

International College of Dentists-NY Hosts Worldwide Dental Leaders at Javits



International College of Dentists-New York Regent Dr. Rekha Gehani, center in yellow, was surrounded by dental dignitaries from around the world at a recent ICD-NY meeting.

By Marc Katz

Dr. Rekha Gehani, the USA International College of Dentists-New York Regent welcomed new Fellows, ADA leaders and Global Councillors from around the world at a recent luncheon meeting held at the Javits Center during the Greater New York Dental Meeting.



International College of Dentists
New York Regent Dr. Rekha Gehani

The ICD—with more than 12,000 members in 140 countries—is the pre-eminent global dental honor society “recognizing outstanding professional achievement and meritorious service, while advocating for humanitarian and educational initiatives.

Fellowship in the college is by invitation only and is granted in recognition of an individual dentist’s outstanding professional achievement, service and dedication to the continued progress of dentistry for the benefit of humankind.”

Dr. Gehani, the New York representative to the ICD, organized the meeting to encourage collaboration between ICD Fellows in the region. She said the meeting was well-attended, successful and also allowed attendees to earn two hours of CE credit.

Dr. Gehani, a Jackson Heights orthodontist and educator at the Columbia University College of Dental Medicine, became a Regent for New York (District 2) of the International College of Dentists last year.

Other members of the Queens County Dental Society recently installed in the prestigious dental organization are QCDS Past President Dr. Hannett Gomez, QCDS Immediate Past President Dr. Pratix Shroff and current QCDS Vice President Dr. Tinnysa Chopra.

“This meeting drew the largest attendance in a very long time,” said Dr. Gehani. “We invited all New York Fellows to the meeting because we are seeking collaboration and to organize major humanitarian projects, as well as promoting oral health locally as well as internationally. We support dental student scholarships and present grad-

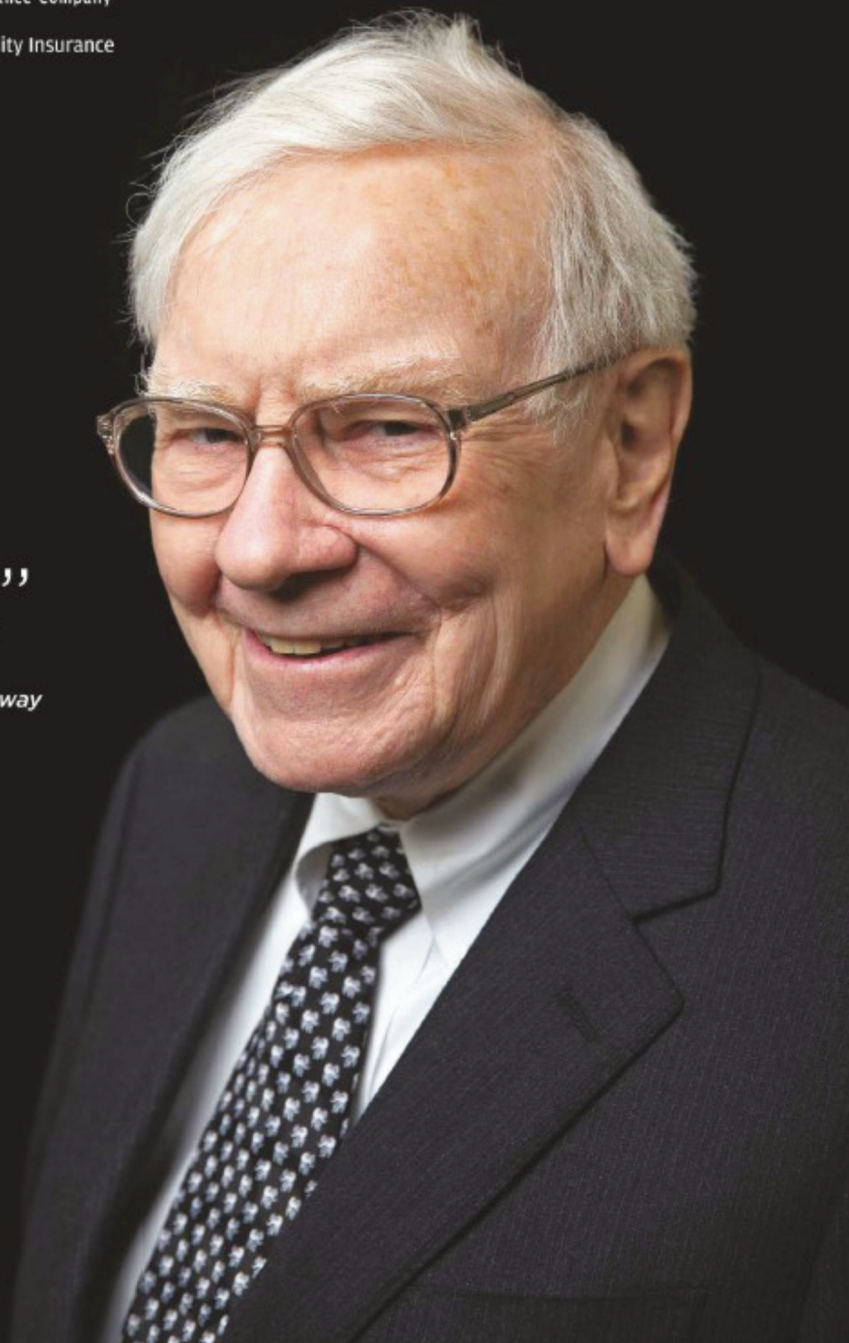
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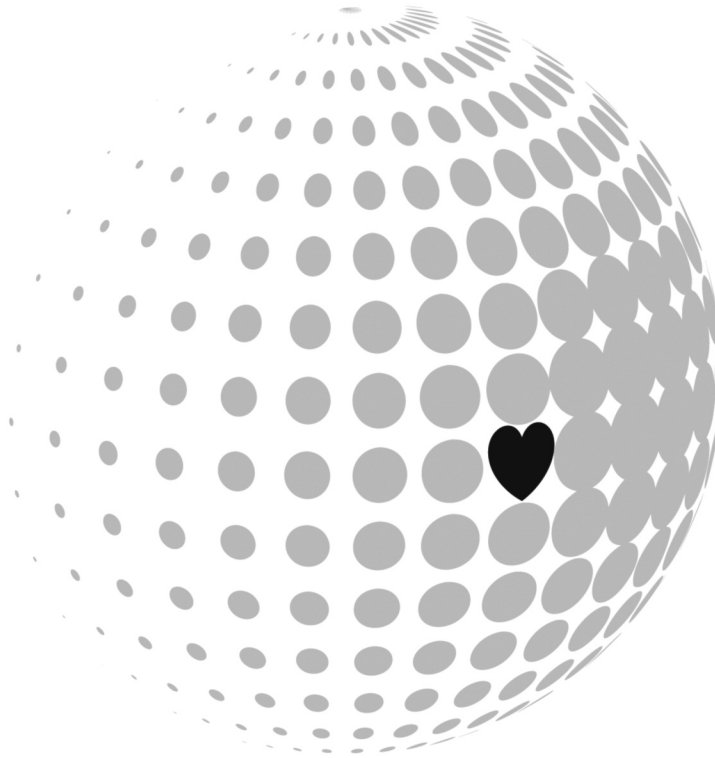
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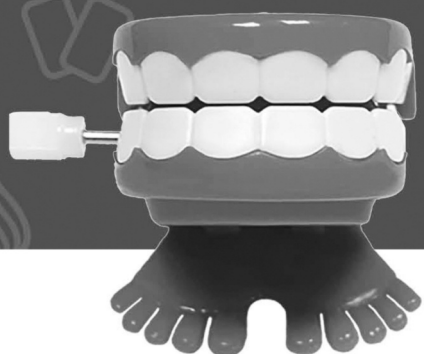
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From the President

reddydentalpc@gmail.com

Get Involved Along with Me!

By Dr. Savitha Reddy

It is with great pride and gratitude that I serve the Queens County Dental Society as the president for 2025.

As we continue to navigate the ever-evolving landscape of dentistry, it remains our collective mission to foster a community of dental professionals who are dedicated to excellence, lifelong learning and the highest standards of patient care.

Over the past year, under the leadership of Dr. Pratix Shroff, we have made significant strides in enhancing member engagement, providing continuing education opportunities and advocating for the dental profession at both the local and state levels. From our educational seminars to our community outreach initiatives, it is heartening to see how we are making a positive impact on both our profession and the communities we serve.

Looking ahead, I am excited for the opportunities we have to further strengthen the bonds within our society, advance our knowledge and promote the value of dentistry in our community. I encourage each of you to remain active, share your expertise and continue supporting the mission of QCDS. As we move forward in this new year, I would like to take a moment to emphasize the importance of membership (together we are stronger), advocacy, legislative involvement, networking, and community engagement.

Being a member offers numerous benefits that can significantly enhance both our professional development and practice. Professional networking provides opportunities for collaboration, sharing best practices and learning from peers. As a member, you gain access to special events such as networking dinners, dental conventions and social gatherings where you expand your connections with the dental community. One of the many major membership benefits available allows you to resolve patient disputes through our Peer Review Process.

Advocacy and Legislation

Our profession is constantly evolving, and the policies and laws that govern dentistry play a critical role in shaping our practices and the care we deliver. QCDS has always been at the forefront of advocating for the rights of our patients and our dental profession, such as urging for water fluoridation, a hot topic nationally. Whether it's working with local government agencies to address issues like dental access in underserved areas or lobbying for changes in state and federal regulations, your voice matters.

I encourage each of you to stay informed about legisla-

tive developments and get involved in our advocacy efforts. Together, we can ensure that our profession remains strong, that regulations reflect the realities of the modern dental practices and that patients continue to receive the best care possible.



I encourage each of you to stay informed about legislative developments and get involved in our advocacy efforts.



Networking and Professional Development

As dental professionals, one of the most valuable assets we have is each other. This year, we will continue to create opportunity for networking and professional development, from study clubs and CE courses to social events that allow us to learn from one another, share experiences and build long-lasting relationships. I urge you to participate in these events. They not only enhance your knowledge, but also foster a sense of community within our profession.

By working together, we can learn new techniques, explore the latest technologies, and share insights that can help all of us elevate our practices and better serve our patients.

Community Engagement

Our work extends beyond the office. As dental professionals, we have a unique opportunity to make a positive impact in our local community. This year, QCDS will continue its efforts to provide dental care to underserved populations, support local schools with oral health education programs and organize charitable events that benefit those in need.

I invite you to join us in these community initiatives. Volunteering not only strengthens our profession's connection to the public, but it also provides us with the fulfillment of making a tangible difference in the lives of others. Together, we can create a healthier Queens and inspire the next generation to take charge of their oral health.

I am excited for what lies ahead and the progress we can make as a united force in the dental profession. I encourage you to stay engaged, advocate for positive change, network with your peers, and give back to the community that has supported us for so many years. Your participation is key to collective success, and I look forward to working with each of you to make 2025 a year of growth, collaboration and achievement. Together, we can continue to shape the future of dentistry in our region and beyond.

Thank you for your ongoing commitment to excellence, and I look forward to working alongside you all in the year ahead.

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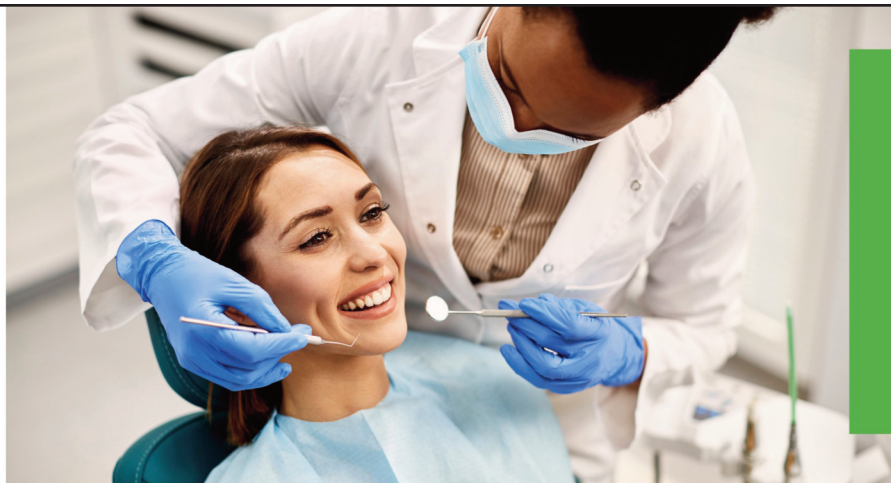
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The ADA's Stand on Water Fluoridation

By Dr. Brendan Dowd, ADA Trustee, Second District

Happy New Year to everyone and their families. I hope you have had a safe and productive 2024. I am already past the halfway point of my four-year term. As I have mentioned in the past, I have been honored and fortunate to represent the Second District at the American Dental Association.

I never thought I would be talking about the following subject in these terms, but due to a couple of questionable articles, a court case and the results of the recently completed national election, water fluoridation has garnered a good bit of attention in the news. As we all know, water fluoridation at the proper concentration (7 mg/liter or 7 parts per million) has been honored as one of the top ten health discoveries in the United States in the 20th century. It has helped countless communities reduce caries rate approximately 25 percent for more than three-quarters of a century. Multiple well controlled studies over the years have proved its efficacy and safety many times over.

We also know the concept of anti-fluoridation has a small, but strong contingent of folks constantly fighting the fluoridation process and our efforts to expand those activities. It is important that you know the ADA is a science-based association with a long history of using well-tested and proven facts as a basis for caring for the public. We are and will defend the important role a properly titrated fluoride addition to community water plays in fighting tooth decay.

You have and will see our well thought out responses as the debate continues in the national news. Historically, proven science has always carried the day, and I think it will again. The American Dental Association has continued to reinforce this science with renewed studies and maintains the same policy recommending fluoridated water at the proper concentration throughout the United States. Roughly three-quarters of the communities in our country have properly fluoridated water—and we feel that should be higher. Stay tuned as your Association continues to make sure the public is provided with the correct information and historically proven positive outcomes associated with community water fluoridation.

The ADA and Your Dues

The membership model pilot has officially begun as of November 1, 2024. The five associations participating are the states of Washington, New Hampshire, New Jersey, and New Mexico, as well as the Washington, DC. Each of them and their components will determine the rate they are charging for membership alongside the reduction in ADA dues. Free membership will occur for first year dentists and a monthly charge of \$12 (\$144 per year) for dentists in their second through fifth years. For dentists beyond that, the charge will be \$300 per year. Operations

will be streamlined to improve the member experience. A member loyalty program will help strengthen the value of membership and increase the engagement of dentists. In the future, pilot additions will likely include full-time faculty membership dues reductions (starting in 2025), a group practice membership pilot, the previously mentioned loyalty program, an international membership pilot, as well as expanding the pilot to more states.



*We are
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to community water
plays in fighting
tooth decay.*



It is important to note there are several states interested in joining the pilot in 2026. I strongly feel that the New York State Dental Association should join this program in 2026. It is an important step in leading to long-term financial sustainability and increasing the membership percentage of dentists in the tripartite from New York State. Our state association cannot continue to do business the way we have done in the past. Our percentage of members will dramatically decrease in the next two years if we don't change our thought process on this issue. We must think outside of the box, and I believe the membership pilot model is the best way to go. Please discuss this with your trustee, local leaders and component executive director. I truly think the tripartite will excel with this new process. If we continue down our current path, we will drop below 50 percent membership at the state and national level in 2026, and well below that several years after. I encourage all of you to learn the facts and play an important role in the future of your local, state and national organizations.

The American Dental Association continues to be a strong member of the FDI World Dental Federation (Federation Dentaire Internationale). This past September, I attended the annual meeting in Istanbul, Turkey and took part in various meetings concerning world oral health. It is important to note that the ADA is leading the charge in policy discussions and decisions. As you know, we determine policy through the ADA House of Delegates, and our international delegation promotes these policies as much as possible to the rest of the world. Many smaller countries take these new policies to their own ministries of health for direct input on decisions concerning their national oral health directives. It is important to share our scientific knowledge and policies with the rest of the world to improve oral health internationally. As we all know, caries and periodontal disease are at the top of the list worldwide of non-communicable diseases. In the fall of 2026, I will be traveling to Shanghai, China for the next annual FDI meeting to continue the discussion on oral health.

It is my hope that all of you have a constructive, healthy and safe year in 2025. Remember, you can email me at dowdb@ada.org or call me at 716-510-3217 if you have any questions or suggestions.



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<https://www.qcdsdental.org/child-abuse-recognition-and-reporting-mandated-reporter-training-update-3/>

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Updated Mandated Reporter Training Requirements. Chapter 56 of the Laws of 2021 amended Social Services Law §413 to require additional training to include protocols to reduce implicit bias in decision-making processes, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment

while interacting virtually within the New York State Mandated Identification and Reporting of Child Abuse and Maltreatment/Neglect coursework. This law requires that mandated reporters, including those who have previously undergone the current training, complete the updated training curriculum by April 1, 2025.

Training related to child abuse is required for the following professions:

- Dental Hygienists
- Dentists

As a licensee registered to practice in one of the above professions, you must complete this training by April 1, 2025. To submit proof of the updated training, you must upload the Certificate of Completion to the State Education Department unless your selected training provider electronically sends verification to the Department.



***You can fulfill this requirement by attending
a live webinar hosted by QCDS.***



NYSDA Report

mgreenbergdmd@gmail.com

NYSDA House of Delegates Meeting News

By Mitchell S. Greenberg, D.M.D., QCDS NYSDA Trustee

At the 2024 House of Delegates meeting, NYSDA elected new officers to lead the organization and added three new members to its Board of Trustees. Since that House meeting, the Board has been actively working on your behalf.

Executive Director

Over the summer, the NYSDA Board voted and appointed our longtime staff member, Michael Herrmann, to serve as Executive Director.

Editor

NYSDA welcomed a new editor of the NYSDA Journal and NYSDA News, Dr. Stuart Segelnick. He was editor of the Second District Bulletin for 10 years and has been active in organized dentistry for many years. He succeeds Dr. Chet Gary, who has done an exceptional job serving as editor for the past eight years.

Wellness Program

The Board agreed this fall to offer a new wellness program to all NYSDA members to help them better cope with stressors they encounter in their daily lives. The program selected is operated by AllOne Health and is fully paid for by NYSDA for all practicing and retired members. We believe this member benefit will be a great resource for those struggling with mental health and well-being issues. To reach them go to: <https://www.nysdental.org/member-center/member-assistance-program>

CE Navigator

NYSDA was recently forced to replace its Continuing Education (CE) Registry, since the State Education Department (SED) would no longer accept its transcripts for member audits. We have since selected a new software program, CE Navigator, to serve as our registry. This system addresses the data-integrity problems inherent in our old registry, and SED has agreed to accept the transcripts from CE Navigator.

Within this new program, members upload their own courses and completion certificates directly to CE Navigator. They can set reminders for required course deadlines, as well as for re-licensure. And, it can even act as a platform for taking continuing education. NYSDA can still import courses provided by the components for all participating members, as long as they are registered in the software. Some dentists elsewhere pay upwards of \$20 per month for this service, but NYSDA is covering the entire cost of licensing and operation. NYSDA has an online video to help members enroll in this new service: <https://www.nysdental.org/ce-events/ce-navigator>

New NYSDA PAC

NYSDA*PAC is the new endorsed PAC of our Association.

This new PAC will function as a committee of the NYSDA Board. NYSDA Trustees will initially serve as Board members of NYSDA*PAC, but later this year, other non-Trustees can be considered to serve. This new structure will ensure better communication between our advocacy and our political action.

New ADA Association Software

The new ADA Salesforce/Fonteva software continues to be tweaked and changed to address problems and omissions in various software modules. This transition has caused a delay in certain tripartite functions and programs, and this will continue through the first quarter of 2025.

We appreciate our members' patience with this new software. Once established, the software should allow for improved communication between our members and the associations, and provide a better platform for program delivery.

Public Water Fluoridation

As everyone knows, the issue of public water fluoridation exploded into the popular press late last year and has continued since that time. It began with some studies that concluded that high levels of water fluoridation negatively impact the IQ of children.

The ADA feels such studies are deficient and inappropriate for drawing the conclusions that some have drawn from them. Organized dentistry continues to assert that at the appropriate fluoridation level of .7 mg/l, fluoride is a safe and extremely cost-effective public oral health measure. And that is the consensus of most oral health researchers as well as the US EPA.

It would be wholly inappropriate to eliminate public water fluoridation based upon these limited, deficient studies.

**If you have not yet renewed
your membership, now is the time!**

*You will no longer be receiving
communications from the ADA, NYSDA,
or QCDS unless you renew for 2024.*

Please don't let your membership lapse!

*Call the QCDS Executive Director at
718-454-1020 now!*



Queens County Dental Society
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International College of Dentists-NY Hosts Worldwide Dental Leaders at Javits

Continued from page 1

uation awards through the USA-ICD Foundation."

Dr. Gehani is seeking volunteers and donations to the USA-ICD Foundation. For further information, she can be reached at gehaniortho1@gmail.com. "We would love to see you all get involved in our humanitarian projects and thank you for your support in making this world a

better place," she told those in attendance.

Dr. Gehani is an ADA and NYSDA delegate and is a past chair of the ADA's Council on Dental Education and Licensure. She is also currently a member and past chair of the New York State Board of Dentistry.

—Continued on page 11



International College of Dentists New York Regent Dr. Rekha Gehani addresses representatives at the ICD-NY meeting, held recently at the Javits Center.



ICD Regent Dr. Rekha Gehani welcomed new Fellows of the organization: Drs. Natalia Nelson, Nicholas Vernice and Katayoon Noroozi-Leibowitz.



Many International College of Dentists Fellows, dignitaries and guests were on hand for networking during the recent ICD USA-NY meeting held during the Greater New York Dental meeting.



Among the many USA International College of Dentists New York dignitaries and members of the ADA Board of Trustees attending the luncheon were Drs. Rekha Gehani, USA ICD New York regent, Eliot Paisner, USA ICD president, Edward Miller, USA ICD New York vice regent, Bret Kessler, ADA president, and Dr. Prabha Krishnan, NYSDA president.



On hand to greet attendees were, left to right, ICD USA Past President Dr. Ira Titunik, ICD-USA New York Regent Dr. Rekha Gehani, and ICD USA New York Fellow Dr. Katayoon Noroozi-Leibowitz.

USA-ICD Recognizes Dr. Chad Gehani

Continued from page 10

The USA-ICD named QCDS Executive Director Dr. Chad Gehani, the husband of Dr. Rekha Gehani, as an "Outstanding Dental Leader" at their annual convention, held in Tennessee last year. Prior to

being named the QCDS executive director, he served as president of QCDS, the New York State Dental Association and the American Dental Association. From 1985 to 2000, he visited many dental institutions in India, Pakistan and Bangladesh to

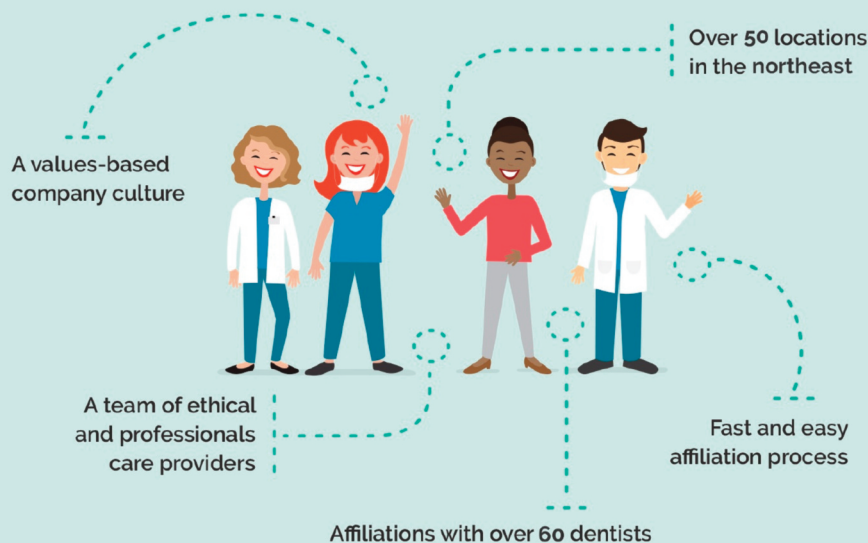
teach dental faculty and set-up continuing education programs. In 1988, he donated the latest diagnostic technology to the Government Dental College in Mumbai and \$10,000 to aid in the treatment of needy children.

QCDS Executive Director Dr. Chad Gehani was recently named an "Outstanding Dental Leader" by the International College of Dentists, as shown in their program for the event.



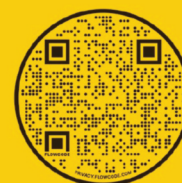
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A Case Study: Root Canal Nerve Injury

Editor's Note: The following report of an actual legal case is presented by MLMIC Insurance Company, a Berkshire Hathaway company specializing in medical professional liability insurance needs.

The plaintiff, a 45-year-old married man, awoke one morning with severe pain in tooth 19. Because his regular dentist was unavailable that day, he obtained an appointment with his coworker's general dentist. That dentist promptly referred him to the defendant, an endodontist, for a root canal. Because he did not have an appointment, he was accepted as an "add-on." The patient arrived at 2 p.m., but was not seen for over two hours despite his severe pain. This delay might have been due to his being added to the schedule.

When the defendant did finally see the plaintiff, he injected the plaintiff with a standard mandibular block using carbocaine. The plaintiff stated that he immediately felt an "electrical jolt" or "bee sting" from the shot and claimed that he moaned and grabbed the chair. The left side of his face promptly went numb. The defendant began the initial root canal process and then gave the plaintiff an appointment four days later so he could complete the process.

After the anesthetic wore off, the plaintiff claimed that he was left in severe pain and left five messages for the defendant over the course of the evening but never received a return telephone call. The following day, he claimed he left further messages for the defendant at his office, again without a response. That evening, because the pain did not subside, he went to the Emergency Department of a local hospital for pain medication.

The following day, he did see the defendant and complained of numbness in his lower left lip and chin, as well as continuing severe pain. The defendant advised him that his face was swollen because he had an infection and proceeded to drain purulent material from the site. That same evening, the plaintiff again called the office complaining of severe pain. The dentist on call that night responded, prescribed antibiotics and increased the plaintiff's pain medication dose.

Approximately two weeks later, the defendant completed the root canal procedure. Since the plaintiff continued complaining of numbness and paresthesia, the defendant checked his chin and lip at that visit and documented this problem. He allegedly advised the plaintiff that because the paresthesia was improving, it would diminish in time. The plaintiff later saw several physicians, including a neurologist, who advised him that the numbness and tingling of his lower lip might be permanent. They recommended he pursue lip therapy. Fortunately, the numbness of his chin had improved.

The Lawsuit

The plaintiff then commenced a lawsuit against the defendant, claiming that the defendant had injected the wrong spot with the anesthetic, injected the anesthetic too quickly after failing to appreciate the appropriate landmarks of the plaintiff's mouth for injection and failed to immediately withdraw the needle as soon as the plaintiff reacted to the "electric jolt."

The defendant denied all these allegations. He testified that the plaintiff was in severe pain before the block and did not react in an unusual manner. He stated he did note all landmarks before injecting the patient, as was his custom and prac-

tice, and that the injection occurred over a period of 30 seconds, which was also his usual practice. However, the defendant's records were scanty. They did not discuss how he injected the plaintiff and contained minimal documentation about an informed consent discussion. The signed consent form did not mention numbness or paresthesia as a risk. Further, the record contained only one note of a telephone call, which was the documentation of the on-call dentist.

Although the plaintiff said the numbness was immediate, the first documentation of paresthesia was written two weeks after the plaintiff's initial visit. The note refers only to that visit and not any prior visits. On the plaintiff's last visit, the defendant told the plaintiff that the cause of the paresthesia was likely swelling from the infection in tooth #19 and that it would resolve. The plaintiff failed to keep his next two appointments, and the defendant never saw him again.

Eventually, tooth #19 was extracted by another dentist due to an infection in that tooth. The plaintiff never replaced the tooth with a bridge or implant, as recommended, because of his fear of further dental injury. The plaintiff claimed that he is now self-conscious about speaking because, due to the numbness, he drools and does not know when food is on his face. He also claimed he smiles less often because of the missing tooth.

Expert Reviews

Experts who reviewed this case for the dentist raised concerns about the fact that the written consent form the defendant used lacked any mention of the risk of paresthesia. The reviewers raised the possibility that the injury was due to inflammation from the root canal rather than the injection. They all noted that defending a paresthesia injury is difficult, even in the absence of a deviation from the standard of care. However, since the defendant was an experienced endodontist, they all felt the case was defensible.

Trial

The case went to trial before a jury. The plaintiff made a believable witness and did not try to embellish his injuries. He testified that he was the last patient of the day and that the defendant appeared rushed and agitated. This would be consistent with his two-hour wait at the office because he was an add-on patient, and the dentist was at the end of a busy day. The plaintiff also expressed anger that the defendant failed to return his numerous calls for the two days he experienced severe pain. However, he admitted that he did not pursue lip therapy to diminish or improve the paresthesia, as recommended by the two neurology experts he had seen.

The defendant was called as the next witness by the plaintiff's counsel. He admitted under cross-examination that he failed to document the numbness when the plaintiff first complained of it. He testified that he did not recall the plaintiff flinching at the time of the injection, as the plaintiff was already in severe pain from the infection. He then testified that he gave the injection of the anesthetic over a period of 30 seconds, describing his customary procedure in depth. Notably, the defendant only came to court to give his testimony. He did not attend the remainder of the trial.

—Continued on page 13

Continued from page 12

The plaintiff's expert, a general dentist, not an endodontist, demonstrated to the jury how the injection should be given. He testified that the patient must be observed at all times and the needle is immediately withdrawn if the patient experiences an electrical shock sensation, as that means the nerve has been injected. He also claimed that the defendant gave the injection too quickly. He stated a patient should be injected over a period of 60 seconds, not 30 seconds. During cross-examination, he admitted to having testified multiple times as an expert witness for the plaintiff's counsel.

The defendant produced two expert witnesses. The first, an oral and maxillofacial surgeon who had examined the plaintiff, confirmed that the plaintiff had decreased sensation on the left aspect of his lip midline to the left commissure but testified that the paresthesia was mild.

The second was an academic dentist who taught dental students how to inject patients. This expert quoted many studies that stated that an electrical sensation does not always correlate with a paresthesia injury. This expert further testified that the defendant did not depart from the standard of care when injecting the patient. However, on cross-examination, the expert conceded that many textbooks stated that 60 seconds was the appropriate length of time to inject a local anesthetic. All the experts for both the plaintiff and the defendant agreed that this type of injection of a local anesthetic is blind and that paresthesia can result from this injection in the absence of negligence.

Defense counsel argued in his summation that there was no deviation from the standard of care and that the plaintiff's injury was not caused by the defendant but by the infection and subsequent swelling. After deliberation, the jury returned a six-figure verdict in favor of the plaintiff for past pain and suffering but gave him no money for future pain and suffering. MLMIC's legal department and counsel for the defendant dentists determined that there were no issues for appeal.

Takeaways

The patient should be told the risks, benefits and alternatives to the proposed treatment and thus must be documented in the chart that the provider told the patient all of that. The risks discussed must include the most serious and frequent risks, but it does not mean there needs to be a long list. Then, the dentist must document that the patient was given the chance to ask questions and then consented to the procedure. The consent discussion can be written in shorthand indicating the risks, benefits and alternatives, including no treatment, were discussed and that the patient consented. Documentation of a consent discussion is critical, so the patient cannot say that a consent discussion did not occur.

This case is presented for general purposes only and should not be construed as medical or legal advice. This document is not comprehensive and does not cover all possible factual circumstances. Because the facts applicable to a situation may vary, or the laws applicable in a jurisdiction may differ, contact an attorney or other professional advisor for any questions related to legal, medical or professional obligations, the applicable state or federal laws or other professional questions. MLMIC can be reached at 844-275-6564 for discussion about legal matters.

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Here is a 2024 Market and Economic Recap

By Peter J. Klein, CFA®, CRPS®, CAP®, CSRIC®

This past year was certainly interesting in the markets. With a new administration coming in, new policies are expected. What can investors anticipate for 2025?

We can look at key market trends and economic conditions that shaped 2024 and what we anticipate moving forward.

Inflation and Market Outlook

Historical evidence suggests a likely second wave of inflation, especially after periods of six percent inflation, as seen two years ago. Three main factors contribute to persistent inflation:

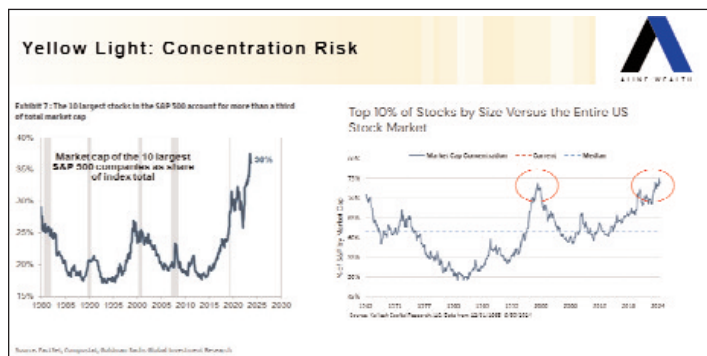
- De-globalization: Producing goods domestically is more expensive.
- Decarbonization: Transitioning to green energy increases costs.
- Deficit Spending: High debt levels are inflationary.

Interest Rates and Bonds

Despite Fed rate cuts, long-term interest rates may remain high due to market demands for higher returns. The cost of servicing debt is rising, with nearly a trillion dollars needed annually. As older bonds mature and are refinanced at higher rates, this will continue to pressure the economy.

Investment Strategies

- Diversification: Essential for managing risk, especially given the concentration in top stocks. The top 10 stocks in the S&P 500 now make up 36% of the index, the highest ever.
- Valuation: High forward price-to-earnings ratios and price-to-sales multiples indicate overvaluation in many sectors. It's crucial to be mindful of the price paid when entering investments.



Market Risks

The S&P 500 is highly concentrated, with the top 10 stocks making up 36% of the index. This concentration poses risks, especially as household allocation to equities is at an all-time high. The optimism in the market is high, but this can lead to volatility.

Long-Term Investment Focus

Successful investing over a market cycle depends on entry price. Current high valuations suggest caution. Historical data shows that markets revert to the mean, emphasizing the importance of buying at the right price. Over the long term, em-

pirical evidence and fundamental values will determine market performance. What you pay for an investment matters—a lot!

Opportunities Outside the U.S.

Valuations outside the U.S. are more attractive, presenting potential opportunities in international markets. Themes like electrification and cybersecurity are promising areas for investment. The gap between U.S. and international valuations is significant, suggesting potential for growth in non-U.S. markets.



Thematic Investments

We see significant opportunities in thematic investments such as electrification, cybersecurity and water infrastructure. The demand for energy and data center construction is expected to grow substantially, driven by trends like AI and cloud services.

What's next for 2025?

The past year was strong year for markets, but it's crucial to review your portfolio and financial plan. It is good to get a second opinion to help you assess your current position and plan for the future. This service is an excellent way to help ensure your investments align with your financial goals and risk tolerance.

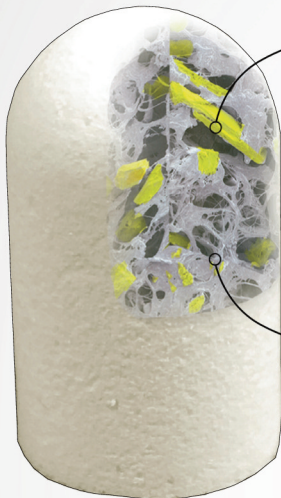
Peter J. Klein, CFA®, CRPS®, CAP®, CSRIC® is the chief investment officer and founder of ALINE Wealth, a group of investment professionals registered with Hightower Securities, LLC, member FINRA and SIPC, and with Hightower Advisors, LLC, a registered investment advisor with the SEC. Securities are offered through Hightower Securities, LLC; advisory services are offered through Hightower Advisors, LLC. Mr. Klein can be reached at pklein@alinewealth.com or 631-760-7650.

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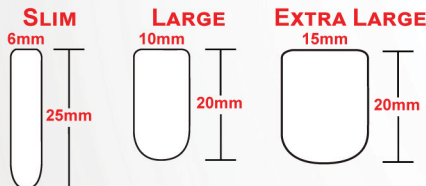
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1. Spivak, J Biomed. Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valen, J Oral Implantology, 2002.

Clinical Case Example

Clinical images courtesy of German Murias DDS, ABO/ID

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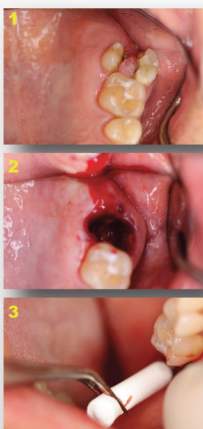
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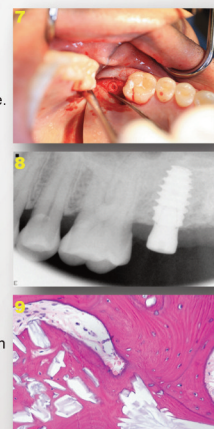
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