral health has been identified as the single most important child health issue facing Head Start programs nationwide.

In preparation for the state launch, the Oklahoma Dental Association requested and received, from the Office of the Governor, a proclamation in support of Oklahoma's "Dental Home Project." Oklahoma is the only state to have received such a proclamation. The purpose of the state-level launch was to initiate the development of collaborative local networks throughout the state consisting of local dentists, Head Start personnel, and other community leaders who will identify strategies to improve access of Head Start children to dental homes. The partnerships will engage parents and caregivers in learning how to help prevent tooth decay and establish the foundation for lifelong oral health. The ODA's success in gaining the support of the Governor's Office for this initiative was a timely follow-up to the concluding work of the Governor's Task Force on Children and Oral Health, also established at the request of the ODA. The ODA is raising awareness at the state's highest level of the oral health status among the neediest children in Oklahoma.

OKMOM 2010

February 4-7 / Treatment February 5-6
Tulsa Convention Center

The Oklahoma Dental Association and the Delta Dental of Oklahoma Charitable Foundation are proud to launch the first annual OkMOM, scheduled for February 4-7, 2010, at the Tulsa Convention Center. Treatment is scheduled for February 5-6.

What is OkMOM? Two days of absolutely FREE dental care to all who come! OkMOM will be a 90-chair, fully functional dental facility. There will be no eligibility or income requirements. OkMOM will serve both children and adults and it will be on a first-come, first-served basis; appointments will not be taken. We anticipate treating over 1,000 patients each day.

Oklahoma dentistry has always given back. Programs like the Oklahoma Dental Foundation's mobile dental program, Dentists for the Disabled and Elderly (D-DENT), and Eastern Oklahoma Donated Dental Services, Inc. (EODDS), represent just a few of the many, many charitable programs through which Oklahoma dentistry has served the oral health needs of our state's underserved. OkMOM will continue that legacy.

Oklahoma is the 14th state to launch a dental mission of mercy. The Oklahoma Dental Association and the Delta Dental of Oklahoma Charitable Foundation have already planned at least two subsequent OkMOMs: 2011 in Oklahoma City and 2012 in McAlester.

We will be soliciting volunteer dentists, hygienists, dental assistants, nurses, pharmacists, and MANY lay volunteers. We will also be soliciting donations of dental supplies, food and beverage, oral health educational materials, sterilized water, etc. We will begin taking volunteer registrations next Fall.

For more information on how you &/or your company can volunteer or donate, please contact Michael Willis at (800) 876-8890 or okmom@okda.org.

Oklahoma Mission of Mercy

M.O.M.

Sponsored by:
Oklahoma Dental Association and
Delta Dental of Oklahoma Charitable Foundation

I recently volunteered for the Kansas Mission of Mercy and there is absolutely nothing like it! Thousands came, standing in quarter-mile lines and sleeping in sub-freezing temperatures, all waiting for the opportunity to see a dentist. Many just wanted to get out of pain so they could return to work or school. It left the volunteers and patients with a changed perspective on the goodness of mankind. I know it forever changed me – profoundly. These are the underserved – those who cannot, for whatever reason, afford quality dental care. Oklahoma dentistry will come together in one place for two whole days and we're going to try our absolute best to meet the oral health needs of these folks, young and old. To make this a reality, we need your help. Please volunteer.

-C. Rieger Wood, III, DDS, ODA President and 2010 OkMOM Chair

Profile: Lauren Lunday, 2009 Miss Oklahoma USA

Lauren Lunday, daughter of Dr. Jeff Lunday and Glenna Lunday and second-year dental student, was crowned the 2009 Miss Oklahoma USA last November and represented Oklahoma in the 2009 Miss USA Pageant last April in Las Vegas.

Lauren was inspired by her friends, family, and professors to go to dental school, but it was her mother and grandmother who helped instill her love of pageants from a young age.

Lauren is a 2006 graduate of the University of Oklahoma with a Bachelor of Science degree in Bio-Medical Sciences. While there, she was active in many clubs including: Crimson Club, Mortar Board, and the President's Leadership Class. With all these activities, she still found time to be active on a neuroscience research team through the University's Neuroscience Club which she co-founded. Her research was published in the neuroscience magazine, *Nature*, which is distributed nationally.

While in dental school, Lauren serves as a representative for the academic misconduct board and also the media spokesperson for her class. When asked what the best beauty secret is for pageant contestants, Lauren believes it's "sleep! Getting at least 8 hours of sleep is the best beauty secret I have ever been given- they don't call it 'beauty' sleep for nothing!" Being a dental student surrounded by other contestants means she gets many teeth-related questions. "I was competing for Miss Oklahoma USA, (and) one of the contestants asked me to look at her wisdom teeth and give her advice for their extraction. Another common question I was asked was in regards to which teeth whitening system is best to use."

Although Lauren is extremely busy (she hits the ground running at 6:00 am, she's in class or clinic from 8:00 a.m. until 5:00 p.m, works out at the gym each day, and gets home around 7:00 p.m.), she enjoys all the very different aspects of her life. She encourages future pageant hopefuls to remember: "This is a once-in-a-lifetime opportunity. Savor the memories and stay grounded with your family and friends." For prospective dentists, she offers equally sound advice, "Learn to manage your time well and realize that you cannot be the best at everything."

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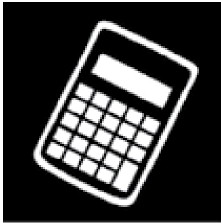

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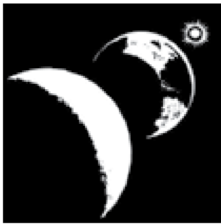

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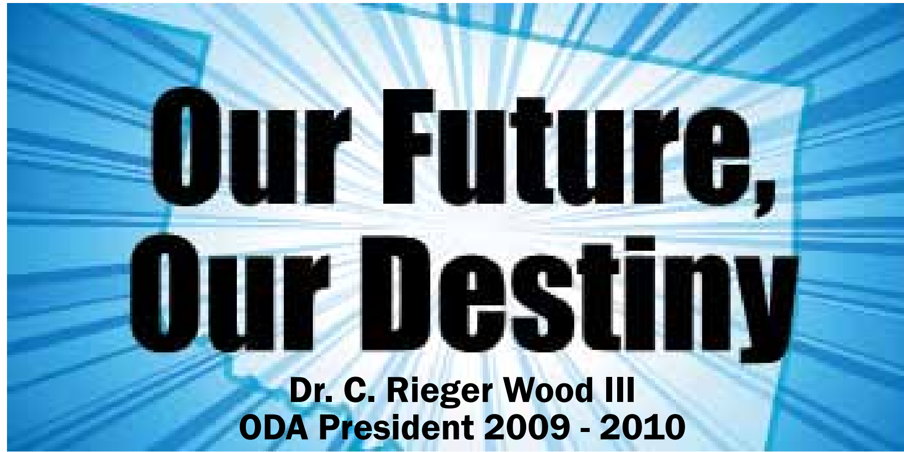


Dr. C. Rieger Wood III, was elected ODA President at the 2009 ODA Annual Meeting in April.

Dr. Wood will spearhead the first-ever Oklahoma Mission of Mercy (OkMOM) project in Tulsa, February 4-7.

Dr. Wood recently sat down with the *Journal* to answer a few questions:

ODA: Tell us a little bit about your family.

CRW: Donna and I met our freshman year at the OUCOD in the Dental Morphology class (thanks to Dr. Whitsett and Dr. Wilson!). At the time, freshman dental students shared class with the freshman hygiene students. However, our paths seemed to cross outside the classroom at Queen Ann's Cafeteria, of all places. I never cooked in school and would frequent Queen Ann's at least twice a week. It just so happened that Donna would also eat there with her grandmother weekly. We started talking and eventually one thing led to another and the rest is history. We were married my senior year of dental school. Upon graduation, we moved to Tulsa where I established my practice. We enjoy working together and she has been a part of my practice since day one, aside from the time she took a few years off to raise our three sons. We try not to make a big deal about our marriage to our patients. Often, new patients don't realize we are married until they hear the same stories about our kids during a visit and then tie us together!

We have three sons: Riegy (Rieger IV) 24, Trent 21, and Nicholas 16. All boys have played a variety of major sports which include ice hockey for ten years, all three have played tennis on a combined seven State 4A Championship Cascia Hall teams, football, soccer, and this year, Nick was on the Varsity 3A Cascia Hall Basketball team. We have been attending sporting events for 20 years since our first-born was four years old. Donna and I wouldn't trade those memories for anything.

Academics play a major role in our home. Riegy graduated Phi Beta Kappa from OU and is now attending the OUCOD.

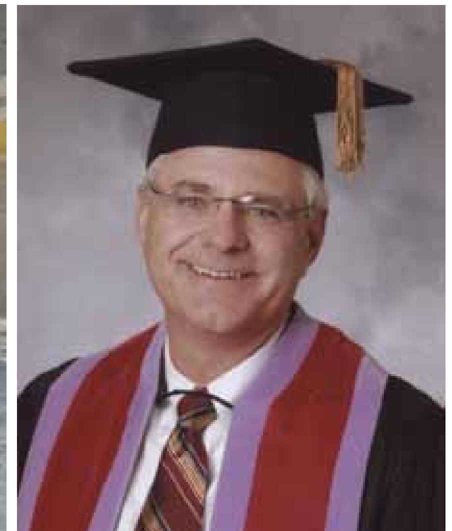
Trent is a sophomore at DePauw University in Indiana. He is a member of the Management Fellow Program, studying Economics. He just returned from a semester studying abroad in London, England. He is the entrepreneur of the family, owning his first business in high school; last summer, he entered his second business venture in Internet sales of stainless steel water bottles!

And, Nick is an honor student at Cascia Hall Preparatory School and just completed ninth grade.

As a family, we enjoy snow skiing in the winters and congregating at Grand Lake during the summers to boat and golf. We always have a good time and it brings our family together in an environment that slows down the pace of life and allows us to focus on our family.

Donna has been active over the years in a variety of civic organizations and Bible Study Fellowship. This past year, she served as the President of Cascia Hall Parent Faculty Association. She is an active member and Elder at First Presbyterian Church. Donna also plans to return to school in the fall and will be studying for a Masters in Dental Hygiene through UMKC School of Dentistry in Kansas City.

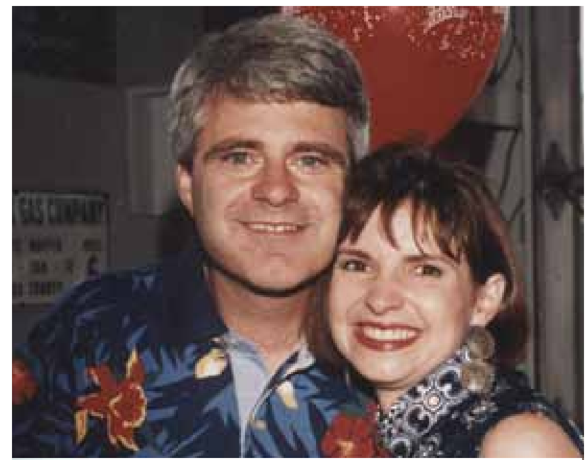
As you can see, our family never sits still. We are always on the go! Donna and I owe a great deal of thanks to the OUCOD, for it has not only been the foundation of our dental education, but the starting point of our personal relationship. I must say that I am a proud husband and father. I have truly been blessed with a wonderful family.



ODA: How did you become involved in organized dentistry?

CRW: My first involvement in the ODA started in Tulsa County. My family dentist, Al Gawey, took me to my first TCDS meeting. He mentored me in both the Tulsa County Dental Society and in my private practice. He was my very own dental dad! I was appointed to several committees and Councils where I began to understand the importance of the ODA and the ADA. Richard Haught, Jim Torchia, Al Keenan and David Maddox (to name a few) have all played important roles in my development as a member.

Richard Haught has probably been my most influential role model in organized dentistry. Richard played a major role in the success of my practice by continually referring patients to my office during the early years. And when I say referring, I mean 2-3 per day - no exaggeration. He truly helped to guide me in private practice, as well as into the activities of organized dentistry.



ODA: What was the most important event that led you to become more involved in organized dentistry at the state level?

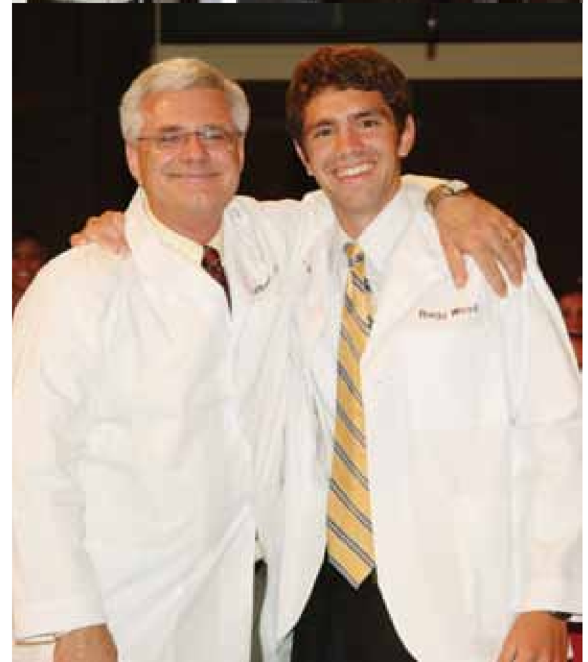
CRW: Al Keenan called me one day and asked if I would consider serving on the OU College of Dentistry Admissions Committee as the ODA Representative. I was honored to be selected to the position. I have always been grateful to have been a student at the OUCOD. Their guidance helped me become the clinician I am today. I served on that committee for six years. I enjoyed working with the faculty and the students as we interviewed the prospective applicants. I felt that I was making an impact on both the student body at OU and the future of our profession. It was an enormous responsibility that I took very seriously.

ODA: What is the most important goal you have set for your year as ODA President?

CRW: Our future is our destiny. Times are changing in the way we practice the delivery of health care. It is important for each of us to realize the value of being involved in our future. We need to show the public that we are not a self-serving profession, but rather one that continually gives back to the community in which we live. We, as dentists, realize how much we give, but does the public really know that truth? I also think it is important that dentists work together for a common goal much like a fraternity or a civic service organization works on a community project. In other words, I think we need to have a common project that we can relate to and work on together. We go to meetings, we attend continuing education courses, and we meet once a year at the Annual Meeting, but when do we do anything as a group that has an impact on our state? We need to work side-by-side, shoulder-to-shoulder, rolling up our sleeves on a project that has an impact, not only on our lives but the lives of people in a community. I realize that we touch the lives of people in need every day in our practices and we do incredible acts of love and charity, but how can we do it as a group? After reading about Mission of Mercy projects in other states, my curiosity was heightened. After attending the Kansas Mission of Mercy in Manhattan, I realized that this project not only had a major impact on my life, but the lives of the people we treated. I saw the camaraderie of dentists working together for a common goal. Many dentists have left the United States to treat patients in other countries, but how many have driven less than 500 miles to treat the patients in our own country? We have so many people that need care right here in Oklahoma. That is why my major goal is to conduct a highly successful Mission of Mercy in our state. I want our dentists to come together for a common good.

ODA: What are the greatest strengths of the ODA?

CRW: Our three greatest strengths are membership, the *ODA Journal* and our ODA staff. I guess you could think of our strengths as the Greek letter delta, a triangle which stands for dentistry in the ADA insignia. The first leg of the triangle represents our membership. We have an extremely high percentage of the practicing dentists within the state of Oklahoma who are members of the ODA. Membership is the driving force which allows our organization to be the true voice of dentistry for our state. We also have a wide cross-section of age groups



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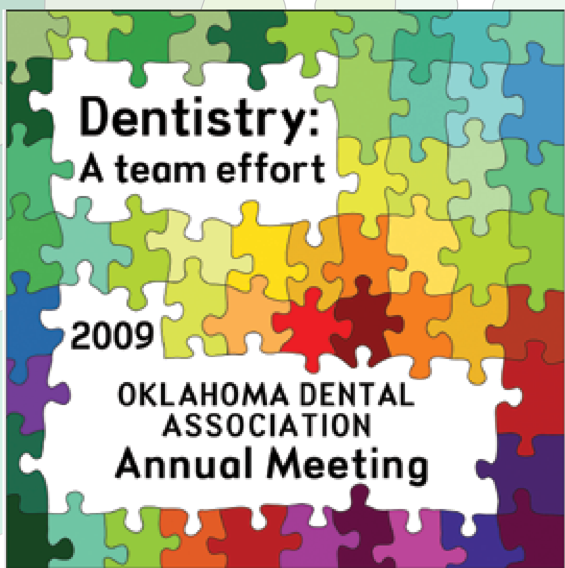

2009 Award Winners

James A. Saddoris Lifetime of Leadership Award
Dr. Robert Lyle Bartheld

Dentist of the Year
Dr. W. Scott Waugh

Young Dentist of the Year
Dr. Lindsay A. Smith

Thomas Jefferson Award for Citizenship
Dr. Janet C. Barresi

Robert K. Wynne Award for Dental Education and Public Information
Dr. Stephen O. Glenn

Dan E. Brannin Award for Professionalism and Ethics
Dr. Krista M. Jones

Richard T. Oliver Legislative Award
Dr. Mark Hanstein

President's Leadership Award
sponsored by the Jerome B. Miller Family Foundation
Dr. James "Sid" Nicholson, Jr.

The 2009 ODA Annual Meeting took place April 23-25, 2009, at the Tulsa Convention Center and DoubleTree Hotel in downtown Tulsa. The following are a few highlights from the meeting:

PRESIDENT'S DINNER

On Saturday evening, the Annual Meeting culminated in the traditional ODA President's Dinner. Friends and family joined Dr. Jandra Mayer-Ward in celebrating another great year for the ODA. Shortly after the sports-themed evening began, the 2009-2010 officers were installed by Dr. Richard Haught, ADA Past President. Dr. Krista Jones presented the ODA Past President's plaque and pin to Dr. Mayer-Ward. After the presentations, everyone danced the night away to the fabulous sounds of the band *Banana Seat*.

EXHIBIT HALL

The Exhibit Hall featured over 110 booths of various vendors exhibiting the latest goods and services related to the practice of dentistry and the business of running a dental practice. Attendees in the Exhibit Hall had an opportunity to tour the ODF Mobile Dental Unit and the ODA Digital Dental Office, and participated in the DENPAC Silent Auction, always one of the most popular events at the Annual Meeting. This year's Silent Auction raised over $11,000 for DENPAC, the Oklahoma Dental Association's Political Action Committee.

Dr. Jandra Mayer-Ward presents Dr. Scott Waugh the ODA Dentist of the Year Award.

Dr. Jandra Mayer-Ward presents Dr. Robert Bartheld the James A. Saddoris Lifetime of Leadership Award.

THANK YOU!

A big thanks to our 2009 ODA Annual Meeting sponsors! Please show your appreciation of their continued support of organized dentistry in Oklahoma by patronizing the following companies:

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The Oklahoma Dental Foundation presents the "Paving the Way Award" to the ODA.

Exhibit hall visitors browse the DENPAC Silent Auction table.

The ODA Executive Committee (L-R Drs. Steve Glenn, Krista Jones, C. Rieger Wood III, Tamara Berg, Jandra Mayer-Ward, and Doug Auld) stop for a photo after the OkMOM Press Conference.

Drs. C. Rieger Wood III, and Jandra Mayer-Ward pose for a photo during the 2009 ODA President's Dinner.

Dr. Krista Jones (ODA Past President) presents the Past President's plaque to Dr. Jandra Mayer-Ward.

(contd. from page 21)

participating within the ODA. I think that allows for a broad outlook at the various topics tackled by our Councils. Our Councils function at an incredibly high level of efficiency and productivity.

The second leg of the triangle is the *ODA Journal*. This is an outstanding publication that addresses a wide cross-section of our membership's interests. Our Editorial Staff, including Raymond Cohlmia (Editor) and Frank Miranda, puts forth great effort to insure that each issue is a quality publication. Raymond is never satisfied with the status quo! He believes in change and always strives to improve our *Journal*. This publication allows our members to stay abreast of scientific advancements, political issues, and much more.

The final piece of our triangle is our staff. Our Councils rely heavily on the staff to formulate and implement the work completed in the committee meetings. The compilation of our *Journal* is also a result of the staff's efforts. They are a group of professionals who truly have the interests of ODA at the forefront. You see, without the staff, the members would have a difficult time putting everything together, but on the other hand, without the members, nothing within our organization would be accomplished. The *Journal* ultimately ties together the efforts of the staff, the Council's accomplishments, and the scientific advancements to keep our membership informed on the issues. Together, they are the backbone of the ODA, the Delta, which symbolizes our strength and change in dentistry!

ODA: What are three major changes to dental practice you have witnessed since starting your own practice?

CRW: During my 28 years in private practice, I have seen dental radiology go from the dip tank to automatic film processing to digital radiographs. I have used all three in my private practice experience. I have seen the change from the peg board accounting system to computerization of patient accounts. Last but not least, the changes in dental materials and technology have been astounding. Who would have ever thought I would trade my scalpel for a laser!

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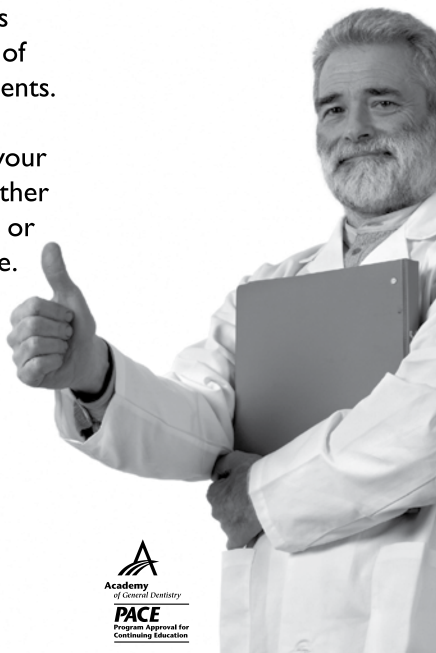

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Vinyl Polysiloxane Impression Material in Removable Prosthodontics *Part 3: Implant and External Impressions*

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Abstract

Today, dental implant therapy is considered a valuable asset of mainstream dental therapeutics by both patients and clinicians. In many ways, the availability of implant therapy to facilitate the support, stability, and retention of dental prostheses has revolutionized the profession and the procedures dentists accomplish on a daily basis. From another perspective, the procedures used to fabricate dental implant restorations are but modifications of previously existing, proven, and reliable techniques. This is particularly true when considering impression making for implant overdentures. Part 3 of this article series looks at the use of vinyl polysiloxane impression material systems for making definitive impressions for implant overdentures. Once constructed, it is critical that all removable dental prostheses possess external contours that are geometrically compatible with the anatomic and functional requirements of the oral tissues. Therefore, this article also will address a technique for diagnostically assessing external denture contours using vinyl polysiloxane external impression procedures.

Learning Objectives

After reading this article, the reader should be able to:

- discuss the benefits of implant-supported overdentures compared with conventional complete dentures.
- explain the need for accuracy when making a definitive impression of implant overdentures.
- describe how to apply the techniques presented to accomplish implant overdenture impressions.

Complete maxillary and mandibular dentures have long been considered the standard of care for treating edentulous patients. Although most patients express satisfaction with their conventional maxillary complete dentures, many struggle with the comfort and function of mandibular complete dentures.[1,2]

The use of endosseous dental implants to assist in the support, stability, and retention of removable prostheses is considered an effective treatment modality for edentulous patients. Individuals wearing implant-assisted overdentures typically report improved oral comfort and function when compared with conventional, mucosa-supported prostheses.[3-8] Today, implant-assisted overdentures are usually the treatment of choice, except when contraindicated because of finances or surgical concerns. Recently, a symposium at McGill University addressed the efficacy of implant-assisted overdentures in the treatment of edentulism. After a thorough, evidence-based review of existing information, the following consensus statement was formulated: "The evidence currently available suggests that the restoration of the edentulous mandible with conventional dentures is

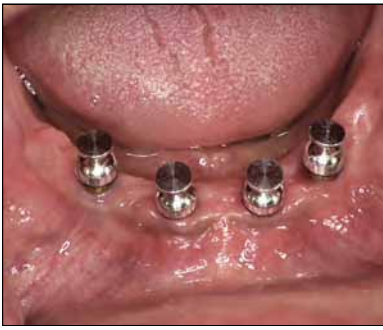

Figure 1—Overdenture attachment transfer impression copings in place before impression procedures (Locator Implant Attachment for Ankylos Implant System, Dentsply Friadent CeraMed, Tulsa Dental Specialties, Tulsa, OK).

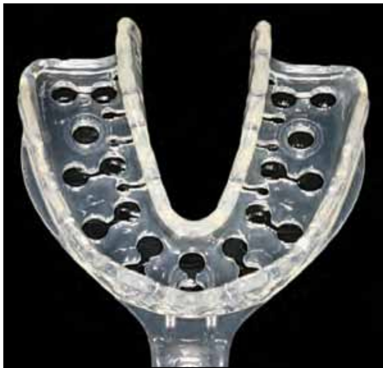

Figure 2—The impression tray selected is constructed from a clear polystyrene-based polymer. The clear plastic permits see-through visibility to assist when selecting and fitting the tray.

no longer the most appropriate first choice prosthodontic treatment. There is now overwhelming evidence that 2-implant overdentures should become the first choice of treatment for the edentulous mandible."[9]

Vinyl Polysiloxane Implant Overdenture Impression Technique

Clinical and laboratory processes must be optimized to accurately construct implant-supported restorations. The need to make impressions of the oral structures and implant components occurs early in prosthodontic treatment. Two issues must be considered when making definitive impressions for the construction of implant overdentures: (1) the accurate registration of denture-bearing tissue and peripheral anatomy, and (2) the 3-dimensionally (3-D) accurate and stable recording of dental implant positions and individual implant trajectories. Dental stone is then cast into the impression to generate a master cast. The definitive prosthesis is constructed on this master cast. In the absence of accurate and precise impression procedures and cast-forming processes, the predictable construction of accurate restorations is nearly impossible. However, existing research in this area is limited by inadequate measurement technology, conceptually limited protocols, and mixed results.

Vinyl polysiloxane (VPS) impression materials are well suited to address both the accurate registration of denture-bearing tissue and peripheral anatomy and the 3-D accurate and stable recording of dental implant positions and individual implant trajectories. The VPS implant overdenture impression techniques involve overdenture attachment selection, tray selection and adaptation, tray stops, border molding, and the definitive impression.

Overdenture Attachment Selection

A minimal number of implants (typically 2-4) may be used to support, stabilize, and retain overdentures. This restorative approach is both practical and clinically successful, particularly in the edentulous mandible.[10,11] A variety of attachment systems have been developed and marketed for use with implant-assisted overdentures. These systems often include transfer impression copings for use during the definitive impression procedures (Figure 1). Resultant master casts contain attachment analogs for directly processing attachment components within the overdenture.

Before initiating the impression procedures, the implants and the associated soft-tissue dimensions should be evaluated. The appropriate implant attachments should be selected and placed to torque specifications. Next, implant impression copings should be placed in preparation for the definitive impression.

Tray Selection

Carefully examine the dimensions of the dental arch and select the appropriate stock impression tray (Figure 2). The impression trays illustrated here (Strong-Massad Dentate & Implant Trays[a]) are constructed from a clear polystyrene-based polymer and are available in 3 maxillary sizes and 3 mandibular sizes: small, medium, and large. These clear plastic trays permit see-through visibility to assist when selecting and fitting the tray. Be sure to provide sufficient room between the tray and all implant attachments and impression components. Retention slots perforate the trays to maximize the mechanical retention of the material. It is strongly recommended that VPS adhesive not be used in the trays. Rather, it is preferred that the impression material is wiped clean from the tray in areas where the tray impinges on border and peripheral tissue. This clean elimination of impression material from tray borders clearly signifies the need to accomplish subtractive adjustments of the tray before making the definitive impression.

Tray Adaptation

Tray adaptations to existing anatomic contours are possible. These polystyrene-based polymer trays are thermoplastic. To effect subtle alteration of flange trajectory, pass the appropriate portion of the tray quickly through a micro-flame until the resin softens, being careful not to overheat the tray. Once the resin is softened, carefully manipulate the tray flange into the desired orientation. Cool the tray in water. The border extensions of the tray also may be subtractively adjusted by grinding with conventional acrylic resin rotary instrumentation.

Tray Stops

The definitive impression procedure requires multiple placements of the impression tray in the patient's mouth. To achieve consistently repeatable tray placements, tray stops are developed. Using high-viscosity

[a] Global Dental Impression Trays, Inc, Tulsa, Okla; www.gdit.us.

Figure 3—High-viscosity VPS impression material is loaded into the tray in 3 distinct locations in order to form tray stops.

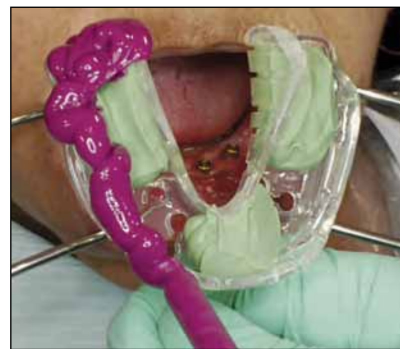

Figure 4—Medium-viscosity VPS impression material is applied to the tray borders to accomplish border molding procedures.

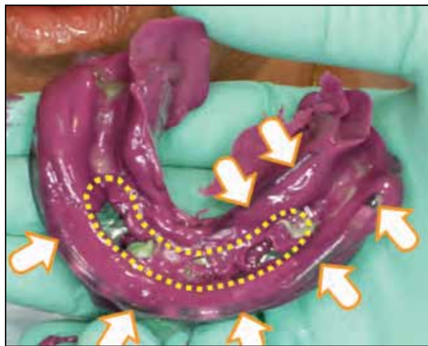

Figure 5—Border molding is inspected for accuracy and detail. Resin tray show-through areas (arrows) are reduced by grinding. All borders are then reduced 1 mm to 2 mm. Finally, material around implant components (dashed line) is relieved.

VPS, dispense 3 nickel-size circles of material into the mandibular impression tray at the incisor and molar regions (Figure 3). Seat the tray on the edentulous mandible and center it over the ridge. The objective is to develop an adequate and consistent space between the tray and the denture-bearing and peripheral tissue surface and impression components. When cured, remove the tray and inspect the stops to assure an even thickness and that the ridge crest is centered within the tray. Trim the stops with a sharp knife to minimize the area of tissue contact.

Once correctly established, tray stops permit: (1) adequate and even space between the tray and denture-bearing tissue for the impression material, (2) adequate and even space between the tray and vestibular reflections for the impression material, (3) adequate and even space between the tray and implant impression components, and (4) consistently repeatable positioning on tray placement without overseating.

Border Molding

To accomplish border molding of the mandibular tray, dispense a rope of medium-viscosity VPS along the peripheral tray borders (Figure 4). Place the tray, centering it on the mandible using the tray stops as guides. Use the following tissue manipulations to define peripheral borders:

- To functionally form the lingual and retromylohyoid flange borders, have the patient place the tip of the tongue forward out of the mouth and move the tongue side to side. Next, have the patient retract the tip of the tongue to touch the posterior palate.
- To form the labial notch, grasp the lower lip at the vermilion and pull outward and upward.
- To functionally form the labial and buccal borders, stabilize the tray with the index and middle fingers on the finger rest and the thumb beneath the chin. Ask the patient to purse the lips using a sucking action and then smile widely.
- To form the buccal notches, grasp the cheek with the forefinger and thumb at the corner of the mouth and pull upward and forward. Repeat this process on the opposite side.

After cure of the VPS, remove the mandibular impression tray and inspect all peripheral borders to assure the appropriate anatomic and functional detail is represented (Figure 5). If the resin tray is apparent through the border-molding material, adjust the tray by grinding. Also, relieve all borders approximately 1 mm to 2 mm using a scalpel blade or rotary instrumentation in preparation for the definitive impression. Finally, relieve any material that has engaged the implant attachment impression components.

Definitive Impression

Before making the definitive impressions, closely examine the soft-tissue conditions across the denture-bearing tissue of the mandible. Keep in mind the location of primary denture-bearing areas. Dispense VPS impression materials into the mandibular impression tray, distributing different materials to correspond with relative tissue conditions (eg, low viscosity along ridge areas with firmly attached tissue and extra-low viscosity in areas of flabby or mobile tissue) (Figure 6). Inject low-viscosity VPS material around the implant attachment impression coping (Figure 7). Place the impression tray and center it on the maxilla using the tray stops as guides. Repeat all border molding manipulations. When the VPS is cured, remove and inspect the impression for appropriate anatomic, functional, and surface details (Figure 8).

If excessively mobile soft tissue is present at the edentulous ridge crest, special precautions must be taken before making the definitive impression with extra–low-viscosity VPS impression material. To avoid displacing the mobile soft tissue, remove the associated tray stop. Once the tray stop has been removed, care must be taken to

Figure 6—Medium-viscosity VPS material is applied to the retromolar pad areas, and low-viscosity VPS is applied to the rest of the tray in preparation for placement.

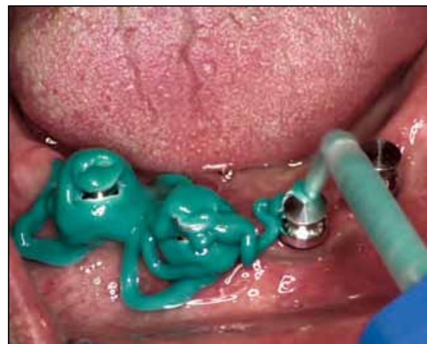

Figure 7—Low-viscosity VPS impression material is syringed around all transfer impression copings before placement of the impression tray. This procedure ensures complete engagement of the impression copings by impression material.

Figure 8—Definitive mandibular implant overdenture impression.

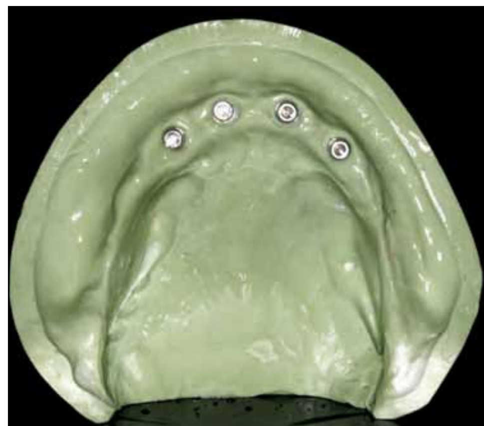

Figure 9—Master cast ready for continued laboratory processing.

avoid over-seating the tray during definitive impression procedures.

Once satisfied with the quality of the definitive impressions, bead, box, and cast the impression using a suitable, vacuum-mixed dental stone (Figure 9).[12]

VPS as a 3-D Disclosing Material

The objective of complete denture therapy for patients with severe reduction of residual ridges is not solely the replacement of missing teeth. Rather, complete dentures must be designed to replace both the missing dentition and the associated supporting structures. In so doing, the denture base may occupy a substantial volume within the oral cavity. In addition to replacing missing oral tissue, complete dentures structurally redefine potential spaces within the oral cavity. Inappropriate denture tooth positioning and physiologically unacceptable denture base contour or volume may result in compromised phonetics,[13] inefficient tongue posture and function,[14,15] and hyperactive gagging.[16-20]

Carefully designed external denture contours (eg, cameo or polished denture surface contours) may contribute substantially to prosthesis stability, retention, and comfort. Successful denture wearers display patterns of oral-facial muscle activity that serve to retain and stabilize, rather than displace the prostheses. When optimally contoured, complete dentures occupy space in the oral cavity that is defined by the physiologic limits of muscle function and acquire stability and retention during mastication, swallowing, and phonation.[21.22] Food entrapment under the denture is minimized. Conversely, poorly designed prostheses that do not accommodate the anticipated muscle function may yield compromised denture stability and reduced retention and frequently result in food accumulation under the denture.

Fitting a denture's intaglio surface to the denture-bearing tissue is commonly considered a 2-dimensional process. Pressure indicator paste,[23] sometimes referred to as pressure disclosing paste,[24] is currently the most common disclosing material for identifying local denture base interferences to aid in complete and comfortable placement and wear of the prosthesis. Careful handling of pressure indicator paste will yield consistent, accurate, and reliable results. The diagnostic use of this material is indicated at the denture placement appointment and all visits after the placement, where adjustment of the denture base tissue contact is indicated.

Fitting the denture's cameo or polished surfaces to the range of normal physiologic activity of surrounding tissue within the oral cavity is a more complex, 3-D process. Although pressure indicator paste works fine for assessing the denture's intaglio fit, the evaluation of cameo surface fit requires a more substantial, 3-D disclosing medium. Materials that have been suggested for this purpose include disclosing wax,[12,24,25] tissue conditioning material,[26,27] mouth temperature impression wax,[26] wax and petroleum jelly mixture,[28] irreversible hydrocolloid,[29] and silicone materials.[30-32]

A more exacting approach to physiologically acceptable, cameo surface contouring involves the use of external

Figure 10—A ribbon of low-viscosity VPS impression material is dispensed along the denture border of concern.

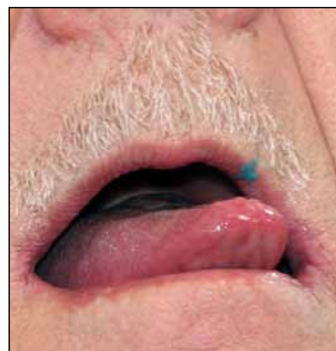

Figure 11—On placement of the denture, the patient is instructed through various functional tongue movements to form the VPS disclosing material.

denture impressions during denture construction. Often associated with the neutral zone technique,[33] the external impression permits: (1) physiologic registration of the denture's cameo surfaces, and (2) denture tooth positioning in a physiologically neutral location (eg, buccal-lingual). External impressions are typically accomplished by applying recording material on the facial, lingual, and palatal aspects of trial dentures between the cervical limits of the denture teeth and the peripheral borders of the trial dentures. Once in place, the patient is instructed to close and purse the lips as when sucking, then swallow repeatedly. Once set, excess impression material is removed from the teeth, and the trial dentures are invested and processed using conventional procedures.

Several variations of the external impression procedure have been reported in the literature either to aid denture construction[21,22,34-43] or for use as a diagnostic tool during denture adjustment.[26,27,32,42,44]

The VPS impression materials perform well as external impression materials and 3-D disclosing materials. This is particularly true when adjusting new dentures during initial placement, or when attempting to isolate denture destabilizing flange contours at appointments after placement. To demonstrate the application of VPS impression material as a disclosing medium, the following clinical illustration is used.

A new patient presented to a dental practice having worn his new complete dentures for 3 weeks. Although the patient enjoyed reasonable function with his new prostheses, he complained of a subtle but annoying lift of the mandibular denture during speech. The patient claimed that this lift of the mandibular denture also occurred during chewing and contributed to accumulation of food debris under the denture. Intraoral examination revealed clinically acceptable occlusion and no denture-associated soft-tissue ulcerations.

On further intraoral examination, overextension of the lingual flanges into the retromylohyoid spaces was considered a possible etiologic factor. To investigate this possibility, diagnostic external impressions on the lingual flanges of the mandibular denture were accomplished. The disclosing materials selected for this procedure were low-viscosity and extra–low-viscosity VPS impression materials. A step-by-step description of the planned disclosing and adjustment procedures is given below.

Apply Low-Viscosity VPS

Identify the denture area(s) of interest using the patient's reported concerns and thorough intraoral examination. In this clinical example, concerns centered on the lingual flange extension/contour of the mandibular denture. Dispense a ribbon of low-viscosity VPS along the lingual flange border (Figure 10). It is not necessary to coat the entire lingual flange because physiologic manipulations will cause the material to flow across the flange disclosing the entire area of interest. Evaluation limited to sections of the denture, rather than the entire denture border, is clinically more manageable and generally preferred.

Physiologic Assessment

Place the mandibular denture. To functionally form the disclosing material across the lingual and retromylohyoid flange areas, instruct the patient to place the tip of the tongue forward out of the mouth and move the tongue side to side (Figure 11). Next, have the patient retract the tip of the tongue to touch the posterior palate. Repeat these tongue movements for approximately 1 minute. After 1 minute of physiologic manipulation, have the patient rest the tongue in the floor of the mouth with the dentures in occlusion until final cure of the VPS material (approximately 1 more minute).

Denture Adjustments

Remove the mandibular complete denture and inspect the external impression (Figure 12). The 2 conditions that should be noted include: (1) areas where denture base resin shows through the VPS material, and (2) areas where VPS is excessively thick. In areas of show-through, the appropriate subtractive adjustment should be accomplished using acrylic resin laboratory rotary instrumentation. In areas where the VPS appears to be excessively thick, verify this thickness using a periodontal probe. The decision to repair a denture flange by adding thickness is based on the concept of improved retention and stability associated with physiologically developed denture flange contours.[21,42,45]

Repeat with Extra–Low-Viscosity VPS

After the initial subtractive adjustments, a second application of VPS disclosing material is needed. For the second disclosing procedure, extra–low-viscosity VPS material is

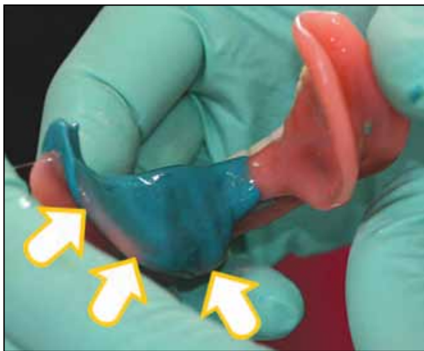

Figure 12—On removal of the denture, the external impression is inspected to identify areas of denture base show-through (arrows) and areas of excessive thickness.

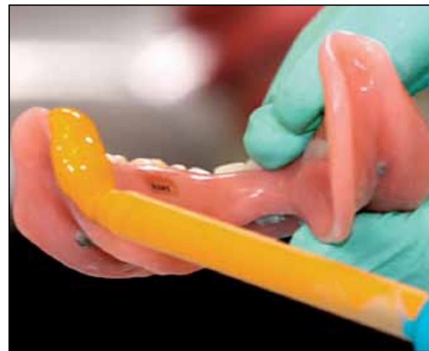

Figure 13—Reapplication of VPS is accomplished using extra–low-viscosity impression material along the same denture border as the initial application.

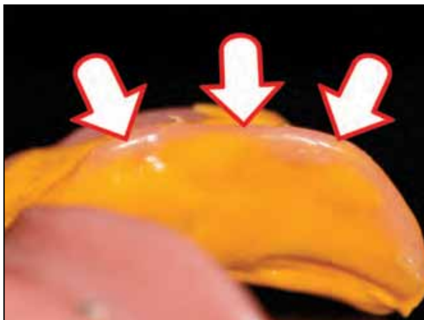

Figure 14—On removal of the denture, the external impression is again inspected to identify denture base show-through (arrows).

Figure 15—To improve visualization of areas requiring adjustment, the external impression is painted with a nonpermanent black ink marker.

Figure 16—Removal of external impression material from the denture surface reveals the areas requiring adjustment indicated by black ink.

Figure 17—Appropriate adjustments are made using suitable rotary instrumentation.

selected to permit improved material flow (Figure 13). The procedures described above are again used. When the VPS is cured, remove the mandibular complete dentures and inspect the results (Figure 14). To better visualize the areas of resin denture base show-through, paint the VPS with a nonpermanent black ink marker (Figure 15). The ink marker can be spray-disinfected between uses. Next, peel away the VPS material and evaluate the ink markings on the denture surface (Figure 16). Make adjustments as indicated (Figure 17).

The disclosing and adjustment procedures are repeated until all required adjustments have been accomplished and the clinician and patient are satisfied with the results. Recall examinations should be scheduled to verify resolution of the patient's problems.

Conclusion

This 3-part article presented a number of valuable applications of VPS impression material systems in modern dental practices. Part 1 of the series discussed making impressions for conventional complete denture therapy.[46] Part 2 reviewed the use of VPS impressions when fabricating immediate complete dentures and accomplishing complete denture reline procedures.[47] This article, Part 3, addressed the application of VPS impression systems during the fabrication of implant overdentures and the diagnostic evaluation and adjustment of all removable dental prostheses. VPS material performs well in these applications because of available viscosities and working times, a convenient delivery system, sequential layering ability, elasticity, tear strength, acceptable hydrophilicity, biocompatibility, and reasonable taste and smell. The techniques described here can be easily and successfully incorporated into any dental practice that involves the management of patients with removable prosthodontics.

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Quiz 1

1. **Which of the following statements are true with regard to implant overdentures?**
   a. Dental implants assist in support, stability, and retention of the prosthesis.
   b. Implant overdentures are considered an effective treatment for edentulous patients.
   c. Individuals wearing implant-assisted overdentures typically report improved oral comfort and function when compared with conventional, mucosa-supported prostheses.
   d. all of the above

2. **Which of the following is an issue that should be considered when making definitive impressions of implant overdentures?**
   a. accurate registration of denture-bearing tissues and peripheral anatomy
   b. careful selection of overdenture occlusal form
   c. choice of overdenture impression technique
   d. overdenture attachment selection.

3. **Typically, how many implants may be used to support, stabilize, and retain overdentures?**
   a. 1 to 3
   b. 2 to 4
   c. 3 to 5
   d. 4 to 6

4. **Before initiating the impression procedures:**
   a. the implants and associated soft-tissue dimensions should be evaluated.
   b. the appropriate implant attachments should be selected and placed to torque specifications.
   c. implant impression copings should be placed in preparation for the definitive impression.
   d. all of the above

5. **What viscosity of VPS impression material should be used along ridge areas with firmly attached tissue?**
   a. extra-low viscosity
   b. high viscosity
   c. low viscosity
   d. medium viscosity

6. **The objective of complete denture therapy for patients with severe reduction of residual ridges is:**
   a. the replacement of missing teeth only.
   b. the replacement of supporting structures only.
   c. the replacement of missing dentition and associated supporting structures.
   d. to address patients' esthetic concerns.

7. **Inappropriate denture tooth positioning and physiologically unacceptable denture base contour or volume may result in which of the following?**
   a. compromised phonetics
   b. inefficient tongue posture and function
   c. hyperactive gagging
   d. all of the above

8. **Which of the following is the most common disclosing material for identifying local denture base interferences?**
   a. pressure indicator paste
   b. wax and petroleum jelly mixture
   c. silicone materials
   d. irreversible hydrocolloid material

9. **What material has been recommended for evaluating the cameo surface fit of external denture bases?**
   a. articulating paper
   b. mouth temperature impression wax
   c. articulating film
   d. reversible hydrocolloid impression material

10. **External impressions are typically accomplished by applying recording material on:**
   a. the facial aspect of trial dentures.
   b. the lingual aspect of trial dentures.
   c. the palatal aspect of trial dentures.
   d. all of the above

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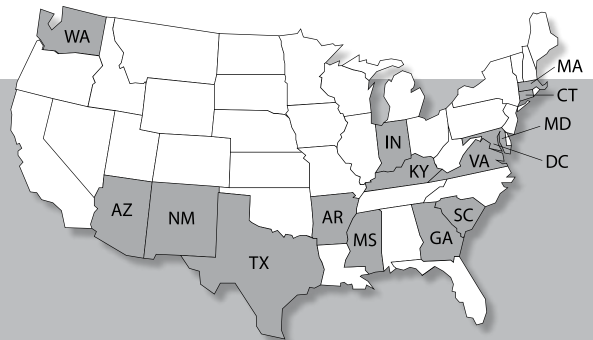

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