

THE NEW YORK STATE DENTAL JOURNAL

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PRESIDENT JAMES GALATI *Meeting Challenges with Optimism*

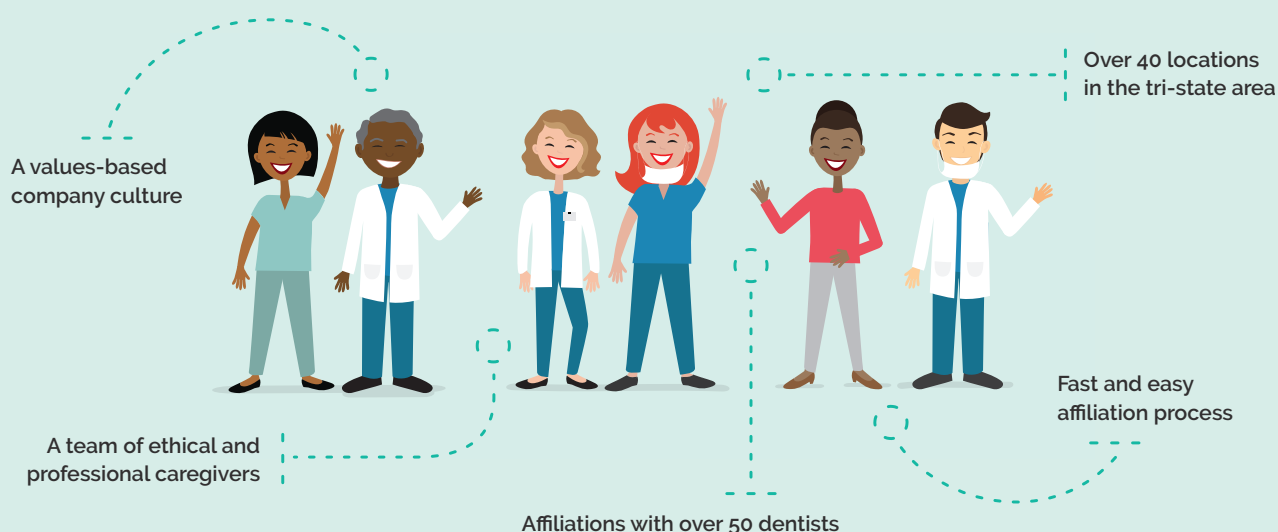
Inside: 2022 Legislative Roundup



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Nikki Rossi Photography

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The Truth about the Truth

Dentists and patients must question the authority and motivation of purveyors of oral health information.

Truth encompasses beliefs and statements in accordance with fact and reality. It is always possible and, often the case in the dental literature or commercial media, that an author or speaker has a vested interest in recognizing, accepting, ignoring or outright denying a fact or reality. Unless a reader or listener subjects a representer of fact and their representation to a thorough vetting process and engages in a scientific dialogue with all competing viewpoints, the reader or listener may never encounter the truth. In our search for truthful oral health information, the dental profession must ensure our dental literature provides evidence-based, and to the best of our ability, unbiased expert information, engage in open scientific debate with dissenting opinions, and educate dentists and patients to appropriately investigate the credibility of all oral health information and its sources.

Barriers to Search for Truth

The search for money, power and influence increasingly supersedes the search for truth in today's political, commercial and, regrettably, professional arenas. While dental journalism has, to a great extent, maintained its integrity in the face of the commercialization of healthcare, it must remain vigilant to critically evaluate research methodologies and reduce bias and conflicts of interest in the dental literature. In addition, the dental profession and our patients must similarly critique oral health information presented in the commercial media.

Entanglements between dental researchers and manufacturers, vendors, insurers and government agencies create conflicts and introduce bias that threatens the credibility of our dental literature. Entanglements between media sources and corporate entities and political factions can deceptively disguise private agendas as news. A lack of transparency regarding the conflicts of interests inherent in these compromised relationships has given rise to two false premises that increasingly permeate our search for truth in oral health information. First, educational and research institutions, government agencies and professional journals possess the exclusive and unquestioned authority to define the body of scientifically proven medically substantiated knowledge. Second, the American public cannot be trusted to read or hear conflicting data or dissenting opinions contrary to the institutional narrative. Strict reliance upon these false premises make the truth unknowable.

Legal Systems' Search for the Truth

Legal systems around the world utilize two main legal fact-finding processes in their search for truth: the inquisitorial and adversarial. In the inquisitorial process, the court, often one judge alone, investigates the circumstances to gather all facts and evidence, both pro and con, and makes a final determination. It focuses on neutral fact-finding, objectivity and shared information to ideally offer greater access to the truth. However, reliance upon one in-

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terrogating and decision-making entity makes the court extremely vulnerable to confirmation bias, personal bias and intimidation and, thus, susceptible to overlooking alternative views.

The adversarial process utilizes the court/judge as only a passive referee and decision maker, while attorneys for both sides aggressively investigate and introduce evidence favoring competing outcomes. It forces the decision maker to consider all possible viewpoints and, ideally, leaves no stone unturned. However, the process assumes adversaries possess equal resources and skills, which rarely occurs.

Some legal scholars assert a blend of the strengths and advantages of these two approaches would enhance the search for the truth.¹ Incorporating an adversarial component into the search for truth dispels the false premise that any one source wields exclusive or unquestioned authority to dictate fact from fiction. At the same time, encouraging scientific debate among competing viewpoints of fully vetted sources as essential to fact-finding refutes the false premise that the public cannot be trusted to hear dissenting opinions.

Dentistry's Search for the Truth

The dental profession utilizes forms of inquisitorial and adversarial processes to search for oral health truth. The inquisitorial process starts when scientific researchers submit findings to refereed journals. Journal peer-review panels then make blind and ostensibly neutral determinations regarding the research rigor and appropriateness of the conclusions. Journals publish the manuscripts that survive this inquisitorial type of investigation and the final article's content rises to the level of the current, authoritative, albeit tentative, version of the truth.

The adversarial process engages when other scientists or lay commentators seek and present evidence and interpretations of evidence that favor competing outcomes and dissenting opinions. The scientific debate initiated may then, in these cases, generate a more accurate version of the truth.

We can only discover oral health truth, however, when the two fact-finding processes operate as intended. To this end, dental education and journalism must instruct and assist dentists and their patients in the vetting process. The process must first consider each source and evaluate the researchers' and authors' credentials and qualifications, how the supporting data was obtained and interpreted, and the reliability of the internal peer-review process.

Second, investigate the quality and reputation of the information channel, journal or media outlet. A publication's mission statement, specialization, impact factor and history of predatory tactics all contribute to its credibility and the weight the reader should attach to its content. Third, expose potential conflicts of interest, bias and alternate agendas of any of the parties involved in gathering or interpreting evidence to ascertain their true intent in publishing the information. A deceptive portrayal of neutrality of a biased source misleads the audience and erodes trust in all oral health information.

Fourth, facilitate an open dialogue and inquiry as the ultimate vetting process to reveal the truth. Effective scientific debate must

include all sources, because no one source or governing body has authority to silence any source. This should include content competing sources may, because of a bias, label as “misinformation,” i.e., unintentionally inaccurate, or “disinformation,” i.e., intentionally inaccurate. Professional and commercial health speech is constitutionally protected, and the government cannot suppress it even if false or offensive.² The answer to speech to which one does not agree is more speech, not less. Hence, as a response to apparently false or misleading health speech, dentistry must make accurate information available in a timely manner. Except for the legally unprotected areas of speech, the dental community and the public can only discover truth and trust it when openly and fully debated among all competing or dissenting sources.

Forms of censorship, whether a corrupt professional peer-review process, editorial misconduct or the private taking down of internet content and deplatforming individual accounts, deprive the audience of all available data and interpretations and, thus, increases the risk of propagation of errors and abuse³ while promoting distrust due to potentially biased suppression of competing information. Often, attempts to silence or cancel competing data or viewpoints stem either from the insecurity of the canceling entity that another publication will expose the canceling


entity’s own lack of adequate evidence, or the canceling entity’s own bias, hidden agenda or both.

Furthermore, engaging debate with all competing views creates an excellent opportunity for the dental literature to air its best evidence-based, nonbiased research findings. It sets the stage for a teaching moment to weigh the credibility of competing sources. Sources which lack appropriate credentials, base conclusions upon inadequate evidence, employ faulty methodologies and suffer from irreconcilable conflicts of interest act as their own worst enemies and vet themselves.

Protections of the Search for Truth

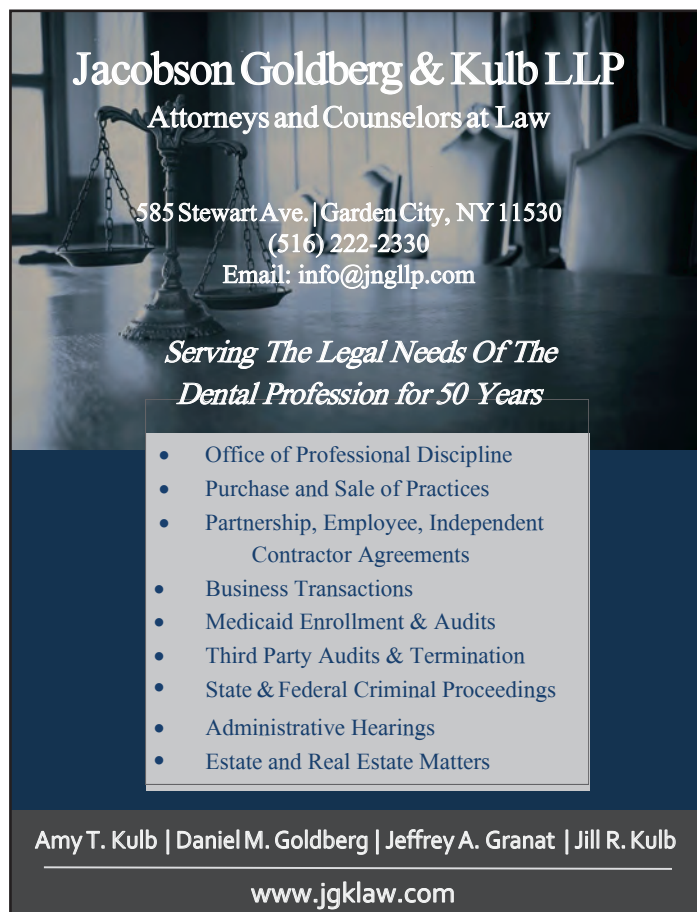
The dental profession must critically vet its own literature, welcome and similarly vet all dissenting views, engage in open scientific debate, and educate dental students, practicing dentists and their patients in this process. The dental literature need not represent the only voice in oral health information. It should, however, project the loudest and most trusted voice because of its evidence-based and unbiased processes. The audience will discover the truth in the dialogue among these competing viewpoints.

Ultimately, we must honor dentistry’s responsibility to protect patients’ autonomy in oral healthcare decision-making. As part of the informed consent process, patients require the truth to make an informed decision. Patients can handle the truth and are entitled to it. Dentistry must enable them to find it.

 D.D.S., J.D.

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NYSDA Records Impressive Wins in Albany

Legislatively speaking, it was a very good year for the Association.

Lance Plunkett, J.D., LL.M.

Following some lean legislative years due to the novel coronavirus (COVID-19), this year NYSDA enjoyed the most spectacular legislative session it's had in the last 15 years. Three pieces of legislation that were key NYSDA priorities and no fewer than 10 major successes in the New York State Budget made for a very successful legislative session. The session ended early in the morning of June 4 when the New York State Assembly finally adjourned. The Senate had adjourned very late a day earlier.

With multiple legislative success stories, it is hard to know where to begin to recount them all. So, let us start with the standalone legislative bills that passed. First is A.9478-A (Lupardo)/S.6694-B (Harckham), which was signed into law on May 9 by Gov. Hochul as Chapter 198 of the Laws of 2022. The bill took effect immediately and now allows dental hygienists certified to use nitrous oxide and local infiltration anesthesia to use those modalities to assist dentists with all dental procedures. This will help dental offices gain efficiency and better serve patients.

Previously, dental hygienists were limited to using these modalities for dental hygiene procedures, which was of limited benefit to dentists. It should be noted that the staff of Sen. Peter Harckham, Assemblywoman Donna Lupardo and Assemblyman John McDonald were all ex-

tremely helpful in achieving passage of this bill and that the bill was acted upon swiftly in the respective Assembly and Senate Higher Education committees by Assemblywoman Deborah Glick and Sen. Toby Stavisky. Much effort was needed to separate it out from a previous omnibus version covering multiple issues from last year that was mired in process details that had prevented its passage.

Second is A.7754-C (McDonald)/S.8533-A (Harckham), a bill to allow registered dental assistants to place and remove temporary restorations. This bill awaits delivery to Gov. Hochul for action; it is fully expected that the governor will sign it into law. In 2007, the New York State Education Department mandated that registered dental assisting programs teach and train registered dental assistants to place and remove temporary restorations, declaring in its official directive from then Deputy Commissioner for the Professions Frank Munoz to such academic programs that these procedures were within the scope of practice of registered dental assistants and they needed to be educated and trained to perform them. However, the registered dental assisting scope-of-practice law was never updated to match that directive, which has been carried out ever since 2007. The bill fixes that technical glitch to match the existing education standards

and training of registered dental assistants to their scope-of-practice law.

Third is A.9967 (Glick)/S.8808 (Stavisky), a bill to remove the language “clinically-based” from the law defining dental residency programs that qualify for licensure. That language was preventing many accredited dental specialties, such as orofacial pain, oral medicine and dental public health, from qualifying for licensure purposes. The bill also awaits delivery to the governor for action; it is fully expected that the governor will sign it into law. It is interesting to note that the bill was sponsored by the chairs of the Higher Education committees in both the Assembly and Senate—powerful sponsors who helped pass this legislation. The bill will also allow the Education Department to clean up the arcane dental residency program regulations it enacted that have mystified dental residency directors for years.

No Strings Attached

Next come the resounding successes in the 2022-2023 New York State Budget, adopted late this year—April 9 instead of April 1. A critical item in the final budget was \$125,000 appropriated through the New York State Department of Health for services and expenses of NYSDA related to the Association’s Dental Demonstration Project charitable grant program—with no restrictions on how the funds can be applied. Gone are the requirements to work only with Article 28 facilities or Federally Qualified Health Centers. The funds can be used in any setting and not just for free dental services for our Dental Demonstration Project program. This money was in the Aid to Localities Budget Bill.

The entire state budget is composed of a conglomeration of separate budget bills, all totaling well over 1,000 pages. The bills are broken down by broad subject matter, but often stray into each other’s territory. One of the biggest budget bills is nicknamed “the big ugly,” because it contains all kinds of things off the normal subject matter of the bill. This year, that bill was the Education, Labor, Housing, and Family Assistance Budget Bill.

Other major items in the final State Budget are:

1. A 1% across-the-board increase in Medicaid reimbursement rates and a restoration of previous Medicaid reimbursement reductions of 1.5% in the Health and Mental Hygiene Budget Bill, for a total increase of 2.5%. This is the largest increase in Medicaid reimbursement rates in many years.
2. A requirement that an independent contractor will be employed to comprehensively review and assess the Medicaid managed care program. This is something NYSDA has been asking for for many years, and it is already working on presenting concerns to the inde-

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pendent contractor. This item was in the Health and Mental Hygiene Budget Bill.

3. \$750,000 appropriated through the New York State Education Department for a Dental Grants Program to be available for teaching dental students to work with individuals with disabilities in the Aid to Localities Budget Bill. This had been a priority item of the NYSDA Board of Trustees, to promote improving access to care for the developmentally disabled population.
4. There were three small business tax benefits that certain dentists and dental offices could take advantage of. The first is a tax credit under the New York State Economic Development Law for COVID-19 capital costs for items needed to deal with COVID-19 in a business. Obviously, dental offices had to purchase many such items. Dentists will want to discuss with their accountants how to file for and document a claim for this credit. The second is a new provision in Section 612 of the New York State Tax Law that the amounts of any student loan forgiveness awards will not be included in income for the recipients. The third is a provision of Section 612 of the Tax Law that increases from 3% to 15% the amount of small business income that can be excluded from gross income and

taxation. Again, dentists will want to consult with their accountants on eligibility and documentation for claiming this small business income exclusion, which also applies to New York City local taxes. All of these items were in the Revenue Budget Bill.

5. There is a new provision in the New York State Social Services Law creating healthcare worker bonuses for employees who remained on the front lines during the COVID-19 pandemic and earned less than \$125,000, specifically including dental hygienists and dental assistants. The employer must serve at least 20% Medicaid patients to qualify for the bonuses, and the amount of the bonuses cannot exceed \$3,000. The program will be administered by the New York State Department of Health. Eligible employers will be sent materials on how to implement the bonus program. They will pay the bonuses to their eligible employees and then Medicaid will reimburse the employer for the cost of the bonuses. This provision was in the Education, Labor, Housing, and Family Assistance Budget Bill.
6. The Excess Medical/Dental Malpractice Insurance Program is continued for a year and any changes to the payment structure of that program were eliminated. Every year there



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is some proposed change to that program, which has been used by both dentists and physicians for many years to obtain extra malpractice insurance coverage. The proposed changes always would transfer costs to the healthcare professionals who benefit from this extra insurance coverage. Once again, the changes were defeated and the program remains intact. This was in the Health and Mental Hygiene Budget Bill.

7. There is a provision that allows a dental license exemption for out-of-state dentists (and the same exemption for other healthcare professionals) working for the 2023 World Winter University Games. NYSDA typically supports these kinds of bills as standalone measures to help athletes get care at athletic events from their regular traveling healthcare providers. This was a rare time such a provision was included in the State Budget. This provision was in the Transportation, Economic Development, and Environmental Conservation Budget Bill.
8. The final budget also contained provisions to conform New York State law to the federal No Surprises Act and to make the New York version of that law apply to dentists and other healthcare professionals. The previous New York law had applied only to physicians, but the federal law applies to all healthcare professionals and preempts the New York law on that issue. Therefore, New York opted to conform to the federal law. The major feature of the federal law is that uninsured or self-pay patients are required to get good faith estimates of the costs of services, but that is something dentists have routinely provided to their patients. Otherwise, because neither the federal nor the New York No Surprises law applies to billing under standalone dental insurance plans, the applicability of these laws to dentists is somewhat limited, covering out-of-network billing under medical insurance and for emergency services. Oral and maxillofacial surgeons are most likely to be impacted by the billing provisions of the New York and federal No Surprises Acts.
9. One item not in the final budget is the transfer of the health professions from the Education Department to the Department of Health, which never made it into any Assembly or Senate budget bill. This was an issue that NYSDA was watching closely, although it became abundantly clear that the Legislature was not in favor of the change. Interestingly, the sentiment of the Legislature was not an overwhelming vote of confidence in the Education Department, but a practical recognition that the change would involve a lot of administrative work that did not seem worth the effort. Inertia is a powerful motivator for state government.


One standalone bill that passed the Legislature of some interest to dentists as employers is an item mentioned in my April *Journal* column (“Employment Law Madness, New York City Style”). That article covered the already enacted New York City

law on pay transparency in hiring (the New York City law has been subsequently amended to have its effective date pushed forward to Nov. 1, 2022), and had mentioned that there was a state version being considered. The Legislature did finally pass the state version—A.10477 (Joyner)/S.9427-A (Ramos)—which closely follows the New York City law on employer transparency about minimum and maximum salary ranges when advertising to hire, or promote or transfer an employee. Now, that same type of pay transparency law would apply statewide to employers with four or more employees. The bill awaits delivery to the governor for action. And even if signed into law by the governor, would not take effect until 270 days after signing.

On the Downside

There was one unfortunate note to the session. The Legislature did pass a reform to the laws covering wrongful death lawsuits —A.6770 (Weinstein)/S.74-A (Hoylman)—that extended the statute of limitations from two years to three and one-half years, expanded who could sue under those laws and expanded the types of damages that could be awarded. NYSDA had opposed this bill, but it was well known that the Legislature would pass this yearly gift to trial lawyer groups. And, to some extent, New York’s wrongful death laws were overdue for some reform, even though they had stood the test of time for being serviceable to the public.

The bill awaits delivery to the governor for action, and there is some slight hope she would veto it as harming the overall economy in terms of the cost of insurance. However, few dentists are subjected to wrongful death lawsuits and the bill, if signed into law, will mainly have an adverse effect on physicians.

All in all, 2022 was one of the best legislative years ever for NYSDA and one that points to future successes. 

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.

Association *Activities*



Officers Installed

AT ITS HOUSE OF DELEGATES meeting in June in Saratoga Springs, NYSDA welcomed and installed the Association's 2022-23 officers. They are: President James Galati, President-Elect Anthony Cuomo, Vice President Prabha Krishan, Secretary-Treasurer Frank Barnashuk and Speaker of the House Steven Gounardes.

Three new Trustees were also installed at the meeting. They are: John Demas, Second District; Raymond Miller, Eighth District; and Gary Scharoff, Ninth District.

Newly installed NYSDA officers appear before House of Delegates. They are, from left, Secretary-Treasurer Frank Barnashuk, Vice President Prabha Krishan, President-Elect Anthony Cuomo, President James Galati.

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Association Activities

ADA Council Adds Two NYSDA Members

NYSDA MEMBERS **Amy R. Bryan** and **Bhagwati J. Mistry** have been appointed to the American Dental Association Dentist Wellness Advisory Council (DWAC). Dr. Bryan and Dr. Mistry serve on NYSDA's Committee on Substance Abuse and Well-Being. Their first three-year term on the ADA council will begin in January 2023.

DWAC provides expertise to the council's Subcommittee on Health, Wellness and Aging related to the health and wellness of the dental team, issues pertaining to professional impairment, and support of state dentist well-being programs. Council members are chosen based on their knowledge of general health and wellness, burnout, stress, anxiety, mental health issues, substance and alcohol use and misuse, disability, ergonomics, physical medicine and rehabilitation, and suicide prevention.



Amy Bryan

Dr. Bryan has been a member of the NYSDA Committee on Substance Abuse and Well-Being, representing the Eighth District Dental Society, for 19 years. She brings her knowledge and training in substance and alcohol abuse to the DWAC. Dr. Bryan coordinates the University at Buffalo dental student lectures on

substance abuse and addiction. She regularly attends annual meetings of International Doctors in Alcoholics Anonymous, in which she holds membership, and the New England Professional Group.



B.J. Mistry

Dr. Mistry, representing the Ninth District Dental Association, has been a member of the Substance Abuse Committee for three years. She is a certified Kripalu yoga teacher, specializing in yoga targeted to dental and other healthcare professionals. She presents wellness lectures, seminars and workshops on yoga mindfulness and relaxation techniques to manage anxiety, stress, burnout, ergonomic issues and to enhance resiliency and overall well-being.

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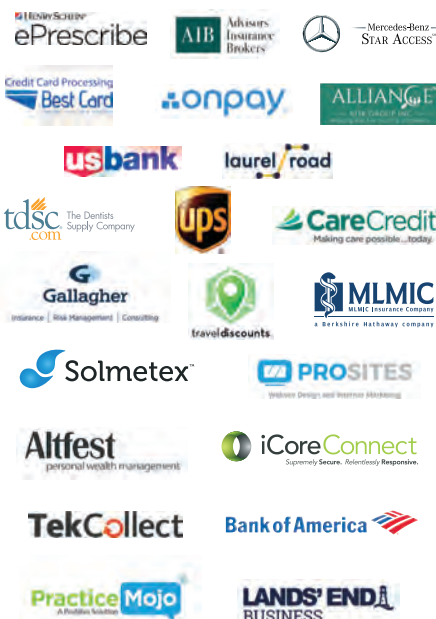
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Association *Activities*



On Their Mark, Get Set....

Ready to carry the NYSDA banner in the CDPHP Workforce Team Challenge in Albany in May are, from left, Amanda Armao, Patty Marcucia, Maureen O'Brien, Heather Relation. Team members, each dubbed a "Sole Sister," completed the annual 3.5-mile walk/run, proceeds of which benefit several Capital Region charities.



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Association *Activities*

In Memoriam

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Michael Gelb

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October 3, 2020

Richard Kiman

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March 13, 2022

BRONX COUNTY

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Cary, NC 27511
January 8, 2022



James Galati family at home in Rexford, Saratoga County. From left: son, Dominic; daughter Alexa; wife, Kelli; daughter Gia; Dr. Galati.

Niki Rossi Photography

The Challenges are Many, but There's Reason for Optimism

NYSDA's newest president is determined to not only help the Association withstand its current trials, but to overcome them and succeed.

A conversation with James E. Galati, D.D.S., 142nd president of the New York State Dental Association

In describing James Galati's coming term as president of the New York State Dental Association, several words come to mind. They are: challenge, advocacy, inclusion and change.

Galati assumes the office of the Association's top elected official cognizant of the many obstacles NYSDA and its members have encountered in the past few years, not the least of which has been the ongoing COVID pandemic, which has tested and continues to test the professional and personal resources of practitioners. Adding to an already wrought situation, according to Galati, are possible Congressional interference in dental benefit programs, licensure delays, workforce shortages and ballooning student debt.

But Galati, who says he tries to remain optimistic, sees challenges, especially those inherent in pursuing a career in dentistry, as "stepping stones to use on the path to success." Which is not

to say he expects his colleagues to muddle through on their own. That's where the advocacy comes in, led by the ADA and NYSDA, who, Galati points out, have been instrumental in fighting off and helping to resolve these challenges.

Galati vows that under his leadership that advocacy will continue and be strengthened by more aggressive outreach to members, especially new members, who, he says, need help from organized dentistry getting established and succeeding in their careers.

Presidential Mantra

NYSDA's new president is passionate about inclusion, reaching out and connecting with the diverse groups that make up an ever-increasing percentage of the dental profession. He has pledged to expand and enhance the Association's newly formed Diversity,



Galati and son, Dominic, boating on Schroon Lake, in New York's Adirondacks, where Galatis have a camp.



Galati children at play. Dominic and twins Alex and Gia.

Niki Rossi Photography



Galati and children enjoy winter outing on frozen Schroon Lake.

Equity and Inclusion Task Force, to enlist its help in his crusade to “hear their voices.”

“Making these diverse group feel welcome within our Association and giving them a meaningful voice in formulating the direction of our profession is critical to the future success of NYSDA,” according to Galati. “In short, we need to *hear their voices* and have them involved.”

Galati includes among previously ignored populations not just dental professionals from different ethnic and cultural backgrounds, but those engaged in different types of practice modalities and “mid- or late-career dentists who have loyally supported us for many years and are now questioning the value of remaining members.”

Galati says he equates inclusion with strength. “The whole,” he says, “can be so much stronger and effective at creating change than the individual pieces.”

Toward the Greater Good

Change may be inevitable but it comes with risk. Galati expects his presidential year will be one of tremendous change for the Association, starting with the appointment of a new executive director of NYSDA. His goal, he says, is to help members see beyond the disruption and disquiet to “embrace the changes.”

“If we embrace the changes and all work together to present a common and strong voice for all of our members, our Association and our profession, then what we can accomplish can be truly transformative.



Complete Galati family includes dog, Roxie, year-old beagle mix.

Niki Rossi Photography

Personal

Galati was awarded his dental degree summa cum laude from Georgetown University School of Dentistry in 1988. The following year he completed a general practice residency at Albany Medical Center Hospital. He is currently employed in the practice of general dentistry in Halfmoon, Saratoga County.

He is a past president of the Fourth District and Saratoga County Dental societies, former chair of the Saratoga Dental Congress and served as chair of the ADA 2014 Annual Session in San Antonio, TX. He is a fellow of the Pierre Fauchard Academy and American College Dentists, member of the Omicron Kappa Upsilon National Dental Honor Society and the Academy of General Dentistry.

An avid golfer, Galati is chairman and founding member of the Fourth District annual CE and Golf Outing. He and wife, Kelli, are the parents three children: Dominic, 8; and twin girls Alexa and Gia, 6.

What follows is more information about Dr. Galati, gleaned from a recent conversation.

Where did you grow up?

I was born in Rockville Center on Long Island and moved upstate to Blooming Grove in Orange County when I was 5 years old. It was a rural community, and we lived in a small house on five acres of land next to a cow farm. We moved upstate because my Dad lived his whole life on Long Island and wanted to live in an

area where he could have more land and privacy and where we could have horses and chickens—which we did.

I first met my wife, Kelli, when she was working as a part-time assistant in an office where I was an associate dentist. We stayed friends after she left to get her dental hygiene degree and 10 years later, started dating. We quickly realized that we were meant to be together. We married in 2009 and have three beautiful and loving children: Dominic, 8; and twin girls Alexa and Gia who are 6. We enjoy many family activities together, especially swimming in our pool and boating and fishing at our camp on Schroon Lake.

Who are the other members of your immediate family?

My Dad, Edward, was a union steamfitter (plumber) and my Mom, Barbara, was a hospital nurse who transitioned to a school nurse so her schedule would better allow her to take care of her kids. We are a family of six kids. I have three brothers and two sisters: Michael lives in Northern Virginia and is a train conductor; Philip lives in Acton, MA, and is CEO of an education company; Edward, who lives in New Canaan, CT, is a CPA and CFO of a company; Mary Jo lives in Swedesboro, NJ, and is a home health aide; and Patty, who lives in Ft. Lauderdale, FL, has had numerous jobs in publishing.

Where did you go to school?

I went to Washingtonville High School in Orange County, then to the University of Maryland in College Park, MD. I loved the big school environment, major college sports programs and un-



In 2014 Galati chaired ADA Annual Session in San Antonio, TX. Seen here on outing with members of Council on Annual Sessions, from left: Shane Samy, Neil Torgerson, Jim Foster, Galati, Steve Parker, Barry Cohen.

limited educational opportunities. I then attended Georgetown University School of Dentistry. I worked part time in an oral surgeon's office and at a wine and cheese store all four years to help pay my way through school.

How would you describe COVID's impact on the dental profession?

COVID has had a significant and multifaceted impact on the profession and on our members. It shut most practices down for several months, required our members to invest in new equipment and work protocols to help prevent the spread of the disease. Once we were able to fully reopen—thanks to the significant lobbying efforts of NYSDA—many patients remained fearful about returning to the dentist, which caused financial hardship for members who were trying to keep their offices afloat during the several-years' duration of the pandemic. Two mostly unseen effects on the profession were the number of members who lost family and loved ones to the disease and the toll increased stress took on general and mental health, concerns many of our members continue to deal with to this day.

What are the greatest challenges facing dentistry today, and how should the profession respond?

The challenges I see for dentistry today are the push by the insurance companies to close networks and, thus, limit patients' choices on who they can see for treatment—requiring them to see only in-network dentists. That forces many of our members to join these networks, which reimburse for treatment at much

lower rates, and which exclude coverage for procedures patients need, thereby interfering in the doctor/patient relationship with regard to determining the best treatment for our patients.

Another challenge for dentistry is getting dentists coming out of school to join organized dentistry so that they can have a voice in guiding the profession into the future and guard against outside entities (insurance companies, legislators, etc.) who may make uninformed decisions concerning our profession that may not be in the best interest of our members and the patients we treat.

What convinced you that you needed to join organized dentistry? How do we persuade more dentists to join?

When I was a recent graduate, I was asked by the owner dentist I was working for to join a study club. Several members of that club were involved in the local chapter of our Fourth District Dental Society. They encouraged me to serve on some committees/councils and, eventually, go through the chairs of the Fourth District. This led to my serving on a state council (Dental Practice) and, then, I had the honor of being selected to serve on the ADA Council on Annual Sessions—eventually chairing the ADA meeting in San Antonio, TX, in 2014. I believe the key to getting dentists to join and become involved in organized dentistry is to start at the local level, persuading them to become active in guiding our profession. We need to reach out to all of the diverse groups that make up our profession and let them know we want to hear their voices, thoughts and ideas on how the profession moves into the



Galati and staff at his general dentistry practice in Halfmoon, Saratoga County. They are, from left: Allison Morin, Angela Knotts, Jordyn Livingston, Galati, Melissa DuBray, Sue Hotaling. Missing staff: Galati's wife, Kelli, and Dawn Nardacci.

Niki Rossi Photography

future. We need to make them feel that their participation is essential and to make sure that their voices are heard.

You have experience treating underserved and disabled patients. Is enough being done to serve these populations?

While working in private practice just out of my residency program, I also took a part-time job at an Article 28 health center in Albany serving the underserved and disabled. Though difficult, I found working with this patient population was one of the most fulfilling and rewarding aspects of my dental career. I really felt I was making a significant difference in the quality of these patients' lives. I encourage everyone to make time during their careers and lives to help serve this patient population, because the need is so great. NYSDA has been very effective in keeping adult Medicaid programs funded; many other states do not fund them. We continue to work as an Association to get increases in funding and reimbursement rates so more dentists can get involved in treating this patient population, whose needs continue to grow year after year.

You have expressed interest in expanding mentorship initiatives within NYSDA and its components. Do you see this as being key to attracting more members, especially new dentists?

Another way we show dentists why joining organized dentistry is so important is through mentorship programs, which I am hoping to establish and/or expand within each of our 13 components. I believe mentorship programs are key to helping new dentists get

established and succeed in their careers, by putting them in touch with a more experienced member dentist to advise them as they navigate the many pitfalls and challenges we all faced just starting out in dentistry. And we do this to show them that we care about helping them succeed and to demonstrate to them the value of organized dentistry. I believe mentoring can make a huge difference in the life of the mentored and have a positive effect/influence on those doing the mentoring.

Do you have plans for continuing diversity efforts and implementing the policy of the Diversity, Equity and Inclusion Task Force?

A critical factor in NYSDA's ability to grow membership and be the leading voice of the dental profession is to get the diverse groups that make up a growing percentage of our profession more involved. The DEI Task Force, formed over the last year by NYSDA, is the first step in addressing this. Through the efforts of the Task Force, we are bringing diverse groups and communities together to work on programs to reach out to the disparate members within our profession and get them more involved in organized dentistry. I hope to expand on the Task Force's work over the coming year by initiating more outreach programs and events to show these members that they have an important place and role within the NYSDA family. Having these diverse groups feel welcomed within our Association and giving them a meaningful voice in formulating the direction of our profession are critical to the future success of NYSDA. //



Galati treats patient, assisted by Allison Morin.

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Medication-Related Osteonecrosis of the Jaw

Important Clinical Considerations

Bard J. Levey, D.D.S.; Franklin Garcia-Godoy, D.D.S., M.S., Ph.D.

ABSTRACT

Medication-related osteonecrosis of the jaw (MRONJ) is a challenging condition for dental practitioners. Despite an abundance of published literature on this topic, widespread clinical awareness and recognition are still not common, as clinicians still do not recognize the common, early presentations of this disease. This has been shown in different studies conducted in different parts of the world.^[1-4] This paper highlights the important clinical considerations for practitioners to evaluate.

Technology can make us better dentists, as collaboration between dentists in different offices, with different specialties, even in different countries is now possible by posting clinically relevant details, radiographs, scans and photos with the push of a button. One recent posting on a Facebook group for dentists (with over 45,000 members worldwide, whose purpose is to allow dentists to share clinical information with, and receive feedback from, a broad network of their peers) included a case history and photos involving a patient with a mysterious “piece of bone sticking out of the gums on the distolingual of #18.” The dentist was looking

for diagnostic help. Studies conducted in different parts of the world have also shown the lack of solid knowledge of treatment of MRONJ.^[1-4]

Of the many responses received for this posting, not one person asked if this patient was currently, or had ever, received bisphosphonate treatment. A respondent finally posed this question. The author of the post, not surprisingly, stated they did not know and “would have to check.”

It is not an understatement to point out that the very low positive predictive value for the recognition of MRONJ continues to force many patients to endure unnecessary complications and suffering and, therefore, the clinical importance to highlight this issue. The didactically obvious definition of MRONJ is not inherently obvious to the wet-fingered general dentist. Especially in its early stages, necrosed bone does not present labeled as such, and its recognition can easily be mistaken for many other more commonly seen clinical findings. The delay in accurate diagnosis then delays proper treatment.

There are few, if any, dental diagnoses that are more potentially devastating and debilitating than undiagnosed and untreated medication-related osteonecrosis of the jaw (MRONJ). And yet, despite an abundance of published literature on this topic, widespread clinical awareness and recognition are still not common, as clinicians still do not recognize the common, early pre-

sentations of this disease. It is important for the practicing dentist to view any patient who has received bisphosphonate treatment as being “at risk.”

A thorough recent review article by Kim et al.^[5] highlighted key points of medication-related osteonecrosis of the jaw (MRONJ). This paper further summarizes the topic based on the Kim et al. paper, and will highlight the critical clinical implications for a practicing dentist.

Bisphosphonate medications work by essentially inhibiting the function of osteoclasts. Bisphosphonates have varying potencies, with newer (second and third) generation iterations being more potent than first-generation bisphosphonates (which do not contain nitrogen). The clinical significance of drug potency in development of MRONJ, as would be expected, shows that bisphosphonates with higher potency create a higher risk for development of MRONJ. Similarly, bisphosphonates used intravenously create increased risk for MRONJ when compared with those taken orally. The risk for development of MRONJ not only increases with drug potency, but also with route of intake, dosing and duration of treatment.

While the diagnosis of MRONJ is seemingly straightforward (necrosed maxillofacial bone lasting more than eight weeks in a patient with no history of radiation treatment who is receiving, or has received bisphosphonate treatment), as previously noted, there is a major disconnect between the scientific literature and awareness by the practicing dentist, which adversely affects prevention and/or early diagnosis of MRONJ.^[1-4]

In their consensus update paper on MRONJ prevention and diagnosis, Campisi, Mauceri, Bertoldo, et al.^[6] suggest the following to enhance the practitioner’s diagnostic ability:

- 1) Evaluate not only past and current bisphosphonate medications, but also consider any history of other anti-resorptive agents or medications with anti-angiogenic actions.
- 2) Realize that not all MRONJ cases are preceded by invasive dental treatments. Periodontal causes and spontaneous cases occur.
- 3) Understand that pain may not be a part of the MRONJ diagnosis.
- 4) With proper diagnostic imaging, MRONJ can be suspected even before exposed bone occurs.
- 5) Do not hesitate to prescribe the proper radiological exam (Pan, CT and/or MRI) when there are any possible clinical signs of MRONJ, even in the absence of exposed bone or fistulas.
- 6) Realize that MRONJ can initially present like many common dental issues (think endodontic and periodontal), or it can present as what appears to be the worsening of an existing condition.
- 7) Use CT imaging every six months to monitor MRONJ after undertaking treatment.

Taken together with these suggestions designed to enhance the practitioner’s diagnostic acumen, the summary of findings produced by Kim et al.^[5] will serve as an additional, important treatment planning guide for the practicing dentist, with the goal of reducing the potentially devastating outcomes inherent in MRONJ.



Figure 1. Taken 11-2-16.



Figure 2. Taken 3-6-18.

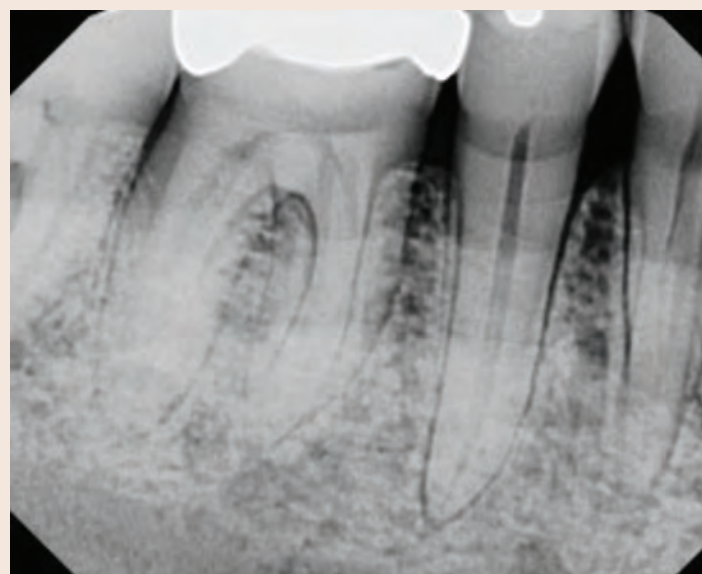


Figure 3. Taken 3-6-18. Note bony changes area #30, mimicking common periodontal pathology.

Orthodontic Considerations

- 1) For patients at risk of developing MRONJ, consider orthodontic tooth extrusion instead of extraction.^[7]
- 2) There is general consensus that patients at risk for MRONJ undergoing orthodontic treatment should expect increased treatment times, poor root parallelism (as some studies show that primarily tipping movements are possible), extra monitoring (more frequent appointments) due to the lighter than normal forces being applied.^[8]
- 3) With respect to retention, retainers must be fabricated to only cover the hard tissue, with no soft-tissue impingement for patients at risk for the development of MRONJ.^[9]
- 4) There is not one single reported case in which orthodontic treatment caused osteonecrosis of the jaw.^[5]

Endodontic Considerations

- 1) The periapical radiolucent lesions of MRONJ can mimic lesions of endodontic origin.^[1] Therefore, as clinicians, we must be very wary of these lesions in patients at risk for developing MRONJ and be certain that the lesion is actually of endodontic origin before endodontic treatment is initiated.^[10]



Figure 4. Taken 3-6-18. Exposed, necrotic bone #29-31 lingual.

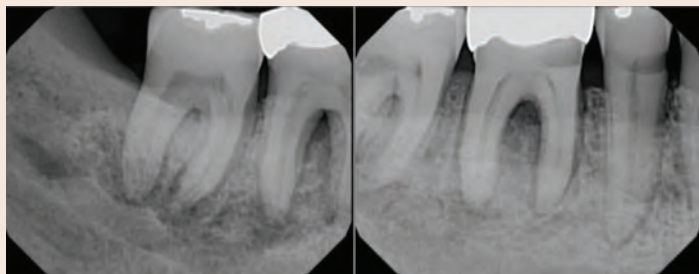


Figure 5. Taken 8-27-18. Progression of BRONJ. Note again how apical and furcal lesions areas mimic endodontic and periodontal pathology.

- 2) Careful medical history is therefore needed to know if the patient is at risk for developing MRONJ.^[11,12]
- 3) The rubber dam clamp poses a soft-tissue impingement risk that can be related to the development of MRONJ.^[13]
- 4) Bisphosphonate medications can, possibly, increase the risk of internal and external root resorption.^[14,15]
- 5) There is no evidence to suggest that bisphosphonate treatment decreases endodontic success.^[16]
- 6) Always choose conventional endodontic options vs. extraction in patients at risk for MRONJ.^[5]

Periodontal Considerations

- 1) There is an interesting potential “dual role” of bisphosphonate medications in periodontics. On one hand, the inhibition of osteoclastic activity can be used to “prevent the progression of periodontitis.” However, up to 84% of osteonecrosis of the jaw patients have periodontitis.^[17]
- 2) Improved home care and subgingival scaling can delay the onset of MRONJ by as much as 15 months.^[18] Consider pre- and postoperative chlorhexidine rinses (qid x 2-3 weeks pre- and postop), as well as antibiotic coverage pre- and postop (Augmentin 1 tab q 8-12 h x 6 days, starting the night before treatment or 1 g amoxicillin q 8h x 6 days).
- 3) Regular use of bisphosphonates has been shown in multiple studies to prevent periodontal bone loss.^[19-23]

Prosthodontic Considerations

Risk factors for prosthodontic treatment for patients who have or are currently receiving bisphosphonate treatment are generally related to tissue impingement and mucosal trauma. “Even a mucosal trauma from a denture can trigger MRONJ.”^[24]

For Removable Partial Dentures:

- 1) Avoid over-extension of prosthetic flanges.^[25]
- 2) Advise patient to wear RPD less than 8-12 hours/day.^[25]
- 3) Avoid (remake or reline) poorly fitted prostheses.^[26]
- 3) Use soft-tissue liners.^[27]
- 4) Perform more frequent soft-tissue checks (every four months or less).^[25]

For Fixed Prosthodontics:

Soft-tissue management is of utmost importance, as at least one study of 128 patients showed 5 developed MRONJ under the pontic of a fixed partial denture.^[28]

- 1) Avoid encroachment of biologic width during preparations.^[25]
- 2) Do not damage long junctional epithelium.^[25]
- 3) Supragingival margins whenever possible.^[25]

While it seems intuitive not to place dental implants into an area of previous MRONJ, no studies have given scientific rationale.^[29]

Oral and Maxillofacial Surgery

Dental extractions are the number-one risk factor for development of MRONJ.^[30-34]

Even for a patient on an oral bisphosphonate (x five years), with a drug holiday of three months, a case study showed development of MRONJ after extraction.^[35]

Common risk factors for developing MRONJ:^[36-40]

- 1) Age
- 2) Long history of bisphosphonate use
- 3) Tissue trauma

Common precautions include:

- 1) Systemic antibiotics (pre- and postoperative)
- 2) Antibacterial rinses
- 3) Partial thickness flaps
- 4) Postop plasma-rich growth factor
- 5) Drug holiday

Actinomyces are a common bacteria found in tori removal specimens in patients with MRONJ, but there is not yet any proven relationship between the disease and the bacteria. Of note, no surgical procedures, other than tori removal and extractions, have been documented as causing MRONJ.^[5]

TABLE 1

Compilation of preventative and treatment options for patients who have already or who will receive bisphosphonate therapy

- Drug Holiday—Delay the start of or stop use of BP 3 months before and after planned dental treatment.
- Switch to non-nitrogen BP (etidronate, clodronate).
- Smoking cessation.
- Subgingival scaling and improved oral hygiene- 2 weeks before any planned treatment.
- Remove "hopeless teeth" (ie., teeth with prognosis less than 2 years) before BP therapy begins whenever possible.
- Adjust or remake poorly fitting prostheses prior to initiation of BP therapy, or as soon as you can afterward.
- Rinse with 1.2% Chlorhexidine once/day x 2-3 weeks pre treatment.
- Pre/Post-treatment antibiotic- Augmentin 1 tab q 8-12 h x 6 days starting the night before treatment or 1 g Amoxicillin q8h x 6 days have both been used successfully.
- Platelet-rich growth factor- postop; PRGF into extraction socket covered with autologous fibrin and sutured.
- Hyperbaric oxygen therapy.
- Remove exposed necrotic bone as soon as possible.
- Simplified extraction protocol—1 tooth at a time, taking care when grinding sharp bony edges to not lift the periosteum.

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Implants

The prominent themes were that bisphosphonates in general are risk factors in implant surgery and that oral bisphosphonates are less of a risk than those given intravenously.

- 1) Numerous case studies show MRONJ occurring after implant placement or removal.^[29,41-43]
- 2) MRONJ has been shown to occur even when there is a long interval between taking bisphosphonates and placing an implant.^[45]
- 3) MRONJ has been reported to occur even if the bisphosphonates are taken after implant placement, although evidence shows that patients taking bisphosphonates either concurrently with implant placement or prior to implant placement show a much more rapid development of MRONJ, compared with patients who start bisphosphonates treatment after implant placement has already occurred.^[46]
- 4) Evidence exists showing that symptomatic patients who stop taking bisphosphonates get relief of symptoms, and some tissue healing has been observed.^[47]



Figure 6. Taken 12-3-18. More exposed necrotic bone is clinically evident.

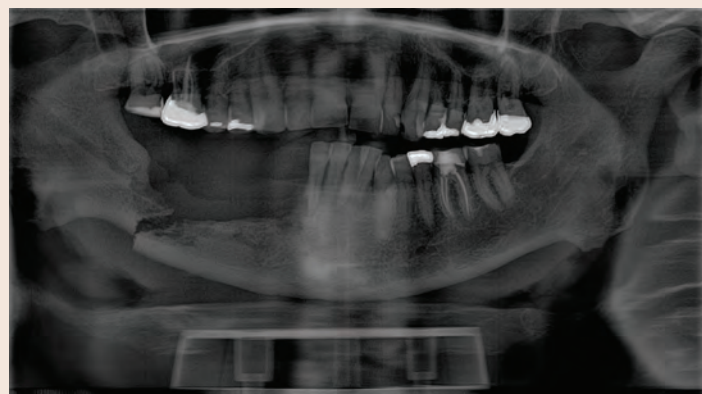


Figure 7. Taken 2-19-19. Pathological fracture right mandible.

- 5) It can take more than 60 months to develop MRONJ after implant placement, with the average time varying depending on the type of bisphosphonate medication: Zoledronic acid—16 months; pamidronate—50 months; alendronate—68 months.^[48]
- 6) Successfully osseointegrated implants have been shown to fail if bisphosphonates are taken. The suggestion is that occlusal forces on these implants, if excessive, can lead to bone necrosis, leading to MRONJ. This finding emphasizes the importance of controlling occlusal forces.^[49]
- 7) MRONJ can occur regardless of type of bone grafting material used.^[50]
- 8) At least one systemic review refutes the evidence cited in numerous case studies and concluded that bisphosphonate use does not increase the risk of developing MRONJ in implant patients.^[51] It was also pointed out that this systemic review did not “fulfill the quality assessment (AMSTAR).”

Treatments for MRONJ

Preventive Considerations

- Drug holiday (three months pre- and post-dental surgery)^[52,53]
- Stop smoking^[54]
- Stop steroid treatment^[54]
- Improve oral hygiene^[54]
- Remove hopeless teeth^[56]
- Adjust or remake poorly fitted prostheses^[55]
- Use of chlorhexidine rinses^[56]
- Pre- and postoperative use of antibiotics^[56-59]
- Switch medications to etidronate or clodronate^[60]

Nonsurgical treatment considerations


- Stage 1 ONJ—Chlorhexidine rinses or hydrogen peroxide rinses^[61]
- State 2 ONJ—Use of rinses as listed above and antibiotics^[61]
- Teriparatide injections^[62]
- Sifloxacin injections^[63]

Surgical Treatment Considerations

- For patients with stage 3 ONJ—Chlorhexidine rinses or hydrogen peroxide rinses, antibiotics and surgical debridement, as well as placement of reconstructive plate to prevent mandibular fracture^[61]
- Placement of tetracycline-soaked gelfoam into surgical wounds^[64]
- Tension-free closures^[65]
- Simplified extraction protocol (one tooth at a time)^[54]
- Grinding of bony sharp edges without lifting periosteum^[54]
- Resection and microvascular reconstruction^[66]

- Ultrasonic bone surgery^[67]
- Bone marrow stromal cells^[68]
- Platelet-rich fibrin^[69,70]
- Plasma-rich growth factors^[71]
- Nd YAG laser therapy^[72]
- Doxycycline fluorescence-guided Er:YAG laser ablation with Nd:YAG/diode laser biostimulation^[73]
- Visually enhanced lesion scope^[74]
- Ozone therapy^[75]

Conclusions

It is imperative that practicing clinicians be made aware of the potentially serious consequences that can accompany MRONJ and take early and definitive actions for patients who are at risk. Preventive measures, coupled with a proactive diagnostic mindset, will reduce the chance of life-altering side effects. 

Queries about this article can be sent to Dr. Levey at bard@uthsc.edu

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Retained Third Molars Protect Against Fractures of Mandibular Condylar Region

Jamie Scott Luria, D.D.S., M.D.; John H. Campbell, D.D.S., M.S.

ABSTRACT

Purpose: Assess mandibular condylar/subcondylar and angle fracture patterns in the presence or absence of third molars.

Patients and Methods: Retrospective cohort study of 234 patients with mandibular fractures. Odds ratios were calculated to determine relative risk of angle and condylar/subcondylar fractures when third molar teeth were present or absent.

Results: Condylar/subcondylar fractures were twice as likely to be avoided if a third molar was present; angle fractures were twice as likely to occur with retained third molars.

Conclusions: A twofold decrease occurs in the risk of condylar/subcondylar fracture if a third molar is present and a twofold increase occurs in mandibular angle fractures if a third molar is retained.

The integrity of the mandible is determined by many factors, including the thickness and shape of the bone.^[1,2] The locations of mandibular fractures are, likewise, associated with a number of factors, including the point of insult, vector of force, magnitude

of insult to the bone and the presence of bony defects. Such defects may result from pathology or non-pathologic states, including the presence of impacted or erupted third molars.^[3,4]

Previous studies have shown that mandibular angle fractures occur at statistically significantly lower forces when mandibular third molars are present.^[1,2,4] Further, it has been demonstrated that patients with impacted mandibular third molars are nearly four-times more likely to have an angle fracture than those without impacted third molars.^[5]

It has also been asserted that there is an association between the position of third molars in the mandible and the risk of mandibular angle fractures.^[6] It is less clear whether the absence of third molars predisposes the jaw to fracture patterns that are different than those which occur in the presence of third molar teeth. The specific aim of this study was to assess any correlation between mandibular angle and subcondylar fracture patterns and the presence or absence of mandibular third molars on the same side of the mandible.

Patients and Methods

Study Design and Sample

This was a retrospective cohort study granted exempt status by the Institutional Review Board of the University at Buffalo. All records of patients presenting to the Oral and Maxillofacial Surgery Service at the Erie County Medical Center between the years of 2010 and 2012 for management of mandible fractures were included in this analysis. No records were excluded from consideration.

Data Collection, Management and Analysis

Medical records and radiographs were electronically accessed and reviewed at the hospital. Demographic data, including gender, age, ASA status and mechanism of injury were entered into a database on a secure, password-protected computer at the hospital campus in a private office. The presence and location of third molar teeth, including degree of any impaction, were recorded, along with the location of all mandibular fractures and their degree of complexity (open or closed) after review of available radiographs. Presenting functional deficits (malocclusion, nerve injury, etc.) were also noted.

Odds ratios were calculated to assess for any correlations between fracture patterns and the presence or absence of mandibular third molar teeth.

Results

Two hundred thirty-four patient records were reviewed from the three-year time period, with 468 mandibular halves available for analysis. Ninety-three mandibular angle fractures had third molars present; 30 had no third molar; 206 had a third molar without fracture; and 139 had neither a third molar nor a fracture. If a third molar was present, the risk of mandibular angle fracture was two-times greater than if no third molar was present (odds

ratio 2.09; 95% confidence interval, 1.31 to 3.35). There were 39 condylar/subcondylar fractures in the presence of a third molar, 42 fractures without a third molar present, 255 areas with a third molar but no fracture, and 132 sites with neither a third molar nor a fracture. A condylar/subcondylar fracture was twice as likely to be avoided if a third molar was present on the same side (odds ratio 2.08; 95% confidence interval, 1.30 to 3.32).

Discussion

Multiple factors affect mandibular fracture patterns. The force vector, amount of force, bone density and bony defects all have been shown to have significant impact on mandibular fractures.^[1,2,4,5] Literature has consistently supported that the presence of third molars is associated with a two- to four-fold increase in mandibular fractures, specifically at the angle.^[5,6] This correlation is posited to be the result of the decreased bone mass in the site due to the presence of those teeth.^[6] The role of third molar position (depth) in relation to angle fractures, however, remains controversial.^[6,7]

Less clear is any relationship between mandibular third molars and alternative fracture patterns. Little data, in fact, has been reported in the literature regarding condylar/subcondylar fracture patterns in relation to the presence or absence of third molar



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teeth. We observed a statistically significant decrease in condylar/subcondylar fractures in the presence of a third molar in the same mandibular half. This suggests a possible “protective” function of mandibular third molars against fracture of the condylar/subcondylar unit on the same side of the jaw.

Our findings regarding mandibular angle fractures and third molars were consistent with those of other reports in the literature. We observed a statistically significant positive relationship between the presence of third molars and the incidence of angle fractures (i.e., the presence of a retained third molar was associated with a two-times greater likelihood of angle fracture).

Integrating this information into oral and maxillofacial surgery practice requires consideration of fracture site treatment complexity. Treatment outcomes and possible sequelae of fracture management must also be considered. Negative outcomes, such as infection, hardware failure, wound dehiscence, malunion, nonunion and changes in sensation are among the more common negative outcomes of the management of mandible fractures.^[8,9,10]

Conservative management may result in such sequelae, but more frequently, deficits are the consequence of open surgical intervention.^[11] As these negative outcomes may present significant dysfunction, one could argue that those fractures treated more commonly by closed therapy (such as those of the condylar region) may be more “favorable” from a patient’s perspective, especially since nonsurgical (closed reduction) treatment outcomes may be equivalent to those of open treatment.^[12]

This should not, however, suggest the retention of third molar teeth otherwise indicated for extraction. The incidence of jaw fractures in the general population is relatively low, and the prevalence of disease associated with retained third molars is high.^[13,14] In the broader picture of overall trauma management, third molars play only a relatively minor role, and their management should be based on indications other than their impact on jaw fractures.

Conclusions

We conclude that there is a twofold decrease in the risk of subcondylar fracture if a third molar is present on the same side of the mandible, suggesting that retained third molars may serve a “protective” function against condylar and condylar neck fractures. We do not, however, believe these findings support third molar retention, as condylar and subcondylar fracture management is often less complex than mandibular angle fracture management. Furthermore, the unpredictable nature of trauma in which such fractures are sustained makes prophylactic retention of teeth for the sake of injury avoidance impractical. //

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Patient Recall in the Informed-Consent Process

Natasha Bhalla, D.D.S.; Nishant Suneja, M.D.; Sungyub Lew, M.D.; Harry Dym, D.D.S.

ABSTRACT

Introduction: Informed consent is extremely important in healthcare practice. It is a frequently discussed topic in medical ethics. Research shows that when patients sign a consent form, in many cases, they do not understand or recall the information that was presented to them. The authors attempted to determine how much information patients retain.

Methods: This is a prospective, double-blind, pilot study of patients presenting to the Oral and Maxillofacial Surgery Outpatient Clinic of the Brooklyn Hospital Center (TBHC) for the extraction of wisdom teeth. Patients postoperatively completed a ten-question data collection tool inquiring about substantive information provided to them in the preoperative informed-consent process. The number of correct answers were compared at two points in time.

Results: One hundred and eight patients were interviewed at one week and one month after surgery. Our patients demonstrated a statistically significant (<0.005) decrease in their understanding and recall

of the information in questions 3 through 10 on the questionnaire. The number of correct responses was not dependent upon age. Three questions were associated with educational level. Overall, there was a definite decrease in the retention of vital information within a short time period.

Conclusion: The study supports the need for new approaches to the informed-consent process.

Although the concept of informed consent is critical to quality patient care,^[1] its successful application is still an issue in medicine and, as a result, it is thoroughly discussed in medical ethics.^[2] Importantly, informed-consent issues are consistently the cause of medical malpractice claims filed against healthcare practitioners.^[2]

The law of informed consent requires the medical practitioner “to make a reasonable disclosure to the patient regarding the nature, probable consequences and dangers of the proposed treatment” and that “any surgical operation without the patient’s consent could be considered assault.”^[1] The American Association of Oral and Maxillofacial Surgeons also has outlined policies regarding informed consent.

One of the challenges is that informed consent is complicated by constraints, such as patient comprehension, patient use

of disclosed information, recall and patient autonomy.^[3] For instance, Hutson and Blaha conducted a study of patients undergoing elective orthopedic surgery.^[4] They found that 70% of the patients could not recall the risks and 60% could not recall the benefits associated with their surgery six months later.^[4] Unfortunately, research has also shown that patients, in court during medical malpractice cases, deny that information was provided to them during the informed-consent process.^[1]

This led the authors to raise the two following questions: 1) how much of the information provided to the patient during the informed-consent process is actually retained after one week; and 2) how much of the same information provided to the patient during the informed consent process is actually retained by them after four weeks. This study was designed to answer these questions. Retention of information was tested one week and four weeks after surgery. The authors hypothesized that patients do not recall the information that is provided to them during the informed-consent process and that as time passes, retention and recall of information decreases.

Methods

A prospective, double-blind pilot study was designed. Patients aged 18 to 65 years presented to the Oral and Maxillofacial Surgery Clinic of the Brooklyn Hospital Center (TBHC) for third molar surgery between September 2018 and March 2019. This study received approval from TBHC's Internal Hospital's Review Board [IRB Number is 16-018]. All authors read and adhered to the guidelines of the Helsinki Declaration. Consent was received from each patient to be included in this study.

Data Collection

Data was obtained by patients filling out a questionnaire one week and one month after the treatment appointment. In order to ensure standardization, the patients were interviewed at exactly 7 days and 28 days after their procedure. Some interviews were collected over the phone. The patients were not told the correct answers following the first time they took the test. To be included in the study sample, patients had to be 18 years of age or older; require third molar surgery and present to the clinic for treatment; be able to consent for themselves (no mental impairment); understand, write and read English; have an oral surgery resident consult on their care; and have a complete record generated. Patients were excluded if they were under the age of 18, had incomplete data sets or were prisoners at the state or federal level.

The oral and maxillofacial surgery residents of TBHC had prior knowledge that a study on the recall of the informed-consent process was being conducted. The verbal information was standardized. Initially, a script was written by the primary author and subsequently provided to the residents. The residents were asked to review the script for any suggestions and/or questions. One

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week later, the team met and reviewed the script. The written consent form that was given to the patients to sign was provided to the department by the hospital. Lastly, the residents were instructed to contact the primary author regarding each third molar surgery they performed.

In order to be able to appropriately answer the questionnaire, it was required that each study participant needed maxillary and mandibular wisdom teeth extractions. One hundred percent of the original 108 patients completed the follow-up questionnaire one week and one month after the procedure. Informed consent was provided to the patient at the consultation appointment and again at the treatment appointment by the same provider. All patients were booked for their surgery two weeks after the consultation appointment. The informed-consent process involved the script and a verbal discussion with the patient.

Each participant was asked to complete a questionnaire consisting of 10 questions. The questionnaire was written by the primary author, an oral and maxillofacial surgery resident with knowledge of the procedure. The test included questions regarding the procedure and complications.

Variables

The primary predictor variable is the time between the consent and completion of the questionnaire. The primary outcome variable is the number of correct answers. The secondary predictor variables are age, gender and educational background.

Analysis

Results were analyzed by a physician with a degree in statistics. The analyst was provided with the raw data with no access to the patients and the questionnaire.

First, a McNemar test was run to see if there was any change in the patient recall from week one to week four. Next, a chi square test was run to determine if age and educational level affect the change of recall from week one to week four. The groups were split into those under the age of 50 and those over the age of 50. Educational level was split into those who had not graduated from high school and those who had. A logistic regression test was then run to see if there was a correlation between education level and a change in patient recall from week one to week four. Last, an odds ratio was run to determine a higher level of education affecting the likelihood of people not changing their answers from week one to week four compared to those who did change their answer.

Power of the Study

Alpha was taken as 0.05 and beta was taken as 0.08. When assuming these two thresholds, the sample size needed to perform this study was 85 patients.

Results

One hundred and eight patients completed two questionnaires at 7 days and 28 days after their surgery. An informed-consent discussion occurred the day of the consultation and two weeks later, on the day of surgery. The demographics of the patients are provided in Table 1. The average age was 38 years, with a range of 18 to 62 years. There were 23.5% male participants.

TABLE 1
Demographics and Percentage of Correct Answers

Men	23.50%
Age	38
Number of correct responses (One-week follow-up)	63.61%
Number of correct responses (One-month follow-up)	27.13%

Table 2 presents a breakdown of the number of correct responses per question at the 7-day follow-up and 28-day follow-up. There was a statistically significant decrease in the number of correct answers for 8 out of the 10 questions. Table 3 presents the interaction between the covariates (age and education level)

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TABLE 2**Percentage Responding Correctly by Question Type**

Questions	One-Week Follow-Up	One-Month Follow-up	P value
Oral Antral Communication is fluid coming out of the nose when one drinks something	100%	71.40%	N/A
Nerve Injury is damage to the nerve that gives sensation to lips and chin	100%	53.80%	N/A
Nerve injury will affect the ability to feel sensation on lips and chin	76.90%	15.30%	<0.001
Swelling after the procedure will become worse on the second day after the surgery	76.40%	35.30%	<0.001
Dry socket will occur from spitting after the procedure	38.50%	7.70%	<0.001
Dry socket can cause pain going up to the ear	23.10%	7.70%	0.001
All wisdom teeth do not need to be taken out	23.10%	7.70%	0.003
Wisdom tooth extraction can result in loss of the ability to taste food and in loss of sensation in the tongue	41.20%	23.50%	0.009
Infection after surgery can occur	76.90%	35.30%	<0.001
During the procedure, one may feel some pressure	76.90%	15.30%	<0.001

and time. Patient recall of questions 2, 6 and 9 (nerve injury, dry socket and infection) were statistically significant for educational level.

Discussion

Interpretation of Results

The primary aim of the study was to determine if there is a decrease in recall of the informed-consent process over a short period of time. The secondary aim of the study was to determine if the recall is affected by the age, gender and educational background of the patient.

Our study showed that there is a definite decrease in the retention of vital information within a short time period. Our patients demonstrated a statistically significant decrease in the recall of questions 3 through 10. This decrease in retention, we

surmise, would increase if measured after a longer length of time. One would expect to have a significant amount of forgetfulness over a longer period of time. Even on a short-term basis, there is a loss of recall. This is noteworthy and counterintuitive.

It has also been suggested that understanding and retention of information can be influenced by the age and education level of an individual.^[1,12] For this reason, age and education level were evaluated as a secondary predictor value.

Our results demonstrated that education level influenced the number of correct answers in 3 out of the 10 questions. One question was about the innervation of the trigeminal nerve to the lower lip and chin. This can be a difficult piece of information to retain. The last question spoke of treating a postoperative infection with antibiotics alone. From the author's clinical experience,

TABLE 3**Interaction of Covariates with Time**

Questions	Covariate (Age) interaction with change in recall	Covariate (Educational Level) interaction with change in recall
Oral Antral Communication is fluid coming out of the nose when one drinks something	0.634	0.072
Nerve Injury is damage to the nerve that gives sensation to lips and chin	0.329	<0.001
Nerve injury will affect the ability to feel sensation on lips and chin	0.628	0.177
Swelling after the procedure will become worse on the second day after the surgery	0.289	N/A
Dry socket will occur from spitting after the procedure	0.731	0.959
Dry socket can cause pain going up to the ear	0.336	0.049
All wisdom teeth do not need to be taken out	0.634	0.634
Wisdom tooth extraction can result in loss of the ability to taste food and in loss of sensation in the tongue	0.124	0.602
Infection after surgery can occur	0.448	0.001
During the procedure, one may feel some pressure	0.359	0.359

Figure 1: Data Collection Tool (one week after surgery)

1. **Oral Antral Communication is:**
 - a) Fluid coming out of the nose when I drink something
 - b) Damage to the filling on my tooth
 - c) A hole in my gums
 - d) I do not remember hearing this information during my informed consent
2. **Nerve Injury**
 - a) Will affect my ability to speak and eat
 - b) Is damage to the nerve that gives sensation to my lips and chin
 - c) Will affect my ability to smile
 - d) I do not remember hearing this information during my informed consent
3. **Nerve injury**
 - a) Will affect my muscle movement
 - b) Will affect my ability to feel sensation on my lips and chin
 - c) Will definitely not occur
 - d) I do not remember hearing this information during my informed consent
4. **Swelling after the procedure**
 - a) Is not normal
 - b) Should only last for one day
 - c) Will become worse on the second day after the surgery
 - d) I do not remember hearing this information during my informed consent
5. **Dry socket**
 - a) Happens to everyone
 - b) Will occur from spitting after the procedure
 - c) Will get better if I take pain medication
 - d) I do not remember hearing this information during my informed consent
6. **Dry socket**
 - a) Can cause pain going up to the ear
 - b) Will get resolved if I take pain medication
 - c) Is an infection in my mouth
 - d) I do not remember hearing this information during my informed consent
7. **All wisdom teeth**
 - a) Must be taken out
 - b) Do not need to be taken out
 - c) I do not remember hearing this information during my informed consent
8. **Wisdom tooth extraction**
 - a) Can result in loss of the ability to taste food
 - b) Can result in loss of sensation in the tongue
 - c) Can affect the muscles of the face
 - d) A and B
 - e) I do not remember hearing this information during my informed consent
9. **Infection after surgery:**
 - a) Smoking after the procedure will not cause an infection
 - b) It is possible to get an infection after surgery
 - c) Antibiotics will 100% prevent an infection after surgery
 - d) I do not remember hearing this information during my informed consent
10. **During the procedure**
 - a) One will feel nothing
 - b) One may feel some pressure
 - c) I do not remember hearing this information during my informed consent

most patients believe that an infection can be treated with antibiotics. Perhaps patients of a higher education level understood that infections may not always be treated with antibiotics alone. Our results also demonstrated that there was no effect of age on the patient recall. Our study only had 15 patients above the age of 50 and 6 patients above the age of 60. This may have been the reason for no difference.

Overall, the results of this study support the additional need for a reformulation of the current informed-consent process. This modification could be a more extensive discussion of the information. Subsequently, a test-and-feedback approach could be used to confirm understanding and recall.

Review of Literature on Informed-Consent Process and Recall

As per a paper by McClean et al., currently, there is no standard protocol or curriculum to teach informed consent.^[5] Additionally, less than half the residency programs across Canada do not formally evaluate their residents' informed-consent skills.^[5] Observation of the residents in the residency program revealed that residents failed to inform patients of the most serious risks associated with procedures.^[5] The theory is that the residents may be unaware of serious and uncommon risks, or they may experience anxiety discussing these risks with patients due to the fear that the patients will refuse the procedure.^[5] Residents may worry that the patient's refusal to consent for treatment will be seen as a failure on their part to accomplish the task at hand.^[5] Instead, residents could see the patient's refusal as an exercise of their autonomy.^[5]

Crepeau et al. evaluated 98 patients who underwent elective orthopedic surgery.^[6] The patient had a discussion with the surgeon about the risks and benefits of the procedures, followed by a reading of the consent form.^[6] Next, they were administered a test to determine the recall of the information they had just been provided.^[6] The patients were administered the same test at the first postoperative visit.^[6] The patients recalled 70.7% of the information immediately after the first test and 59.5% of the information after the first preoperative visit.^[6] The recall immediately after the informed-consent process was surprisingly low even though, as per the authors, the discussion was lengthy and the informed-consent form was detailed.^[6] Additionally, the length of time between the informed-consent process and the first preoperative visit was a maximum of two weeks.^[6]

The aforementioned Hudson and Blaha also studied patients undergoing elective orthopedic surgery.^[4] Thirty-eight patients underwent total joint replacement.^[4] Each patient was asked to respond to a questionnaire.^[4] Informed consent was not presented for signature until the patient was able to respond correctly to all questions.^[4] Six months later, each patient was given the same questionnaire to respond to.^[4] After six months, 3% of the patients recalled that they could have had damage to a nerve or artery, and 25% of the patients recalled that they could have had an infection.^[4]

Figure 1: Data Collection Tool (one month after surgery)

11. Oral Antral Communication is:
 - e) Fluid coming out of the nose when I drink something
 - f) Damage to the filling on my tooth
 - g) A hole in my gums
 - h) I do not remember hearing this information during my informed consent
12. Nerve Injury
 - e) Will affect my ability to speak and eat
 - f) Is damage to the nerve that gives sensation to my lips and chin
 - g) Will affect my ability to smile
 - h) I do not remember hearing this information during my informed consent
13. Nerve injury
 - e) Will affect my muscle movement
 - f) Will affect my ability to feel sensation on my lips and chin
 - g) Will definitely not occur
 - h) I do not remember hearing this information during my informed consent
14. Swelling after the procedure
 - e) Is not normal
 - f) Should only last for one day
 - g) Will become worse on the second day after the surgery
 - h) I do not remember hearing this information during my informed consent
15. Dry socket
 - e) Happens to everyone
 - f) Will occur from spitting after the procedure
 - g) Will get better if I take pain medication
 - h) I do not remember hearing this information during my informed consent
16. Dry socket
 - e) Can cause pain going up to the ear
 - f) Will get resolved if I take pain medication
 - g) Is an infection in my mouth
 - h) I do not remember hearing this information during my informed consent
17. All wisdom teeth
 - d) Must be taken out
 - e) Do not need to be taken out
 - f) I do not remember hearing this information during my informed consent
18. Wisdom tooth extraction
 - f) Can result in loss of the ability to taste food
 - g) Can result in loss of sensation in the tongue
 - h) Can affect the muscles of the face
 - i) A and B
 - j) I do not remember hearing this information during my informed consent
19. Infection after surgery:
 - e) Smoking after the procedure will not cause an infection
 - f) It is possible to get an infection after surgery
 - g) Antibiotics will 100% prevent an infection after surgery
 - h) I do not remember hearing this information during my informed consent
20. During the procedure
 - d) One will feel nothing
 - e) One may feel some pressure
 - f) I do not remember hearing this information during my informed consent

Krupp et al. conducted a study on 104 patients who were to undergo intracranial or spinal surgery.^[8] The questionnaire was administered within two hours after the informed-consent process, the day before the surgery.^[8] Eighteen percent of the patients were able to recall the risks associated with their surgery.^[8] The low recall rate was attributed to the proximity of the surgery.^[8] Perhaps patients pay less attention during the informed-consent process when their surgery is imminent and they are overwhelmed by emotions; therefore, their recall rate is affected negatively.^[8]

Last, Godwin conducted an informed-consent study on 38 patients undergoing reduction mammoplasty.^[9] The patients had three discussions regarding their surgery prior to the surgery.^[9] They spoke with a consultant in the outpatient clinic, with a junior doctor in the preoperative area and, finally, with their surgeon just prior to the surgery.^[9] The patients had a retention of 25% six days after the surgery regarding the facts associated with their surgery.^[9] It is hypothesized that because the recall test was conducted postoperatively, cognitive dissonance may have occurred, and recall may have decreased as a result.^[9]

Review of Literature on Interventions to Improve Patient's Understanding and Recall of Informed-consent Process

Of 12 video intervention trials, 3 trials have documented an improvement in understanding.^[10] Of note, most of the participants in these video intervention trials had a mental disability.^[9] Hence, this intervention may be useful for that population.^[10] Last, two trials reported an increase in retention of information.^[10]

A video-intervention study published in the *Journal of Oral and Maxillofacial Surgery* demonstrated that patients were able to recall information correctly at an initial and follow-up interview.^[1] The initial interview was immediately after the informed-consent process.^[1] The follow-up interview was between 18 to 35 days later.^[1] It is important to note that patients were able to correctly answer questions about difficult complications such as nerve injury.^[1] However, there was a decrease in the retention of information as more time passed.^[1]

Another possible intervention involves enhancing the informed-consent form.^[10] This includes making the form shorter, making it easier to understand, adding images and using larger font size.^[10] Out of 15 studies, 6 demonstrated improvement in understanding.^[10]

Extended discussion between qualified persons and patients demonstrated an increase in understanding in three out of five trials.^[10] Given this information, a person-to-person conversation may be the best way to improve informed-consent understanding and, by extension, recall.^[10] This is likely the case, as extended interaction with another individual gives the patient an opportunity to ask questions and clarify information.^[10]

The test-and-feedback approach reported increased understanding and recall in five out of five trials.^[10] Each study in this category used the same questions to quantify recall as was used in

the intervention itself.^[10] This is a methodological flaw, because an improvement in recall reflects rote memorization rather than a true increase in understanding and recall.^[10]

The effect of age and education on understanding and recall was also studied. Twelve studies demonstrated that patients with advanced education levels had higher comprehension and recall.^[10] The National Literacy Survey showed that 48% of adults in America are challenged in literacy.^[11] Spanish speakers had even more difficulty.^[11] Last, there were five studies that enrolled participants over the age of 50.^[10] They showed that increased age was associated with decreased understanding.^[10]

Recommendations

Based on the research, altering the standard consent form and adding an additional discussion with a qualified personnel may be an effective way to improve the understanding and recall of the informed-consent process.^[10] The process can also be divided into two steps.^[11] During the first step, the patient and a trusted advisor could be provided with information.^[11] During the second step, the patient could sign the consent form.^[11] If multiple

meetings are not feasible, the use of touch-screen technology can be employed.^[10] A feedback intervention could be introduced into the process to help patients comprehend.^[10] And if the resources are limited, specific groups must be aided, including the less educated, the mentally disabled and the elderly.^[10]

Last, a study by Bhattacharya et al., with a unique recommendation to improve the informed-consent process, will be described. Bhattacharyya et al. reported that the risk of medical malpractice may be reduced if the surgeon performs the informed consent in his or her office as opposed to in the preoperative holding area.^[12] In the surgeon's office, the surgeon and patient are able to have a more interactive discussion that may be more challenging to have on a hospital floor or in the preoperative holding area.^[12]

Limitations

While 8 out of the 10 questions showed a statistically significant decrease in recall in information provided during the informed consent, it is essential to remember that this data may be affected by patient measurement variations in the outcome variable. That is to say that a statistically significant decrease could be because

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patients may have been less focused during the second questionnaire and more likely to answer incorrectly.

Additionally, although each resident was provided with a script and standardized written consent form, depending on the questions and concerns of the patient, the verbal discussion between the provider and patient could vary. The communication skills of the resident delivering the information would affect the quality of the patient understanding and, potentially, patient recall. Research has shown that younger doctors tend to use more medical jargon than more experienced clinicians. In our study, the informed consent varied from noncategorical interns to PGY-6 level residents.

Next, the questionnaire has not been formally validated as a precise and accurate tool to assess patient comprehension and recall, hence subjecting this study to measurement bias. Another limitation in the study was that the questionnaire did not distinguish between an inability to understand the consent process versus the inability to recall the consent process. In order to maintain standardization with the time intervals, the interview to determine recall was often conducted on the phone. The patient may have had a hard time understanding the provider or could have been distracted, leading to more incorrect results.

Last, patients may have come to the procedure with different levels of knowledge and comprehension based on their research, discussion with friends and family, and previous experience (for example, previous extraction of tooth).

This study was also affected by recall bias and reporting bias. A patient who had an adverse reaction to the surgery may be more likely to remember that nerve injury can occur and an infection is possible after a wisdom tooth extraction. 

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Clinical Report on Restoration of Patient with Immediate Loaded Maxillary Restoration Supported by Zygomatic/Endosseous Implants and Mandibular Prosthesis Utilizing Three-implant Solution

Frank J. Tuminelli, D.M.D.; Jay Neugarten, D.D.S., M.D.; Elphida G. Ayvazian, D.M.D.

ABSTRACT

Case report of a 72-year-old patient who was wearing two removable prostheses, a maxillary complete denture and a mandibular complete denture, retained by two implants and locator attachments. The patient's medical condition is complicated. She is blind, has suffered from kidney failure and has a donated kidney. She also suffers from diabetes. The patient wished to convert both prostheses to fixed restorations. The lack of maxillary osseous tissue required the use of skeletal anchorage outside of the immediate oral cavity to retain maxillary prostheses. The current placement of mandibular implants would not allow the use of a strict stent-driven protocol and placement of prefabricated prosthesis (Trefoil, Nobel Biocare), so they were removed to allow for the placement of three endosseous implants in a specific orientation. The patient's medical history also necessitated doing both procedures simultaneously while under a general anesthetic.

Edentulism continues to be an epidemic in the United States associated with significant systemic implications.^[1]

The use of zygomatic implants has been well-documented in the literature, both in a single bilaterally placed protocol^[2-4] with anterior endosseous implants or in two bilaterally placed implants "quad zygoma" protocol.^[11-13] In each scenario, success rates range from 93% to 100% depending on the cohort.

The use of three implants to support a mandibular prosthesis is also well-documented,^[15-17] dating back to 2004, and with success rates from 90% to 100%. The introduction of the Trefoil solution by Nobel Biocare made it possible to place a final fixed restoration on the mandible in one day. This clinical report describes the application of the above options to restore a patient with fixed prostheses in one day. The follow-up is also provided, with the placement of the final restorations for both arches following the prescribed healing protocols.

The patient presented with existing complete dentures. The mandibular prosthesis was retained by two endosseous implants with locator attachments; the maxillary complete denture was supported by soft tissue. The patient wished to have implant-fixed prostheses fabricated.

Surgical Preparation

Since the patient presented with an acceptable occlusal vertical dimension and reproducible functional occlusion, the decision

was made to plan for placement of bilateral zygomatic implants and four anterior endosseous implants in the maxilla, while simultaneously utilizing the Trefoil solution for an immediate load-fixed prosthesis in the mandible.

CBCT scans were obtained to aid in the placement and planning of the endosseous implants for the maxilla and mandible. A medical grade CBCT was obtained for evaluation of the zygoma bilaterally to verify if adequate bone height and volume were present. The radiographic evaluation of the severely atrophic maxilla revealed pneumatized sinus and insufficient bone for implant placement without extensive sinus augmentation. The patient chose to utilize a graftless approach and have one zygomatic implant placed bilaterally, with endosseous implants anteriorly.

In the mandible, the existing implants would not allow the placement of the Trefoil implant system approach, which has rigid surgical guides, necessitating the tripod placement of the implants and then the placement of transitional fixed prostheses that are screw-retained.

The existing dentures were duplicated in clear acrylic. The maxillary denture was modified to serve as a guide for placement of the maxillary implants (Figure 1). Placement of the zygomatic implants is a full surgical exposure of the maxilla, the visualization of the implant trajectory and anchorage. As of the time of this case report, guided zygomatic surgery is currently being developed. The guide utilized here is to allow for the distribution of implants in a specific anterior/posterior position to maximize A-P spread and sufficient prosthetic support.

Discussion

Surgical overview/Prosthesis indexing

The decision to begin in the maxilla or mandible was determined by the fact that the center implant position in the Trefoil solution is based on the maxillary central incisor position. The maxilla was approached in standard fashion for zygoma therapy. A crest of ridge incision within the attached tissue with bilateral vertical releases just posterior to the zygomatic buttresses, vertically ending beyond the mucogingival junction and full thickness flaps were elevated, exposing the entire lateral aspect of the maxilla. The left and right zygomatic implants were planned based on the ideal maxillary tooth position of #3, #4 and #13, #14, respectively.

The osteotomies were prepared and the implants placed using standard preparation. The four anterior fixtures were prosthetically guided based on the duplicate clear denture. All of the anterior implants were Nobel Biocare Active fixtures 4.3 mm x 13 mm. All implants met the immediate load criteria of insertion torque. The zygoma implants torqued to 70 N-cm2, and the conventional anterior fixtures torqued to 40-70 N-cm2. Multiunit abutments were placed on all of the maxillary implants based at or occlusal to the tissue height. Comfort caps were placed to allow for a simplified soft-tissue closure. The buccal fat pad was

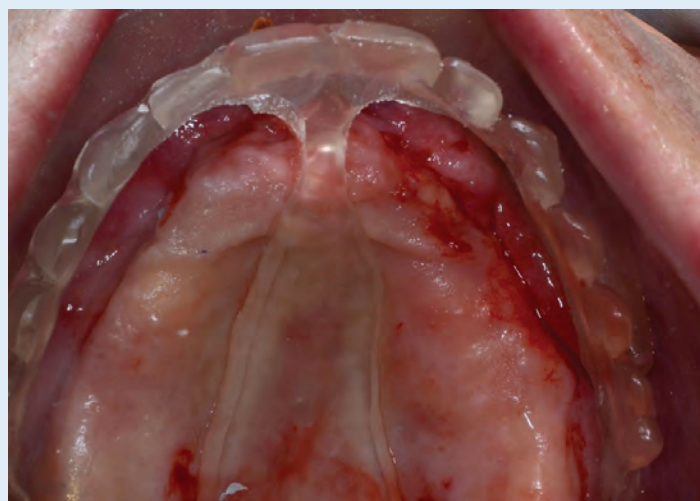


Figure 1. Maxillary surgical guide for placement of zygomatic implants and anterior endosseous implants.

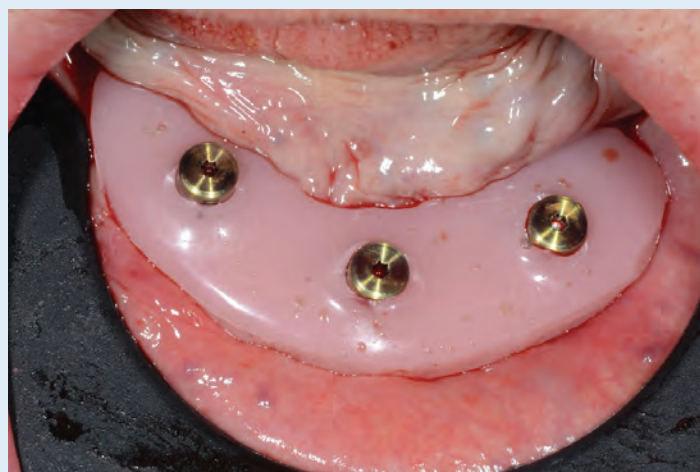


Figure 2. Surgical "band-aid" in place postsurgery maintains tissue compression until prosthesis is placed.



Figure 3. Mandibular arch 48 hours postsurgery after removal of surgical band-aid. Note implant collars and soft tissue. Enables easy placement through direct visualization of implant platform.

released and brought over the zygoma implants pedicle to its base. This was sutured over the lateral aspect of the zygomatic implants to cover the extra-maxillary threads. The maxillary mucosa was then closed using interrupted stitches. All sutures were 3.0 chromic gut. The patient was managed by the dental anesthesiologist during the entire procedure and a nasotracheal intubation was used for a general anesthetic during the maxillary procedure. Due to concern for the patient's kidney function and other medical issues, the patient was managed with sedation during the mandibular procedure.

Once the maxillary prosthesis was indexed, registered and connected, the mandible underwent the Trefoil solution. A vertical reference was obtained and maintained using a Willis gauge. After local anesthesia was infiltrated to the mandible, a full-thickness flap was elevated exposing the entire mandible from the second molar on the right to the second molar on the left. The symphysis and mental foramina were completely visualized. The previously placed Nobel Biocare Replace 4.3 mm x 13 mm fixtures in sites #23 and #27 were removed using the Nobel Biocare reverse implant driver tool. Both implants were removed without difficulty and no bone loss. The bone was leveled and made parallel to the maxillary occlusal plane. The mandibular prosthesis was placed, and the vertical was confirmed using the Willis gauge, to ensure a proper amount of bone leveling was performed. Us-

ing the Trefoil protocol, the center implant and two posterior implants were placed into the anterior mandible. The insertion torque for all three implants was in excess of 40 N-Cm2. The implants were indexed, and the wounds were closed in interrupted fashion using 3.0 chromic gut sutures.

Prostheses Conversion

The decision to place the maxillary implants first was made to establish the ideal occlusal plane. The Trefoil solution requires the precise placement of three implants via a stringent drill protocol with pre-manufactured guides. The critical preparation of the mandibular guide pin is dependent upon having the maxillary occlusal plane parallel to the osseous platform created during the surgical preparation of the mandible. The subsequent placement of the first osteotomy site is established with guide pin and is made perpendicular to both planes and located just lingual to the cervical areas of teeth #8 and #9. In order to achieve this, the maxilla was treated first. Following placement of the bilateral zygomatic implants and endosseous implants in sites #7 and #10, the existing maxillary denture was converted to a fixed provisional by placing multiunit abutments on all implants and provisional cylinders. The denture was then secured to the implants with prosthetic screws and the access openings were sealed. The surgical preparation of the mandibular arch was commenced, and the Trefoil protocol followed. After placement of the mandibular implants and indexing of the implant positions, healing abutments were placed, along with a "surgical band-aid" (Figure 2).

The patient returned 48 hours later for placement of the mandibular fixed prosthesis (Figures 3,4). She was followed weekly for the first month and then every two weeks for the duration of healing. After six months, the final restorative phase was begun.

Final Prostheses Fabrication

Following final impressions for the maxillary and mandibular arches, a facebow transfer and interocclusal jaw records were made. It was decided to fabricate a second Trefoil prosthesis that would ideally function with the final mandible restoration. The mandible was restored with a hybrid prosthesis design utilizing the Trefoil bar and Ivoclar Blue line teeth processed with Ivoclar Ivobase. The maxilla was restored with a hybrid prosthesis consisting of an internal milled titanium bar and denture teeth attached with an acrylic denture resin (*Procera Implant Bridge*) (Figures 4,5). A mutually protected occlusal scheme was developed. Occlusal refinement and soft-tissue contours were evaluated upon insertion. Upon follow-up, all soft tissue appeared well-adapted to the intaglio surface of both prostheses. The occlusion was stable, demonstrating consistent contacts and mutually protected occlusal function. The patient was placed on routine hygiene protocol every three months for the first year.



Figure 4. Intraoral view of immediately loaded maxillary and mandibular prostheses 48 hours postsurgery.



Figure 5. Intraoral view of final maxillary and mandibular prostheses in maximum intercuspation.

Summary

This is a case report of immediately placed and loaded maxillary and mandibular restorations utilizing a zygomatic and endosseous implant solution and a Trefoil solution for the mandible. The advantage of immediately placing fixed provisional restorations in a full-mouth rehabilitation following implant surgery provides expedited care delivery and return to a more normal function that provides tremendous psychosocial advantages for patients. It also reduces chair time and expenses when using prefabricated components, as in the case with Trefoil. The evidence supports that this is at least equal to delayed healing protocols or using grafting solutions in the maxilla. //

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State Board Meets in Saratoga

Members New York State Board for Dentistry gather for group photo during spring meeting June 9-10 in Saratoga Springs. Their meeting coincided with annual session of NYSDA House of Delegates, also in Saratoga. They are, standing from left: Dr. Paul Chu; Michael Puspurs, staff; Dr. Ron Kosinski, vice chair; Dr. Kerry McEntee; Dr. Ernest Robertson, past chair; Tera Bell, R.D.H.; Dr. Richard Reisman, extended member; Dr. Stanley Smith; Dr. Pat Haberman, chair; Karen Palleschi, R.D.H.; Lorraine Carhart, R.D.H.; James Coney, public member; Gabriele Hamm, R.D.A.; Dr. Bruce Seidberg, past chair; Dr. Payam Goudarzi. Kneeling, from left: Dr. Dolores Cottrell, executive secretary; Dr. Evelyn Salgado; Dr. Suzanne Cassata; Dr. Wayne Kye, past chair; Salim Rayman, R.D.

Workers' Compensation Board Updates Dental Claim Submissions Process

THE NEW YORK STATE WORKERS' COMPENSATION BOARD continues to upgrade its claims submission process. OnBoard is a web-based platform that will enable providers to submit dental and medical claims and prior authorization requests electronically. Providers will have access to real-time claims data and will be able to track claims status.

Phase 3 of the OnBoard Project, which includes the submission of prior authorization requests (PAR), went into effect on May 2. Workers' Compensation Law requires that if the cost of the procedure(s) will exceed \$1,000 (according to the dental fee schedule), the dental provider is required to request prior authorization. All PARs should now be submitted electronically.

As of July 1, providers are required to submit claims electronically, using the CMS-1500 form.

In order to submit PARs and electronic claims, providers must first register for access to the Medical Portal. It may take up to five business days for the Board to review your registration. Once your

registration is approved, you will receive an email containing an ID number and temporary password to access the Medical Portal.

After logging into the Medical Portal, providers who have not already signed up for XML submission of the CMS-1500 will see a link "Agreement for XML submission of CMS-1500" under the Billing section. Select the link and click the "I Accept" button.

If providers want to find an XML submission partner who can submit CMS-1500 files on their behalf, a list of approved XML submission partners and their contact information is available on the Board's website.

To receive updates, dentists should register for OnBoard emails. The Board is hosting webinars which provide training and updates on the OnBoard system, in addition to factsheets, website content, instruction guides and tutorial videos to demonstrate use of the new system.

Providers needing assistance navigating the submissions process can get in touch with Jacquie Donnelly, NYSDA staff, at jdonnelly@nysdentl.org.

NYU Dentistry Receives Grant to Prepare Dental Students to Care for Underserved Populations

NYU COLLEGE OF DENTISTRY has received a nearly \$1.5-million grant from the Health Resources and Services Administration (HRSA) to prepare dental and dental hygiene students to care for underserved populations, including people with disabilities and expectant mothers.

The funding will support a new program, “Preparing the Future,” which is designed to address the national workforce shortage of dental professionals providing primary care dental services to vulnerable populations.

“‘Preparing the Future’ seeks to improve the knowledge, confidence and willingness of future dentists and dental hygienists to care for populations that lack access to dental care in their communities,” said Courtney H. Chinn, D.D.S., M.P.H., clinical associate professor and associate chair of pediatric dentistry at NYU Dentistry, who will lead the program. “Research shows that meaningful clinical experience in caring for people from underserved backgrounds during dental training increases oral health professionals’ interest in caring for these populations, which could help to address current disparities in dental care.”

“Preparing the Future” will provide students with enhanced experiences in the classroom, clinic and community. NYU Dentistry will revise the curriculum for Health Promotion and Disease Prevention, a course delivered in the first year of dental school, to include interactive student engagement modules focused on underserved populations. In addition, third- and fourth-year dental students will collaborate with dietetic interns during their rotation in the pediatric dental clinic that incorporates nutritional counseling into oral health-care for vulnerable high-risk children and their families.

Dental and dental hygiene students will also learn how to improve dental access in community settings through exposure to a school-based asynchronous teledentistry program incorporating intraoral cameras and virtual diagnosis of dental conditions. NYU dental students are expected to successfully utilize these current technological advances to improve their ability to coordinate care, triage dental emergencies and refer for specialty care.

Finally, the HRSA funding will support NYU Dentistry programs working to diversify the dental workforce through scholarships and expanded mentoring of pre-dental hygiene and pre-dental undergraduate students in the Bringing Smiles Dental Enrichment Program, a pathway program that seeks to help underrepresented students to successfully enroll and thrive in dental school.



Columbia Dental Receives Grant to Support VETSmile Collaboration

THE DELTA DENTAL COMMUNITY CARE FOUNDATION has awarded Columbia University College of Dental Medicine (CDM) \$125,000 to support its work in providing quality, affordable oral healthcare, specifically in support of CDM's collaboration with VETSmile. This is a program of the Veterans Health Administration's (VHA) Center for Care and Payment Innovation, which connects eligible veterans with community dental care providers.

Approximately 85% of veterans enrolled in VHA do not have dental benefits through the VHA. CDM is partnering with VETSmile to extend the network of community dental providers and to address the lack of permanent dental homes for continuous and affordable oral healthcare for veterans by providing access to oral healthcare to the most vulnerable and hardest-to-reach veterans in its catchment area.

While most veterans can pay for their own dental care, some are unable to do so because of their income or ability to access a

dentist. This is where VETSmile and CDM work together, helping this group of veterans find affordable dental care at a community-based dentist. According to the New York City Department of Veteran Services, there are over 210,000 veterans in New York City and many of these veterans have a host of oral healthcare needs that are not covered by Medicare.

CDM will use the majority of the grant from the Delta Dental Community Care Foundation to help fund unreimbursed care for VETSmile participants. "It is our duty and privilege to serve the veterans in our community and CDM is proud to join the VETSmile national network," said Biana Roykh, D.D.S., M.P.H., senior associate dean for clinical affairs at CDM. "The generous support from the Delta Dental Community Care Foundation is a testament of the foundation's commitment to empower community-focused organizations, like CDM, to achieve our goal of helping people attain full potential for health and well-being."



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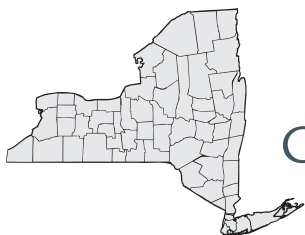
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Component **NEWS**

SECOND DISTRICT **A Full Calendar**

Alyson Buchalter, D.M.D.

SDDS filled its calendar this spring with an array of programs, many of which were fun and all of which were designed to help our members in big ways.

Richmond County Dental Society Installation

On April 30, the RCDS celebrated the installation of Dr. Sandra S. Scibetta as its 2022 president at the Richmond County Country Club. Along with Dr. Scibetta, line officers Dr. Joseph M. Merola (president-elect), Dr. Christen J. Carute (vice president), Dr. Allison P. Blutstein (treasurer) and Dr. Bryan D. Pieroni (secretary) were also honored.

Thank you to SDDS President Michael Donato who was the installing officer. The casino night theme made for a fun evening with friends. Special congratulations to Dr. Phyllis Merlino on receiving the society's highest honor, the RCDS Lifetime Achievement Award.

SDDS Loan Forgiveness Program

On May 2, the Second District Dental Society Board of Trustees approved 20 \$10,000 grants to help pay the student loan debt of new SDDS members. As I am sure everyone is aware, student loan debt is at crisis level. The average young dentist leaves school owing over a quarter of a million dollars, and some as much as \$500,000. The SDDS is proudly doing its part to help alleviate that burden, while encouraging membership.

The SDDS loan forgiveness program accepts applications from members who meet the program's requirements starting in January, with March a hard deadline.

To maintain a completely fair competition, with zero chance for nepotism, the applications are reviewed by an outside firm. At no time in the review process does any SDDS member know the identity of the applicants. The outside firm ranks the applicants using criteria developed by the SDDS. This year, our BOT proudly voted to give grants to the top 20 applicants. The award recipients were officially named in May. Each awardee will see his or her loan balance decrease by \$10,000.

SDDS can never forget to thank Dr. Craig Ratner for his trailblazing wisdom when creating this program six years ago. Under his chairmanship, the SDDS has repaid over \$800,000 of student loan debt, proving once again, it pays to be an SDDS member. SDDS has also benefited from the program, as many of the recipients have become active participants in organized

dentistry and now hold key committee and Board positions within SDDS, as well as serving as delegates to the NYSDA House of Delegates.

Greater New York Dental Meeting

It's that time of year again! Registration for the 2022 Greater New York Dental Meeting is now open. And, as usual, registration is free. There is a great lineup of world-renowned speakers scheduled. This year, we are bringing back perennial favorites, like Drs. Gordon Christensen, Rob Lowe, Gary DeWood and Thomas Viola, as well as a host of amazing rising stars. There will be workshops and seminars on any topic you can imagine, including esthetics, oral surgery, practice management, Botox, veneers, endodontics and so much more.

The GNYDM is again offering popular bundles for the CE programs. The more courses you take, the more you save! As usual, volunteering is a great way to get FREE CE. And we are excited to announce the return of the Volunteer Appreciation Dinner at the Marriott Marquis. The evening of fun, food, raffles and camaraderie is the GNYDM's way of thanking our volunteers. They are vital to making the GNYDM what it is—the greatest dental conference in the country.

Please register and volunteer today!



SDDS President Michael Donato installs Richmond County Dental Society officers, from left: Joseph Merola, president-elect; Christen Carute, vice president; Allison Blutstein, treasurer. Also installed were Sandra Scibetta, president, and Bryan Pieroni, secretary.

Second District *cont.*

Hospital Residency Visits

There are 13 hospital residency programs within the borders of Second District. This spring, members of the SDDS leadership visited all of them. We spent that time reminding the residents why being a member of the tripartite is so very important. The longer we are members of organized dentistry, the more we understand how important our combined voices are for advocacy, resources, networking and more.

Last month, we made sure young dentists, just starting in our profession, were also made aware of the benefits of membership. Spending time reaching out to dentists at the beginning of their careers is a very important part of our outreach program. We believe in-person discussions with these young doctors are key to cultivating both membership and our next generation of leaders.

Special thanks to Drs. Tricia Quartey, Saad Butt, John Demas, James Sconzo, Paul Albicocco, Phyllis Merlino, Steven Gougnardes, Mitchell Mindlin and Alyson Bu-

chalter for giving their time and passion to encourage young dentists to join our tripartite—the ADA, NYSDA and SDDS.

Past Presidents' Dinner

There is a tradition at Second District that has been on hold for two years due to COVID. This year it finally returned. Once a year, all previous SDDS presidents have dinner with the current president ostensibly to pass on words of advice and encouragement. In reality, it is a grand excuse to honor all the members of this elite group and congratulate its newest member. These are the women and men who have guided SDDS policies over the years.

As this was the first Past Presidents' Dinner since 2019, Drs. Paul Albicocco (2020) and Babak Bina (2021) were honored, along with current president Dr. Michael Donato (2022), by their colleagues, Drs. Reneda Reyes (1993), James Sconzo (2003), Constantine Pavlacos (2012), Stuart Segelnick (2011), Richard Oshrain (2009) and Alyson Buchalter (2019).

SDDS Awards Auxiliary Programs

SDDS is acutely aware of the important role auxiliaries play in a well-functioning dental office. That has never been as evident as it has been since the COVID pandemic, when



SECOND DISTRICT

Seen at RCDS Installation are, from left, President-Elect Joseph Merola, President Sandra Scibetta, Valerie Venterina, Phyllis Merlino, winner of society's Lifetime Achievement Award.

dentists across the country have struggled to staff their offices. For many years, in acknowledgment of the important role of auxiliaries, SDDS has honored the top graduates of several auxiliary training programs in Brooklyn and Staten Island with monetary awards. This year was no exception. On May 3, SDDS presented awards to two graduates of the NYC College of Technology (City Tech) Dental Hygiene Program. Two graduates of the City Tech Restorative Dentistry/Dental Lab Tech Program and three graduates of the Tottenville High School Dental Office Technology Program also received awards.

SDDS is proud of their accomplishments and look forward to their joining our dental teams.

Richmond County Dental Society Golf Outing

The annual RCDS Golf Outing is back. A day of fun and networking. This year's event was held on Thursday, June 16, at the Trump National Golf Club in Staten Island. Thank you to Dr. Bryan Peitroni for organizing this year's outing. As usual, proceeds will benefit multiple member programs at the RCDS.

NASSAU COUNTY Keeping Busy

It was a busy spring for NCDS. After our Installation Dinner on April 9, we co-hosted the **Greater Long Island Dental Meeting** with Suffolk County Dental Society April



SECOND DISTRICT

SDDS presidents share dinner and legacy. From left, Stuart Segelnick, Constantine Pavlacos, Richard Oshrain, Paul Albicocco, Michael Donato, Babak Bina, Alyson Buchalter, James Sconzo, Reneda Reyes.

12-13. After a two-year absence due to COVID, we weren't sure how the meeting would be received. We're happy to report it was a success, with almost 1,000 attendees, over 85 exhibitors and 25 courses.

We then had a well-attended **General Membership Meeting** on May 2 at the Jericho Terrace in Mineola. An oral pathology lecture by Dr. Andrew Salama received high praise. That was followed on May 11 with the second in our **Quarterly Financial Check-up** lectures. Two days later, on May 13, we held our first **Give Kids A Smile** event in over two years.

This GKAS event was a different one for us. We usually hold the event at the Cradle of Aviation Museum in Garden City the first Friday in February and see as many as 1,500 children. Still concerned about

COVID, most school districts didn't want to bring their students into such a populated environment. So, instead, we decided to go to them!

At the invitation of the Bayview Avenue School in Freeport, our 100 volunteers saw 550 students in the school's gymnasium to do exams, sealants and fluoride treatments. They also met with students in tents set up outside for oral hygiene instruction and nutritional counselling. A DJ provided music for the festivities. In addition, we again partnered with the Long Beach Lion's Club, whose members provided children with an eye screening to detect vision and eye disorders.

Our volunteers always get a GKAS T-shirt, but this year, in addition to a backpack filled with oral hygiene items and a stuffed animal, all of the children received a



Children practice oral hygiene skills under watchful eyes of volunteers at Give Kids A Smile event in Freeport.



NASSAU COUNTY

Volunteers were plentiful for first GKAS event in two years.



Mr. Met was welcomed to GKAS event by delighted teachers and students.



NASSAU COUNTY

Residents and dental auxiliary sit for interviews with potential employers at Job Fair.

T-shirt too! The NY Mets organization sent Mr. Met to entertain the kids. He appeared along with several of our costumed volunteers. A great day for all!

The following Monday, May 16, we hosted an **implant lecture** by Dr. Bradley Portenoy virtually through Zoom. That was followed by our **Job Fair** at the Westbury Manor on May 19. Over 40 residents, hygienists and dental assistants registered to be interviewed by 19 employers. The evening included a buffet dinner and open bar. We also discussed the benefits of membership in organized dentistry with the residents.

That led into a NCDS **Board of Directors meeting** on June 6, **OSHA course** the morning of June 9 and the **NYSDA HOD Meeting** from June 9-12. And during all of this, the renovation of our headquarters moved along—a bit slower than expected and with some bumps in the road, but not uncommon for a major construction project.

We'd say we are looking forward to a well-deserved, quiet summer. However, we should be moving back into our space in July and setting up the new layout and getting ready for our fall program of meetings and courses.

FIFTH DISTRICT Central New York Dental Conference

Janice Pliszcak, D.D.S., M.S., M.B.A.

Even as we enjoy summer, it's time to plan for our continuing education in the fall. Our district's premiere dental event, the Central New York Dental Conference (CNYDC), will take place at the OnCenter in Syracuse Thursday and Friday, Sept. 22-23.

Opening night will feature a mandatory course in infection control, as well as the Fortress Risk Management course. On Friday, Dr. Gordon Christensen will present the "Christensen Bottom Line 2022," and Dr. Brian Novy will present "Offensive Dentistry" and "Nobody Caries." More information can be found at cnydc.org.

Fall Meeting

The fall district meeting will take place at the Embassy Suites near Destiny USA in Syracuse Thursday and Friday, Nov. 10-11. The Board of Governors will meet Thursday evening. On Friday, Dr. Jack Griffin will present "Doc, It Was Never a Problem Until You Fixed It! Simplifying Bioactive/Regenerative Dentistry."

More information on this and other upcoming courses can be found at 5dds.org.

EIGHTH DISTRICT Smart Practices

Kevin J. Hanley, D.D.S.

Salvatore's Italian Gardens in Depew was the site of the Eighth District's all-day seminar "Smart Practices for your Practice and Modern Bioactive Restorations" April 1. Dr. Todd Snyder gave a terrific two-part course. In the first part, he discussed modern procedures, materials and technologies that help navigate changing times. The goal was to enable practitioners to offer better dentistry and increase treatment opportunities.

In Part 2 of his lecture, "Modern Bioactive Materials," Dr. Snyder discussed modern bioactive restorations. These materials can be used in place of traditional resin-based restoratives and, in fact, have distinct advantages over more traditional materials if used in the proper situations.

It was a very informative day, and attendees earned 7 MCE credits.

Reduced Risk

On March 24, Fortress Insurance Co. presented a risk management seminar, "Reducing Dental Practice Risk," moderated by Dr. Michael Ragan. The seminar, which took place at the Creekside Banquet Center in Cheektowaga, covered the latest techniques for reducing malpractice claims and preparing for a defense if a claim is lodged.

Attendees earned 3 MCE hours and a 10% discount off their yearly premiums for three years.

Support Life

The Erie County Dental Society hosted a Basic Life Support class at the district office on May 2. The course fulfilled the New York State requirement for CPR retraining. Participants were recertified after completing a skills test and written examination. They earned 3 MCE hours and a two-year recertification of their skills.

Memorial Tournament

Transit Valley Country Club was the venue June 20 for the annual William C. Knauf, Jr. Memorial Golf Tournament and CE program. Ivoclar Vivadent sponsored the morning continuing education program "Whole Team Strategies for Clinical Efficiency and Patient Communication," presented by Dr. Nada Albatish. The course described easier and more efficient posterior composite resins, a predictable system for effectively bonding ceramic restorations, tricks for excellent impressions and digital scans, and encouraged appreciation for leveraging social media for new patients and patient education while developing team strategies for gathering social media content.

Following lunch, the annual quest for golf superiority in the Eighth District was on. Dinner and awards followed. The tournament is named for a previous Eighth

District President, who was instrumental in reviving the event and who died after a brave fight against cancer. The names of tournament winners will be presented in the next component report.

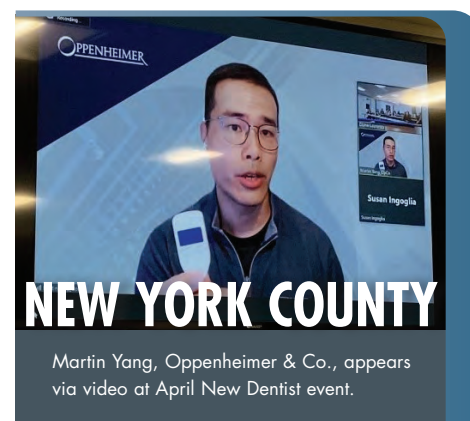
NEW YORK COUNTY Metaverse, NFTs, Crypto and Web 3.0

Suchie Chawla, D.D.S., M.D.

After a long hiatus, new dentists were welcomed back to NYCDS headquarters in late April with a social event that also featured a talk on emerging technologies, led by Martin Yang, senior analyst covering emerging technologies and services for Oppenheimer & Co., Inc. Mr. Yang addressed the gathering via video and provided insights into the complex 3-D world known as the metaverse that is just starting to gain wider adoption. He explained how life will be "lived" in the metaverse and the use of technology to establish identity, ownership and a shared digital currency. It was an eye-opening introduction to a virtual world in its infancy. Attendees appreciated the chance to connect with one another and learn about the virtual world of the future, the companies and technologies that are leading the way, and get many of their questions answered.

Dental Influencers Offer Savvy Social Media Tips

The New Dentist Committee continues to hold innovative programs. Dentists came to NYCDS on May 18 for another great night of mixing and mingling, followed by a special panel program. Three dental influencers—Dr. Todd Hanna, Dr. Andi-Jean



Miro and Dr. Jennifer Plotnick—generously shared their expertise on how to grow a social media presence for a dental practice. It was helpful for attendees to hear the best strategies for increasing engagement, the importance of humor, and where to draw the line between personal and professional. The energy in the room was great, with lots of engagement and positive feedback. Be sure to follow us on social media (@NYCDS622) so you can attend the next great event!

Mentoring with NYU Dentistry Alumni Association

NYCDS held a virtual mentorship mixer in late April with the NYU Dentistry Alumni Association, during which NYCDS members shared their insights on working in the dental profession with the next generation of dentists.

NYCDS New Dentist Recognized by the ADA

The ADA 10 Under 10 Award honors dentistry's rising stars, dentists who are making an impact in the profession less than 10 years after graduating from dental school. Congratulations to NYCDS member Dalal Alhajji for being selected for this distinctive recognition. The leader of dental oncology at New York University College of Dentistry, Dr. Alhajji is an advocate for how personalized dental care contributes to the overall health of patients with cancer.

Dr. Alhajji received her Doctor of Dental Medicine degree in 2014 from Boston University Henry M. Goldman School of Dental Medicine. After dental school, she completed an Advanced Education in General Dentistry Residency at Case Western Reserve University School of Dental Medicine, where she also earned her Master's of Science in Dentistry degree in oral medicine. Dr. Alhajji is one of the few practicing dentists in the United States who completed a fellowship in dental oncology from Memorial Sloan Kettering Cancer Center, in 2019. She is a faculty member in the Department of Oral and Maxillofacial Pathology, Radiology and Medicine at NYU Dentistry, where she supervises students across three clinics. She offers instruction and mentorship to students over a wide scope of dental proce-

dures on individuals with physical, cognitive and developmental disabilities.

Continuing Education Highlight

David Rice, D.D.S., brought a unique hands-on course to NYCDS on May 18. It was the first clinical hands-on course at NYCDS in more than two years. Sponsored by Ivoclar

and DMG America, "Prep, Place, Profit: When Partial Coverage Wins" offered attendees a predictable, step-by-step process for inlays and onlays. Dr. Rice is the founder of the nation's largest student and new dentist community, igniteDDS, and he maintains a restorative and implant practice.



New dentists on hand to receive "Savvy Social Media Tips" from top dental influencers.



Catching up prior to start of emerging technologies program are, from left: New Dentist Vice Chair JoAnna Pufnock; Board member Gail Schupak; President Ioanna Mentzelopoulou; New Dentist Chair Jaskaren Randhawa.

CONGRATULATIONS 2022 AWARD WINNERS!



Dalal Alhajji, top left, is among ADA 10 Under 10 Award winners, recognized for making impact on profession less than 10 years out of dental school.

BRONX COUNTY Installation Dinner and Meeting

Laurence Schimmel, D.D.S.

The Bronx County Dental Society held its installation of officers meeting June 14 at Maestro's catering hall in the Bronx. We welcomed Dr. Keith Margulis as our new president and Dr. Jerica Cook as president-elect. Dr. John Kanca presented a lecture entitled "Introduction to Bioactive Materials Utilizing Bioglass." His lecture served as an introduction to bioactive materials and their use in restorative dentistry. Dr. Kanca is the cofounder and fourth president of the American Academy of Cosmetic Dentistry. He has published over 70 peer-reviewed articles.

September Stated Meeting

On Tuesday, September 20, the BCDS will welcome Dr. Amit Punj to present a lecture entitled "Fundamentals of Treatment Planning for Prosthodontic Rehabilitations." Dr. Punj is a board-certified prosthodontist. He will discuss treatment planning for complex restorative cases.

For more information, contact Joy Patane at bronxdental@optonline.net.

November Stated Meeting

The Nov. 15 BCDS Stated Meeting will feature a lecture by Dr. Kathleen Schultz entitled "Tumors and Cysts in the Pediatric Patient." Dr. Schultz is expected to discuss common and uncommon neoplastic conditions in the head and neck region of children and radiographic differential diagnosis of a "radiolucency in the jaw." She is also expected to cover treatment implications of various pediatric oral pathologies.

Dr. Schultz is a fellow and diplomate of the American Board of Oral and Maxillofacial Pathology and a diplomate of the American Board of Pediatric Dentistry.

NINTH DISTRICT What Lies Ahead

Olga Lombo-Sguerra, D.D.S.

Final plans were made for the Ninth District to host an Ice Cream Social at Touro College of Dental Medicine in June. This highly anticipated annual event provides a comfortable forum to introduce students to organized dentistry and solidify the message of the need for the association and all of the benefits membership offers.

Our September 14 General Meeting will once again take place at the Sleepy Hollow Hotel (formerly, the Doubletree) in Tarrytown. Dr. Adamo Notarantonio will present "Isolate, Create & Capture: Critical

Steps to Achieving Cosmetic Excellence."

This all-day event provides 7 MCE credits to association members at no charge.

Later in September, the Ninth plans to host a New Dentist event. Details are still being ironed out. An announcement will be e-blasted to members once plans are finalized. During our last General Meeting, on May 11, Dr. Dennis Fasbinder presented "Modern Ceramic Restorations: Keys to Clinical Success." Because member feedback was abundant and very positive, we expect to host Dr. Fasbinder again.

Shoutout to Our Sponsors

The Ninth District thanks the sponsors who make our events possible. They are Arpino Handpiece, AXA, Bank of America Practice



Ninth members welcome NYSDA President-Elect James Galati to March General Meeting. Pictured, from left: Immediate Past President Roberto Rodriguez; Trustee Christopher Tota; NYSDA Vice President Anthony Cuomo; Dr. Galati; President Stephen Ossen; President-Elect Daniel Doyle; Vice President Duraid Sahawneh; Past President Gary Scharoff.



NINTH DISTRICT

Volunteers prepare to see children at Give Kids A Smile event in April at Touro College of Dental Medicine.

Solutions, Dentsply Sirona Implants, Dreve America, Garfield Refining, Hiossen, M&T Bank, MLMIC, SS White Dental, Southridge Technology and TD Bank.

SUFFOLK COUNTY Delegates Travel to Saratoga

William Bast, D.M.D.

More than 20 SCDS delegates, alternate delegates and volunteers attended the 2022 NYSDA House of Delegates Meeting June 9-12 in Saratoga Springs. They were there to honor their colleague Kevin J. Henner, who was completing his term as NYSDA President. And they helped with the running of the Dr. Mark J. Feldman Memorial Golf Tournament, which was cosponsored by Suffolk County and Sixth District Dental Society. They assisted as well with various other events staged in conjunction with the House Meeting.

Congratulations

SCDS congratulates Dr. James Galati as he begins his term as president of the New York State Dental Association. At the same time, we congratulate and thank our very own Dr. Kevin Henner for his leadership during his term as NYSDA President. We wish him continued success as he assumes the role of NYSDA Immediate Past President.



SCDS representatives gather in Saratoga Springs for NYSDA House Meeting. Top row, from left: Martin Dominguer, ASDA Trustee Gil Barahman, Nick Vittoria, Anthony Maresca, NYSDA Trustee Guenter Jonke, Lauren Heisinger, Patricia Swanson, ADA Trustee Paul Leary, NYSDA Immediate Past President Kevin Henner, Steve Snyder, John Lagner, Christopher First, Steve Feigelson, Dimitrios Kilimitzoglou, Ivan Vazquez, Paul Markowitz. Seated, from left: Lauren Mistretta, Katherine Caracappa, Carol Deerwester, Patricia Hanlon, SCDS President Craig Smith, ADA President Cesar Sabates, Radha Sachdeva-Munk, Claudia Mahon-Vazquez, John Guariglia.

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For further information about NYSDA Endorsed Programs,
call Michael Herrmann at 800.255.2100

Suffolk County *cont.*

New Dentist Events

New dentist events in Suffolk County, past and future, include the following:

- On June 21 at the Brick House Brewery in Patchogue we hosted “Peer Review and Brews.” The 1.5-credit CE portion featured Dr. Martin Dominger, who covered the benefits of peer review and provided case reviews as well.
- On August 17 at 6 p.m., SCDS will present a New Dentist Summer Social at Top Golf in Holtsville. Registration is required, as space is limited.

Like/Follow us on Social Media

SCDS continues to make a significant push to better communicate and connect with members in ways that more easily integrate with their lifestyle. You can find us on Facebook, Twitter, Instagram, LinkedIn and, even, Spotify, in addition to our traditional www.SuffolkDental.Org presence.



Ashley Warner, first-year dental hygiene student at Hudson Valley Community College, receives Mark A. Bauman Award from Wayne Harrison, Fourth District member and NYSDA Trustee. The annual \$1,000 award recognizes student who shows potential for leadership, is active in community and supports fellow students.



Dr. Randy Huffines, specialist in aging and oral health, lectures to attendees at Saratoga Dental Congress, first in-person annual meeting hosted by Fourth District Dental Society in three years. Two-day event took place at Saratoga City Center.

FOURTH DISTRICT



Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn three (3) home study credits, approved by the New York State Dental Foundation, by properly answering the following 30 True or False questions, all of which are based on articles that appear in this issue.

When you have completed the questionnaire, return it to the New York State Dental Foundation, along with payment of \$60. All those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for NYSDA members.

For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Foundation, visit www.nysdentalfoundation.org/course-catalog.html.

To take the quiz online, aim your smartphone camera at the QR code and follow the link.



Medication-Related Osteonecrosis of the Jaw—Page 20-26

1. Medication-related osteonecrosis of the jaw (MRONJ) does not possess widespread clinical awareness and recognition.
☐ T or ☐ F
2. MRONJ can easily be mistaken for many more commonly seen clinical findings.
☐ T or ☐ F
3. Bisphosphonate treatment is not considered a risk factor for MRONJ.
☐ T or ☐ F
4. Bisphosphonate medications work by enhancing the functions of osteoclasts.
☐ T or ☐ F
5. Bisphosphonate used intravenously creates increased risk for MRONJ when compared with those taken orally.
☐ T or ☐ F
6. Pain is always a part of the MRONJ diagnosis.
☐ T or ☐ F

- ☐ Enclosed is a check for the full amount of \$60. (Make checks payable to the New York State Dental Foundation.) Mail to NYSDF, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211. Questionnaires must be received within 90 days of Journal publication.

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Read, Learn and Earn continued

7. It is recommended to use CT imaging every six months to monitor MRONJ after undertaking treatment.
☐ T or ☐ F
8. There are reported cases in which orthodontic treatment caused osteonecrosis of the jaw.
☐ T or ☐ F
9. MRONJ can occur regardless of the type of bone grafting material used.
☐ T or ☐ F
10. A treatment consideration for the prevention of MRONJ is grinding on bony sharp edges without lifting the periosteum.
☐ T or ☐ F
9. Retained third molars may serve a “protective” function against condylar/subcondylar neck fractures.
☐ T or ☐ F
10. The authors see no practical reason for the prophylactic retention of teeth for the sake of injury avoidance.
☐ T or ☐ F

Retained Third Molars Protect Against Fractures of Mandibular Condylar Region—Page 27-29

1. The integrity of the mandible is not determined by the thickness and shape of the bone.
☐ T or ☐ F
2. Mandibular fracture locations may be associated with point of insult.
☐ T or ☐ F
3. Bony defects are not associated with the location of mandibular fractures.
☐ T or ☐ F
4. It has been asserted that there is an association between the position of third molars in the mandible and the risk of mandibular angle fractures.
☐ T or ☐ F
5. It is clear that the absence of third molars predisposes the jaw to fracture patterns that are different from those that occur in the presence of third molar teeth.
☐ T or ☐ F
6. A condylar/subcondylar fracture was twice as likely to be avoided if a third molar was present on the same side.
☐ T or ☐ F
7. The presence of third molars is associated with two- to four-fold increase in mandibular fractures, specifically at the angle.
☐ T or ☐ F
8. The authors do not suggest retention of third molar teeth otherwise indicated for extraction.
☐ T or ☐ F

Clinical Report on Restoration of Patient Immediate Loaded Maxillary Restoration Supported by Zygomatic/Endosseous Implants and Mandibular Prosthesis Utilizing Three-implant Solution—Page 38-41

1. Edentulism continues to be an epidemic in the United States with significant systemic implications.
☐ T or ☐ F
2. The use of zygomatic implants has not been well-documented.
☐ T or ☐ F
3. The use of three implants to support a mandibular prosthesis is well-documented.
☐ T or ☐ F
4. The clinical patient described in this article was restored with fixed prosthesis in one day.
☐ T or ☐ F
5. The clinical patient presented with an uncomplicated medical history.
☐ T or ☐ F
6. CBCT scans were obtained to aid in the placement of the endosseous implants for the maxilla and mandible.
☐ T or ☐ F
7. The decision to place mandibular implants first was made to establish the ideal occlusal plane.
☐ T or ☐ F
8. The final restoration phase was begun after six months.
☐ T or ☐ F
9. The patient was placed on routine hygiene protocol every three months for the first year.
☐ T or ☐ F
10. An advantage of placing fixed provisional restorations is that they provide tremendous psychosocial benefits for patients.
☐ T or ☐ F

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SCARSDALE: Dental practice for sale. Three operatories, 1,000 square feet; reasonable rent; parking lot and ground-floor entrance. Gross \$210K on 3 half days. PPO and private patients. Refer out endo and oral surgery. New patients every week. Huge opportunity for growth. Please email: maxillaryarches1@gmail.com; or call: (914) 572-6835.

BROOKLYN: Stop paying rent when you can own. Four-op dental condo for sale with or without part-time general practice in Boro Park, Brooklyn. Great for specialist, as there are very few in area. Excellent location; busy area, near all. Includes half of building with tenants. Owner flexible; can stay or not as needed. Contact: dds7723@gmail.com.

MANHATTAN: Dental office with turnkey operation (no practice) for sale. Selling fully equipped office only. Located in A++ building at 57th Street, between Fifth Ave and Avenue of the Americas. Terrific lease available. Most central and prestigious location in Manhattan. Brand new hard-wired digital network; all brand new Dell all-in-one computers. Stylish office; serious interest only. In your response please let me know if you are GP or Specialist and number of years in practice. Email: rbaer2020@gmail.com; or call/text: (917) 658-8680.

MANHATTAN: Practice for sale in Washington Heights. Office has 3 ops, updated radiology system and uses Dentrix software. Accessible to public transportation and public parking. Inquiries to: fabiolareyes1002@yahoo.com; or call (212) 740-2800.

BROOKLYN: State-of-the-art dental office for sale. Fantastic, rare opportunity. Fully equipped, well-established family practice with 3 ops, private office, reception area and large waiting room. Prime ground floor location with street access in heart of Brooklyn in Park Slope/Kensington. Long-time building tenant with amenable property management. Contact for details: izdds@aol.com; or call: (516) 859-1463.

UPSTATE: Charming, long-established, quality general practice located in gorgeous upstate NY. Turnkey opportunity has it all. Revenue near \$1M. Low overhead; brand new equipment, including 2 Belmont chairs, NV laser, Dentrix/Dexus technology throughout. Steady stream of new patients; robust hygiene department; and prime location on busy main street. Seller refers

out most specialty services, providing additional revenue potential for buyer keeping these services in-house. Standalone, 2,170-square-foot beautiful facility feels extra spacious with high ceilings and large windows. Four ops, with room to expand 1 more if wanted. Additional 1,120 square feet of space has separate entrance and could be turned into dental lab, space for dental specialist or anything else. Plenty of onsite parking. Real estate for sale or lease. Flexible post-transition options available. Don't miss this exceptional opportunity. Contact Catherine Eters at LegacyPracticeTransitions.com; or (610) 520-9677.

BRONX: Co-op City. Dental office for sale located in heavily populated area of Co-Op City. Well established and newly renovated in accordance with newest technology. Three operatories, sterilization room, lab, private office and reception room. Equipped with digital X-ray and computer. No Medicaid. Owner retiring for medical reasons. Call and leave message: (718) 862-9232.

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BOCA RATON, FL: Location, location, location. General practice located within premier shopping center with several other anchor tenants. Gorgeous practice with top-of-the-line dental equipment, dental cabinets and technology in 1,900 square feet. Seller built space 3.5 years ago and has been in same plaza since 1989. Space has 5 ops, private office, consultation room, semi-private office for office manager, two bathrooms, sterilization cabinet, lab and staff lounge area. Top-of-the-line equipment, including Planmeca 3D digital scanner, P&C 3000 chairs, LED dental lights, P&C cabinetry with rear-delivery system and nitrous. Owner looking to retire but flexible with working post-sale for short period to help with transition. 100% FFS. Open 4.5 days/week and doing most specialty cases in-house. Lease under fair market value at \$5,200 all-in; huge plus as there is 7 years left and two additional 5-year renewal periods. Revenues: 2021: \$1,757,406; 2020: \$1,799,175 (annualized with no COVID shut-down) 2019: \$1,564,113; 2018: \$1,860,157. Net take-home is \$420K/year after debt service. Contact Ricardo D'Avila to learn more Email: Ricardo.Davila@doctors-choice.com Phone: 954-635-7991.

BROOKLYN: Profitable dental practice new to market. Excellent opportunity. Full-mouth rehabilita-

tion practice ideal for general or specialty dentist due to keeping high level of specialty work in-house. Having practiced in community for 40 years, current doctor interested in transitioning to retirement. Unique opportunity with large gross and low work hours; current doctor working only 40 hours/month. Collections \$1.9M & EBITDA \$615K. 9 total operatories; expansion an option with two additional ops plumbed and ready. Great location. Doctor open to selling real estate. To learn more, contact Professional Transition Strategies: kaile@professionaltransition.com; or call: (719) 694-8320. More details here: <https://professionaltransition.com/properties-list/brooklyn-ny-dental-practice-for-sale>.

NORTHERN NEW YORK: Excellent GP opportunity. Well-established family practice transitioning to retirement. Located minutes to Canada and short drive to Adirondacks. Abundant family outdoor activities: skiing (water and snow), fishing, hiking, mountains and hunting. Successful privately owned dental practice, owned by current practicing dentist. Full support administrative staff, dental assistants and full-time hygienists. Pleasant working conditions; great salary; exceptional staff and many valued patients. Great opportunity for outdoor enthusiast with family to establish dental career with successful future. We will work beside you to help ensure your success. Once-in-a-lifetime opportunity for new graduate or experienced dentist looking to take advantage of great outdoors. We look forward to talking with you. All correspondence confidential. Remember: there's no commitment to inquire. Please contact frontoffice@drscarlscruggs.com; or call (315) 769-5811.

EASTERN QUEENS: Long-established, insurance-driven general practice. Freestanding building on main street with great visibility. Consistent revenue of \$1.6M and approximately 2,600 active patients. Overhead less than 50%. Over \$275K annually in passive income. Fully computerized: Dentrix, Dexis, Conebeam, CEREC and laser. 3 operatories with room for expansion. Real estate also available. Please contact Ira Newman by email: Ira@paragon.us.com; or call: (516) 318-3900 for more information. Listing code: NYILIRKU.

NORTH NASSAU COUNTY: Long-established general practice in most desirable area. Three operatories, digital X-rays, fully computerized. Mix of better PPO and FFS patients. Over \$650K revenue with strong COVID rebound. Low rent in professional building with parking. Currently no marketing. Tremendous opportunity for growth. Perfect opportunity for first-time owner or satellite office. Please contact for details. Contact Ira Newman by email: ira@paragon.us.com; or (516) 318-3900 for more information. Listing code: NYOWIRKL.

BROOKLYN: Mill Basin/Georgetown. Ground-floor office with windows all around in desirable location with high visibility. Located opposite active shopping center. Fee-for-service 3-op office with room to expand. Grossing \$850K on 25-hour week. Refers out all surgery, endo, ortho and perio. Option to purchase semi-

detached building with 2 rental apartments above office. Contact owner Dr. K for more info: ralphav@aol.com.

UPPER EAST SIDE: PPO/FFS practice for sale. 5/6 operatories, including 4 equipped, 1 plumbed with cabinetry and one plumbed. Collections over \$1M. Real estate for sale; must be sold together with practice. Please call or text: (856) 904-3066.

WESTERN SUFFOLK COUNTY: Long-established GP office in most desirable part of Western Suffolk. Close to \$600K revenue, with close to 1,000 active patients; mostly FFS and better PPOs. Three modern operatories, fully computerized, digital X-rays and soft-tissue laser. Most specialty work referred out. Seller to stay as associate to guarantee transfer of practice. Perfect upgrade or merger opportunity for smaller practice looking to grow or satellite office. Rare gem will not last long. Please contact Ira Newman by email: ira@paragon.us.com; or (516) 318-3900 for more information. Listing code: NYANIRWE.

MANHATTAN: Upper East Side. Rarely available sunny and spacious office space for sale in one of most prestigious medical/dental buildings on UES. Maximize your income and practice on Park Avenue without Park Avenue maintenance fees. Just off Park Avenue, 115 East 61st Street is elegant, luxury, full-service medical/dental co-op with full-time Concierge. Centrally positioned in most prominent "Dental/Medical District" and situated just steps from Lex/59th Street subway stations, as well as crosstown buses, makes this ideal location for growing practice. Solely medical and dental office building run by healthcare professionals for healthcare professionals has everything for your practice to prosper. Bright, triple-exposure high-floor suite has unobstructed views of Upper East Side from each treatment room and waiting area. Offers both doctor and patients bright view with fresh air creating an unusually calming environment. Space for 5 or 6 spacious consultation rooms/operatories and room for laboratory, staff room, reception and waiting area. Includes private restroom. Ready to be customized to meet new owner's requirements. For showings and more information please call: Istvan Ritz (917) 930-2540; or email: istvan.ritz@elliman.com.

SUFFOLK COUNTY: Four-operator modern general practice in medical office complex. Fully digital, with patient management system, intraoral camera and Panorex. Referring most specialties. FFS and PPO. Grosses \$487K. For more information contact Scott Firestone by phone: (516) 459-9258; or email: scott.firestone@henryschein.com.

GREATER ROCHESTER AREA: Periodontal practice for sale. Incredibly well-established periodontal practice for sale. Current doctor has practiced in the community and cared for patients for 40 years and ready to retire. Open to staying to mentor incoming dentist if desired. Pristine new office with 4 operatories, brand new equipment replaced within last two years. Enjoy benefits of new practice with added

bonus of existing patient base. Located in charming community with great school system. Collections of \$865K & SDE \$250K. 1,000 active patients. Growth opportunity as practice currently open four days/week. Please contact us to learn more. We look forward to speaking with you. Contact Kaile at Professional Transition Strategies by phone: (719) 694-8320; or email: kaile@professionaltransition.com. Reference #NY72121.

FAIRFIELD, CT: Home/office and practice for sale. Long-established, 4-op dental practice/office with separate entrance and driveway attached to beautiful 4-bedroom home. Practice mostly FFS. Spacious kitchen, large living room, sun room, larger yard, above-ground pool and deck. Standby natural gas generator. Contact: (203) 767-9379.

CICERO: Well-established general practice in community's fastest growing suburb. Located in busy plaza with 1,460 square feet. Walking distance to area's largest high school, creating potential for significant growth. Four A-dec ops, sterilization center, new digital pan, Dentrax software and Dexis sensors. Doctor refers out most specialty procedures. Healthy new patient flow and patient base; accepting mix of insurances plus FFS. Gross just under \$700K. Contact Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY1677.

KINGSTON: High-producing practice in growing area less than 2 hours from NYC. Revenue \$1.7M+. 5 operatories in standalone building, which is also for sale. Digital, FFS and paperless with Dentrax. Equipment 6 years old. Perio associate one day/week. Seller will stay if needed. 15 new patients/month, with dedicated staff. Contact Transition Sales Consultant Donna Bambrick by phone: (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2560.

GATEWAY TO FINGER LAKES: Longstanding practice; original owner. Average collection for past three years: \$255K. Open 4 mornings/week and 10 months/year. Excellent growth potential. 4 ops. Low overhead and cost of living. Area is gateway to Finger Lakes region, only five hours from New York City. Great family living, hunting, fishing, hiking and skiing. For details contact Donna Bambrick by phone: (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY220.

BRONX: 7-year-old facility with 1,400 square feet of office space and 4 fully equipped operatories. Turnkey; ground floor. Completely digital and constructed in accordance with newest technologies. Starting January 2020, office open 5 days/week, with steady flow of new and existing patients. Closed March through May 2020 due to pandemic but recovered beautifully. Rent very reasonable for area at \$2,025/month. 3 digital Gendex X-ray machines and digital Vatech panorex. Contact Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2678.

CAPITAL DISTRICT: Growing community close to downtown Albany on bus line, near major highways leading to NYC. Modern-feel office with four ops, Dentrax Ascend, Dexis, pan, Diode laser and more. Two full-time hygienists, along with valued team, working 4-days/week with systems in place and excellent collection policies. No HMOs or State insurance. Excellent opportunity for any dental entrepreneur. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call: (315) 430-0643. #NY2712.

NEW HARTFORD: Turnkey, attractive general practice in growing community. 4 ops plus 1 additional. Open 4 days/week, with full-time hygienist. Eaglesoft, laser, CEREC and digital pan. On main bus route; high-traffic road with corner lot. 1,800-square-foot building also for sale. Room to expand. FFS, no State insurance. Patient base of 1,100 and revenue of \$620K. Doctor will remain for 3 years if needed. For details contact Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1950.

BETWEEN UTICA AND SYRACUSE: Well-established GP transitioning to retirement. 5-op productive practice, with current average revenue of \$750K. 60% FFS on 4-day week. Real estate for sale. 4,000 square feet in standalone building. Refers out all endo and ortho. Trios3 color scanner, Amann Girrbach CAD/CAM unit, laser, cone beam and Open Dental management software. Great staff, with full-time hygienist. Located in stable community. For details contact Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2755.

BROOKLYN: 2-operator general practice in Mill Basin. Very busy practice. All new computers utilizing Dentrax software. Loyal staff will stay on with new owner. PPO practice. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2903.

FOREST HILLS: Queens general practice in popular neighborhood with diverse urban community. Office features 1,600-square-foot space, with three equipped treatment rooms, digital X-rays and utilizes Dentrax software. Plans include PPO, Medicaid, plus FFS and small amounts of indemnity plans. Contact Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2841.

NEW YORK AREA: Endo practice with 4 ops. Well-equipped with up-to-date technology and equipment. Great location in standalone beautiful building with long-term lease available to buyer. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2908.

NASSAU COUNTY: Well-established general practice with focus on prosthetics and cosmetics located in stand-

alone building in thriving community. Practice has three ops in 1,200 square feet with room for expansion. Gross collections \$2.2M. Strong full-time hygiene program averaging 25 new patients/month. Dedicated and loyal staff. All equipment has been updated or replaced. Great opportunity, with seller willing to stay for agreed-upon transition period. To find out more, contact Transition Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2930.

LIVERPOOL: Grads, make an offer. Located in north Syracuse. 6 ops with Pelton & Crane and one X-ray room with pan, Dexis, and ScanX. Insurance practice. Professional building with parking. Working 4 days per week. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2887.

CAPITAL DISTRICT: Historic Brownstone with six-car parking lot and ample street parking. Close access to highways. General dental practice on first floor, with 3 rental units above. New windows throughout. Three operatories equipped with Dextrix and digital X-rays. Grosses \$500K on 4-day week. Very organized and meticulously clean. Walk-in ready practice can grow and flourish with little effort. Asking \$348K for practice and \$575K for building. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2900.

ERIE COUNTY: Located on busy road surrounded by established residential population and beautiful town. Three-op digital practice, well-positioned for future growth, with \$307K gross revenue. Practice has crown & bridge, restorative and preventative focus. Some specialties referred out. Practice has strong patient base and mixed PPO. Real estate next to practice owned by seller and for sale with practice. To discuss, contact Brian Whalen at (716) 913-2632; or by email: brian.whalen@henryschein.com. #NY1648.

HAMPTONS: Well-established FFS Endodontic practice. \$432K in collections. Practice asking price \$300K. 783-square-foot real estate; asking price \$500K. For details contact Chris Reigner at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3056.

NASSAU COUNTY: FFS practice for sale with 5 ops (4 equipped) and real estate for sale. 1,350-square-foot condo. Practice utilizes Easy Dental and ScanX, with strong patient base and good hygiene program. All specialties referred out; huge opportunity awaits keeping many procedures in house. Doctor willing to stay for free to ensure good transition. Great practice opportunity; ready to grow and waiting for you. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2886.

DUTCHESS COUNTY: Price reduced. Well-established GP in desirable growing community. Established 47

years, practice has loyal patient base and located in professional building with 1,000-square-foot office; ample free parking and main street visibility. Seller owns real estate and willing to continue long-term lease. Four ops, digital X-ray, intraoral cameras, laser unit and Eaglesoft. Most specialty procedures referred. \$613K revenue can quickly grow by adding days and procedures. For details contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2390.

WATERTOWN: Class act office in best location near Fort Drum. Located off main highway, with high visibility in active small strip mall. Doctor moving out of state. Gross revenue \$445K working 3.5 days. 3 ops, Eaglesoft, Planmeca Digital pan with all A-dec chairs and cabinetry including the sterilization center. Only 9 years old. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call: (315) 430-0643. #NY2484.

SYRACUSE: General practice with 3 ops is consistently strong and growing. Open 4 days. Equipped with latest technology. Located in standalone building with 3-bedroom rental on top floor. Building also for sale. Prime location on 4-lane main highway near hospitals and college. FFS and low PPO acceptance. 2,300 active patients. Refers out specialties. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2952.

WESTCHESTER: Established diagnostic, preventive, restorative, crown & bridge practice for sale. 40-year history and many services referred. Location features 950-square-foot office located in center of town with separate street entrance including lighted dental office canopy. 3 ops. Digital with pan X-ray and mix of FFS and in-network PPOs. Primarily patient-to-patient referral with no advertising. Working 3.5 days/week with plenty of vacation time. Great opportunity ready to grow in heart of in-demand suburb. For information contact Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2969.

BROOKLYN: Terrific opportunity in highly desirable area. 65% PPO, 30% FFS and 5% indemnity. Open 6 days/week with very strong supporting staff. Sellers would like to stay as associates for agreed-upon time. For details contact Chris Reigner at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3041.

WESTERN NEW YORK: Very attractive and well-established Endodontic practice. Features 3 modern, well-designed operatories, sterilization center and patient workflow with great function, 3D and digital technologies. Growing PPO practice located in highly desirable area with off-street parking; surrounded by all local amenities. Highly profitable, with low overhead and skilled team to support patients and transition. To discuss details, contact Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY3042.

SYRACUSE: Well-established family practice located in standalone building. Real estate available for purchase at reduced price. 4 ops. Sirona Digital pan and Diode Laser. Fully staffed practice, with hygiene booked until fall. Doctor works 4 days/week and will consider staying on. Works with some PPOs and assists patients with insurance. Gross just under \$550K. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3047.

SUFFOLK COUNTY: South Shore. Well-established 3-treatment room general practice. Located in 1,050-square-foot office in highly visible standalone building. Building for sale with purchase of practice. For details contact Chris Reigner at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3050.

NEW YORK LISTINGS

Available from Jim Kasper Associates:

- **Well-established Capital District Practice:** Long-established 6-op office located along well-traveled route. Strong hygiene department, with many procedures referred out. \$1.3 million in collections for 2021 - can do more! Great opportunity for owner-operator or investor. Available with real estate. NY 2180.
- **Adirondack Premier Solo Practice:** Fee-for-service solo general practice. Modern and well managed with solid hygiene recall. Grossing \$1,418,500, netting owner \$650K on 4.5 days. 6 ops with additional 2 rooms plumbed. Great opportunity for one or two doctors. NY 2181.
- **Modern Fee-for-Service Capital District Practice:** Custom-designed office with 6 ops and super strong hygiene program. Grossing \$930K, netting owner \$467K on 4-day workweek. Area is thriving. Location less than one minute to I-90 and 10 minutes to downtown Albany. Available with or without real estate. NY 2199.
- **Fee-for-Service Profitable Practice:** Exceptionally productive practice now available due to owner's planned retirement. Gross revenue for 2021 in excess of \$1.9M and net over \$650K. Ideal for practitioner skilled in prosthetics and restorative procedures. 6 operatories. Well-trained staff and comfortable 4-day workweek. New owner can comfortably net over \$575K while practice being financed. All inquiries are confidential. NY 2201.

Contact us for details:
Jim Kasper Associates
 (603) 355-2260
 info@jimkasper.com

SUFFOLK COUNTY: Beautiful 1,300-square-foot general practice. Office has 3 fully equipped treatment rooms and plumbed for 5 ops. 20% fee-for-service and 80% PPO. 2,109 active patients and open only three days/week. For details contact Transition Sales Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3098.

FOR RENT

MANHATTAN: Grand Central area. Dental operatory for rent in state-of-the-art office on Madison Avenue. Fee-for-service practice has 1-2 ops available full time or part time. Private office also an option. Perfect for someone who needs to move their practice and wants to feel at home. Specialist with good references will also be considered. Flexible arrangement. Please call (914) 806-1122; or email: lsarettdds@aol.com.

WHITE PLAINS: Fully plumbed, 4-op dental office space with 1,200 square feet in highly visible area of White Plains. Located directly across from Westchester County Center and City Limits Diner. Dental office has existed at this location for 37+ years. Great opportunity for low-cost start-up in space that has always been a busy successful practice. Contact: drvolpacchio@hotmail.com; or call (914) 364-3137.

MIDTOWN MANHATTAN: Newly decorated office with windowed operatory for rent FT/PT. Pelton Crane equipment, massage chair, front desk space available, shared private office, concierge, congenial environment. Best location on 46th Street between Madison Avenue and 5th Avenue. Please call or email: (212) 371-1999; karenitji@aol.com.

SCARSDALE: Eastchester. Office for rent 1-5 days/week. 2 operatories plus 1 unfurnished. Conventional-style office with low rent. Would also consider outright sale. Negotiable. Call (914) 777-8218; or email: shunzo3@live.com.

UPPER EAST SIDE: Dental op for rent at Madison Avenue/60th Street. Modern, quiet, boutique private practice. Endodontic microscope, 2 digital scanners, materials and instruments available for rent. Please text inquiries to: (917) 830-3504.

MANHATTAN: Dental op for rent. Excellent location at 30 Central Park South, with highest billing zip code for insurances: 10019. 24-hour doorman building. Convenient transportation. Fully equipped, modern, digital X-rays by Dexis, Eaglesoft patient management software, paperless office, intraoral camera. Inquiries by email: pedalat@gmail.com.

MANHATTAN: Dental office space to share at Columbus Circle location. Clean, modern office in prestigious building. 3-op office with up-to-date equipment. Used part time and looking to rent to another part-time Dentist or Specialist. Reasonable rent. No brokers, please. Contact: service@drbeshar.com.

BROOKLYN: Bright and sunny sixth-floor office space available in Brooklyn Heights/Downtown Brooklyn professional building. Convenient location and close to subways. Currently configured as dental office in 715 square feet with reception room, private office, lab room and space for 3 chairs. Vacuum and compressor already in place. Waiting room/reception area recently renovated but you may redesign as you wish. Email: mgrabelsky@opgny.com.

SERVICES

DENTAL LEGAL SERVICES: Whether it be a dentist purchasing or selling dental practice, buying, selling, or leasing office space, employment matters, partnership agreements or litigation, the Law Office of Alan C. Stein, PC, will zealously advocate for your rights. With over 25 years of legal experience in dental transactions, the Law Office of Alan C. Stein can handle the most complex of dental transactions to the most basic. "I'm not just married to a dentist. . . . I live dentistry!" Zoom and in-person appointments available. Offices in Woodbury & Southampton, NY. Call the most trusted law firm for dentists today for your free consultation: (516) 932-1800. Find us online at: www.dentalattorney.net.

OPPORTUNITIES WANTED

NYC AREA: Seeking practice purchase opportunity. Experienced, well-qualified general dentist looking to buy existing, high-end practice in NYC area, preferably Upper West Side. Please text or email only. Phone: (917) 538-0278; or email: 2725arak@gmail.com.

OPPORTUNITIES AVAILABLE

CAPITAL REGION: Part-time dentist position available. Seeking associate general dentist or specialist for general dentistry practice near Albany serving local families for 50 years. Digital X-rays and charting, Itero available. Fantastic long-term team and loyal patients. No insurance participation. Ability to grow within practice. Looking for 1-2 days/week general dentist or specialist. Find us online at: www.Lysenkodental.com. Email business manager for more information or to submit resume: KathyS@lysenkodental.com.

SARATOGA COUNTY: Busy, multi-specialty office seeks specialists. Modern office in Saratoga County looking for Endodontist, Oral Surgeon and Periodontist associates. We provide full benefits and relocation costs. Earn up to \$400K per year while you receive full employment benefits. Partnership opportunity available. All levels of experience are welcomed to apply. Send resume to drneda@hotmail.com.

MIDTOWN MANHATTAN: Dentist opportunity available in beautiful Midtown location. If you have small practice and want to grow it stress-free without any rent, overhead or staffing issues, then send your resume so we can speak. Well-established, organized business systems with great trained staff to help you grow. Or, if you have established practice and want new modern office to share overhead and continue your career, please get in touch. Email: drk@nycsmilespace.com.

WESTERN NEW YORK: The Chautauqua Center, a Community Health Center located in WNY nearby Lake Erie and Chautauqua Lake, is hiring in both new offices in Jamestown and Dunkirk as we continue to expand. We offer variety of services and are truly unique health center, including primary care, dental, behavioral health, nutritional care, chiropractic care, an in-house pharmacy and more. Offering student loan repayment programs (e.g. \$100k for 3-year commitment) to employees that many of our licensed staff receive. Numerous other benefits including staff appreciation days, malpractice including tail coverage, manageable caseloads, licensure coverage, 403b retirement including matching funds, to name a few. Some of our main focuses are work-life balance and flexible schedules (4-day workweeks). If you would like to learn more about the good work we're doing in Chautauqua County, such as offering veggie prescriptions to patients, prescriptions for play, launching health and wellness program, etc., we are happy to speak with you. Contact: aekstrom@thechautauquacenter.org.

WATERTOWN: Seeking motivated general dentist to join very busy, dynamic team. Our private practice has been committed to providing best oral healthcare for patients in greater Central/Upstate New York area. We offer our full range of general dentistry and specialty care, including pediatric dentistry. Position offers generous compensation of 40% of collections and benefit package, including: medical professional liability insurance, life and disability insurance; 401(k) with employer match; 3 weeks paid vacation; and continuing education allowance. Doctors enjoy traditional doctor-patient relationship while practicing in fun, enthusiastic, progressive team

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environment that offers opportunity to discuss clinical cases with peers and support for professional/group development and growth. Partnership and ownership opportunities available for the right candidates. NYS dental license required. Email: cammierrdh@hotmail.com; or call: (315) 771-6513.

LONG ISLAND: Seeking general dentist. Growing FFS/PPO practice looking for experienced general dentist interested in providing broad scope chairside dentistry. Beautiful modern practice. Ideal candidate is skilled dentist who wants to deliver exceptional experience to patients. Competitive compensation and generous benefits package offered. We provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. Apply today. Contact: tiffany@thesmlist.com.

SARATOGA: Fantastic and rare opportunity to join high-quality and rapidly growing dental group. Our facilities are modern and state-of-the-art, with new equipment, digital X-rays and paperless charting. Seeking right dentists to join our team as we expand and grow. First-year and second-year salary minimum guaranteed, with opportunity for earnings well above average. Terms are flexible and can be tailored to fit your individual desires if you are determined to be right fit. Very competitive compensation methodology. Training available for precision-guided dental implant surgery. Very strong mentorship program for new and recent graduates. Visit us online at: www.sitwelldental.com. Contact John O'Brien, DDS, by email: jobrien1218@gmail.com; or call: (518) 703-5321.

CENTRAL NEW YORK: Associate wanted. Ideal situation for recent or contemplating retiree wanting to work 1 or 2 days per week or recent grad ready to work and be busy. Work per diem, get paid, go home and relax; no office headaches. Salary up to \$2,500/day. Inquiries to: lrabice@yahoo.com; or call (315) 732-3515.

MULTIPLE NYS LOCATIONS: Mondovi Dental seeks full-time experienced general dentists ready to grow professionally. Offering steady flow of patients, complete clinical autonomy and fully trained dental staff. We offer paid malpractice, medical benefits, 401k plan, annual CE reimbursement and sign-on bonus. Our current openings available in Delhi, Middletown, Kinderhook, Lakewood, Pittsford and Miller Place. If any of these locations interest you, please contact Ashton Heeter at aheeter@midwest-dental.com.

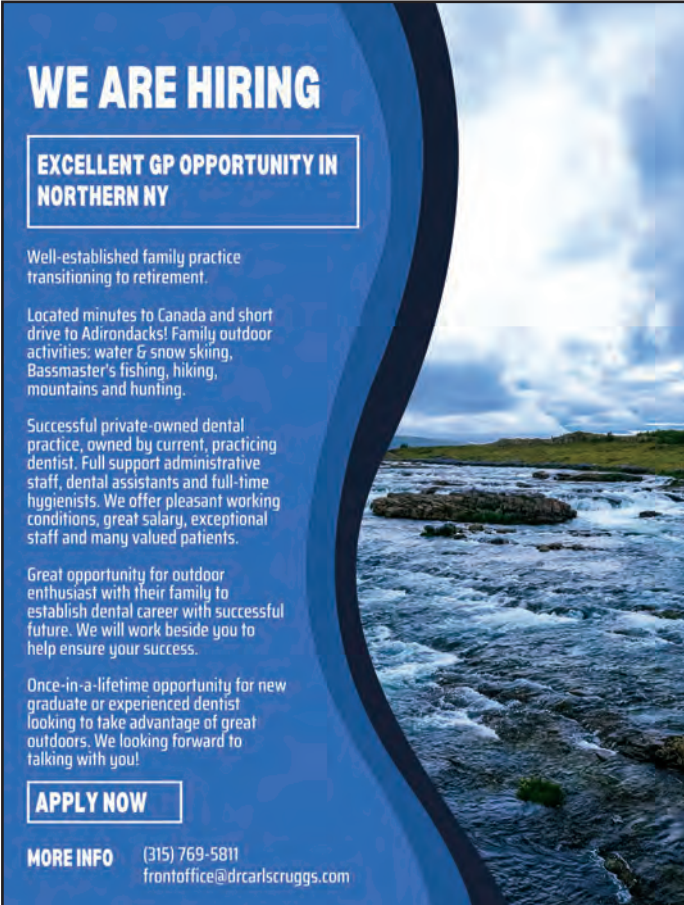
ROCKLAND COUNTY: Multi-specialty Medical Center seeking part-time Periodontist to join busy dental practice. Duties and responsibilities include but not limited to: providing implants; performing surgical procedures; diagnosing and treating gum conditions; and developing treatment plans. Requirements: Active NYS License; Board Certified or Board Eligible; ability to be credentialed with insurances & NYS Government insurance programs. We offer excellent salary and flexible schedule. Community Medical and Dental Care, Inc., has been providing quality medical care to underserved population of Rockland County, NY, and surrounding areas since 1993. With close to 60 providers on staff, we offer variety of services,

including Adult Medicine, Pediatrics, Family Practice, Allergy, Dermatology, Endocrinology, Ophthalmology, Urology, Podiatry, Psychiatry and behavioral health counseling, nutrition counseling, speech therapy, occupational therapy, dentistry and oral surgery. Inquiries to: HR@cmadc.com.

SUFFOLK COUNTY: Coram Selden Dental practice seeks Oral Surgeon. Multi-doctor practice has immediate opening for board-eligible/board-certified Oral Surgeon. One day per week; very busy group practice. Great opportunity. Call or email for more information. (631) 732-9000; andrea@coramseldendental.com.

GREATER ALBANY AREA: Seeking associate general dentist for well-established practice. Willing to compensate higher than market value for right candidate. Goal is to establish associate as primary dentist and give ability to partner or buy practice moving forward, if desired. If you seek to work in practice with loyal patients and established staff, please contact us for more details. Inquiries to: albpracticeforsale@gmail.com.

WESTCHESTER COUNTY: Orthodontist needed. Actively seeking Orthodontist to join our Pedo/Ortho team. Support our mission to provide excellent dental care in community and help us create more smiles and memorable experiences for children and adults. Join team that believes in teamwork and truly cares about patients. Find your opportunity to make an impact: promote positive image of company; love working with kids and young adults; work with your own specialized support; earn guaranteed daily rate in addition to monthly bonus potential or open to partnership; dedicated support staff for specialists. Full-time providers eligible to participate in Medical/Dental/Vision insurance plans, HSA/FSA; short- & long-term disability and basic life insurance plans paid by company; 401(k) plan with company match; paid time off; continuing education reimbursements; CE offered through ADA-Accredited Continued Education Recognition Program (C.E.R.P.); reimbursements for associated licenses, certifications and professional dues, such as ADA and/or AAO memberships; multiple schedule options to help maintain healthy work/life balance. Inquiries to: gckidsdmd@gmail.com.



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Mrika Mexhuani graduated from Hostos Community College with degree in dental hygiene and Albert H. Stevenson Award, presented by NYSDA.



Casey Leveillee, dental hygiene graduate, Hudson Valley Community College, receives Stevenson Award from Wayne Harrison, NYSDA Trustee, Fourth District.



Dental hygiene graduates, Hostos Community College, celebrate their achievement.

NYSDA Presents Albert H. Stevenson Award

THE NEW YORK STATE DENTAL ASSOCIATION continued its tradition of recognizing an outstanding student from each of the dental hygiene schools in New York State with the presentation of the Albert H. Stevenson Award. This award is given to a graduating student who displays the leadership qualities and enthusiasm that Dr. Stevenson brought to the field of oral hygiene.

In the early 1900s, Dr. Stevenson recognized the importance of oral hygiene, advocating for the field to become a licensed profession. The profession as it is known today was shaped by Dr. Stevenson's tireless promotion.

The 2022 recipients of NYSDA's Albert H. Stevenson Award are: Naomi Bodner, New York City College of Technology; Casey Leveillee, Hudson Valley Community College; Colton Stein, Broome Community College; Duyen Nguyen, Monroe Community College; Maria Lombardozzi, Erie Community College; Erika Vellenga, Orange County Community College; Mrika Mexhuani, Hostos Community College of the City University of New York; Angela Marotta, State University of New York at Farmingdale; and Sion Song, NYU College of Dentistry.



PAUL LEARY

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