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CHICAGO
DENTAL
SOCIETY

REVIEW

JANUARY/FEBRUARY 2006



MEET YOUR NEW CDS OFFICERS

ADVICE FOR NEW DENTISTS
141st MIDWINTER MEETING PREVIEW

CDS ESTABLISHES ENDOWMENTS AT UIC AND SIU DENTAL SCHOOLS

Officers of the Chicago Dental Society presented a \$1 million grant to the University of Illinois at Chicago (UIC) College of Dentistry Dec. 21, to endow two clinical professorships. The day before, CDS representatives presented a \$600,000 grant to the Southern Illinois University (SIU) School of Dental Medicine: \$500,000 to endow a clinical professorship, and \$100,000 to establish the Chicago Dental Society Faculty Recruitment and Retention Fund.

"Dental education is in a state of crisis," Dr. Ronald Testa, CDS president, said. "We hope our contribution will encourage others to support our dental schools."



Pictured (top, L-R): Todd Cubbon, George Zehak, David Kumamoto, Michael Durbin, Ronald Testa, John Fredricksen, UIC Chancellor Sylvia Manning and UIC College of Dentistry Dean Bruce Graham.

Pictured (bottom, L-R): Randy Grove, Ronald Testa, SIU School of Dental Medicine Dean Ann M. Boyle, SIU Edwardsville Chancellor Vaughn Vandegrift, Todd Cubbon and John Fredricksen.

MINUTES FROM THE NOVEMBER 9, 2005, REGIONAL MEETING AT DRURY LANE

The Regional Meeting of the Chicago Dental Society convened at the Drury Lane, Oakbrook Terrace, at 9 a.m., Nov. 9, when CDS President Ronald G. Testa called the meeting to order.

Inasmuch as the official minutes of the meeting of Wednesday, Sept. 28, had not yet been published, a motion was entertained to dispense with reading and approving them until everyone has had the opportunity to review them. Moved by Robert G. Banks, DDS, seconded by Hugo F. Bertagni, DDS, and carried to dispense with reading and approving the Sept. 28 minutes.

There were no reports of the Board or Standing Committees or of Special Committees, nor was their any unfinished business.

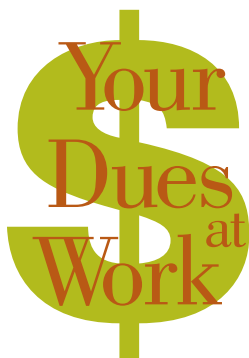
Therefore, Dr. Testa introduced new business, by reporting that the nominating petitions for the 2006 officers had been duly filed in the CDS central office, and candidate names were duly published in the July/August, September/October, and November issues of the *CDS Review*, in accordance with the bylaws.

Dr. Testa further reported that since not more than one candidate had been nominated for each elective office, in accordance with CDS Bylaws, the secretary would cast a single unanimous ballot on behalf of all the respective candidates for office. Moved by Raymond J. Tupy, DDS, seconded by Kevin M. King, DDS, and carried that a single unanimous ballot be cast on behalf of all the respective candidates for office.

Dr. Testa congratulated Treasurer-elect Michael J. Stablein, Vice President-elect David P. Kumamoto, Secretary-elect, H. Todd Cubbon and John F. Fredricksen, who will become president-elect when the officers are installed Nov. 17, in addition to Thomas J. Machnowski, DDS, who will assume the office of the president. CDS officers assume their respective duties Jan. 1 and will continue through Dec. 31 in accordance with the fiscal year. Dr. Testa noted that the Society's 50-year graduates would also be recognized at the November installation. He extended an invitation to all CDS members, their families and friends to attend the installation ceremonies in the Grand Ballroom of the Ritz Carlton Hotel in Chicago to personally congratulate the incoming officers and wish them well.

With no further business, Dr. Testa called on John Moore, DDS, to introduce J. Mel Hawkins, DDS, who presented a program entitled *Local Anesthetic Techniques and Office Emergencies*.

The meeting adjourned at 1:50 p.m. ■



TIME IS RUNNING OUT

How many days are left in January?

That's how long you have to preregister for the Midwinter Meeting. And the only way to avoid registration fees is to pay your 2006 membership dues.

CDS members enjoy free admission to the meeting, with access to more than 100 edu-

cational courses, hundreds of exhibitors from the dental trade and premier entertainment throughout the weekend. All members who register before Jan. 31 will also receive a \$25 rebate coupon good for purchases made from an exhibitor during the Midwinter Meeting.

Regular members can pay their dues online at

www.isds.org; associate members can pay their dues at www.cds.org.

All MWM attendees who join CDS before March 31 will have their registration fees credited toward their membership dues. This is also the deadline for inclusion in the *Illinois State Dental Society's Sourcebook and Directory*.

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A candle loses nothing by lighting another candle

The 2005 Chicago Dental Society President Ronald G. Testa, DDS, took an opportunity in his final President's Perspective in the December issue of the *CDS Review* to put forth one last attempt to convince CDS members that they are under-represented in the Illinois State Dental Society. His comment that "everyone must agree with him" begs for a response.

No doubt there are many of you who have no idea who I am, even though I have been contributing to organized dentistry for more than 30 years. But, that is not important for now. I confidently believe that an overwhelming majority of "downstate" dentists will most fer-

vently disagree with Dr. Testa in his assessment of ISDS governance. Yes, I am a "downstate" dentist. I hate the term, but it seems to be the one everyone understands best.

I have no disillusion that CDS could, if it saw fit, take over ISDS. CDS certainly has the resources. In many respects, there is nothing "downstate" dentists could do to prevent that take over of ISDS should CDS decide to do it. "Downstate" dentists do have some different issues than the dentists of CDS. Most "downstate"

dentists come from small cities and towns with no hope of competing with CDS on any level. Most "downstate" societies do well to finance their own annual meetings, let alone profit from them as CDS does with the Midwinter Meeting. Point of fact, several "downstate" dentists work for the CDS at the Midwinter Meeting receiving little or no compensation or recognition. But, nonetheless, indirectly contribute to the CDS profit, and they directly contribute to the CDS profit by signing up to attend the meeting and its many functions. CDS members have told me that the Midwinter Meeting is more successful because "downstate" dentists participate. "Downstate" dentists serve and work just as hard for their patients, the profession, and their communities as CDS dentists.

For most "downstate" dentists, ISDS is their one opportunity to be represented and to be heard. They consider it

their lifeline to organized dentistry. Should it happen that CDS takes over ISDS, many "downstate" dentists would have no place to turn. This would disenfranchise "downstate" dentists from participation on any level, thus weakening ISDS. Should enough "downstate" dentists become disenfranchised, ISDS would probably lose its ADA single-state-district status, and ISDS would lose the balanced benefit of broad thinking participation at the state level.

Over the past four or five years, the rift between CDS and "downstate" interests has gotten wider. Partly, I find this rift due to the intimidation by some in the recent CDS political leadership, preying upon their own delegations and certainly on "downstate" candidates seeking ISDS offices. It is my opinion that if one is strong in one's "downstate" representation and is vocal and articulate, he or she may find it difficult to be elected to an ISDS office.

For my part, over the past 20 years, I have tried to bring top quality young dentists into organized dentistry. At the last two ISDS Annual Sessions, I have encouraged no fewer than six young dentists to get involved at the state level. After seeing first hand what has transpired at the past two Houses, all are disillusioned. Some CDS members have tried to support fairness, siding with "downstate" only to be verbally abused and threatened by some well-placed CDS leaders. The young dentists I have introduced to ISDS politics were aghast! Many of these individuals are second-generation dentists, sons and daughters of prominent "downstate" dentists who have practiced for more than 30 years and have been active in organized dentistry.

Since there seems to be a perpetual overstatement of CDS membership and participation in ISDS, I would like to attempt to clear up that issue. The three-party system that currently governs the CDS is a result of an unusually contentious election that occurred in 1938. The leadership of CDS comes from the three parties.

A breakdown of the CDS party system membership goes something like this: the Independent Organization, 80 members (plus or minus 3-4); the Members Group, 120 members (plus or minus 2-3); and the Progressive Club, 80 Members (plus or minus 4-5). In other words, the total number of people in the CDS three-party-system is about 280 members. The CDS membership is 4,086. If there is parity there, I will fail to see it in three lifetimes.

You know, I find some people understand life better

WE CANNOT CONTINUE TO ARGUE OVER PETTY CONFLICTS, POWER AND POLITICS IN ILLINOIS. AFTER ALL, THERE ARE ENOUGH ENEMIES AND OBSTACLES FACING US.

than others, and yet they are often called “retarded,” “mentally challenged” or “handicapped.” Let me explain. At the Seattle Special Olympics, a few years ago, nine contestants, all physically or mentally disabled, assembled at the starting line for the 100-yard dash. At the gun, they all started out, not exactly in a dash, but with a relish to run the race to the finish and win. All, that is, except one boy who stumbled on the asphalt and tumbled over a couple of times and began to cry.

The other eight participants heard the boy cry. They slowed down and looked back. Then they all turned around and went back to him, every one of them. One girl bent down and kissed him and said, “This will make it better.” Then all nine linked arms and walked together over the finish line. Everyone in the stadium stood; the cheering went on for several minutes. People who were there are still telling the story. Why? Because deep down we know what matters in this life is more than winning for ourselves. What matters in this life is helping others win, even if it means slowing down and changing our course. All

nine of the above contestants crossed the finish line together and were winners!

“A candle loses nothing by lighting another candle.”

My fellow dentists, we cannot continue to argue over petty conflicts, power and politics in Illinois. After all, there are enough enemies and obstacles facing us collectively to last us well into the future, each demanding our combined energy, talents, expertise and limited resources.

We need to get on with the business of meeting the needs of our members and our patients. So I beg you, not as a “downstate” dentist, but as a fellow dentist, to allow representation at the state level that will engender participation by all of us. CDS is the largest dental society, probably in the world. Isn’t CDS big enough to extend a hand in friendship, collegiality, professional respect and tolerance? Please allow those of us who do not work or live within the jurisdiction of CDS to have an equal opportunity for representation in ISDS.

— *H.L. Waldrop, DDS*
Former ISDS Trustee



WHAT'D YOU SAY?

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What's in it for you?

A few years ago, when I was a newly elected officer of the CDS, I was having dinner with some friends from out of town. The couple was not familiar with organized dentistry or the intricacies of dental politics within our organization. When I finished explaining to them what was in store for me in the upcoming five years, my friend's husband looked at me and asked, "What's in it for you?" At first, I was startled at the question. Quite honestly, I had never asked myself that question. Perhaps, indirectly, through the years, I asked that question of myself as I assumed various leadership positions within my branch, within the state dental society, or within my dental political group.

Why does anyone assume a leadership position in any volunteer organization? Why does anyone volunteer to do anything? Why do you become active in your community, in your church, in your school system, in a social cause, or in an environmental issue? What's in it for you when you become involved?

Do you simply believe in the mission of the organization? Do you feel powerful or influential if you take on a leadership role? Or does it come down to the quiet sense of accomplishment knowing that you are part of the bigger picture?

Volunteers join organizations because they care, and they want to make sure the issues they care about receive the proper attention, support and direction. It probably begins as a self-serving purpose, but as they become more deeply involved, they are more committed to the organization and they serve on a higher level. As with any initiative, volunteers get out of the experience what they put into it. As the Beatles sang on *Abbey Road* ". . . in the end the love you take is equal to the love you make."

With that said, I am concerned about the lack of participation within our dental society. I am grateful for our dues-paying members, but a little disappointed in the monthly attendance at branch meetings. It's our profession and our dental practices that we want to safeguard and improve—and this is why we need participants in organized dentistry. We all want to leave things a little better off than when we first got involved. If you care about your profession, then you should support your colleagues, whether on the leadership level or not.

Ask yourself: When was the last time you attended a branch meeting? We see many of you at the Regional Meetings and the Midwinter Meeting, but what about your branch? It is on the local level that we foster the camaraderie and support that is the foundation of the CDS. I encourage you to call a colleague or a classmate and attend a branch meeting.

"What's in it for you" is the security and knowledge of knowing that your fellow members are taking action on the issues that affect you, your profession and your patients. If you do not like the way things are run at the branch level, then get on the ladder and effect some change.

Beyond the branch meetings, there are ways to show your support for the dental profession, such as writing or e-mailing our legislators when we have an issue that needs attention. We cannot leave our destiny to external forces. Our government and the insurance industry are factors that we must respond to and give direction to, but to which we must never succumb.

"What's in it for you" is a practical question to ask at the both the volunteer and leadership levels—the plain fact that you volunteered in the first place was the first step toward involvement. What's in it for you is often intangible and may not come to fruition for many years. What's in it for you may not be the same for everybody, but we are all serving the same cause.

What's in it for you is the fact that you cared to participate and that you did not stand idly by and wonder what happened. It's all about service (not the kind you receive in a restaurant). What's in it for you is not always about money—it's about the concern for our patients' welfare and the security of our profession.

What makes our profession extraordinary is that we have so many individuals willing to share their knowledge. When you attend a CE program, the presenter is usually not holding back information. We have no trade secrets—we are all in it to provide the best possible care for our patients. When our patients receive proper care, that is when everything falls into place and our families, relationships and spirituality have an opportunity to blossom. ■

Contact Dr. Machnowski at tommachnowski@msn.com.



Tom Machnowski

wants to make you smile

A CONVERSATION WITH
OUR 2006 CDS PRESIDENT



In

November, Tom Machnowski, a general dentist in Woodridge, was installed as president of the Chicago Dental Society. He received his dental degree in 1975 from Loyola University School of Dentistry and is a former member of the Loyola University Alumni Association's Board of Governors.

Dr. Machnowski served as an alternate delegate to the American Dental Association's House of Delegates in 1984, 1985, 1989 and 1990, and as a delegate from 2002 through 2004. He was also a member of the Illinois State Dental Society's Board of Trustees.

He has also held virtually all offices of the Chicago Dental Society's West Suburban Branch, culminating with president. He also has served CDS as a member of numerous committees, including the Public Relations Committee, Midwinter Meeting Program Chair, Information and Entertainment Committee and the Midwinter Meeting General Arrangements Committee.

Dr. Machnowski and his wife, Nancy, reside in Burr Ridge. They have two daughters, Nicole Curtin and Danielle. Tom and Nancy are awaiting their first grandchild.

What follows is a conversation between the newly installed president and Walter F. Lamacki, DDS, *CDS Review* editor.

Dr. Lamacki (WFL): *What is the most important issue that challenges dentists today?*

Dr. Machnowski (TJM): One of the most important issues that challenges dentists today is the inroads that third party payers have made into our practice lives. It is important because we deal with these companies on a daily basis. The dental insurance industry has been around since the late '60s and early '70s. We have been living with the industry so long that we take it for granted. Hassles have become so commonplace that we often have pat answers for their lack of coverage and poor service. Go to any branch meeting or CE course and the topic of insurance dilemmas is always raised. Third party payers indirectly dictate treatment plans, may determine which dentist the patient may seek for treatment and decide when and how reimbursement is made to the attending dentist. To the insurance industry, we are providers rather than doctors. It is as if they would prefer to see our profession reduced to a vocation.

One of my patients recently expressed displeasure with his carrier because the company was redesigning its dental coverage and moving toward a preferred provider network. Patients can seek

treatment beyond the network provided they are willing to assume a greater out-of-pocket expense for their care. This patient has decided to remain with us, explaining, "You're my dentist!" He has a dental home and people to whom he can relate. As one patient told me, once you find a good dentist you don't leave that practice. Sometimes we take the doctor/patient relationship too much for granted. We don't realize what an honor it is to serve our patients' needs. Unfortunately, many patients will not be able to find a dental home in your office because your name is not on their network list.

The insurance industries will remain our adversaries until they stop bundling procedures, stop down coding procedures, stop promoting their non-duplication of benefits clauses, and stop influencing CDT code revisions. These issues are only the tip of the iceberg. My negative feelings about the insurance industry would change if the companies started paying a fair fee for a procedure, started promoting and marketing quality insurance plans and started recognizing new treatment modalities.

We don't actually know what the insurance industry does with its money. Like other companies, it is safe to assume that they invest the premiums they collect so that they can stay in business. But the fact is the 50% or so in dollars they pay toward our patients needs is the money generated from premiums. It wasn't their money in the first place.



THE MACHNOWSKI FAMILY: (L-R) Brendan and Nicole Curtin with Danielle, Tom and Nancy Machnowski.

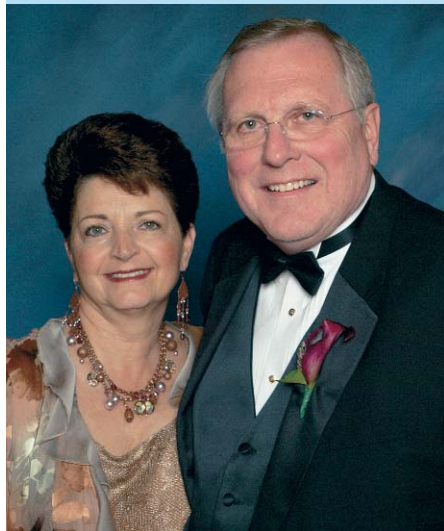
It would be nice to see insurance profits reinvested in researching new technologies, funding care for low-income patients and supporting dental education.

It seems to me that dental insurance programs exist to restrict and limit the dental marketplace. Unless patients are willing to pay for treatment beyond what individual plans offer, their treatment options are limited and dentists are restricted to using technologies that may not reflect what modern dental practice has become.

Finally, in a very real way, it feels as if the insurance industry is trying to dictate our income.

WFL: *How should organized dentistry respond and what is CDS and/or ISDS doing?*

TJM: The ADA points to its success in the Aetna settlement as proof of its advocacy on our behalf. That settlement was a few years ago.



What have they done for us lately? Admittedly, anti-trust laws give a decided edge to third party payers. It is not a level playing field. As a member, I am disappointed that our parent organization is not committed to spending the money necessary to effect change at the federal level. Why does the insurance industry enjoy such a favored status? How did they receive that entitlement? Why are we, the professionals, disen-

franchised from challenging their entitlements? I believe the ADA should consider hiring experts such as New York State Attorney General Eliot Spitzer as its counsel regarding third party issues. Spitzer successfully challenged Aon in New York, addressing many of the issues that healthcare in general confronts on a daily basis when dealing with the health benefit industry.

The ADA and CDS collect information about the problems experienced by dentists via forms that are available on both Web sites.

sign up for these plans have no negotiating power. The dentist has no control over the terms, the coverage or reimbursement levels. The dentist signs up and accepts whatever the insurance company dictates. Maybe what we need is a union representing dentists who are involved in these PPO/HMO/CAP plans. This could be a way to address anti-trust issues on a national level.

WFL: *What can individual dentists do to ease the situation?*

TJM: We can begin by helping our patients understand how these benefit plans work and how much money the companies make by denying benefits. Let them know that some insurance companies have not increased the maximum annual benefits in 30 years. Tell them that insurers want pre-authorizations because it delays payment and they make millions on interest. We must help our patients understand that dentists cannot treat teeth based on what benefits an insurance company will pay. Is that how you want your mouth diagnosed?

WFL: *What legacy do you hope to leave the Society at the end of your term?*

TJM: I would like to be remembered as an officer who tried to represent the best interests of our CDS member dentists, as an officer who provided exceptional continuing education for my colleagues and as an officer who shares with his colleagues daily concerns about the outside influences threatening our profession, practices and well being.

WFL: *What are the highlights of the Midwinter Meeting?*

TJM: The Midwinter Meeting goes from strength to strength and this year is no different. We have several speakers from the Las Vegas Institute on our program and offer a variety of informative programs on the latest techniques in dentistry. There will be many clini-

I WOULD LIKE TO BE REMEMBERED AS AN OFFICER WHO TRIED TO REPRESENT THE BEST INTERESTS OF OUR CDS MEMBER DENTISTS

You will find the CDS complaint form at www.cds.org in the For Professionals section. I urge you to report your problems to either our national or local organization. The information compiled on both sites is used to create a database and to pinpoint common problem areas. I hope this is an indication that our national organization will become more proactive in seeking solutions to the dental benefit plan conundrum.

I expect organized dentistry to look toward a collective solution in response to these insurance companies. For example, what happens to our colleagues who practice in areas where the majority of their patients work for a single industry? Companies may decide to introduce a PPO, which places the dentist in the position of losing most of his patient base or signing on with a plan that may not be fiscally sound or promote comprehensive patient care. Dentists who

cians addressing neuromuscular occlusion. As in the past, we have speakers on virtually every topic in dentistry. Finally, the exhibit portion of our meeting continues to offer attendees the best opportunity to meet with the most manufacturers under one roof.

Socially, we are in for a treat. Thursday evening, Bob Newhart will perform at the Opening Session in McCormick Place. Friday night, the Buckingham and Ides of March will appear at the Chicago Hilton and Towers Ballroom. Saturday night, the gala Dinner Dance occurs at the Fairmont Hotel. So, between CE, purchasing equipment and supplies, and celebrating, it will be a busy four days.

WFL: *Thank you, Dr. Machnowski, for taking the time to talk with us. We wish you a successful year. ■*

Winter will end soon enough...

WHEN IT DOES, WE'VE GOT A FEW GOOD EXCUSES TO GET YOU OUT OF THE HOUSE.



Be sure to check out future issues of your *CDS Review* for announcements about ticket sales and other details for each event. And visit www.cds.org on a regular basis for announcements regarding special events. Ticket sales for all events will take place online and online only at www.cds.org.

**PURCHASE TICKETS
ONLINE ONLY AT
WWW.CDS.ORG**

MAY 21 MONTY PYTHON'S SPAMALOT **CADILLAC PALACE THEATRE, CHICAGO**

Monty Python's Spamalot triumphantly returns to Chicago with the 2005 Tony Award for Best Musical. Telling the legendary tale of King Arthur and the Knights of the Round Table and the quest for the Holy Grail, *Monty Python's Spamalot* features a chorus of legless knights, men in tights, killer rabbits and dancing divas creating some of the most unforgettable musical numbers you will ever see.

JULY 12 THE ANNUAL CDS FAMILY PICNIC **SIX FLAGS GREAT AMERICA, GURNEE**

CDS returns to Great America for its annual Family Picnic. Tickets will include admission to the theme and water parks, and a meal in the picnic area.

AUG 5 MYSTIC BLUE FIREWORKS CRUISE **NAVY PIER, CHICAGO**

The setting is laid-back, yet contemporary. The view is amazing. Imagine the beautiful Chicago skyline as it reaches for miles with the lake resting at its feet. Add fireworks, and you have a very special CDS event. Experience the fun of a boat ride on Lake Michigan with Mystic Blue Cruises.

NOV 12 THE PIRATE QUEEN **CADILLAC PALACE THEATRE, CHICAGO**

The Pirate Queen, a spectacular new musical by Tony Award winners Alain Boublil and Claude-Michel Schönberg, the authors of *Les Misérables* and *Miss Saigon*, will play a pre-Broadway, World Premiere engagement at Chicago's Cadillac Palace.

From the producers of *Riverdance* and directed by Frank Galati, *The Pirate Queen* is based on the legendary Irish pirate chieftain, Grace O'Malley, who led an extraordinary life as a pirate, chieftain, lover and mother in 16th Century Ireland. *The Pirate Queen* combines classic storytelling and a sweeping score.

TBD MAJOR LEAGUE BASEBALL

The number of CDS baseball outings is being expanded to five games for 2006. Tickets will be sold for two Chicago Cubs games at Wrigley Field, two World Champion Chicago White Sox games at U.S. Cellular Field and one Cubs vs. Brewers game at Miller Park in Milwaukee.

A TORCH IS PASSED

CDS INSTALLS NEW OFFICERS FOR 2006

More than 400 members gathered Nov. 17 at the Ritz Carlton to participate in the installation of Thomas J. Machnowski, DDS, as president of the Chicago Dental Society for 2006 and to honor jubilarian award recipients.

In his inaugural address, Dr. Machnowski urged the members, staff, directors and officers of the society to seek answers to three questions “who are we, what do we do and for whom do we do it?”

He went on to say: “Our profession enjoys a favored status within our nation. Our patients like us, although they may not like what we have to do for them on some occasions. But, in general, they like us. No one else is trained or licensed to do what we are sanctioned to treat. It is my job, our job, to make sure it stays that way. We are not to be held down by government mandates, or even worse, by third party companies who attempt to restrict and limit our services. These third party companies question our care, skill and judgment. We know what our patients need and deserve and we do not need someone else indirectly dictating treatment. I promise to be vigilant on your behalf” (For the full text of Dr. Machnowski’s speech, please see opposite page).

Other 2006 officers are: Michael J. Stablein, treasurer; David P. Kumamoto, vice president; H. Todd Cubbon, secretary; and John F. Fredricksen, president-elect.

The new members of the Board of Directors installed that night were: Allen W. Knox, Kenwood/Hyde Park; Robert J. Manasse, South Suburban; and Gary F. Alder, West Side.

During the ceremonies, the jubilarians, retiring direc-



Photography by John McNulty

Outgoing CDS President Ron Testa passes the ceremonial gavel to his successor, Tom Machnowski.

tors and branch presidents received recognition for their contributions.

The jubilarians are CDS members who graduated from dental school in 1955 and have been members since graduating. Those recognized include: Maurice A. Alberti, William R. Behm, Ralph D. Berenson, Earl O. Bergersen,

WHO ARE WE, WHAT DO WE DO AND FOR WHOM DO WE DO IT?

DR. MACHNOWSKI'S INSTALLATION ADDRESS

WHO ARE WE, WHAT DO WE DO, AND FOR WHOM DO WE DO IT?

As I attended a recent practice management seminar, the speaker challenged those offices in attendance to ask those three questions of themselves. These three questions helped us develop a vision for our practice. They set a framework on how my practice was to progress. As the leadership of the CDS changes tonight, I would ask my fellow officers, directors and CDS staff the same questions, who are we, what do we do, and for whom do we do it? These questions can be answered in a variety of manners. I will attempt to answer them as I see them tonight.

Who are we? We are the officers, directors and staff of the Chicago Dental Society, chosen by our peers and colleagues.

What do we do? We do several things. Number 1, we present the premier scientific and technical dental meeting in the United States. Number 2, we contribute to leadership in governance at the state and national levels, and number 3, we provide leadership in dental health care issues that occur at the local, state and national levels.

For whom do we do it? We do it for our dues-paying members and associate members of the Chicago Dental Society. When we serve our membership by asking the three questions, then we will have truly done our job.

Sometimes I feel like we spend a lot of time discussing issues of governance within our Society. Although issues of governance within our society are important, and these issues arise as part of the total organized dentistry package, these issues can sometimes cause schisms or perceived rifts within our ranks. If we step back and ask ourselves those three questions, then a lot of issues can be settled in a friendly manner without our colleagues feeling disenfranchised. We must always serve to enhance rather than divide our profession.

I am aware that we have many branch presidents here tonight. It all starts at the branch level. We have many committee chairmen here tonight, many people who serve in various positions of leadership at the CDS, State and ADA level. I would ask all of you to define your work this upcoming year by asking the three questions of yourselves. As I assume the gavel on January 1, I will be asking our board and staff the same three questions.

Our profession enjoys a favored status within our nation. Our patients like us, although they may not like what we have to do for them on some occasions. But, in general, they like us. No one else is trained or licensed to do what we are sanctioned to treat. It is my job—our job—to make sure it stays that way. We are not to be held down by government mandates, or even worse, by third party companies who attempt to restrict and limit our services. These third party companies question our care, skill and judgment. We know what our patients need and deserve, and we do not need someone else indirectly dictating treatment. I promise to be vigilant on your behalf.

Thank you.

Anthony J. Bittman, John H. Boarini, Donald C. Buckley, Sheldon M. Bulwa, Robert C. Coberley, Miguel A. Fernandez, Bertram B. Fivelson, Edwin J. Gasior, Robert O. Hansen, Joseph J. Humenik, Alan B. Klein, Donald J. Kovach, Edmund C. Kowalik, Edward C. Krizek Jr., Robert J. Kruckmeyer, Edwin C. Liedtke, Jerry F. Lingeman Jr., Andre J. Longo, Robert A. Oak, Ralph C. Pomierski, Leonard Quartetti Jr., David A. Reithel, Edward J. Rink, Howard S. Rosen, Russell G. Rosenquist, Ronald P. Rothenberg, Eduardo Rueda, Rosalba S. Rueda, Mathew P. Samaras, Mario V. Santangelo, Vincent J. Schumacher, Casimer P. Trelka, Thomas F. Warda, and Donald H. Wilkens.

Retiring branch presidents honored at the installation were: Peggy A. Richardson, Englewood; Michael A. Guthrie, Kenwood/Hyde Park; Eliot Becker, North Side; Susan Becker Doroshow, North Suburban; Vickie J. Grandinetti, Northwest Side; Kevin P. Lucas, Northwest Suburban; Vincent A. U. Oganwu, South Suburban; Donald N. Tuck, West Side; John A. Guerrieri, West Suburban; and Derek P. Grzanich, Academic Chapter.

Retiring directors who were acknowledged included: Sharon A. Lyn-Malinowski, Kenwood/Hyde Park; Richard J. Mantoan, South Suburban; and George R. Zehak, West Side.

Ronald G. Testa, DDS, CDS President 2005, delivered a farewell speech and recognized the efforts of the members, officers, directors and staff to promote and protect the profession of dentistry. He also acted as master of ceremonies for the evening.

Illinois State Dental Society President Joseph F. Hagenbruch was the installing officer and administered the oath of office to incoming CDS branch directors and officers. ■



1. RETIRING PRESIDENTS (L-R):

Ron Testa, Derek Grzanich, Donald Tuck, Vincent Oganwu, Kevin Lucas, Vicki Grandinetti, Susan Becker Doroshow, Eliot Becker and Peggy Richardson.

2. RETIRING DIRECTORS AND SPOUSES:

Richard and Karen Mantoan, Edward Malinowski and Sharon Lyn-Malinowski, and Maria and George Zehak.

3. JUBILARIANS: William Behm, Alan Klein, Leonard Quartetti Jr., Mathew Samaras and Vincent Schumacher.

4. ISDS President Joseph Hagenbruch installed the new CDS officers.



NEW BRANCH DIRECTORS



GARY F. ALDER, DDS WEST SIDE

A 1974 graduate of the Northwestern University Dental School, Dr. Alder maintains a private group practice in Chicago. He is also director of the General Practice Residency program at Rush University Medical Center, where he served as clinical coordinator of the General Dental Residency program from 1975 to 1980.

Dr. Alder has lectured extensively at the Chicago Dental Society Midwinter Meeting on a variety of topics, including basic life support and prosthetic reconstruction of the maxilloectomy patient. He is an assistant professor at Rush University Medical School, department of general surgery.

Dr. Alder has held all executive offices in the West Side Branch, ending with his term as president in 2002. He was a member of the Illinois State Dental Society Education Committee in 2003.

Born in Logan, Utah, Dr. Alder and his wife, Diana, reside in Oak Park. They have five children and seven grandchildren.



ALLEN W. KNOX, DDS KENWOOD/HYDE PARK

Dr. Knox received his dental degree from the University of Illinois at Chicago College of Dentistry in 1984. He maintains a private dental practice in downtown Chicago. Dr. Knox joined the United States Army Reserve Dental Corps in 1986, and is currently a Lieutenant Colonel. As a company commander, he has provided dental care to the inhabitants of Central and South America, the Caribbean Islands, Panama, El Salvador, Guatemala and Grenada.

Dr. Knox served as a delegate to the Illinois State Dental Society House of Delegates in 1988 and 2004. He has served in all executive offices of the CDS Kenwood/Hyde Park Branch, most recently completing his term as president. He has also served two separate terms as president of the Lincoln Dental Society. He has worked with the local chapter of the United Negro College Fund since 1984 either chairing or presiding over various fundraising initiatives.

Dr. Knox is a Chicago resident.



ROBERT J. MANASSE, DDS SOUTH SUBURBAN

Born in Amsterdam, Dr. Manasse immigrated to the United States in 1954 with his parents. He is a 1974 graduate of the University of Illinois at Chicago College of Dentistry (UIC) who received a graduate certificate in orthodontics from UIC in 1976. He practiced general dentistry in downtown Chicago from 1974 to 1976, and worked with an orthodontic practice on the North Side from 1976 to 1977. Dr. Manasse opened his first orthodontic practice in McAllen, TX, in 1977. He taught at the University of Texas and the University of Oklahoma, focusing on craniofacial anomalies and interceptive growth guidance treatment. Dr. Manasse returned to the Chicago area in 1992, opening an orthodontic practice in Matteson. An active member of the South Suburban Branch, Dr. Manasse has served in all executive offices of his branch, including that of president for the 2002-2003 year.

A dedicated runner, Dr. Manasse has completed 14 marathons and four triathlons. He and his wife, Johanna, reside in Olympia Fields. They have four adult children, Kim, Janny, Robert and Michael, and two grandchildren, Kelly and Ryan.

NEW BOARD OFFICERS



JOHN F. FREDRICKSEN, DDS PRESIDENT-ELECT

Dr. Fredricksen is a 1982 graduate of Loyola University School of Dentistry. He currently maintains a dental practice in Oak Lawn.

His long list of volunteerism on behalf of organized dentistry stretches back to the mid-1980s, when Dr. Fredricksen served as the *CDS Review* correspondent for the Englewood Branch. He has served in all executive offices of the Englewood Branch, including president, 1991-1992. From 1995 through 1998, Dr. Fredricksen represented his branch on the CDS Board as its director.

On the state level, he was a Chicago District trustee for the Illinois State Dental Society (1992-1995), and was active on a variety of committees. Dr. Fredricksen served as co-chair of the Committee on Redistricting and Allocation of Delegates in 1995. In addition, he also served as a delegate to the Illinois State Dental Society and as a delegate to the American Dental Association from 1993-2005, except when he co-chaired the ADA Chicago Program Committee for the ADA 2000 meeting in Chicago. Dr. Fredricksen used the experience he gained serving on a variety of Midwinter Meeting committees. He was president of the Loyola Dental Alumni in 1993-1994.

Dr. Fredricksen resides with his wife, Trish, and two sons, Greg and Ben, in Lemont.

H. TODD CUBBON, DDS SECRETARY

Dr. Cubbon, a 1970 graduate of the University of Illinois at Chicago College of Dentistry, is no stranger to the ranks of organized dentistry. He started with the Beta Alpha chapter of Psi Omega Dental Fraternity, where he held all offices from House Manager to President, and was awarded the Fraternal Achievement Award. He served on a variety of branch committees and in all executive offices of the South Suburban Branch, culminating with his presidency in 1985.

Since presenting a table clinic at the 1969 Midwinter Meeting, Dr. Cubbon has been a member of various Midwinter Meeting committees, including the Table Clinics, Lecture, Information and Exhibits committees, chairing Exhibits in 1999 and 2002.

His other committee work varied. Dr. Cubbon served on the ADA Council on Members Insurance and Retirement Programs and was its chair in 2003. He was also on the Local Arrangements Committee for the ADA 2000 Annual Session, and a member of the Illinois State Dental Society Board of Trustees from 1998 to 2001; he was a delegate to its House eight times. He served as a CDS director representing the South Suburban Branch from 1993 to 1996. He was a delegate to the ADA House in 2000, 2003-05, an alternate in 1999, 2001 and 2002, and on the Reference Committee on Budget in 2005.

Dr. Cubbon is also active in civic organizations. He and his wife, Patricia, reside in Crete. They have two children: Kimberly, who is married to Robert Sullivan and has the Cubbons' grandson, Patrick; and son, Gregory.





DAVID P. KUMAMOTO, DDS, MS
VICE PRESIDENT

Dr. Kumamoto received his doctor of dental surgery degree in 1976 from the University of Illinois at Chicago College of Dentistry (UIC). In 1978, he received a master's degree in medical psychology.

An educator and author, Dr. Kumamoto is known for his promotion of sports medicine and protective mouthguards. He has been the team dentist at UIC for 23 seasons. He is currently chairman of the UIC Campus Alumni Advisory Board, chair of the Odontographic Society Board of Governors, and President of the Sigma Chapter of the Omicron Kappa Upsilon Honor Society at the UIC College of Dentistry.

Dr. Kumamoto was a delegate to the ADA House in 1995, 2004-5, and served as an alternate in 1996, 1997 and 2001. He is on the faculty at the UIC College of Dentistry and a resident of Niles.

MICHAEL J. STABLEIN, DDS, PHD
TREASURER

A practicing periodontist, Dr. Stablein graduated from the University of Illinois at Chicago College of Dentistry (UIC) in 1978 and completed his specialty certificate in 1983. In addition, Dr. Stablein received his doctorate in pathology from UIC.

Dr. Stablein has held all executive offices of the West Side Branch and has represented that branch as a director. He has served on a variety of CDS committees, and most recently was general chair of the 2004 Midwinter Meeting. Dr. Stablein chaired the CDS Access to Care Committee twice and chaired the Information Committee. He was chair of the Illinois State Dental Society Access to Care Committee from 1995 to 1999 and was co-chair of the Program Coordinating Committee of American Dental Association Meeting when it met in Chicago in 2000.

Dr. Stablein has published 13 journal articles and co-authored a chapter in *The Histology of the Oral Mucosa*. He was an instructor in periodontics and oral pathology at the UIC Medical Center from 1978 to 1987.

Dr. Stablein and his wife, M. Caroline Scholtz, DDS, reside in Lincolnshire with their four children, Michael, Gabriela, Andrew and Amelia.



A meeting that will make you smile

A PREVIEW OF THE 141ST MIDWINTER MEETING

THE CDS MIDWINTER MEETING IS . . .

- One of the largest dental exhibitions in the United States
- Inclusive, offering courses for every member of the dental team
- An assemblage of more free programs than any other dental meeting of its size and scope
- A gathering the most authoritative educators for four days of intensive learning

NEW FOR 2006

Table Clinics will be located in the Lakeside Ballroom. Additionally, the Continuing Education Certification for Table Clinics has been modified. For each three presentations you observe, you can earn one hour of continuing education credit.

Table Clinics are 15 to 20 minute presentations about dental materials, procedures or techniques. These short presentations are designed to give you the bullet points of new information in settings more conducive to discussion of the information provided. You do not need to register to view Table Clinics, but you can visit them Friday, Feb. 24, or Saturday, Feb. 25, 10:30 a.m.-1 p.m. and 2-4:30 p.m.

DATES TO REMEMBER

- Pre-registration ends Jan. 31.
- Educational program dates: Thursday-Sunday, Feb 23-26
- Commercial exhibition dates: Friday-Sunday, Feb. 24-26

PROGRAMS FOR LABORATORY TECHNICIANS

CDS again welcomes The National Association of Dental Laboratories to the Midwinter Meeting. Check your program for courses specifically designed with the laboratory technician in mind—and don't forget to visit the Exhibit Hall to see the latest in dental technology, equipment and materials.

MWM: BY THE NUMBERS

- 141st meeting
- 129 speakers
- 93 free courses
- 78 fee/pay courses
- 26 participation courses
- 12 Windy City programs
- 3 panel discussions
- 14 co-sponsored courses*
- 4 days of CE opportunities
- 3 days to meet with exhibitors
- 4 social programs
- 574 exhibiting companies

*Co-sponsored courses are co-sponsored by other dental professional organizations. Those organizations include the Illinois Society of Orthodontists, Illinois Society of Periodontists, Chicago chapter of the American Academy of Cosmetic Dentists, Dental division of the Illinois Department of Public Health, National Organization of Women Dentists, Edgar D. Coolidge Endodontic Study Club, American College of Prosthodontists, National Association of Dental Laboratories and American Dental Association.



SPECIAL EVENTS YOU DON'T WANT TO MISS

OPENING SESSION WITH BOB NEWHART

Thursday, Feb. 23

McCormick Place Vista Ballroom and Foyer

Reception: 4:30-5:30 p.m.

Program: 5:30-7 p.m.: Features award presentations and entertainment

Event number: SE1

Although there is no charge for the Opening Session, we ask that you request a complimentary ticket (one ticket per registrant). A ticket must be presented for entry. Shuttle busses to hotels will be available until 7:30 p.m.

COLOR MY WORLD: FASHION SHOW AND LUNCHEON

Friday, Feb. 24

Fairmont Hotel International Ballroom

200 N. Columbus Dr., Chicago

11:30 a.m.-2:30 p.m.

\$50 per ticket; tables of 10 available

Event number: SE2

ZZAZZ Productions will present fashions that will color your world beautiful from a variety of Chicago's outstanding stores, following lunch at the elegant International Ballroom of the Fairmont Hotel. You will be entertained by the creative presentation of selections from an eclectic selection of designers.

THE BUCKINGHAMS AND THE IDES OF MARCH

Friday, Feb. 24

Chicago Hilton & Towers Grand Ballroom

720 S. Michigan Ave., Chicago

DJ: 7:30-8:30 p.m.

Entertainment: 8:30-10 p.m.

\$25 per person, inclusive of food buffet. Ticket required for entry.

Event number: SE3

Includes food buffet, beer, wine or non-alcoholic beverage; seating available on first-come, first-seated basis.

THE PRESIDENT'S DINNER DANCE

Honoring Dr. and Mrs. Thomas J. Machnowski

Saturday, Feb. 25

Fairmont Hotel Imperial Ballroom

200 N. Columbus Dr., Chicago

Reception: 6:30- 7:30 p.m.

Dinner Seating: 7:30 p.m.

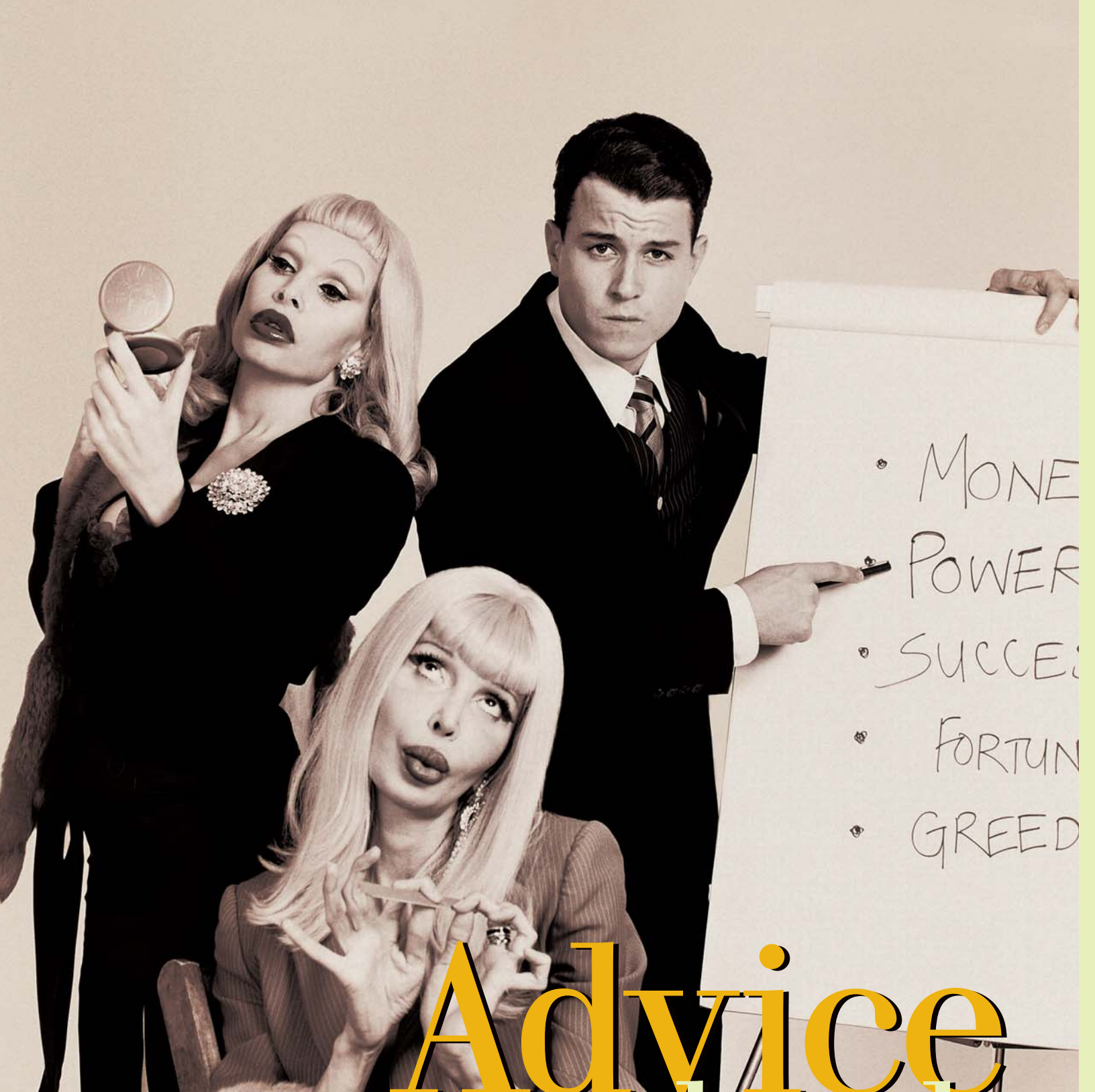
Featuring The Don Cagen Orchestra

Tickets: \$75 per person. Black tie optional.

Event number: SE4

Tickets for all MWM events may be purchased on-site Thursday morning at McCormick Place at the Special Events ticket counter in the Registration Area in Hall E1. ■





- MONEY
- POWER
- SUCCESS
- FORTUNE
- GREED

Advice you can take to the bank

Joanna Brown

W

hen Derek Grzanich graduated from the University of Illinois at Chicago College of Dentistry in May, he went straight to work in a familiar office. He had negotiated a contract during his third year of dental school: upon graduation he would work at least two years as an associate in the Central Illinois group practice where he had been treated as a child.

In exchange, the partners offered Dr. Grzanich financial assistance during his final year of school and help meeting graduation requirements, including collecting the supplies he needed for the Boards. The contract included a recruitment agreement and a clause obligating Dr. Grzanich to reimburse the tuition assistance money if he did not complete his course work satisfactorily.

While it would have been easy to jump into this kind of deal with the veteran clinicians who cared for Dr. Grzanich as a child, he paused to consult both an attorney and an accountant. They assured Dr. Grzanich that he had a fair deal before he signed on the dotted line.

"It's always a little nerve-wracking when you leave school to join the real world," Dr. Grzanich said. "But because I've known these dentists since I was a kid, there is a basic level of trust between us."

Dr. Grzanich's trepidation about entering the real world is neither unusual nor absurd. What is remarkable is the foresight he exercised in seeking help from professional advisors. In fact, seasoned professionals in both dentistry and the professional services dentists use most say a trusted network of advisors can save young dentists from many headaches.

"You should align yourself with people who have a good understanding of the dental business who can help you out along with the way, as far as what you need right away and what can wait until later," said Dan Pesavento, a certified public accountant who works with healthcare professionals on matters of accounting and financial planning. He is also a member of the Academy of Dental CPAs.

Mr. Pesavento suggested that such a network of advisors include an accountant, an attorney, an insurance agent, a banker to make funds available and a veteran dentist to act as a mentor. He recommended finding advisors who are familiar with the dental profession.

"Start with an accountant," he said, "to get your personal finances in order before you attempt any major purchases." Get referrals from trusted friends, but do

your own interviews to find someone you are comfortable working with.

The first thing an accountant will do is send new graduates back to the dental school bursar for a list of all the books and equipment they purchased at school. These items—as well as some outside purchases, such as digital cameras for before and after shots of your patients and loops—are all necessary to go into business, and they will depreciate over time. For tax purposes, you need a record of the personal expenses you turn into business assets.

"You should be saving, saving, saving. Make it a pattern for your life," Mr. Pesavento said of your time as an associate. "I believe you should be saving for your retirement as soon as you start making money. Build your personal IRA, and buy what you need, but only what you need. Start with a small house and plan to move a few times in your lifetime."

Mr. Pesavento recommended personal accounting software such as Quicken for tracking income and expenses. Using Quicken to manage personal finances will allow for an easy transition to QuickBooks to manage business finances when you start your own practice. Quicken comes standard with many computers, Mr. Pesavento said, so look on your hard drive before you purchase it.

"Get a good grasp of where your money is going now, because eventually it will make it easier to establish a professional budget," Mr. Pesavento said. "You might as well

YOU SHOULD BE SAVING, SAVING, SAVING.
MAKE IT A PATTERN FOR YOUR LIFE.
I BELIEVE YOU SHOULD BE SAVING
FOR YOUR RETIREMENT AS SOON AS
YOU START MAKING MONEY.

get an idea of how it all works while it's really manageable.

The other thing Quicken will do, beyond the checkbook, is count your assets and liabilities toward your net worth," Pesavento said.

These methods of personal and business accounting hardly imply that the two arenas are mutually exclusive. The amount of responsibility you demonstrate with your personal finances will affect the freedom you have to start a business down the road.

"Be conservative with your money because if you're not, you could have real problems buying a practice in the two to five year range," Mr. Pesavento said. "As one

member of the Academy of Dental CPAs said, ‘if it flies, floats or goes fast, don’t buy it.’”

Dr. Grzanich knows how true this is. With educational loans hanging over his head, he says he exercises great self control in paying them down every month.

Mr. Pesavento praised this practice, and encouraged all young dentists to be disciplined in building good credit ratings. He recommended requesting a copy of your credit report long before you act to make any large purchases.

“Your credit rating really sets the tone for everything that you do,” Mr. Pesavento said.

Credit rating measure long-term behaviors, so there are no quick fixes for poor credit. If your rating is lower than you’d like it to be now, change your habits quickly to improve your buying power over the long term.

“That (loan) payment I see as being about equal to a car payment, without having a new car to enjoy,” Dr. Grzanich said. “But my employment contract guarantees me minimum earnings, so it gave me something to build a budget around.”

Negotiating compensation can be tricky, as there is no law to guarantee young associates anything. Steven Jesser, a Northfield-based attorney representing healthcare professionals in three states and the District of Columbia, says typical arrangements outline hours to be worked, provisions for professional liability insurance and restrictive covenants regarding post-employment work elsewhere, and stipulate whether an associate will be paid a salary or a percentage of his collections or production. The latter is more common.

Some new dentists work as contractors, an arrangement which excludes benefits and withholdings.

“Either relationship should be set forth in writing in the form of an employment or independent contractor agreement, although many such relationships are not ‘reduced to writing’ by the parties, leading to misunderstandings, disagreements and separations,” Mr. Jesser said. “Both parties should be represented by legal counsel, to help ensure fairness and thoroughness in defining the relationship.”

Compensations and work schedules can be complicated. New dentists should be comfortable asking the employer to simplify the arrangement or explain the proposal more thoroughly.

“Careful and thorough specification of compensation, and how compensation is calculated, is crucial, because disputes concerning compensation are common,” Mr. Jesser said.

And even though it’s called a contract, new grads should not expect any kind of guaranteed length of employment. Most employment agreements are “at will,” allowing either party an out with little or no notice, despite the “contract” moniker.

More important than either of these professional services, however, is finding a veteran dentist to act as a mentor. Dr. Grzanich found this at work, where the partners in the group practice he joined offer him constant support.

“It’s awesome to get into a practice where I am not alone, where I can work with someone when I have a question on X-rays or something else I see in a patient. There have been a few situations where I have been so thankful someone else was there to help me out,” Dr. Grzanich said. “I learn something from them every day.”

For others, however, this kind of mentorship comes from membership in organized dentistry. Professional organizations like the Chicago Dental Society facilitate camaraderie among members and offer financial benefits to membership, such as free access to continuing education and discounts on professional services.

But through their affiliation with such an organization, young dentists connect with their colleagues and improve their business skills.

“You learn how to better interact with people in general at our meetings, and as a dentist the better you are at interacting with people—explaining to your patients what’s going on and what you’re doing—the more confidence your patients have in you. Your patients can’t see what you’re doing or else they don’t completely understand what you’re doing, and the only way they have to evaluate you is based on your interactions with them,” said Greg Matke, DDS, chair of the CDS Membership Committee.

“Just being at branch meetings and other gatherings, talking to people, being introduced to and meeting new people, makes us better dentists and improves our practices through improving our interpersonal skills.”

Above all else, Mr. Jesser advised, new dentists should follow their instincts.

“New dentists are highly educated, skilled, motivated, ethical, and committed to patients,” he said. “Seek advice from more established dentists, but continue to be yourselves, because those traits have brought you to where you are now. Do not be discouraged by the lack of employment or contract positions, or new practice opportunities, in certain geographic locations. Be flexible, and look elsewhere.

“The state of dentition and the highly expanded public consciousness of good dental care and appearance make the present time the most exciting climate ever in which to practice dentistry, and to become successful.” ■

Ms. Brown is a CDS staff writer.



Read Mary Byers' online column, The Front Desk, in the Members Only section of the CDS Web site—www.cds.org.

Establishing an incentive program

If you're looking to make 2006 a great year for your practice, you might consider establishing an incentive program for your staff. When establishing a program, consider the following:

The goal of the program. In order for an incentive program to be as effective as possible, you must clearly understand your purpose in establishing it. Is it to encourage staff members to reach short-term goals, or will it become a permanent part of the compensation system in your practice? Is it to encourage staff members to learn new skills and accept additional responsibility, or to help them work better together as a team? Is it a way to show staff how grateful you are for their contribution to the success of your practice? Knowing the reason you're establishing an incentive program is the first step to creating a successful one.

How you will compensate. Will the plan utilize a mathematical formula designed to divide up a bonus pool, or will it be less formal, consisting of small gifts, paid days off, complimentary cosmetic dental services, or other rewards?

Who will be compensated. Will everyone in the office be included in the plan? Or will it be designed only for selected staff members (if you're considering the latter, be careful about how you approach this so that it doesn't result in resentment among staff members who are not included)? Will full-time employees be compensated the same as part-time staff members, or will bonuses consider the number of hours worked?

Length of program. Will your program be short-lived, such as sharing a percentage of the profit for the first 60 days that a new income center is established (such as whitening)? Or will the program be permanent, such as end-of-year bonuses based on production? It's also necessary to determine the frequency of the program, such as quarterly incentive checks versus gift cards given to staff periodically throughout the year.

In their excellent book, *555 Ways to Reward Your Dental Team*, Drs. Joe Blaes and Nate Booth offer these guidelines for consideration:

● **Match the reward to the action or achievement.** Use smaller rewards for small actions or achievements. Use larger rewards for larger achievements.

Use fixed and variable rewards. If you use the same fixed rewards over and over, it becomes boring (at best) and expected (at worst). Consider fixed rewards in your dental office, such as a \$200 bonus every quarter, a turkey every Thanksgiving, or Christmas Eve Day off every December. After awhile, these rewards can lose their effectiveness.

Change your reward program frequently. Variety is the spice of life. Changing your incentive program will make it more interesting to your staff in the long run.

In addition to the above, you should:

Involve staff. Let staff help identify what activities should be rewarded and how they should be recognized. This ensures interest and buy-in to whatever program you create. You can also involve staff by taking turns distributing rewards.

Create accountability. Will you be the one overseeing the incentive plan, or will you ask a staff member to take charge? Incentive programs require someone to be in charge of noticing when rewards are necessary (as with an informal program that rewards staff who go over and above the call of duty) or to figure and disseminate monetary rewards. It's fine to assign accountability to yourself, but make sure you're consistent in keeping up with the program.

Whether you wish to express your gratitude to staff members individually or encourage them to reach new heights as a team this year, consider establishing an incentive program. Doing so will rejuvenate your staff, create renewed interest in the practice's success and give you the opportunity to reward those who helped you become the success you are today. ■

Mary M. Byers, CAE, is a professional speaker and freelance writer who previously served as director of communications and member services for the Illinois State Dental Society.

Suggestions for topics to be covered, or any comments on this column, can be sent to review@cds.org. Ms. Byers may also be reached directly at mbyers@marybyers.com or www.marybyers.com.



CE is good business

In today's economy, we must use and incorporate new, sound business practices to succeed. Continuing education is a powerful and necessary tool to achieve this end. Enhanced profitability, better patient care, improved communication, scientific advances and increased marketability are just a few of the benefits we can attain through CE.

Traditionally, much of dental school tutelage focused on clinical techniques and expertise. In a volatile and changing marketplace, this is not enough. In addition to practicing our craft to the most professional level, we must excel on other fronts. We must also be a business person, psychologist, communicator and healer. CE can equip us with the needed tools to achieve these ends and more.

Like in other businesses, profitability doesn't occur by accident. Dentistry requires sound business acumen. Large corporations make large profits on small margins. CE courses can teach us essential business principles to increase profits.

Courses on newer techniques and materials enable the practitioner to offer his patients cutting-edge technology. I am always amazed by the huge variability in services and procedures from practice to practice. The most successful ones incorporate the latest proven advances.

At a recent meeting sponsored by the American and Latin Colleges of Oral and Maxillofacial Surgeons, I was greatly impressed by the current state-of-the-art in-office 3-D facial scanning. As a result, our practice has incorporated this cutting-edge technology. We have greatly improved diagnoses and treatment. Implant planning has risen to a new level. Anatomy we used to only guess at is now visible in the office. Sinus problems, facial pain, trauma, lesions and inferior alveolar nerve localizations are seen much more clearly. Accuracy is attainable to the nearest 0.01 mm.

Practice management seminars help us to increase the bottom line. Communication skills, staff maximization and phone techniques are just three of the many benefits gained from practice management courses and consultants. Better communication results in better care, which results in happier patients and increased profit. Communication is our biggest ally in averting problems and litigation. Disgruntled patients are those with whom we have not communicated, nor have we heard their concerns. They leave our practices and we never bother to ask why.

Our office instituted new phone answering techniques as a result of a practice management course. We are currently enrolled in an extensive, hands-on phone certification process. The phone is our lifeblood, the hub of our business. Patients must be communicated with in an honest, open, caring, accommodating and entrepreneurial way. Consistent office policies must be adhered to. We have to serve, but we also need to increase our business in order to survive. Practice management programs have been a great investment in our practice.

Increased marketability results from sound business principles, better care and communications-focused initiatives, as well as interacting with your peers. CE courses enable fellow practitioners—locally, nationally and internationally—to interact on similar business issues and dilemmas. Sales representatives who are often present can be quite helpful. I've picked up many pearls from others attending CE seminars.

Keeping up with scientific advances is another benefit of CE. At a recent course, I learned much about tissue engineering or regenerative medicine. Huge advances are being made with adult stem cells, which are derived from bone marrow instead of embryonically. Wounds have been closed, new tissues generated and surgical defects filled successfully in animal models. Adult stem cells can differentiate into bone, cartilage, muscle, fat and nerve tissue. This most likely will lead to new cures and treatments that were never deemed possible.

CE is necessary for license renewal. The Illinois Department of Financial and Professional Regulation requires 32 hours every two years. If a dentist has an anesthesia permit, an additional four hours are needed. A dental hygienist requires 24 hours of continuing education as well as a CPR certification.

With the help of continuing education, we become better business people. We are more directed and discriminatory in how we practice. This in turn leads to increased personal satisfaction. Satisfaction at work makes it fun and profitable. CE is good business. ■

Dr. Greene is a board-certified oral and maxillofacial surgeon. He is a partner and co-founder of The Lincoln Park Institute for Oral and Cosmetic Surgery at 2449 N. Lincoln Ave., Chicago. Dr. Greene may be reached at (773)327-2400 and www.oralandcosmeticsurgery.com

ABSTRACTS

A SUMMARY OF CLINICAL ARTICLES FROM OTHER JOURNALS

Recognize the oral manifestations of chronic meth use

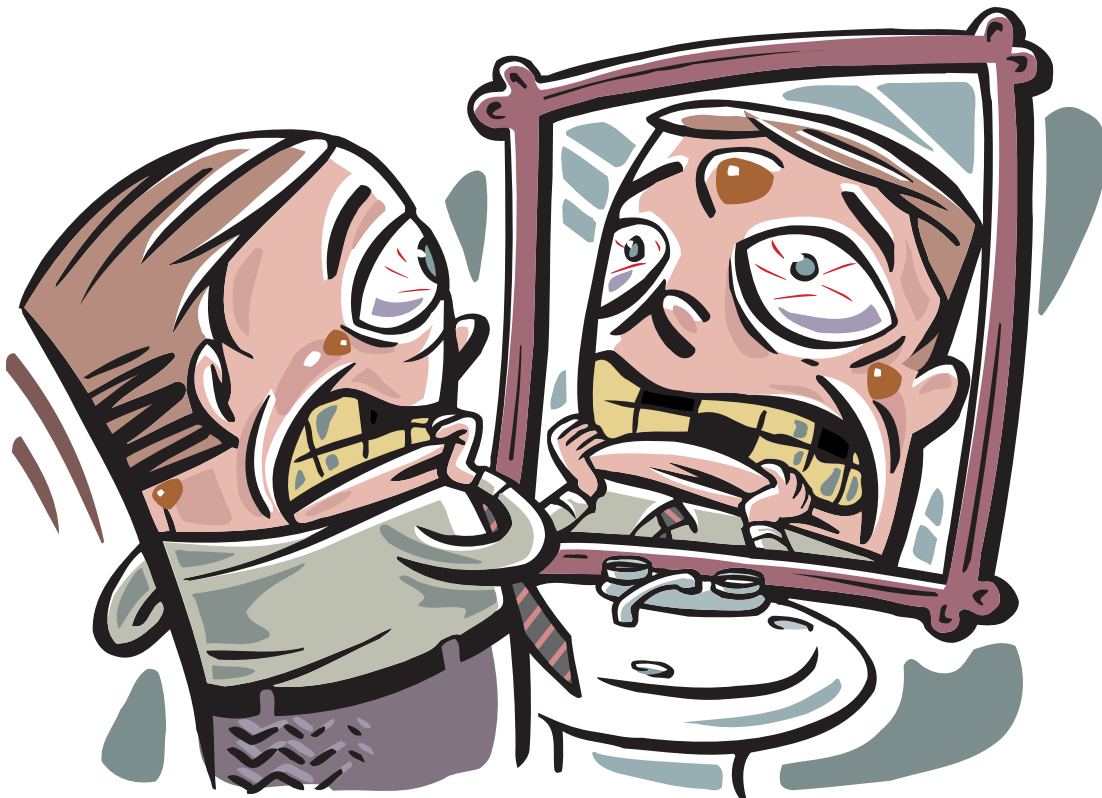
Although the federal government still ranks marijuana as the number-one illegal drug, estimating 15 million users compared with 600,000 users of methamphetamine, dentists can attest to the huge impact “meth” is having on people addicted to it. Besides the financial, domestic and social costs associated with meth (or “crystal meth” in its smokable form), use of the drug takes a great toll on one’s teeth.

Drs. Nelson Rhodus and James Little are the authors of an exhaustive feature article on methamphetamine use published in the September/October issue of *Northwest Dentistry*, the journal of the Minnesota Dental Association.

Amphetamines were widely used in the 1960s, but use fell during the 1980s and 1990s, Drs. Rhodus and Little write. Now, however, methamphetamine and methylenedioxymethamphetamine (MDMA, Ecstasy) are making a comeback, particularly among adolescents and young adults in California and the Midwest, where it is synthesized in home “laboratories.”

More and more states are making it harder to purchase over-the-counter cold medicines that contain pseudoephedrine, an ingredient in meth.

According to Drs. Rhodus and Little, the defining oral characteristic of meth users is chronic caries and decay. Chronic meth use causes xerostomia, the greatest cause of tooth decay in addicted users. “Neglect of personal oral hygiene, high intake



of refined carbohydrates and sucrose, and increased acidity from GI regurgitation, bulimia, or vomiting also contribute to the exaggerated caries/erosion problems in the meth patient,” they write.

It is perfectly within a health-care professional’s purview to

counsel meth patients to seek help in quitting the drug, Drs. Rhodus and Little write. To address the immediate problem of xerostomia, they recommend pharmacological-based stimulation of the salivary glands (artificial saliva products tend to be inadequate). In addition, metic-

ulous oral hygiene with minimally abrasive fluoridated dentifrices is paramount, they add. In the xerostomic environment, abrasion of the tooth surface should be minimized as much as possible. Frequent professional hygiene visits are also important.

PEDIATRIC DENTISTS URGED TO HELP FIGHT CHILDHOOD OBESITY

In the July/August issue of *Pediatric Dentistry*, Drs. William Vann, Thomas Bouwens, Antonio Braithwaite and Jessica Lee suggest that pediatric dentists have an important role in fighting the recent increase in childhood

obesity. This role should stem from dentists’ concern for their patients’ overall health.

The authors urge pediatric dentists to heighten staff awareness by relying on the recently adopted American Academy of Pediatric Dentistry Policy on Dietary Recommendations for Infants, Children and Adolescents.

“This AAPD policy is most timely and relevant for young children,” they write, citing new evidence that “the first three years of life may lay the groundwork for obesity. In short, the nutritional risk assessment that is integral to the age-one dental visit may offer health benefits far beyond those related to caries prevention.”

TREATING A PATIENT WITH AN ASPIRATED TOOTH

Aspiration of deciduous teeth is surprisingly uncommon, write Jeffrey Ludemann, MD, and Juan Ospina, MD, in the September issue of the *Journal of the Canadian Dental Association*, especially considering how often young children aspirate other small objects. Most aspiration of teeth and other dental material occurs as a result of blunt trauma to the face, they report. Sometimes, an extracted tooth can be aspirated, especially when the patient is a fidgeting child.

They noted three clinical phases in bronchial foreign-body aspiration. The initial acute phase is characterized by a coughing paroxysm that lasts at least a few minutes.

Next is the quiescent phase during which the patient is relatively asymptomatic. This is when a foreign body creates a kind of bronchial check-valve, allowing air to enter the lungs, but impeding egress of air during expiration.

Finally, about a week later, once bronchial mucosa becomes tightly swollen around the foreign body, a stop-valve is created. This is the complications phase.

Since 1974, the authors report, there have been three cases in which diagnosis of an aspirated tooth in adult patients was delayed until the complications phase. One of these patients died as a result of respiratory arrest and sepsis.

A rigid bronchoscope and forceps are generally the best tools for removing an aspirated tooth. However, if the patient aspirated a tooth as a result of facial trauma, it may be removed using a flexible bronchoscope or, if necessary, tracheotomy.



Greater prevalence of caries found in children with ADHD

Children diagnosed with attention-deficit/hyperactivity disorder (ADHD) have a significantly higher prevalence of caries compared to non-diagnosed children used as controls, report researchers in the Fall issue of the *Journal of Clinical Pediatric Dentistry*.

In conducting their study, Drs. Michael Todd Grooms, Martha Ann Keels, Michael Roberts and F. Thomas McIver examined pediatric patients at Duke University Medical Center Pediatrics and Pediatric Dentistry clinics. Subjects were divided into ADHD and non-ADHD groups, with participants distributed by socioeconomic status as well.

The parents/guardians of all children completed a questionnaire concerning their child's oral health including diet and oral hygiene practices.

The study was not able to identify the exact contributing factors that led to an increase in caries in ADHD children. In fact, there were no detected differences between ADHD and non-ADHD children in key preventive practices such as brushing teeth with fluoridated toothpaste, systemic fluoride exposure and flossing. There was also no noticeable difference in diet.

The authors stress that dentists, knowing that ADHD children are prone to more caries incidences, might wish to undertake more aggressive preventive programs for those patients.

"When a dental patient has a coughing paroxysm and not all teeth and foreign objects can be accounted for, chest radiography is mandatory," the authors write. "Urgent medical evaluation and treatment may be necessary."

BLAST INJURIES

With the increasing incidence of terrorist bombings in Europe and the Middle East, a group of medical doctors published a review article in the March 31 issue of the *New England Journal of Medicine* discussing the characteristics of contemporary explosive devices and the spectrum of injuries inflicted by

blasts and explosions.

The authors, led by Dr. Ralph DePalma, name four types of blast injuries: primary, secondary, tertiary and quaternary.

Primary blast injuries are caused by barotraumas, either over-pressurization or under-pressurization relative to atmospheric pressure. Primary blast injuries most commonly involve rupture of the tympanic membrane, damage to the respiratory system and damage to the colon or, less frequently, the small intestine. Eyes, too, are susceptible to damage from excessive atmospheric pressure. Because the eardrum can be affected by atmospheric pressure, the authors note that its condition can help health care professionals determine the extent of the blast and the likelihood of further internal damage.

Secondary blast injuries are penetrating injuries from fragments (either as part of the weapon or as a result of the blast). Penetrating injuries are the leading cause of death in both military and civilian terrorist attacks.

Tertiary blast injuries are those caused by structural collapse following an explosion, leading to crushing or blunt trauma.

Finally, quaternary blast injuries refer to injuries, illnesses and diseases related to the initial blast. These include burns, toxic inhalation, exposure to radiation, asphyxiation and inhalation of dust containing coal or asbestos.

The dentist's role in aiding people injured in a terrorist attack is most likely to be triage or sorting of victims. ■

YOUR HEALTH

A SUMMARY OF NEW HEALTH-RELATED INFORMATION

Heart-felt advice

RECOGNIZING STROKE

Each year, more than 700,000 strokes occur in the United States, nearly three-quarters of them in people over age 65. Because the risk of stroke more than doubles each decade after age 55, it is especially important for older Americans to know the warning signs and act quickly.

"Stroke is an unmistakable event. Few other medical conditions come on so suddenly or are so noticeable to a bystander," says John R. Marler, MD, associate director for clinical trials at the National Institute of Neurological Disorders and Stroke (NINDS), which developed the content for the stroke topic on the NIH Senior Health Web site, www.nihseniorhealth.gov. Because stroke injures the brain, the person having a stroke may not realize what is happening. But to a bystander, the signs of stroke are distinct and sudden:

- Numbness or weakness of the face, arm or leg (especially on one side of the body)
- Confusion—trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking, dizziness or loss of balance or coordination
- Severe headache with no known cause

In treating a stroke, every minute counts. New treatments are available to greatly reduce the damage caused by a stroke, but they must be deliv-



ered soon after symptoms begin. Knowing the symptoms, calling 911 immediately, and getting the patient to a hospital are critical to preventing long-term disability.

When you have an ischemic stroke, the oxygen-rich blood supply to part of your brain is reduced. With a hemorrhagic stroke, there is bleeding in the brain.

After about four minutes without blood and oxygen, brain cells are damaged and may die.

The body tries to restore blood and oxygen to the cells by enlarging other blood vessels (arteries) near the area. If the blockage is in a large

blood vessel, such as the carotid artery, the body may not be able to supply blood to the affected area through other blood vessels.

If blood supply is not restored, permanent brain damage frequently occurs.

SOURCE: National Institute on Aging

WHAT IS A TRANSIENT ISCHEMIC ATTACK?

A transient ischemic attack (TIA) is a warning sign of a stroke. It happens when blood flow to part of the brain is temporarily blocked or reduced, often by a blood clot. This causes the same symptoms as

a stroke, but after a few moments, blood flow is restored and the symptoms go away. With a stroke, however, the blood flow is not restored, and damage to the brain is permanent.

Even though the effects of a TIA are temporary and your symptoms may have gone away, you still need to see a doctor right away to help prevent a future stroke.

Many people do not even know that they have had a TIA until they tell their doctor later about their symptoms.

SOURCE: 1995-2005, Healthwise Inc., Boise, ID

Heart Quiz

HOW MUCH DO YOU KNOW ABOUT A HEART ATTACK?

1. Most heart attacks occur suddenly, without any warning. True False
2. The medical term for heart attack—myocardial infarction—means “death of heart muscle.” True False
3. Blood clots cause most heart attacks. True False
4. Alternative medicine is more effective than traditional methods in treating heart attacks. True False
5. Heart attack sufferers require a lengthy period of convalescence. True False

ANSWERS

1. **FALSE.** About two-thirds of victims are warned well in advance by episodes of chest pain, shortness of breath or fatigue. But the heart attack itself may seem sudden. Symptoms include a prolonged crushing pressure, fullness, squeezing, or pain in the center of the chest that lasts more than a few minutes or goes away and comes back. Often the pain radiates to the neck or arms. Heart attack also is associated with sweating or chills, shortness of breath, nausea and cold, clammy skin.
2. **TRUE.** When one of the arteries that supplies blood to the heart (the coronary arteries) becomes blocked, the flow of fresh, oxygenated blood to the heart stops. If it lasts too long, the starved heart tissue dies. This defines a heart attack.
3. **TRUE.** Research has confirmed that the sudden formation of a blood clot in an already narrowed vessel triggers nearly all heart attacks.
4. **FALSE.** A heart attack must be quickly addressed with standard drug and surgical therapy. Alternative medicine, however, may be valuable in prevention and recovery.
5. **FALSE.** People recovering from heart attacks are encouraged to get on their feet as soon as possible and begin a gentle exercise program. ■

SOURCE: “Know the Facts, Get the Stats: Our Quick Guide to Heart Disease, Strokes and Risks,” the American Heart Association, 2003. *The Merck Manual*, 17th Edition.

Helpful resources

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

P.O. Box 5801, Bethesda, MD 20824
Phone: (800)352-9424; TDD: (301)468-5981;
www.ninds.nih.gov

The National Institute of Neurological Disorders and Stroke (NINDS), a part of the National Institutes of Health, is the leading federal government agency supporting research on brain and nervous system disorders. It also provides the public with educational materials and information about these disorders.

AMERICAN HEART ASSOCIATION

7272 Greenville Ave., Dallas, TX 75231
Phone: (800)242-8721; www.americanheart.org

Call the American Heart Association (AHA) to find your nearest local or state AHA group. The AHA can provide brochures and information on support groups and community programs, including Mended Hearts, a nationwide organization whose members visit heart patients and provide information and support.

NATIONAL HEART, LUNG AND BLOOD INSTITUTE

P.O. Box 30105, Bethesda, MD 20824-0105
Phone: (301)592-8573; Fax: (240)629-3246;
E-mail: nhlbiinfo@nhlbi.nih.gov; www.nhlbi.nih.gov

The National Heart, Lung, and Blood Institute (NHLBI) information center is available Monday through Friday, 9 a.m. to 5 p.m. (EST), to accept orders for publications and inquiries on the prevention and treatment of heart, lung, and blood diseases.

NATIONAL STROKE ASSOCIATION

9707 E. Easter Lane, Englewood, CO 80112-3747
Phone: (800)787-6537; Fax: (303)649-1328; www.stroke.org

This association provides education, information, referrals and research on strokes.

Chicago dentists respond to a crisis

Joanna Brown

Among the thousands of Americans who donated time and money to hurricane relief efforts in the Gulf Coast last fall were three Chicago Dental Society members. Trained in forensic dentistry and organized by the federal government, these three dentists worked in sparse conditions to decontaminate and identify storm victims.

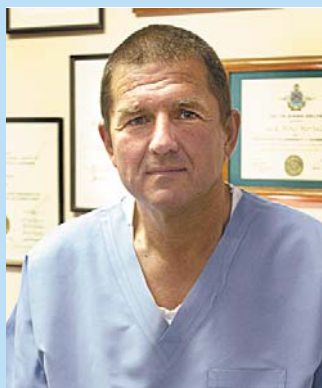
While it was their interest in science that lured the doctors to the field, they agree it was the forged community of volunteers and local residents that kept their energy levels high.

"It is a very serious job, but the atmosphere is electric. People are grateful for the help, and the camaraderie on the teams is phenomenal. We pulled each others' spirits up," said Jack Horbal, DDS, who completed two two-week missions to the Gulf Coast with the Disaster Mortuary Operational Response Team (DMORT), an agency of the Federal Emergency Management Association and the Department of Homeland Security.

"I have never seen more respect and professionalism; a minister blessed our morgue before we started. The handling of remains is done with the utmost dignity."

Emergency response teams were first established following the Pittsburgh crash of Flight 427 in 1994, when family members expressed frustration in finding victims of the crash. Since that time, response teams have slowly expanded to include forensic specialists and dentists, as well as pathologists, anthropologists, finger print specialists and mental health professionals.

"It's run a little like the Armed Forces," explained Chicago dentist Marianne Schaefer, DDS. "I am part of a team of professionals from the Great Lakes states that goes in to assist local offices at their request, and I am trained in dental forensic matters, but you do whatever they need you to do most. It might be to move supplies or identify bodies or work a command post. You just go."



(L-R) Howard Cooper with his son, Ian; Jack Horbal; and Marianne Schaefer.

At times, that meant that Dr. Schaefer was breaking into flooded offices to retrieve dental records from the toxic muck. In the end, few of the records they retrieved were salvageable.

"When you're encamped you're expected to be available to work 12 hours a day. When you're not working in the morgue, there is a ton of paperwork to do."

As Hurricane Katrina approached New Orleans late in August, Dr. Horbal received a call from north suburban dentist Howard Cooper, DDS, asking Dr. Horbal if he could travel in the coming weeks. Dr. Horbal cleared his schedule and left for Memphis within days.

"I am so grateful to the office staff and the colleagues who cover for us while we are away and make our absence possible," Dr. Horbal said.

Upon arriving in Gulfport, MS, Dr. Horbal's team erected the morgue in which they would work; the facility had arrived on two flatbed trucks. After the morgue was up, volunteers worked 12-hour shifts to identify the dead.

"A lot of times the hardest part of the whole thing is getting the antemortum records for comparison," said Dr. Horbal, of Glenview. "Families come to report someone missing and they fill out a lengthy report giving detailed physical descriptions, and also naming the victim's dentist and physician. But there may not be any records on a lot of the bodies. It simply takes a lot of time."

Dr. Schaefer watched some families bring photos to identify their loved ones' remains.

"They had no idea of the conditions the bodies were found in," she said. "The photos were impossible to use."

Dr. Cooper, meanwhile, was working with DMORT's

Weapons of Mass Destruction (WMD) team. This team of 74 professionals from across the country is called to sites of chemical, biological and radiological warfare for decontamination. In this case, the WMD team was called to Louisiana to deal with the unknown contaminants lurking in floodwaters dotted with debris and human remains.

Dr. Cooper explained the dentists' role on the WMD team:

"If a body can't be decontaminated, it can't go to a morgue and it can't be identified. But, we can identify it in the field, if you will, wearing special suits and protective gear.

"It's really rewarding to identify someone so that at least their body can be returned to their loved ones," Dr. Cooper said. "It brings great closure to their families."

Their mission in Louisiana was to decontaminate the human remains being stored in refrigerated trucks before sending them to the morgue for identification and returning them to their families for burial or cremation. But the weather conditions made slow work of the process.

"If it's 100 degrees outside, it might be 120 in our (protective) suits," Dr. Cooper explained. "We can do things like wear ice vests and try to keep cool, but really you can't work more than 30 or 40 minutes, depending on the heat index, before you have to sit down, get some-

thing to drink and recuperate a little bit."

At night, decontamination teams went home to a one-room courthouse where 50 men slept on air mattresses and showered under a garden hose.

The team eventually made the courthouse showers work, and air conditioners brought the temperature in their work room down to 64 degrees during the day. Forestry Services later brought in mobile showers and sinks, and food service.

"The locals cooked for us, everything you can imagine with red beans and rice," Dr. Cooper said. "The people were just wonderful."

Dr. Schaefer agreed.

"One night a church had an open house where we could go and relax. Just to play board games and watch football was a treat."

Doctors interested in learning more about forensic dentistry service teams can contact any of three organizations Dr. Cooper recommended: the American Academy of Forensic Sciences odontology division, at www.aafs.org; the American Society of Forensic Odontologists, at www.asfo.org; or the Disaster Mortuary Operational Response Team at www.dmort.org. ■

Photo of Dr. Horbal by Joe Cyganowski. Reprinted with special permission from Pioneer Press. © 2005, Pioneer Press.

LOOKING BACK

THE PATH TO THE FUTURE BEGINS IN THE PAST

Hygienists changed the profession

Elizabeth Giangreggo

Levi S. Parmly, DDS (1790-1859), was the first to emphasize preventive oral health practices in 1819. Until the 1800s, people believed that caries were caused by internal inflammations. In his book, *A Practical Guide to the Management of Teeth*, Dr. Parmly identified plaque and poor oral hygiene as the cause of tooth decay.



By 1845, the public began to recognize the value of disease prevention, and by the turn of the 20th century, dentists in the United States understood the concept of preventive care—although they were far too busy to do much about it in their daily practices. What the country needed, thought Connecticut dentist Alfred C. Fones, DDS, was someone trained to clean teeth.

Dr. Fones trained his chairside assistant, Irene Newman, to clean teeth in 1907. Less than six years later, Dr. Fones opened the first dental hygiene school in the carriage house of his home. Many of the 34 women accepted into that first class were schoolteachers, nurses and dentists' wives—women that Dr. Fones believed were uniquely suited to act as dental auxiliaries. Within three years, hygienists in Connecticut, Massachusetts and New York were licensed. In 1917, Irene Newman was the first person in the world to receive a license to practice dental hygiene.

By the time Dr. Fones died in 1938, dental hygiene and its education had undergone significant changes. The Fones School of Dental Hygiene is currently located on the University of Bridgeport campus, not far from the carriage house in which it started. Dental hygiene has evolved from a skill taught first in dental offices to a licensed profession that requires formal education in

either a two-year or a four-year program. State boards of dentistry regulate dental hygienists. Like dentists, dental hygienists must complete a specific number of continuing education courses to renew their licenses.

Although Registered Dental Hygienists are educated to perform a number of duties within the dental office, they remain oral health educators. Most people return to the dental office twice yearly just to have their teeth cleaned.

The introduction of hygienists into the dental office transformed dental practice. Dentists were usually called on only when toothaches or gum problems became so severe that the patient sought relief from pain. Routine examinations and cleanings were rare in the early 20th century. However, dentistry worked diligently to raise public awareness about the importance of oral hygiene. Many state and local dental societies sponsored oral health programs in public schools.

Although many young dentists begin practice without a dental hygienist, they quickly learn the value of that auxiliary for growing their practices. The addition of dental hygienists in the dental office enables even solo dentists to maintain a two-chair practice.

Dental hygiene has provided a stepping stone to dentistry for many who were unable to initially afford dental school tuition. But it is also a rewarding profession, opening a variety of employment avenues. In addition to working in dental offices, dental hygienists become educators, managers and researchers. It remains one of the fastest growing occupations for women. ■

Ms. Giangreggo is the managing editor of the *CDS Review*.

DENTAL DATELINE

Facts about fluoride

Over the past few decades, cavities, which once were a fact of life, have been drastically reduced through the use of fluoride. Studies conducted over the years have shown that fluoridation can prevent 15-40% of decay, in fact.

Fluoride is a naturally occurring mineral found in all water sources, even the ocean. Fluoride is made up from the element fluorine, which is found the earth's crust. Fluorine is never found in its free state in nature, but always bound up with other compounds to form fluoride.

Researchers have found that fluoride makes tooth structure stronger, which helps prevent tooth decay. Fluoride also helps repair or re-mineralize areas in the mouth where very early decay has set in. Fluoride in this respect reverses early decay as well as makes teeth more resistant to decay.

There are two ways you can be exposed to fluoride: topical and systemic. Topical fluorides strengthen your existing teeth. Examples of topical fluoride include toothpaste, mouth rinses and fluoride varnishes applied by dentists.

Systemic means that the fluoride is ingested into the body and absorbed into forming tooth structures. Systemic fluorides include fluoridated water or dietary supplements that include fluoride. To prevent tooth decay, you need exposure to both types of fluoride.

Recently there's been controversy in the media about fluoride. You may have read about research conducted by a Harvard student, whose work supposedly suggests a link between fluoride and a rare type of bone cancer among adolescent males.

The study, conducted by a doctoral student at the Harvard School of Dental Medicine, has not been published in any scientific journal, nor undergone the rig-



ors of peer review. Peer review is the gold standard in the scientific and medical community, as it ensures that any study published has been thoroughly evaluated and that the research supports the findings of the study.

The American Dental Association cautions the dental profession, public health officials and the public against drawing conclusions based on one researcher's unpublished study. Indeed, the student notes in her thesis that there are several limitations to her study and recommends that the findings be confirmed using data from other studies.

Water fluoridation has been hailed as one of the 10 most important public health achievements of the 20th century by the Centers for Disease Control and Prevention. Groups like the World Health Organization, American Cancer Society, Institute of Medicine and National Academy of Sciences have endorsed it as safe and effective for preventing cavities.

If you have questions about fluoride, speak with your dentist. Additional information can be found at the ADA's Web site, www.ada.org/public/topics/fluoride/index.asp. ■

MEETING PLACE

A GUIDE TO DENTAL MEETINGS AND CE COURSES

NEXT CDS REGIONAL MEETING

APRIL 19

Cindy L. Marek, DDS: Update on Dental Pharmacotherapeutics: What the Practitioner Needs to Know

CDS Regional Meetings are 9 a.m.-2:30 p.m. Drury Lane, 100 Drury Ln., Oakbrook Terrace. 5 CE hours. Educational meetings are free to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society.

A \$250 fee is charged to dentists who are not ADA members, which may be applied to membership for the current year. Registration is not required for any regional program.

STUDY CLUBS

MONDAYS

Evanston Association of Dentists
Weekly Monday meeting. Omni Orrington Hotel, 1710 Orrington Ave, Evanston; 12:15 p.m. Contact Paul Akers, (847)724-3335.

TUESDAYS

Central Lake County Dental Study Club

Meets the third Tuesday of every month at noon, January-November, Jimmy's Charhouse, 1413 Peterson Rd., Libertyville. Contact David Madcox, (847)263-1801.

FRIDAYS

Uptown Dental Forum

Weekly lunch/lectures, Sauganash Restaurant, 4732 W. Peterson Ave., Chicago; 12:30-2 p.m. Academy of General Dentistry sponsorship approved. Contact Marshall Dolnick, (773)588-3880.

Waukegan Dental Study Group

Semi-monthly meeting for lunch, noon to 2 p.m., Waukegan Ramada, 200 Green Bay Rd. Contact Rob Bard, (847)244-0155, or Rod Morrow, (847)689-1213.

UPCOMING MEETINGS

JANUARY

24: North Suburban

Jim Fondriest, DDS: The Making of a Makeover Practice. Maggiano's, 175 Old Orchard Shopping Center, Skokie. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. Contact Tom Bleck, (847)336-2800.

24: Arcolian Dental Arts Society

Speaker/Topic TBA. Rosewood Restaurant, 9421 W. Higgins, Rosemont. 6:30 p.m. Contact Angela Falcone, (773)774-4611.

24: Polish Dental Arts Club

Dr. Robert Shanahan: The Skinny on Not Being Fat. Szalas Restaurant, 5214 S. Archer Ave., Chicago. Meeting: 6:30 p.m. Contact Joseph Sodini, (847)676-9292 or jsodini@sbcglobal.net.

FEBRUARY

23-26: Chicago Dental Society

141st Midwinter Meeting. McCormick Place, Chicago. For information and to register, visit www.cds.org/mwm.

23: Oral Health America

16th Annual Gala Dinner and Silent Auction. Proceeds help support educational and service programs designed to improve oral health for those without access to treatment. 7-11 p.m. Navy Pier, Chicago. Tickets: \$225/each, \$2,100/table. Contact Joe Donohue, (312)836-9900 or joe@oralhealthamerica.org.

MARCH

7: Kenwood/Hyde Park

CPR Certification. Chicago Firehouse Restaurant, 1401 S. Michigan Ave., Chicago. Cocktails: 6:30 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. Contact Kimberley Bolden, (312)372-7874.

7: North Suburban

Harold Crossley, DDS, PhD: The Top 50 Drugs. Independence Grove, 16400 W. Buckley Rd., Libertyville. Registration: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. Contact Tom Bleck, (847)336-2800.

7: Northwest Side

Peter Haupers Jr., DDS, MS: New Millennium Periodontics. Colletti's Restaurant, 5707 N. Central Ave., Chicago. Cocktails: 6:30 p.m.; Dinner: 7:30 p.m.; Meeting: 8:30 p.m. Contact Spencer Bloom, (773)777-3309.

7: West Suburban

Clinic Night (Staff Night). Butterfield Country Club, 2800 Midwest Rd., Oak Brook. Cocktails: 6 p.m.; Dinner: 6:45 p.m.; Meeting: 7:30 p.m. Contact Brian Del Carlo (630)969-4413.

8: North Suburban

Harold Crossley, DDS, PhD: Drugs Our Patients Take That Affect Our Treatment Plans. Independence Grove, 16400 W. Buckley Rd., Libertyville. Registration: 8 a.m.; Meeting: 8:30 a.m.-3:30 p.m. Contact Tom Bleck, (847)336-2800.

14: Englewood

Michael Colvard, DDS: Topic TBA.

Nikos' Restaurant, 7600 S. Harlem Ave., Bridgeview. Cocktails: 6 p.m.; Dinner: 7:30 p.m.; Meeting: 8 p.m. Contact Carlo Pagni, (708)423-0110.

14: Northwest Suburban

Anthony Spina, DDS, MD: Your State Dental Board. The Wellington, 2121 S. Arlington Heights Rd., Arlington Heights. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. Contact Matthew Gauthier, (847)392-6220.

14: South Suburban

Dan Nicholas, MD: The Attention-Challenged Patient: Attention Deficit Disorders, Autistic Children and Their Management in the Dental Practice. Idlewild Country Club, 19201 Dixie Hwy., Flossmoor. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. Contact LeRoy Weathersby, (708)206-1181.

14: West Side

Rick Munaretto, DDS: Updating Guidelines on Treating Dental Trauma. Philanders at The Carleton of Oak Park, 1110 Pleasant St., Oak Park. Cocktails: 6:15 p.m.; Dinner: 7 p.m.; Meeting: 7:30 p.m. For information, call Brian Caraba, (312)882-9993.

21: North Side

Panel: Kevin Kopp, DDS, and Marty Rogers, DDS: Endodontics vs. Implants. UIC College of Dentistry, 801 S. Paulina, Chicago. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. Contact Ron Jacobson, (773)545-5333.

PLANNING A MEETING? TELL US ABOUT IT!

Fax your information to: (312)836-7337; or e-mail: review@cds.org. When submitting information, please include the subject, date, time, location, speaker name and degree, as well as the name and phone number or e-mail of the contact person. Only meetings open to all CDS members are listed.

The **North Suburban Branch**
and the **Lake County Dental Society** present

Harold L. Crossley, DDS, PhD



Dr. Crossley is professor emeritus at the University of Maryland Dental School.

A popular speaker at the CDS Midwinter Meeting, Dr. Crossley has co-authored numerous articles and four books covering a variety of topics within pharmacology.

In addition to his lecturing and academic backgrounds, Dr. Crossley has been a consultant to the U.S. Drug Enforcement Administration since 1974.

Tuesday, March 7

THE TOP 50 DRUGS

Registration: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m.

Wednesday, March 8

DRUGS OUR PATIENTS TAKE THAT AFFECT OUR TREATMENT PLANS

Registration: 8 a.m.; Meeting: 8:30 a.m. - 3:30 p.m.

Location:

Independence Grove
16400 W. Buckley Rd. (Route 137 east of Route 21), Libertyville

Fees:

North Suburban Branch:

- **No charge** for members who have purchased the \$295 season ticket.
- March 7 program: **\$100**
- March 8 program: **\$195**
- Staff of North Suburban Branch members: **\$50** each day

Lake County Dental Society:

For members who have paid the \$120 annual membership fee:

- March 7 program: **\$100**
- March 8 program: **\$150**
- Both days: **\$200**
- Staff of Lake County Dental Society members: **\$50** each day

RSVP by February 20

North Suburban Branch:

Jenny Eggemeyer, DDS, (847)256-3235, cdrsvp@yahoo.com

Lake County Dental Society:

Richard Wielgos, DDS, (847)872-4784. Mail payment to: 2671 Sheridan Rd., Zion, IL 60099

Name: _____

How many attending: _____

Phone: _____

Amount enclosed: \$ _____

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BRANCH NEWS

NEWS FROM THE HOME FRONT



NORTHWEST SIDE: Ka-Ching! (L-R) Northwest Side President Michele Bogacki, Treasurer Samuel Grandinetti and Michael Connolly are all smiles about the \$50 rebate. The rebate was given to members who paid for a full season of branch dinner meetings.

NORTHWEST SIDE

George R. Frayn, DDS

Traveling man **Jeff Wittmus** volunteered to provide dentistry for orphan children in Armenia for the fifth summer in a row. After a week in the Middle East camp-style clinic, he took a much needed vacation in France and Belgium. He visited dentist friends in Los Angeles twice in two months to prepare for next year's volunteer effort.

For Halloween, he and some old friends hopped to Las Vegas for the Vagoose Music Festival.

Jeff missed the ADA session for the first time to take his staff to the New Orleans Dental Society annual meeting. But the arrival of Hurricane Katrina changed his plans; he donated money and toothbrushes to the victims. His next destination is Illinois' Starved Rock State Park, where Jeff is to be best man in his brother's wedding.

Spencer Bloom thanks his wife, Kimbra, for her help with the dinner chair's tasks. He also asks us to keep his son-in-law, Bob Rice, in our prayers. Bob is a major in the Marines and presently trains police officers in Iraq.

Tim Tishler and **Tom Schneider** and their families vacationed in Door County, WI, this summer. They went boating, tubing, fishing and go carting, and enjoyed great beach bonfires. Tom was the tubing champ, as he could not be flipped into the water!

Endodontist **Claron Edwards** came to his first Northwest Side Branch meeting Oct. 4, and Tatiana Paunescu attended Nov 1. Welcome!

Proud parents **Dan** and Candice **Janowski** are happy to report that their son, Cameron, was a Merit Scholar his freshman year at Loyola Academy. He is active in sports: base-



NORTHWEST SIDE: Beata deVirion and Kevin McCoy eloped in June.

ball, cross country and swimming. He also volunteers at St. Mary's Catholic School in Lake Forest and Lake Forest Hospital. Cameron is setting his sights on medical or dental school. Dan tells him whatever he does, make sure he loves it, so that he will never have to work a day in his life.

Ray Pollina had the great honor of attending all the playoff and World Series games for the world champion Chicago White Sox. As an investor in the Sox since 1981, he was able to get a few extra seats, and flew his two daughters in from San Francisco to join him, his wife, and three sons for the games. With the exception of the births of his children, it was the most exciting time his life. It also was great to go to the parade and rally and see the city so upbeat and proud. He can only hope his Cubs

fan friends can also feel this total thrill soon.

Kevin McCoy lectured Oct. 4 about a variety of orthodontic topics, with the emphasis on the value of implants as permanent and temporary anchorage units. Since implants don't move in response to normal orthodontic forces, they are excellent anchors.

In complex oral rehabilitation cases with missing and malposed teeth, he stressed the importance of starting with the end in mind. He visualizes the end result with mounted diagnostic casts, separating and "orthodontically" resetting the teeth to their desired positions. The ideal implant sites within edentulous sites can then be located. The implant is placed, allowed to heal, and then can add speed and precision to the planned orthodontic treatment.

When ortho is complete, the implant is restored.

Temporary implants are useful if no teeth are to be replaced by implants or if an anchorage location outside of the planned tooth positions is desirable.

He is also partner to a Northwest Side dental romance: Kevin and Beata deVirion eloped in June and honeymooned in Greece.

Colorful! **Chet Klos'** wife, Dagmar, is an author! She shares her expertise in textile dying through her new book, *Dyers Companion*. The book offers indispensable information on equipment and supplies, types of dye and techniques for beginners and seasoned professionals alike.

Biplab Malo went to the OMS annual meeting in Boston in September.

Sam Ciccarelli is happy to report that his son, Tom, was married in October in Hazleton, PA, to a wonderful woman, Stephanie, whom he met at Penn State. They live and work in Philadelphia.

The following week his son, Mike, ran in the Chicago Marathon and completed it in 2 hours, 48 minutes, to finish 268 out of 33,000.

His youngest son, Phil, is studying in Florence for four months.

Stephanie and **Robert Kosobucki** ventured west for R&R and continuing education. In California, he attended an endo seminar on practice management, and in Texas he attended a three-day seminar entitled "Endo for the 22nd Century." Hey Bob, how long are you planning to do root canals?

SOUTH SUBURBAN

Neelima Chiru, DDS

I hope everyone had a great Christmas and I wish you all a Happy New Year.

Roger H. Kallal, Robert D. Schwartz and **Richard J. Balcerak** have two new associates who joined their practice. **Jeffrey Collins**, whose dad is **Kevin Collins** of LaGrange, finished his oral and maxillofacial surgery training at the University of Michigan. **Kingsley Wang** received his oral and maxillofacial surgery training at Northwestern Memorial Hospital and Thomas Jefferson University Hospital in Philadelphia.

Roger Kallal spent 10 days in Ireland trying to battle the weather and the golf course in the wind. He

BRANCH NEWS



WEST SUBURBAN: (L-R) Jenny Kopp, Jiten Patel and Mark Sloan at the fall meeting.

played 12 rounds in 10 days.

L.J. Witkowski Jr. is very proud to announce the addition of his son, **L.J. Witkowski III**, to his practice. L.J. Witkowski III joined him in June and has added a real spark to the office. They will be changing the name of the practice soon to include both the Doctors Witkowski.

Michael and Julie Gideon welcomed Campbell Greer Gideon, born in October. She tipped the scales at 9 pounds, 10 ounces. Mom and baby are doing well. Baby Campbell joins

her sister, Lainie, and dog, Indy, at home. Michael and Julie met as classmates in dental school at Indiana University. Michael practices endodontics in Orland Park and Homewood, and in Dyer, IN, with endodontic and periodontic associates. Julie has taken a sabbatical from dentistry to be a full-time mom

Tony Maoloni hosted a visit by Seiji and Kuniko Mitiani and their son Taro, of Itami City, Japan. Seiji was Tony's classmate during their orthodontic residency at Loyola University.

This year's branch Christmas party was held at Riva Restaurant at Navy Pier.

WEST SUBURBAN

Anthony Dohse, DDS

Welcome back! We hope all of you had a wonderful holiday season.

Kevin O'Connor presented a lecture on leadership and team building at our November meeting, which was a staff night. If you didn't attend, you missed an entertaining and enlight-

ening presentation. We know those of our members and their staffs who attended the meeting appreciated the program.

The West Suburban Branch congratulates one of its own, **Tom Machnowski**, who was installed as CDS president in November.

WEST SIDE

Donald Tuck, DDS, and Marie T. Walsh, DDS

Hopefully everyone has weathered the holidays and is set to enjoy 2006, not to mention our fabulous Midwinter Meeting.

Chuck Thometz and his wife, Sue, have warm memories to comfort them during our usually bleak Chicago winter. They attended the World Federation of Orthodontists (WFO) meeting, which was held in Paris in September. More than 7,000 orthodontists from around the world were there. Before attending the meeting, Chuck and Sue drove through Austria, visiting Durnstein, Salzburg, Hallstatt and Vienna. They

PRESIDENT PROFILE



Celeste, Sammy and Dean Nicholas.

DEAN P. NICHOLAS, DDS

PRESIDENT, WEST SUBURBAN BRANCH

Dean Nicholas received his dental degree in 1986 from Loyola University School of Dentistry. He enjoys illustrating the benefits of having pocket aces to his nieces and nephews. And when not teaching six-year-old Sammy to drive, Dino appreciates the joys of TIVO.

Dean, his wife Celeste, and nascent driver Sammy reside in Villa Park.

"In my presidential year, I hope that we as a group can encourage fellow dentists to take an active role within their components and understand the value of what their membership has to offer. I also would like to highlight the significance of being a colleague (not a competitor) and working together against the forces that are trying to regulate our profession. Through our personal experiences, my wife and I would like to educate and enlighten our colleagues with the knowledge and power to combat what we have endured through our own state of affairs to help minimize the stress this may cause somebody else in the future."

report that every place they visited was beautiful, and they would repeat the trip in a heartbeat. Chuck and son, Tom, attended the second game of the 2005 World Series—Tom's treat—where they saw Konerko's grand slam and the Podsenick walk off home to end the game.

Although we normally reserve kudos for West Side Branch members, our branch wants to recognize the efforts of CDS North Suburban member **Lee Graber** who, as WFO president, was instrumental in planning the very successful event.

Sue Zelazo-Smith was thrilled with the White Sox championship and delighted to share with them an honor of her own. Sue was inducted into the International College of Dentists. She said the ceremony was one of the high points of her career and that it will continue to inspire her in the future. Sue said she was deeply honored and wants to thank the West Side Branch members who supported her.

The **Michael Stablein/Caroline Scholtz** household sends this update: Michael (14) played soccer for Stevenson High School this fall. Gabriella (12) and Amelia (7) study ballet and piano and play house soccer. Andrew (9), who also studies piano and plays house soccer, is on the traveling basketball team.

Ed and Joan Walsh attended the ADA Annual Session in Philadelphia. They also toured Gettysburg, the Strasburg Railroad and the Pennsylvania Railroad Museum.

Other West Siders have been getting around and made themselves known to Judy Baar Topinka during the Capital Conference in Springfield. I have no doubt they lobbied

Milestones

APPLICANTS

Albert, Sherif M.

The Ohio State University, 2005
2 Orland Square, Orland Park
South Suburban

Edmonds, James P.

University of Illinois, 2001
25 E. Washington, Chicago
North Side

Kaakaji, Maria Demashkieh

University of Michigan, 2005
1229 N. Ashland Ave., Chicago
North Side

Karamagianis, Emily

New York University, 2005
4235 W. North Ave., Chicago
Northwest Side

Raffiean, Soudabeh

University of Iowa, 1992
1920 N. Lincoln Ave., Chicago
North Side

Reddy, Satish

Loma Linda University, 2003
3020 W. Montrose Ave., Chicago
North Side

DECEASED MEMBERS

Holliday, Tyrone Z.

University of Illinois, 1972
10125 S. Western Ave., Chicago
Kenwood/Hyde Park
Passed away Nov. 29, 2005



WEST SIDE: West Side Branch leaders met with Illinois gubernatorial hopeful Judy Baar Topinka. Pictured (L-R) are Donald Tuck, Ed Walsh, Judy Baar Topinka, George Zehak and Susan Zelazo-Smith.

dentistry's agenda with great eloquence. That leaves the rest of us to advance dentistry's causes in our own spheres. Onward and upward!

ENGLEWOOD

Andrew J. Moorman, DDS

Bernard and **Janice Muzynski** proudly announce the marriage of their oldest daughter, Cheryl, to Joseph Sorce. They were united at a lovely ceremony in July. Congratulations!

Awards were given to **Joe Unger, Donald Campbell, Frank McGowan, Roy Guster, James Swiatek** and **Donald Buckley** for their extended membership in CDS at the Englewood Branch meeting. **Carlo Pagni**, program chair; **Denise Hale**, branch president; **Paul Bery** and **Nolan Levine** spoke at the branch meeting.

In October, **Lawrence Michet Jr.** participated in the Chicago Marathon, which this year drew 33,000 runners from all over the

world. He ran the 26.2-mile course in 4 hours, 35 minutes. This is the fourth Chicago Marathon he has run. Dr. Michet also ran in the Lake Shore Marathon and the Los Angeles Marathon. To prepare for the marathons, Dr. Michet runs 3-12 miles a day, two to three times a week, and weight trains at least once a week. Dr. Michet also received his Second Degree Black Belt in Tae Kwon Do in September.

NORTHWEST SUBURBAN

Russell Spinazze, DDS

A big “thank you” to **Patrick** and **Rita Foley** for supplying our monthly news this time around. It was a slow month for our constituents. But I’m looking forward to spring around the corner, as I am sure everyone is.

The UIC College of Dentistry Class of 1980 held its 25th annual golf outing/reunion Aug. 4, at the Randall Oaks Golf Club in West Dundee. It was a beautiful, sunny day for the 15 golfers who attended.

Ken Wright, of Barrington, led the charge, followed closely by **Stephen Rider**, of Kewanee, and



NORTHWEST SUBURBAN: Fifteen golfers attended the UIC College of Dentistry Class of 1980 25th annual golf outing/reunion at the Randall Oaks Golf Club in August.

Dean Lodding, of Elgin.

Patrick and **Rita Foley**, UIC Class of 1980, of Hawthorn Woods, are proud parents of a first-year UIC dental student John Foley. Pat has an orthodontic practice in Lake Zurich, and Rita is the clinical research manager for Novamin Technology, Inc., a Florida company that manufactures a versatile desensitization additive.

NORTH SIDE

Cecile Yoon-Tarlie, DDS

Happy New Year! Hope you all had a happy, healthy, and restful holiday season.

We’d like to thank our season ticket holders for their continued support: **Alvin Atlas, Eliot Becker, Daniel Berman, Alice Boghosian, Mar-**

BRANCH NEWS

shall Dolnick, Cissy Furusho, John Hagopian, Irving Leonard, Ron Jacobson, Kirk Kollmann, Jeff Kramer, Janet Kuhn, Jun Lim, Fred Margolis, Ilie Pavel, James Robinson, Gene Romo, Sheldon Seidman, Steve Steinberg, Teri Steinberg, Terri Tiersky, Cecile Yoon-Tarlie and Isaac Yue.

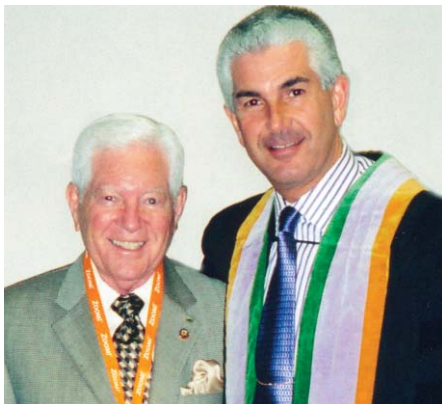
Irwin Robinson sponsored his son, **James**, for the Fellowship of the International College of Dentists. James was inducted at the ADA convention in Philadelphia.

Cissy Furusho recently hosted the UIC AAWD Student Chapter Installation potluck dinner at her home.

If you have missed our most recent meetings, there is still time to register for the remaining few:

- March 21: **Kevin Kopp** and **Marty Rogers** at UIC College of Dentistry
- April 18: Realities of Invisalign, **Ron Jacobson** at Hackney's in Glenview.

Anyone who is interested in becoming a delegate or alternate delegate for the board to the ISDS House of Delegates must submit their name before the March 6 board meeting.



NORTH SIDE: Irwin Robinson (left) sponsored his son, James, for a fellowship in the International College of Dentists.



NORTHWEST SUBURBAN: Proud parents Patrick and Rita Foley, UIC class of 1980, flank their son, John, a first-year UIC dental student.

Anyone who is interested in becoming a member of the North Side Branch Board of Directors must submit a written petition of 25 active members 15 days prior to the March 21 dinner meeting

Remember, all you new members, that your first dinner meeting is free so come on out, get your CE and meet your branch members. We would love to meet you!

Please feel free to contact me if you have any questions or news. My office address is 2401 Ravine Way, Suite 301, Glenview, IL 60025. The phone number is (847)486-0255, ext. 3 and my e-mail address is mctarlie@prodigy.net. Keep in touch.

ACDS

Eleanora Bruni Perry

Greetings, dear valued members!

Is it possible that the season of spring is so near? Soon we will observe many

signs of new life in nature, return of warm weather days, etc. The year in ACDS progresses quickly and, as usual, our membership has been busy and signs of new ideas and life are constant. Many thanks to all of you who served in many varied ways both within the ACDS and in our dental communities spreading the value of good dental health.

Join us March 26 at the Renaissance Hotel in Oak Brook for Sunday brunch. Celebrate Spring is an event open to ACDS members, their families and friends. Tickets to our \$10,000 Raffle will be sold at the brunch. This is our only fundraiser this year and tickets are priced at \$100 each. Come enjoy the afternoon and support ACDS.

The ISDS Capital Conference will be held April 5-6 at the Crowne Plaza in Springfield.

The Alliance of the American Dental Association (AADA) Leadership Con-

ference will be held April 19-22 in Seattle. I'm going—you come too! The conference is open to all.

The installation of ACDS officers will be held in May at a special luncheon. ACDS members will be sent invitations.

If you have not purchased a copy of the AADA cookbook, *Dishing Up Smiles*, please do so. You may call any member for details. This is a unique book and valuable for its wealth of recipes and tips for good dental health and nutrition

May I recommend the article "This Check-up Can Save Your Life," in the December issue of *Reader's Digest*, which talks about the many diseases that are detected orally. The dental community knows the wisdom of a good oral examination and what a dentist can spot: Cancer, diabetes, heart disease and gingivitis. I ask you to share this article with the nondental community, patients and friends. This article casts our dental spouses in a very positive fashion and we know it is important to spread the value of good oral health to all.

Take care—keep up the wonderful work you do. Reach out to all! ■

TIPS FOR SUBMITTING DIGITAL PHOTOS FOR BRANCH NEWS

The CDS Review encourages members to send digital photographs for Branch News. Please follow the list of specifications for submitting photos for publication in the CDS Review. Digital files that do not meet the stated specifications will not be published.

QUALITY: We have limited space to print Branch News. Therefore, branches are usually limited to three photos per issue. Given the limitations, photos that are out of focus, poorly composed or unflattering to the subject are generally rejected. Photos of people eating or drinking/holding alcoholic beverages are considered especially unflattering.

FILE TYPE: CDS prefers that you send the original file created by your digital camera. As most digital cameras save files as JPEGs, we urge caution in the handling of such files you submit to CDS. JPEG is a compressed file format. When a file is saved as a JPEG, it discards information that affects the quality of the image. This results in photos that appear blurry or bitmapped when printed. Therefore, if you send a JPEG file, you should only send the original file taken by the digital camera.

WHAT TO SEND: When sending digital images, send only those that have been taken with a digital camera. Do not scan a printed photograph or transparency for submission. Instead, for quality control purposes, send the print or transparency to CDS to scan.

When sending prints, be sure to have the photo printed from film. Do not send digital prints, as they will be rejected. **Digital prints are not photographs.** They are four-color prints that use an entirely different printing process. As a result, the scanner we use picks up the dot pattern created in the digital printing process. The scanned digital print produces a moiré pattern if printed in the magazine—which is why CDS can not use them. Make sure the photograph is printed on glossy paper, not matte paper. When scanned, photos on matte paper appear dusty, as the scanner detects the difference in the texture of the paper.

RESOLUTION: Save as high resolution files. For CDS publications, we print photos at a resolution of 300 dots-per-inch (dpi). As a rule of thumb, one can only reduce the size of a digital photo and not enlarge it. Enlarging the photo causes a loss of resolution and the result is a poor quality printed image. A 6" wide image at 72 dpi can only be run at 1.44" wide when converted to high resolution for print. Do not send low resolution files (files saved at 72 dpi) unless you are sending the original file created by the digital camera.

SIZE: Save the image as large as possible, so that can be printed at least 5" wide at 300 dpi.

QUESTIONS: If you have any questions about the image you want to submit for Branch News, feel free to call Tom Long at (312)836-7326, or e-mail tlong@cds.org.



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LOCAL AND NATIONAL NEWS ABOUT DENTISTRY

DENTIST GIVES ADVICE FOR HANDLING INTERNET SMEAR CAMPAIGNS

All dentists are at risk for an assault on their professional reputations. Dr. Rodney Shivers, writing in the November issue of *ODA Journal*, the publication of the Oklahoma Dental Association, relates a personal story of how one disgruntled patient's e-mail campaign caused him endless headaches.

He describes a lengthy ordeal of having been vindicated by a state board of dentistry investigation, but nonetheless suffering a great deal of harm to his reputation because of an Internet campaign that hurt his professional reputation.

Dr. Shivers says that handling the media ably was crucial to his strategy to deal with the Internet wildfire that eventually resulted in harassing phone calls to his business and residence and thousands of nasty e-mails. An on-camera interview during which Dr. Shivers presented his side of the story, as well as his take on an unchecked Internet smear campaign, resulted in a fair reporting job, he said, but it easily could have gone the other way for him.

"Any dentist (or other medical professional) is at risk for this type of assault on his or her professional reputation," Dr. Shivers writes. "Dentists can respond to crises effectively. Ignoring the situation will make it worse. By understanding the issue and having the desire to set the record straight, it is my hope that no one experiences this type of ordeal."

JADA GOES ELECTRIC

The *Journal of the American Dental Association (JADA)* has launched a new fully electronic system for submission and review of manuscripts for publication in dentistry's best-read journal.

JADA Manuscript Central brings the entire manuscript and review system online, using state-of-the-art software developed by ScholarOne. Authors and reviewers will now receive all correspondence—including reminders and notification of manuscript status—via e-mail and will submit all documents electronically using the secure and confidential JADA manuscript application.

The new system not only saves money for the Association and its members in postage, paper and staff costs, but also streamlines the review process for authors and reviewers alike, shortening the time between manuscript submission and publication.

Prior to the rollout of the new system, authors with manuscripts currently under review and reviewers already on JADA's rolls received an e-mail notifying them of the availability of the site and providing a user ID and password to log in.

JADA will continue to accept hard-copy submissions during a grace period while authors and reviewers get used to the new system. Following the grace period, manuscripts will be accepted exclusively through JADA Manuscript Central.

SOURCE: www.ada.org, Today's News, Oct. 28

ADA SEEKS NOMINEES FOR AWARD HONORING OVERSEAS VOLUNTEERS

The ADA Committee on International Programs and Development is accepting nominations for the Certificate of Recognition for Volunteer Service in a Foreign Country.

The award honors dentist and dental student volunteers who have spent at least 14 days over a 24-month period performing dental services in a foreign country. Nominations must be submitted by a local or state dental society, the federal dental service or a dental school on behalf of the volunteer for consideration. The deadline for submitting nominations is March 31.

For more information or to

download an application, visit www.ada.org/ada/international/volunteer/certificate.asp or contact the ADA Center for International Development and Affairs by e-mail at international@ada.org.

SOURCE: www.ada.org, Today's News, Nov. 2, 2005

SJÖGREN'S SYNDROME FOUNDATION OFFERS STUDENT FELLOWSHIPS

The Sjögren's Syndrome Foundation in Bethesda, MD, is offering fellowships to dental and medical students working on a semester or summer research project on Sjögren's syndrome.

Fellowships are awarded in the amount of \$2,000 for

research conducted at institutions in the United States. Application materials should include a research proposal, brief summary describing the project's scope and time frame, a letter from a proposed project supervisor and a completed application, which can be downloaded from the Sjögren's Syndrome Foundation Web site, www.sjogrens.org.

Fellowships for 2006 will begin July 1. Applications must be postmarked by Feb. 1.

SOURCE: www.ada.org, Today's News, Nov. 1

SPECIAL OLYMPICS CREATES HEALTHCARE PROVIDER DIRECTORY

We all know how difficult it is to get adequate health and dental care for people with intellectual disabilities.

Special Olympics, a leader in documenting these needs among its athletes, unveiled an online Healthy Athletes Provider Directory Sept. 29 at www.specialolympics.org/providerdirectory.

The goal is to assemble the largest healthcare provider network for people with intellectual disabilities in North America. The database allows healthcare providers to voluntarily identify themselves as willing to be contacted about treating people with intellectual disabilities.

Healthcare providers may list themselves by providing a minimum amount of information. Individuals will be able to search the database later this year.

SOURCE: ADA Executive Directors Update, Nov. 11

COLORED FILLINGS HELP KIDS FOLLOW TREATMENT

One way to make children feel involved in the placing of restorations in their primary teeth is to let them choose a specific color of filling, says Dr. Christine Schafer. Reported in the October issue of *Dentistry Today*, Dr. Schafer used clinical examples to show that young patients who choose the color of their restorations were more likely to accept the idea of treatment. And, she wrote, "The success of the treatment is aided even further by the dentist's explanation to the children that the fillings will continue to look good as long as the patient properly maintains them."

Using colored filling material available on the market, dentists can help children achieve a better level of oral hygiene. Children are usually very proud of their new blue, red, green or blue fillings, Dr. Schafer said.

LITTLE OR NO BENEFIT FOR PRENATAL FLUORIDE USE

For women who take fluoride supplements during pregnancy, the hope is extra fluoride one day will help their children form strong, decay-resistant teeth. As appealing as this idea is in theory, it remains poorly studied and therefore, for some dental researchers, quite controversial.

In the November/December issue of the journal *Caries Research*, a team of NIDCR grantees reopened the subject, comparing the fluoride content of deciduous teeth that either had been exposed to pre- and postnatal fluoride or postnatal fluoride only. The teeth came from 185 small children who had participated previously in a randomized, double-blind



ODONTOGRAPHIC SOCIETY PRESENTS NEW FELLOWSHIPS

The Odontographic Society of Chicago (OSC) installed CDS members Jeffrey Kramer and Ronald Milnarik as active fellows. In addition, Hannelore Loevy was awarded an emeritus fellowship and presented with the OSC Award of Merit for her contributions to dental education and tireless work on the history of dentistry. Pictured: (left, L-R) OSC President Dennis Manning, Dr. Kramer, Dr. Milnarik and Frank Perry; (right, L-R) David Kumamoto and Dr. Loevy.

study of prenatal fluoride supplementation. After analyzing enamel and dentin samples from all of the teeth, the researchers concluded that those in the prenatal group had "no additional measurable uptake" of fluoride than those in the postnatal group.

NIDCR data strengthens previous suggestions that prenatal fluoride supplementation "is of minor importance" compared to the benefits of fluoride treatments before the teeth erupt.

GOOD DENTAL RECORDS PROTECT YOUR PRACTICE

Sometimes easy changes can make the biggest differences. When it comes to patient records, many dentists say that making improvements is at the top of their "to-do" lists, but keep putting it off. This can be a mistake, writes Lee Johnston in the May/June issue of the *West Michigan District Dental Society's Bulletin*. Mr. Johnston is president of the society's subsidiary, WDA Professional Services, Inc.

"Improving records costs money and takes time," he

acknowledges, but "the quality of your records can be important in peer review cases, lawsuits and even disagreements with your local lab."

Mr. Johnston advises dentists to have patients fill out medical history forms every two or three years (unless state

law requires a different interval). Patients often tell dentists that nothing has changed in their medical profile, even though they may be taking a new prescription drug. It is easier for patients to remember these changes when they are filling out a form.

THE DEADLINE APPROACHES TO REGISTER YOUR PROGRAM WITH THE ADA FOR GIVE KIDS A SMILE DAY

Give Kids A Smile Day is Feb. 3. Registering your GKAS program online at www.ada.org allows the ADA to gauge the national success of the program and coordinate communication between dental societies, corporate sponsors, government entities and the media.

More than 40,000 dental team members registered for Give Kids A Smile last year, providing 485,700 children with oral healthcare valued at \$32,561,073.

For 2006, the ADA again welcomes the support from GKAS founding sponsors Crest Healthy Smiles, Sullivan-Schein and DEXIS Digital X-ray Systems.

And that's not all. United Healthcare recently announced its intention to donate \$10,000 to Give Kids A Smile. United Healthcare has about 64,000 participating dentists—many participating in GKAS—and more than 5 million members.

SOURCE: www.ada.org, Today's News, Oct. 24



STUDY IMPLICATES ORAL PIERCING AS CAUSE OF PERIODONTITIS

Oral piercing involving the lips, cheeks, tongue and uvula is as old as civilization, but its increasing prevalence today means that dentists must be aware of the risks, complications and dental implications associated with such procedures, write Drs. Jennifer Choe, Khalid Almas and Robert Schoor in a report published in the August/September issue of *The New York State Dental Journal*.

The report recounts a treatment plan, using a case study involving a 26-year-old male patient with localized gingival recession and inflammation associated with tooth No. 25, directly opposite a tongue stud. The authors believe their findings "strongly implicate the piercing as the primary factor in this localized traumatic periodontitis."

"The patient in this case report represents a situation that will occur more frequently as the popularity of tongue piercing increases," the authors write.

They present a long list of common complications and possible adverse consequences of oral piercing, including oral pain, edema, infection, disease transmission, airway obstruction secondary to swelling, prolonged bleeding, chipped or fractured teeth, mucosal or gingival trauma, interference with mastication and swallowing, speech impediment, hypervascularization, hyperplastic or scar tissue formation, nerve damage and paraesthesia, aspiration of specific piercing jewelry and foreign body incorporation.

PELIMINARY RESEARCH LINKS AMOXICILLIN TO ENAMEL MALFORMATION

Although the research is still in its earliest stages, some have suggested that amoxicillin, a widely prescribed antibiotic, may be associated with structural abnormalities in developing dental enamel. The possibility has precedent in that tetracyclines and some other antibiotics clearly influence the development of the tooth.

As reported in the October issue of the *Archives of Pediatrics & Adolescent Medicine*, NIDCR grantees and colleagues assessed the possible association among 579 children in the Iowa Fluoride Study. They found 75% had received amoxicillin during their first year of life, and the number jumped to 91% by 32 months. Overall, almost 25% had fluorosis on both maxillary central incisors, and the researchers found that amoxicillin use from three to six months "significantly increased" the risk of fluorosis in these teeth.

The scientists concluded, "The findings suggest that amoxicillin use in infancy could carry some heretofore undocumented risk to the developing teeth." They stressed, however, that their data are preliminary and further laboratory and clinical studies will be needed to confirm the results. ■

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Dentists may update personal information online at www.idfpr.com.

SPRINGFIELD OFFICE

320 W. Washington, Springfield, IL 62786

Phone: (217)785-0800, TDD: (217)524-6735, Fax: (217)782-7645

CHICAGO OFFICE

100 W. Randolph St., Suite 9-300, Chicago, IL 60601

Phone: (312)814-4500

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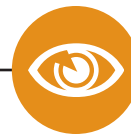
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e-mail: dmather@mrvica.com

The publication of an advertisement in the CDS Review is not to be construed as an endorsement or approval of the product or service being offered.



UPDATE ON DENTAL PHARMACOTHERAPEUTICS: WHAT THE PRACTITIONER NEEDS TO KNOW

CINDY L. MAREK, Pharm.D

WEDNESDAY, APRIL 19

9 a.m. to 2:30 p.m. • Drury Lane, 100 Drury Lane, Oakbrook Terrace

CE CREDITS: 5 CE hours

TARGET AUDIENCE: Doctors, hygienists, assistants and office staff

ABOUT OUR PROGRAM:

This program provides dentists with the latest treatment recommendations for problems commonly encountered in clinical practice.

Dental team members who attend this program will learn:

- Treatments for cold sores, canker sores, candidiasis and non-microbial mucositis
- Appropriate antibiotic selection criteria for odontogenic infections
- Management of xerostomia
- Pain management for dentistry

ABOUT OUR SPEAKER:

Dr. Marek is an associate professor and clinical pharmacist in the Department of Oral Pathology, Radiology and Medicine at the University of Iowa College of Dentistry. She lectures on a wide variety of topics and operates an in-house pharmacy providing consultation to practitioners at the university.

Her research centers on continued development of a 1% chlorhexidine gel, topical NSAIDs and other innovative drugs and dosages for the pharmacotherapeutic management of mucosal diseases.

ABOUT CDS MEETINGS:

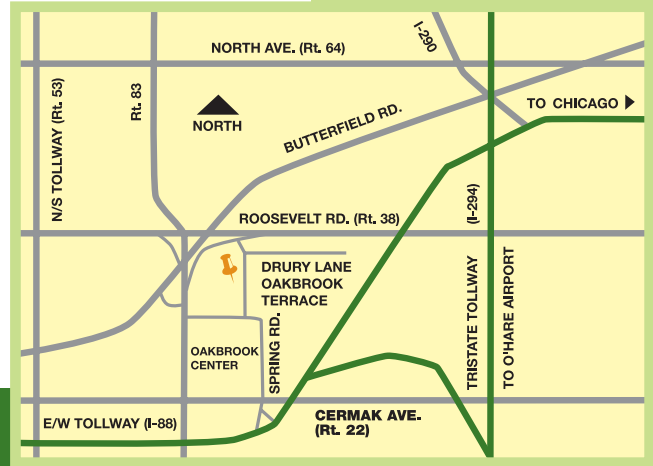
Regional meetings are **FREE** to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society.

A fee of \$250 is charged to dentists who are not CDS members, which may be applied to membership for the current year.

Advance registration is not required for any regional program.

DIRECTIONS:

For directions to Drury Lane, call (630)530-8300.



DELIVERY

The *CDS Review* is published seven times annually. The magazine mails the middle of the first month the issue covers. For example, the January/February 2005 issue mailed January 15, 2005.

DEADLINES

ISSUE	DEADLINE
March/April	January 16, 2006
May/June	April 17, 2006
July/August	June 17, 2006
September/October	August 15, 2006
November	September 15, 2006
December	October 31, 2006
January/February	December 15, 2006

All advertisements, changes and extensions must be submitted in writing. **No advertisements, changes or confirmations will be taken over the telephone.** Although every effort is made to place advertisements received after the deadline in a specific issue, we cannot guarantee that late advertising will appear in the issue requested. The advertisement will appear in the following issue. Advance payment covering the number of insertions must accompany your written advertisement.

RATES

DISPLAY CLASSIFIED: \$90 per column inch.
STANDARD CLASSIFIED: \$75 for the first 30 words plus \$1 for each additional word.
CDS members are entitled to a 20% discount. You must provide your CDS membership number as proof of membership when placing your classified ad, otherwise you will be charged the non-member rate.

PAYMENT

Make checks payable to: Chicago Dental Society. Classified ads must be paid for in advance.

PRACTICES FOR SALE

Dental practices listed for sale within this section of the *CDS Review* are limited to practices that are being sold either by a dentist or a management company hired by the dentist to sell the practice. Advertisements from all others may not be placed in the *CDS Review*.

REPLY BOX NUMBERS

For an additional \$25, CDS will issue a confidential reply box number for your ad. These numbers ensure the privacy of our advertisers. All unopened responses are mailed to the advertiser once a week.

Replies to *CDS Review* box number ads should be addressed as follows: Box Number, Classified Advertising, Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago 60611-5585. (An example of a *CDS Review* reply box number is A0104-A1, *CDS Review*. **Any classified ads with numbers that do not follow this sequence are not *CDS Review* reply boxes.**)

Send all correspondence, including advertisements and payments to: Chicago Dental Society, Classified Advertising, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585.

Although CDS believes that advertisements published in the *CDS Review* are from reputable sources, CDS neither investigates the offers nor assumes responsibility for them. **CDS reserves the right to edit, decline, accept and withdraw advertisements at its discretion.**

CLASSIFIEDS

Place your ads online at WWW.CDS.ORG

FOR RENT

WHY RENT WHEN YOU CAN OWN? Buffalo Grove. New prestigious, "PROFESSIONAL OFFICE CONDOMINIUMS." Great location (Dundee Road and Golf View Terrace), single level with full basement, dramatic landscape setting, private front and rear entrances, elegant high ceilings, sprinkler system, brick with architectural roof shingles, generous parking. For appointment call (847)229-8414.

LINCOLN PARK: PROFESSIONAL building has 1,000-2,200 square feet ideal for dental office. Building has doorman and valet parking. Call Matt at (312)953-1798.

4933 W. IRVING PARK ROAD: 1,500 square feet, storefront, available in professional building. High ceiling. Plumbed for dental. Leasehold improvements negotiable. Immediate availability. Contact: Michael Zak (773)736-3300.

SIX-PLUS ROOMS WITH THREE operatories fully plumbed on ground floor of medical center. Free telephone answering and common reception area. Reasonable rent. We have the name of a dentist willing to share office space. 3420 W. Peterson Ave., Chicago, (773)267-0020.

WOODSTOCK: ESTABLISHED PROFESSIONAL arts building has two 1,540-square-foot dental suites for rent. Available immediately is a newly-painted former orthodontist's office with an open floor plan, including reception, office, lab and dark room areas. Olson Middle School is right across the street. Bring your equipment and open your primary or satellite office now! Available now is a four operator suite with separate reception, clerical and private office space, lab and dark room areas. Just drop in your equipment and you're good to go. Each suite has two private washrooms; orthodontist's suite also has a shower. Call Retlew Investments, LLC, (815)332-3274.

LOOKING FOR A DENTIST: New shopping center in Elk Grove Village on Devon Ave. Will finance build-out. Also future sites in Elgin and Carol Stream. (630)894-1277 ext. 11.

FAR WESTERN SUBURBS—GENEVA: Brand new building in downtown Geneva, IL, has office space available: 1,000-4,000-square-foot units, ready for build out. A great location for a specialist or general dentist. Contact SRB Properties (630)807-0528.

THREE-ROOM DENTAL OFFICE: Available Feb. 1. Great location: Chicago and Damen. Medical building, established 35 years. Rent starts at \$800; utilities separate. Call Virginia, (312)543-8343.

DEVELOPER LOOKING FOR A DENTIST New shopping center in Round Lake, on Wilson Road. Will finance build-out. Call (630)894-1277, ext.11.

DOWNTOWN HIGHLAND PARK medical or dental suites. Modern, fully-equipped three operatories, large business area, reception room, lab, sterilizing room, darkroom, lots of storage space. Private office (fully plumbed). Room to expand two more operatories. Private restroom. Call (847)498-4415.

OAK PARK GROUND FLOOR OFFICE SPACE for rent at Lake Street and Oak Park Ave. 2,800 square feet. Newly redecorated. Call Kay at (708)646-5673.

SECOND FLOOR OFFICE SPACE for rent, 26th and Pulaski. Busy medical office on first floor. Call Virginia, (312)543-8343.

OAK BROOK AREA: Excellent location for dentist or dental specialist. Modern building with atrium, 1,733 square feet available. Landlord will assist in buildout and remodeling cost. Call (630)279-5577 or visit www.brittanyoffices.com.

WHAT ARE YOU WAITING FOR!

Midwinter Meeting pre-registration ends February 1. Go online and register today!

WWW.CDS.ORG

SPACE SHARING

WESTFIELD OLD ORCHARD, SKOKIE: Space sharing or buy into existing modern dental office. Office has digital X-ray, lab on premises. Available seven days/week. Dr. Robert A. Friedstat, DDS, (847)674-5556. Fax (847)674-8876.

BARRINGTON AREA: Great opportunity to share space with specialist or general dentist. Brand new, state-of-the-art, seven operatories, pan, cep. Prime location, in new building. Will entertain merger or other possibilities. (847)877-6858.

POSITIONS WANTED

FOR THE COMFORT of your patients: General dentist is available to work in your office, performing surgical extractions and removal of impacted third molars. Fax inquiries to (847)940-9885.

DENTIST LOOKING FOR part-time position in a quality-oriented practice. Location in the north or northwest suburbs. Fax (847)579-9505.

OPPORTUNITIES

OPPORTUNITY TO JOIN practice in Bucktown/Wicker Park. Must be enthusiastic, personable individual with good people skills. Full- or part-time. Call Nidza at (773)235-1171.

GENERAL DENTIST: FULL- OR PART-TIME. Partnership available as well. Very high income potential. We are a seven-dentist group practice with specialists. Three locations. 95% fee-for-service. No Public Aid. Call Harry at (773)978-1231.

ENDODONTIST AND DENTIST WANTED: Schaumburg general practice seeks part-time endodontist and dentist to join our team. Excellent opportunity for recent graduates. Polish speaking desired. Fee-for-service, no HMOs. (847)534-7000.

ORTHODONTIST WANTED for busy general dentistry practice. Good clinical and people skills necessary. Contact Dana, (708)849-9520, or fax resume to (708)849-9584.

BUSY, SOUTHWEST SIDE PRACTICE with two locations seeks a full- or part-time prosthodontist. Certification is not required. Please fax CV to (773)582-9869.

DENTALCARE PARTNERS is an established practice management development company operating in nine states (Illinois, Indiana, Michigan, Ohio, Pennsylvania, Wisconsin, Kentucky, Tennessee and North Carolina). We are currently seeking highly motivated general dentists as well as specialty dentists and orthodontists for full- and part-time positions. The ideal candidate must be concerned with quality patient care, be a team player and have a strong desire to learn, grow personally and professionally. Benefits will include a guaranteed salary with attractive earning potential, partnership opportunity, 401(k), health insurance, term life and vision insurance, short- and long-term disability, malpractice insurance, paid vacations and continuing education. Interested candidates please contact Deborah Hammert at (800)487-4867, ext. 2047, e-mail her at dhammert@dcpartners.com, or fax resume to (440)684-6942.

IMMEDIATE POSITION AVAILABLE. We are looking for an associate to work in our near southwest suburban practice on a guaranteed income basis commensurate with experience. If you are interested in discussing this further, please write to us at Box F1102-A2, *CDS Review*.

GENERAL DENTIST NEEDED: Tremendous opportunity for the right person. A member of our group practice has relocated and we need a motivated, caring professional to step in and take over a thriving, lucrative, established practice. Expect to earn well over \$140,000 to start, plus all the benefits, working four days per week. This is an associateship, leading to partnership. No buy-in required. The office is ultra-modern and well-situated in a rapidly-growing area of the far north suburbs. We would prefer 2-3 years experience/GPR, but will be happy to interview a recent grad with the right attitude and credentials. Please call us at (847)662-3100 and ask for Donna or Diane.

SOUTHWEST SIDE PRACTICE with two locations seeks full-/part-time associate for guaranteed salary plus commission. Please fax resume to (773)582-9869.

DENTIST NEEDED: FT/PT associate for clinics in Chicago, Bloomington, Springfield, Champaign and Rockford. Earn \$250-350K working in a great environment with paid malpractice and health insurance. Fax (312)274-0760 or e-mail dwolle@gmail.com.

UNLIMITED REWARDS—PRACTICE WHERE you vacation! Our team enjoys the quality of life most people only dream of. Practice with no financial limitations, no buy-in requirement, and enjoy the freedom outside of the city. Too good to be true? You be the judge. Consult with our team at www.midwest-dental.com Andrew Lockie Midwest Dental. Phone (715)926-5050, email alockie@midwest-dental.com or fax (715)926-5405.

ENDODONTIST/ORAL SURGEON/pedodontist wanted to join state-of-the-art specialty-only practice with offices in Grayslake and Buffalo Grove. Rewarding opportunity in a very creative setting. Send resume to Box E0905-E1, *CDS Review*.

OUR FEE-FOR-SERVICE PRACTICE ON Chicago's Northwest Side includes three restorative dentists, periodontist and orthodontist. Lab in-house. We treat many comprehensive full restorative cases, including implants. We are looking for a general dentist experienced in cosmetic and restorative dentistry and an orthodontist. We are also looking for a Polish-speaking, caring individual who is willing to share his knowledge with others and learn from our experienced professionals, and have an appreciation of practice management. Please call (773)625-2626.

ASSOCIATE WANTED: Busy South Side Chicago practice is looking for associate 2-3 days per week. New graduates welcome. If interested, please call (773)247-0404. Ask for Maria.

DENTAL DIRECTOR WANTED to manage all activities of the dental clinic at the Infant Welfare Society of Chicago. Director will supervise dentists and hygienists, provide leadership for all dental staff, and provide clinical dental services for patients. Duties include hiring and supervising staff, including annual merit review for each staff member; developing job descriptions as needed; maintaining and verifying personnel files; developing policies and procedures in accordance with the American Academy of Pediatric Dentistry guidelines; managing dental services; and negotiating equipment purchases and dental contracts. Candidates must be Board-certified pediatric dentists and licensed in IL; and have two years experience with post-graduate training in pediatric dentistry. Reply with CV to Box F1105-F1, *CDS Review*.

DENTIST WANTED to examine, evaluate and treat patients at the Infant Welfare Society of Chicago dental clinic. Dentist will work within guidelines established by the American Academy of Pediatric Dentistry and the clinic in a prompt manner, including counseling parents and children on preventative dentistry, and accurate and legible charting. Other responsibilities may be assigned by the dental director as needed. Candidates must be graduates of accredited dental programs with IL licensure and either post-graduate training in pediatric dentistry or one year experience treating children. Reply with CV to Box F1105-F2, *CDS Review*.

ENDODONTIST: Multi-specialty and general fee-for-service group practice in west suburban Chicago seeks an endodontist for its 30+ year old practice. Our experienced staff has the practice administration and clinical skills to compliment your commitment to excellence. The structure allows you to concentrate on endodontics, not business administration—a truly outstanding opportunity for the motivated individual. Our community offers excellent schools and housing options if relocation is necessary. Fax confidential resume or CV (630)539-1681.

ENTREPRENEURIAL, ENTHUSIASTIC dentist wanted: Downtown Chicago practice. Excellent opportunity to develop advanced diagnostic and treatment skills and grow professionally. Potential for ownership/partnership. E-mail CV and note what you are looking for now and in five years. What are your entrepreneurial ideas for marketing yourself? seniordoc@gmail.com.

PROFESSIONALS WANTED: Pedodontist and orthodontist needed part-time for busy, ultra-modern general/specialty office in Glenview. Patients and staff in place. Sublet or percentage. Ideal for new graduate or satellite. Call (847)372-0076.

GENERAL DENTIST: A nice, very modern, busy dental clinic near O'Hare seeks dedicated dentist for potential partner. No HMO, PPO. Send resume, in confidence, to: Dental Clinic, P.O. Box 59193, Schaumburg, IL 60159-0193.

DENTIST NEEDED: Part-time dentist needed for busy suburban offices. Hourly pay plus commission. Please call (630)935-0268.

NORTH SHORE AREA: Associate needed for modern, state of the art North Shore office on the cutting edge, with the option of a future partnership available. Please call (847)328-9900.

HOFFMAN ESTATES: Premier, family-oriented, fee-for-service general dental practice located in a northwest suburb of Chicago. This health-centered, full-service, state-of-the-art restorative practice is located in the professional building on a major hospital campus. The practice is committed to excellence and seeks a dentist interested in an exceptional practice purchase opportunity. Owner is willing to assist with quality introduction period to ensure smooth transition. Wonderful patients and growth opportunity with an exceptional dental team. Please reply in confidence with your objective, CV and written goals to: The Sletten Group, Inc., 7882 S. Argonne St., Centennial, CO 80016. Phone: (303)699-0990; fax: (303)600-4863; e-mail: terri@lifetransitions.com.

ILLINOIS—40 MILES WEST OF CHICAGO: Established, comprehensive fee-for-service dental office in an upscale community is seeking an associate. Please send resume to P.O. Box 322, Geneva, IL 60134.

GENERAL DENTIST WANTED: Busy SW suburban practice seeks FT/PT associate. Great opportunity to work in a state-of-the art facility with 90-100 new patients monthly. No HMO. Compensation 35-40%. Potential buy-in for a right individual with good clinical and people skills. Please fax CV/resume to (815)293-1435.

FULL/PART-TIME ASSOCIATE NEEDED: Busy family practice in Naperville seeks general dentist to perform all phases of dentistry. Fax resume to (630)369-7067 or e-mail resume to office@naperdentalcenter.com.

GREAT OPPORTUNITY: North Shore area. Must have experience in endo. Flexible hours. Future buy-in opportunity available. E-mail resume to brite_smile_1@yaboo.com or fax (847)729-1929.

FOX RIVER VALLEY DENTAL OFFICE: Exceptional family-oriented practice has an opportunity for associate buy-in/purchase. Gross \$1 million. PPO/FFS. Technologically advanced. All inquiries will remain confidential. Send CV to PO Box 1471, St. Charles, IL 60174-1471.

NORTH SHORE ASSOCIATE: General dental practice has immediate opening, full/part-time. GPR/experience preferred. Opportunity to practice ideal dentistry in state-of-the-art facility. Respond to Box J0106-F1, *CDS Review*.

PRACTICE TO LEASE Near routes 58 and 59 Hoffmann/Elgin area. Net \$120,000+ working four six-hour shifts/week. March 1. All fee-for-service, NON, PPO and cash. Reply to Box J0106-F3, *CDS Review*.

GENERAL DENTIST FOR BUSY OFFICE: Flexible hours. RCT molars, children. Great opportunity. No HMOs. New graduates welcome. Elgin. Please call (847)695-7100.

ASSOCIATE NEEDED: Busy general dental office on Southwest Side (near Midway Airport) is looking to hire an associate. Reply with CV by fax to (773)284-2879.

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SEARS TOWER: DOWNTOWN CHICAGO office seeking entrepreneurial, enthusiastic dentist. Potential for ownership/partnership. Excellent opportunity to develop advanced diagnostic and treatment skills and grow professionally. E-mail CV and short note: 1) What are you looking for now and in five years? 2) What entrepreneurial and marketing ideas do you have for yourself? 3) What do you "bring to the table?" seniordoc@gmail.com.

BROOKFIELD ESTABLISHED PRACTICE seeks a merge, purchase or part-time GP to help with transition of original dentist. This has all the pieces of success: location, patients, staff and facility. Call (312)274-3322 or e-mail freedman@manushealth.com.

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ASSOCIATE DENTIST NEEDED IN DECATUR practice: Established practice in Decatur seeks a full-time(will consider PT) associate dentist to join practice. Practice is general practice that focuses on extractions and dentures. Must be comfortable performing extractions. Good chair side manner is a must. For more information call Stuart Raney at (800)313-3863 ext. 2295, or e-mail sraney@affordablecare.com.

ASSOCIATE WANTED: Busy/Friendly private practice in Aurora/Naperville area seeks a P/F associate. Recent grads welcome. Please fax resume to(630)692-7901.

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CHICAGO: ORAL SURGEON WANTED to assume part-time position in Multi-specialty general practice near Midway Airport. All staff and instrumentation available. Fax resume to Archer Dental Care, (773)581-0013, or call (773)581-1345.

GENERAL DENTIST needed for Wheaton location. P/T, future F/T. Fax resume to (630)653-5081.

ESTABLISHED GROUP PRACTICE in southwest suburbs seeks a full/part-time dentist to work in a new state-of-the-art dental practice. Please call (630)759-9929 or fax resumes to (630)759-9922 or e-mail tworiversdental@sbcglobal.net.

BUSY SOUTHWEST SUBURBAN PRACTICE seeks part-time associate. Two-plus days per week to see mostly Medicaid patients. Guaranteed \$45 an hour, full malpractice coverage. Potential buy-in for right individual. New graduates welcome. Will mentor and sponsor H1B visa. Please fax CV to (708)598-0123.

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DENTIST LOOKING TO PURCHASE an existing practice in Naperville area or within 15 mile radius. Seller must have 2003-04 tax returns, office lease and current P/L. Immediate. Cell: (630)849-6784.

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CHICAGO, NORTHWEST AREA: Retiring dentist to sell modern office in high traffic shopping mall. High visibility signage with free parking. Practice limited to removable prosthesis for the last seven years; great opportunity for dentist to reintroduce general dentistry. Two functional operatories, with room for a third. Large lab for fabrication of appliances. Illness forces sale. Reply to Box M0305-M2, *CDS Review*, or call (773)545-0041 after 6 p.m.

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GLENVIEW—HOME/OFFICE: Unique 600-square-foot dental office is incorporated into this 5000+-square-foot custom home built in 1997. At corner of Landwehr/Blake between Willow and Lake. Find out more at <http://InfoTube.net/114929>. (847)791-4358. \$1.19 million, by owner.

INDIANA—MERRILLVILLE: Offering a 1/3 partnership or two 1/4 partnerships in a still-growing general dentistry practice gross collecting \$2,038,000 with 45% overhead. Purchaser will net \$30,000-\$38,000 per month in a 24-hour work week. All new facility and equipment. Purchase price: \$679,000 for 1/3; \$509,000 for 1/4, with 25% down. Call (219)769-9388.

ORLAND PARK: 100% fee-for-service, great location in lucrative area. Four modern, fully-equipped operatories and panorex. Ample parking, free-standing building on ground level. Call (219)924-8018.

RURAL WAUPACA, WI, EXECUTIVE HOME with established 8-year-old, part-time home office practice. Nice opportunity for semi-retiring or dental mom. Low overhead. Wildlife abounds, room for a horse. Call (715)258-3930.

NAPERVILLE DENTAL OFFICE WITH four equipped operatories for sale—assets and location only. Ideal for specialist. Dentist is moving; willing to sell assets separate from space. Total equipment appraised at \$45,000. Prices negotiable. Available Spring. Call Susan: (630)904-1106.

NORTH SIDE OF CHICAGO: Established practice. Two full operatories in a professional building. 95% fee-for-service. Grossing \$200,000-\$260,000 on part-time schedule. Contact (773)875-5012.

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PRACTICE FOR SALE: Northern Lake County satellite office. Rent approximately \$640/month. Priced to sell. Suite located in main shopping plaza in Lindenhurst with new anchor planned. (847)356-8422 or (847)502-2473.

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FOR SALE: SOUTHWEST SUBURBAN two-office orthodontic practice. Gross approx. \$800,000-\$900,000 per year. Edgewise and functional appliances. Reply to Box Z1205-Z1, *CDS Review*.

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USED EQUIPMENT: Pan/Ceph (Rotographic Plus) and Digident X-ray scanner for sale, very good condition. Cost was \$32,000; Asking \$22,000. Must sell. Call Beth (815)344-2840.

DENTAL EQUIPMENT FOR SALE: Three complete dental operatories, three X-ray machines and small equipment. Used, but in excellent condition. Dentist relocating. E-mail margunz@msn.com or call (773)489-7159.

LAKE FOREST: 40-year-old dental practice. 1,300 square feet with improvements. Excellent parking. Dentist retiring. Write Box A0102-A2, *CDS Review*.

MOTIVATED SELLER: GENERAL COSMETIC practice, Park Ridge/Des Plaines. Grossing \$130,000, 15 hours/week. Two fully-equipped operatories, cable TV, Bien Aire electric handpieces, a-dec chair, Image F/X computer imaging, Planmeca Panorex with autoprnt. Located in two-story medical building, high traffic for new patients. Price negotiable. Call (847)296-3200 for an appointment.

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CHICAGO, #5003 Loop: New price! 5 ops in Loop high-rise. \$307,000 collections. 850+ active patients. Seller financing option.

CHICAGO, #6076: Belmont and Austin area. Motivated Seller! Three operatories at street level. \$200K collections. Fee-for-service and PPO. Doctor will separate patients and facility.

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ELGIN, #6080: 4 ops in a professional building. \$460K collections. 95% FFS. Great cash flow.

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NORTHWESTERN SUBURB: Near South Barrington. Grossing mid-\$500,000s. 100% FFS, computerized operatories, fantastic location, low overhead. Net: \$300K+ on 3.5 days.

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ORLAND PARK: Spacing sharing opportunity.

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Of dogs and new tricks

Although state and federal agencies are beginning to look closely at access to dental care, there's no universal definition of the problem. In the Chicago area, access primarily hinges on affordability. In North Dakota, the issue is remoteness. In Alaska, it's both. For the handicapped, physical access is added to the mix.

Late last year, the Indian Health Service in Alaska tackled the horrendous dental needs of the indigenous population, especially those who live in remote villages, by using high school graduates who received 24 months of "training" in New Zealand to do many dental procedures including some that are irreversible.

The ADA reacted by condemning the plan and attempted to solve the problem by using volunteer dentists until a permanent solution could be found. However, the Alaska Practice Act thwarted this initiative.

Proactively, the ADA Board of Trustees established the Workforce Models Task Force in 2004 to develop a position paper regarding current and future needs of dentists for auxiliary personnel and their roles. The

Board directed the committee to be groundbreaking in addressing access to care.

In August, the delegates of the ADA received Board Report 15, along with five innovative resolutions to implement the Task Force's findings. The report defines and creates seven categories of allied personnel, from an entry level trained-on-the-job dental assistant to an advanced degreed dental hygienist, all with heavy emphasis on preventative care. My first reaction to the report was incredulity. I felt it went too far too fast, assigning duties traditionally solely within the purview of dentists. I slowly changed my mind upon hearing the opinions of the Illinois delegation to the ADA and then rereading the report.

Some points to consider:

- The Task Force presents a grid of options that states can adapt and modify to meet their local needs.
- The dentist is the gatekeeper.
- Only a dentist may do an irreversible procedure
- State dental boards will determine the ultimate scope of practice.

The Task Force recognizes that some of the innovations will need pilot studies to determine if they are productive and appropriate.

I came to believe the Task Force breaks new ground as it was directed to do, and is a matrix for solving some of the pernicious problems of access. I also knew there would be vigorous debate on the report and the resolutions.

But, a funny thing happened on the way to the forum. The report limped to the annual ADA meeting, seemingly dead on arrival. Nearly every district caucus trashed the report before it arrived at the Philadelphia meeting. The Illinois caucus was one of the few exceptions.

A "White Paper," generated and circulated by unknown conspiracy advocates, likened the report to a Clintonian healthcare proposal. It took some time for delegates to appreciate the report's many merits. The House resolved to assign a committee composed of one member from each of the 17 trustee districts and two trustees to further study access and the possibility of creating new types of allied dental personnel. Usually a study is the death knell of any report. However, I don't think so this time. I believe the new committee will tweak the document, because not only is it well conceived but it also alleviates the problem of access, which is the proper business of organized dentistry in the United States. My concern is that bureaucrats will accept these reports as *fait accompli* before we have an opportunity to refine and test these recommendations.

The report and my initial reaction to it remind me that the age of a person is determined by the pain he or she feels on hearing a new idea. It's not a lesson I will soon forget. ■

Write Dr. Lamacki at wlamacki@aol.com.

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