

From the President

reddydentalpc@gmail.com

Celebrating Our Dr. Prabha Krishnan And the Strength of The Dental Society

By Dr. Savitha Reddy

Dear members and Colleagues, as we continue through 2025 I'm proud to reflect on the progress our profession is making. We are not only providers of care, but stewards of science, advocates for public health and now, more than ever, pioneers in a changing landscape.

On that note, I'm thrilled to invite all QCDS members to a special reception honoring Dr. Prabha Krishnan this May 30th. Dr. Krishnan has been a trusted voice in dentistry and a champion for oral health in our community. Her contributions to organized dentistry, mentorship, and public outreach has left an incredible mark. This evening will be a celebration of her work, her leadership and her enduring impact. I hope you'll join us for what promises to be a meaningful and memorable event.

As we celebrate, we also face challenges that require our attention and action. The growing movement to ban fluoride in public water systems is deeply concerning. Water fluoridation remains one of the most effective, evidence-based public health measures to prevent tooth decay. Removing it would threaten the oral health of our most vulnerable populations—particularly children and the elderly. We, as dental professionals, have a responsibility to advocate for science, to educate our communities and to ensure that misinformation does not undo decades of progress.

In addition to public health advocacy, we must also look to the future of our field. The rise of artificial intelligence in

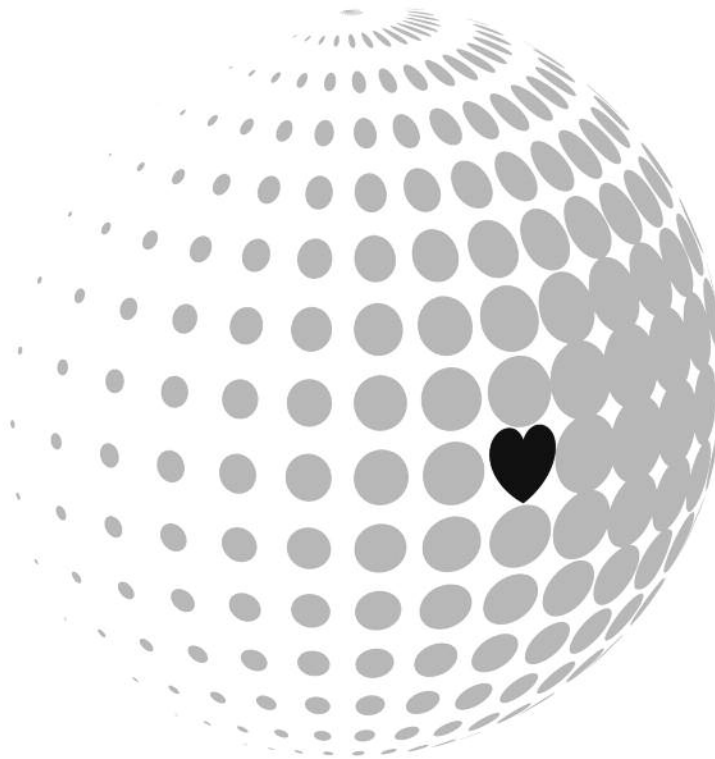
—Continued on page 10

Savitha Reddy Takes Office As QCDS's New President



Queens County Dental Society Executive Director Dr. Chad Gehani administered the oath of office to incoming President Dr. Savitha Reddy at the most recent General Membership Meeting, in top photo. Among the other officers sworn in were Drs. Chiran Reddy, president-elect; Tinnysha Chopra, vice president; and Mitchell Greenberg, treasurer. Dr. Reddy presented a plaque of appreciation to outgoing President Dr. Patrix Schroff, at left.

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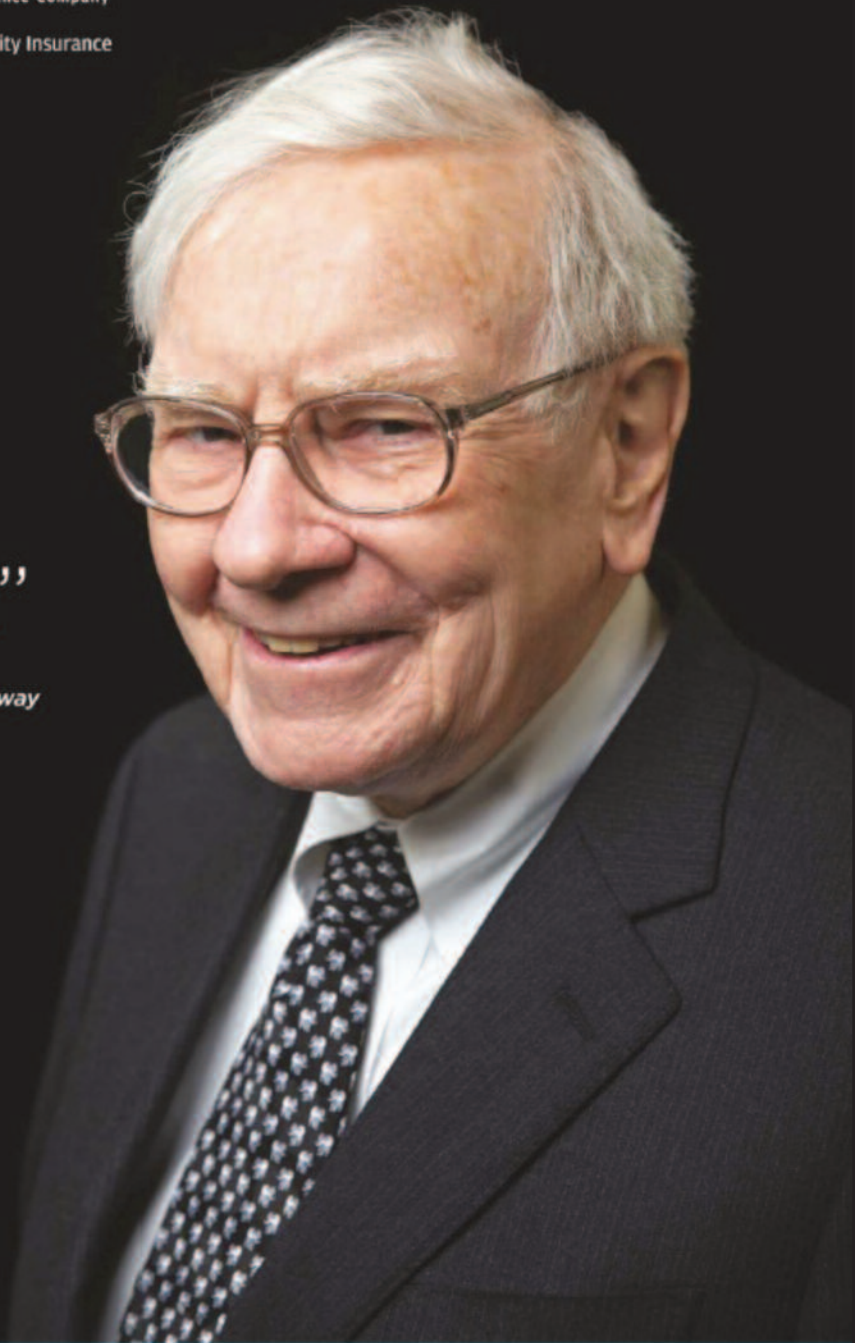
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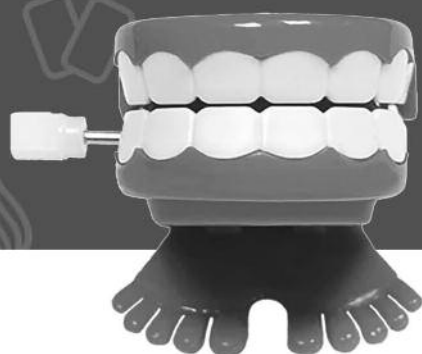
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Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for March/April issue is January 10th. All Submissions must be typed as a word document and emailed to QCDSBulletin@gmail.com.

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ADA Report

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The ADA Moves, Fights Anti-Fluoridation

By Dr. Brendan Dowd, ADA Trustee, Second District

Spring is here and it is even warming up in my hometown of Buffalo. I hope all of you and your families made it through the winter in good order and are looking forward to an enjoyable summer. There have been several changes at the American Dental Association, and I will try to get you up to speed with my correspondence to you.

To begin with, we are officially in our new headquarters on the top four floors of a 35-floor building at 401 North Michigan Avenue in Chicago. We have a very agreeable long-term lease and completed the leasehold improvements in February. If you make a trip to Chicago any time soon, please stop by for a tour. The view is spectacular and the location is second to none.

There has been a change at the top of the ADA administration. Our previous executive director, Dr. Ray Cohlma, stepped down from the position in early February of this year. The decision was reached amicably, and the ADA Board is extremely proud of Dr. Cohlma's service to our organization. We continue to follow his vision for the ADA and hope to see many of the projects he and the ADA Board agreed upon over the past four years come to fruition and/or be completed. Dr. Cohlma worked incredibly hard during his tenure at the ADA, and we are extremely grateful for his service. In the meantime, Dr. Betsy Shapiro was unanimously approved by the Board as interim executive director. Dr. Shapiro previously served as Chief of Governance and Strategy Management. She graduated from dental school at the University of Illinois Chicago College of Dentistry and was in private practice for several years. She has a juris doctor degree from Northern Illinois University. Dr. Shapiro began her career at the ADA as a Hillenbrand Fellowship Scholar and ended up staying at the ADA, working in many different areas of the organization. The ADA Board is very pleased to have Dr. Shapiro as our interim executive director as we conduct a national search for a permanent director.

I would like to apologize to all our members about the delay of the implementation of the Salesforce Fonteva IT program. Unfortunately, there have been many technical challenges. The ADA has received the help of an external consulting firm, Datazoom, to assist us with a health check of the system and implementation. It considered the overall system health rating "at risk" and recommended targeted remediation to stabilize and standardize the program over the next several months. Remediation will be discussed with the states and the Strategic Forecasting Committee during that time. Although this will take some time, the ADA believes we are making progress and taking the proper corrective measures to get our organization on the right path.

The ADA credit union will be scheduled to launch at the end of Q3 or early Q4 of this year. As many of you know, this has required much background work and due diligence over the past year. The ADA is finishing the final touches on a contract with an established credit union with extensive experience in this area to provide financial services to all ADA members and their families. You will be receiving information on this exciting venture in the very near future.

We have started an ADA Fluoride Ambassador program to sign up an army of dentists, hygienists, nurses, physicians, and community leaders to...provide information...

Water Fluoridation

I know that I talked to you in my last report about water fluoridation, but the landscape has changed even more since our last correspondence. The entire state of Utah has passed a law to eliminate water fluoridation in their state. Approximately 15 other states are discussing it at various levels of their legislative process. Countless other municipalities nationwide have it under review. Not all the news is bad, though. New Hampshire just reaffirmed its commitment to water fluoridation, as did North Dakota. It is a state-by-state and municipality-by-municipality battle, depending on your location in the country. Albion, New York, located between Buffalo and Rochester, has had a hearing about it and will have another one later in the spring. The most unfortunate factor is the rhetoric of Health and Human Services Secretary Robert Kennedy, Jr., in Washington, D.C. He has called water fluoridation a toxic process that should be eliminated nationally. Although there is a plethora of well-done evidence-based studies over the past 80 years, he and the anti-fluoridation folks point to poorly controlled dubious international studies that come to faulty conclusions. It is sad that we have reached this point in our country where some of our national leaders do not understand settled science.

The ADA will not lay down due to this national trend. We have started an ADA Fluoride Ambassador program to sign up an army of dentists, hygienists, physicians, nurses, and community leaders to be ready to testify, be interviewed or provide information as needed all around the country as these hearings are announced. Currently, we have 72 percent of the communities in this country with properly titrated fluoridated water at .7 parts per million. The goal is to keep it at that level or increase the percentage, along with keeping a running tab of the outcomes to keep practicing dentists apprised of what is going on. The purpose is to keep our members informed to treat their patients properly as things change.

Thank you for letting me continue to serve you as your ADA Trustee and please call or email me if you have any questions. Enjoy your summer!

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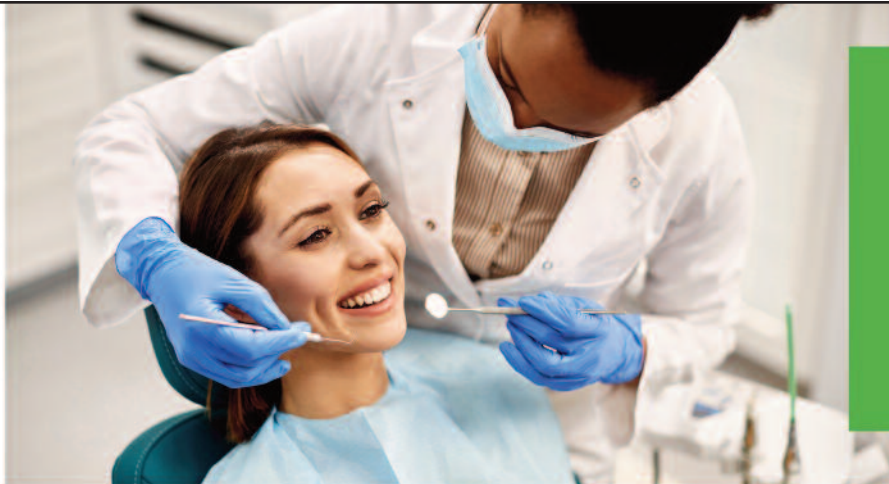
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How Certain Factors Affect Craniofacial Growth as well Teeth, Jaws and Airways

Editor's Note: This case study, by SUNY Albany sophomore Brit Francis, the co-founder of Artist Etcetera, looks into why he believes certain factors have an affect on craniofacial growth and affect teeth, jams and airways.

By Brit Francis

I believe there are changeable factors (mainly during childhood and growth years) that can influence how the teeth and jaws develop. Smaller, narrower jaws theoretically increase the likelihood of dental crowding since there is less space for the teeth to rest. I also believe that a narrower jaw can negatively affect the airways, potentially leading to breathing disorders such as sleep apnea in older individuals. I will explain how these factors play a role. More research should go into how proper craniofacial growth can be achieved in growing children and what can be done to help those who are past the growing stage.

The Maxilla (Upper Jaw)

I believe that tongue posture plays a crucial role in the shape of the upper jaw, mainly during growth years when the upper jaw is easily malleable. When the tongue is perfectly flat against the roof of the mouth, over long periods of time, the shape of the palate will match the forces distributed from the tongue. This causes the palate to widen and come more forward, creating a larger surface area and more room for the teeth to fit in.

I also believe that orthodontic appliances, such as expanders and/or facemasks, could also be administered to a growing child to ensure proper craniofacial growth is met.

The Mandible (Lower Jaw)

Proper chewing habits during the growth years are essential for the development of the lower jaw. We know that the mandibular condyle absorbs forces, and these forces can potentially determine how the mandible grows laterally. I believe that chewing certain foods does not provide enough stimulation for the mandibular condyles to activate maximum mandible growth. This lack of force leads to an underdeveloped lower jaw, which leads to dental crowding, as the mandible isn't long enough to fit all of the bottom teeth.

Premolar Extractions

It is believed that premolar extractions are linked to bone loss in the mandible or the maxilla) and can also cause the airways to shrink from the jaw recession.

Wisdom Teeth

Some believe that improper development of the maxilla and mandible leads to impacted wisdom teeth. Additionally, if the maxilla and mandible were developed properly, the wisdom teeth would emerge without crowding or complications. I can see this potentially being true; however, my knowledge of this category is more limited.

TMJ Joints

I believe that malocclusion increases the likelihood of developing TMJ disorders due to an uneven distribution of forces on the TMJ. I believe that the same principle may apply to factors such as elastics, extractions and/or braces. For example, say someone has a deep bite. An orthodontist corrects their bite by angling their upper and lower teeth with elastics. Because of this change in bite angle—though slight—the forces on the TMJ joints are now altered. Because the joints are adapting to a new distribution of forces, there is a higher risk for things like the articular disc to displace, causing TMJ disorder.

Conclusion

There are various organizations and companies that are working to help people achieve proper craniofacial growth. However, we still need more scientific backing on topics I discussed so we can further determine if these findings are fully true.

Here is a list of some companies/organizations/influencers working to help spread the word on proper craniofacial growth and airway health:

TeamDental: Ron Ead, known as "JawHacks" YouTube is raising awareness about proper craniofacial growth and airway health, doing interviews with licensed doctors who share their expertise.

Toothpillow: Promotes proper craniofacial development via chewing and breathing techniques in preadolescents and adolescents.

Facegenics: Developing a maxillary expander and protraction device with the goal of expanding the jaws and airways.

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Retirement Planning...Takes Planning!

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

According to a national poll from Public First, more than half of Americans lack confidence in their ability to retire when they want to and maintain a comfortable standard of living. This may even underestimate the issue, as just about everyone—even those with considerable wealth—express concerns

- Duration of employment and earnings
- Longevity—lifestyle choices
- Surplus spending—expenses outside of lifestyle spending

Unable to control

- Market returns and inflation
- Tax policy and other laws
- Healthcare costs

Maximize Retirement Savings Beyond

- Establish a spousal IRA, if relevant
- If self-employed, contribute to a Solo 401(k), SEP-IRA or Defined Benefit Plan

Plan for a Long Retirement

The average life expectancy for a 65-year-old is 81.95 years of age. But that is just an average. Based on data from the American Academy of Actuaries and the SOA Research Institute, there is a 54 percent chance the female partner of a couple aged 65 will live to age 90 and a 47 percent chance for the male partner, if both are non-smokers in excellent health.

This means you may need to plan for a 30-plus-year retirement, especially if warranted by family history, during which, as a general rule of thumb, you will likely need to replace about 75-80 percent of pre-retirement annual income. And this does not factor in certain discretionary purchases you may wish to make—for example, second homes or support for your children as they begin their adult lives (e.g., weddings, first car and home purchases, etc.).

RETIREMENT CONTRIBUTION LIMITS			
Retirement Benefit Limits		Modified Adjusted Gross Income (MAGI) Limitations for IRA Contributions	
	2025		2025
Contribution Limits for 401(k)/403(b) Plans	\$23,500	Traditional IRA	
Age 50+ Catch-Up	\$7,500	Single, Head of Household	\$79,000 - \$89,000
Contribution Limits for SIMPLE IRA Plans	\$16,500	Married Filing Jointly	\$126,000 - \$146,000
Age 50+ Catch-Up	\$3,500	Roth IRA	
Contribution Limits for IRAs	\$7,000	Single, Head of Household	\$150,000 - \$165,000
Age 50+ Catch-Up	\$1,000	Married Filing Jointly	\$236,000 - \$246,000
Contribution Limits for Defined Benefit Plans	\$280,000	Married Filing Separately	0 - \$10,000
Contribution Limits for SEP IRA and Solo 401(k) Plan	\$70,000	Roth Conversions	None

Source: <https://www.irs.gov/newsroom/401k-limit-increases-to-23000-for-2024-ira-limit-rises-to-7000>

about not having enough assets to retire the way they would like.

To help alleviate this mental burden and instead focus on maximizing what can be accomplished in retirement, here are some practices:

Focus on what you can control

It is important to recognize that both controllable and noncontrollable variables impact financial outcomes in retirement.

Unfortunately, people tend to disproportionately allocate their time to factors they can't control, when they should instead focus predominantly on the first—and to some degree, second—type of variables below:

Full ability to control

- Current lifestyle spending
- Savings
- Identifying retirement goals, including lifestyle spending, and estimating their costs
- Asset allocation and location—investing optimally both in terms of assets (e.g., stocks, bonds, alternative investments) as well as the type of account in which they are held (i.e., taxable versus tax-deferred retirement accounts)

Some ability to control

Your 401(K)

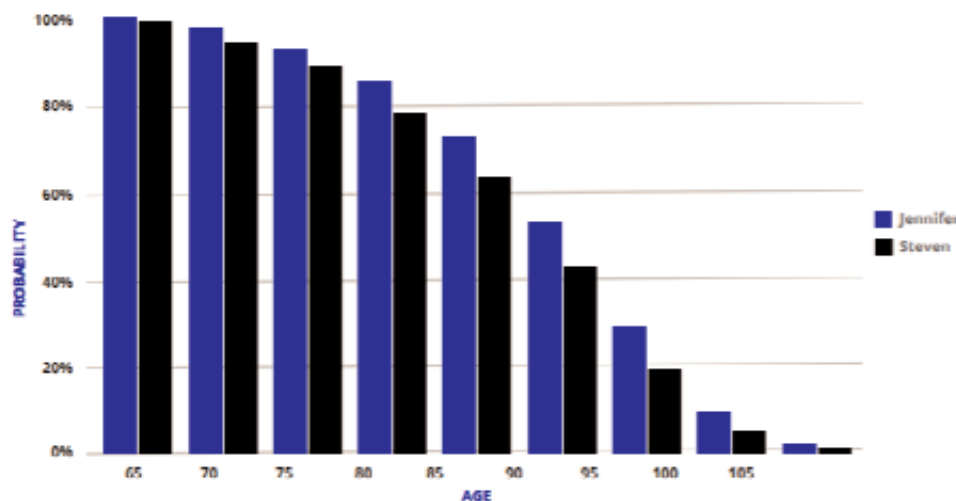
Saving beyond 401(k)/403(b) plans are essential for most pre-retirees. In addition to maximizing your contributions to your workplace retirement account you should:

•Maximize your after-tax assets by:

Maximizing contributions to after-tax accounts

Considering backdoor Roth IRA contributions (if allowable)

Considering a Roth IRA conversion



This graph illustrates the likelihood that you and your spouse/partner will live to at least specific ages, starting at your retirement age. Jennifer and Steven are fictitious characters used for illustrative purposes.

From the President

Continued from page 1

dentistry is no longer theoretical—it's happening now. From AI-enhanced diagnostics and radiographic analysis to streamlined administrative workflows, this technology holds the potential to improve accuracy, efficiency and patient outcomes.

But, with that comes the need for thoughtful integration, ongoing education and ethical oversight. QCDS is committed to helping our members stay informed and prepared for these exciting advancements, ensuring that AI is a tool that only empowers—not replaces—our expertise.

Let us move forward with a sense of purpose: celebrating our leaders, protecting our communities and embracing innovation. The strength of QCDS lies in our collaboration and commitment. I look forward to seeing you on May 30th, and to everything we will accomplish together in the months ahead.

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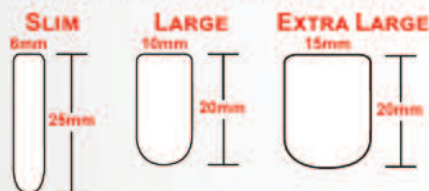
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1. Spivak, J Biomed Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valeri, J Oral Implantology, 2002.

Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

1. Tooth #15, set to be extracted.

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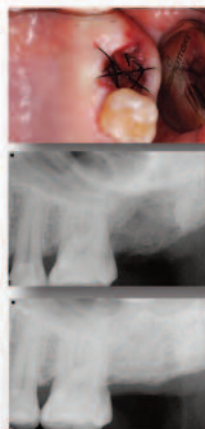


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