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# QCDS Bulletin

PUBLISHED BY AND FOR THE DENTISTS OF QUEENS COUNTY

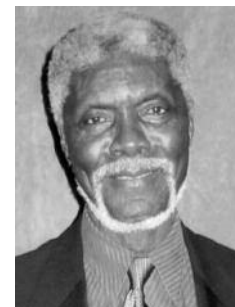
Volume 52 Number 5

September/October 2010

## Dr. Quarcoo Receiving Lentchner Award

By Marc Katz

Dr. Stephen Quarcoo, a past president of the Queens County Dental Society, has been selected to receive the highest recognition given by QCDS, the Emil Lentchner Distinguished Service Award, at the Society's Annual Installation and Dinner Dance.



Dr. Stephen Quarcoo

New QCDS officers will also be installed at the Dinner Dance, to be held January 22 at Terrace on the Park.

Dr. Quarcoo, a member of the QCDS Board of Trustees for more than 30 years, graduated from Kumasi College of Science and Technology in his

native Ghana in 1957, then headed to Canada to earn his D.D.S. degree from the University of Alberta in Edmonton in 1962.

A feature about Dr. Quarcoo in the QCDS Bulletin earlier this year said: "His friends and peers know and respect him for his humility in the face of achievement, a quietly subversive sense of humor, dedication to his colleagues and his many years of sustained love for the art of oral surgery."

"If surgery is an art, those who know him have seen the satisfaction he derives from the mastery of the incision, the simplicity of the suture, the delicate manipulation of instruments and the well-earned gratitude of the patients whose mouth has served as a three-dimensional canvas."

Dr. Quarcoo has served on the

Board of the New York State Society of Oral Surgeons as well as the NYSDA Councils on Dental Practice and Hospital Dentistry. He has taught dentistry to students in university programs and residents in local hospitals, conducted a hospital practice and is currently the chairman of the Dental Department at Flushing Hospital Medical Center. He is a Fellow of the American College of Dentists, the International College of Dentists, the Pierre Fauchard Academy and the Long Island Academy of Odontology.

Dr. Reneida Reyes, Dr. Quarcoo's wife, is herself a well-respected pediatric dentist. She recently received the New York State Dental Foundation's Award for Excellence in Community Service. The couple has two children, Stephen and Mary-Thomas.

## QCDS Goes Out To the Old Ball Game

By Boris Arbitman, D.D.S.

With the fall upon us, it's the time of the year again to continue the great tradition that has been established at Citifield (unfortunately not the play on the field). The Queens County Dental Society, in collaboration with the New York Mets, will be conducting the annual Oral Cancer Screening on Tuesday, September 14. This free service to the community has taken place for the last three years starting at Shea Stadium and continuing last year at the new Citifield.

The Oral Cancer Screening has been a huge success in the past, with thousands of fans having been screened during the last few years. Additionally, fans have been educated

about the dangers and early warning signs of oral cancer as well as the importance of smoking cessation and the links of increased cancer risks to smokers. Many QCDS members, along with Society leadership and event organizer Dr. Stuart Kesner, volunteer time for this evening, performing screenings that make this event possible. Following last year's event, a great time was had by all who attended, exploring the new stadium and watching the Mets.

Screenings will begin at 5 p.m. and continue through the start of the third inning. In addition, QCDS members are invited to watch the Mets take on the Pittsburgh Pirates.



QCDS will be screening fans at the Mets game on September 14. Last year's successful screening began when Mr. Met, center, greeted QCDS officials on the field before the game. They are, from left to right, Past President Alan N. Queen, Event Chair Stuart Kesner, Past President Prabha Krishnan and Executive Director William Bayer.



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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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## From the Editor

drarbitman@foresthillssorthodontics.com.



## Down to Business

By Boris Arbitman, D.D.S.

Another summer draws to a close. It has certainly been a good one, filled with hot weather, good fun and some pretty poor baseball (at least for us tortured Met fans). Summers are typically a quiet time here at the Queen County Dental Society—time to wrap up loose ends and prepare for the year ahead. There may still be a few ice cubes left in the lemonade, but the coolness of autumn is definitely in the air. As we gear up for the new season, planning is already underway for upcoming Society activities and events. These include our annual Oral Cancer Screenings at Citi-field, community events such as preventive screenings at local elementary schools, as well as the upcoming officer induction and dinner dance at Terrace On The Park. Our Bulletin will highlight these and other events to help keep members informed about the happenings taking place at Queens County. We know how busy your calendars get, so please pencil us in!

In addition to updates on Society business and activities, it is exciting to feature innovative articles and editorials in the Bulletin. The goal is to present more informative and entertaining content of particular interest to the membership, ranging from guest editorials to scientific and clinical articles. For example, thanks to Dr. Doron Kalman's efforts, this edition features an article on Bisphosphonate-related osteonecrosis of the jaw—an interesting read which is relevant to our daily clinical practice.

In closing, I'd like to encourage input and ask members to share their ideas and contributions for the Bulletin. We are looking for any specific suggestions on content, events and activities. Please consider working with us on a guest editorial or just let us know what topics you would like to see covered this year. All contributions and feedback are much appreciated.

Thank you for your support. And, enjoy these last days of summer.

## Installment Payments: An Option for 2011 Dues

NYSDA is offering members a free installment plan for tripartite dental association dues for 2011, but you have to act on it soon to be enrolled. This optional plan allows full active members to make dues payments over the course of five months from November 2010 through March 2011.

The payment program uses bank computer systems to electronically debit your bank account in installment payments. These "direct debits" will only be made with your authorization and will not exceed your dues payment. There are no extra costs, fees or interest charges associated with participation in this program. Participation is only available via electronic charges.

The enrollment deadline is September 30. For more information, contact Karen Miazga at NYSDA, <kmiazga@nysdental.org> or (800) 255-2100.

## Volunteers Needed

QCDS will be conducting dental screenings for the students at PS 148 in Jackson Heights on Tuesday, October 26 beginning at 9 A.M. Volunteers are needed to conduct the screenings and help would be appreciated. Contact QCDS at (718) 454-8344 for further details or to volunteer an hour or two if your schedule permits.

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## From The Executive Director

execdirqcds@aol.com.

# Meetings, Meetings, Meetings

By William Bayer

Hope everyone enjoyed their summer. Our headquarters staff used this slow time of year to complete a number of in-house initiatives that we had planned but never had time to complete since other work that had priority. After a slow summer season for program offerings, we have scheduled quite a number of upcoming programs which we hope you will find of value. As you know, our web site, www.qcds.org has full details on all upcoming scheduled programs and events and I urge you to visit the site regularly to keep abreast of Society happenings. We have put much work and effort into the site to make it a useful tool for our members and always welcome your suggestions for improvement. You can view archived Bulletins, read NYSDA Council minutes, register online for programs, access noteworthy actions regarding dentistry and a number of other services.

While discussing Continuing Education offerings, we ask that you support these programs, brought to you in an effort to provide up to date information on dental advances. The variety of upcoming programs should offer something for everyone and if you don't see what you like, please give me a call and we will make every effort to schedule the program, speaker or topic you would like to see offered. We have scheduled the following programs for the remainder of this year:

- September 12 Adhesive and Composite Technology Update
- September 19 Infection Control
- September 24 CPR
- September 26 Bone Grafting Techniques for Implant Site Development
- October 1 Current Concepts in Cleaning, Shaping and Obturating
- October 17 Advanced Lawsuit Protection and Tax Reduction Strategies
- October 22 Risk Management
- October 29 Nano Technology and Today's Dental Materials
- November 12 Implementing Implant Restorations
- December 5 CPR
- December 7 Increasing Productivity and Reducing Overhead

The standard course offerings, such as CPR, Infection Control and Risk Management, are complemented by a number of clinical courses as well as practice management-related courses.

You can visit the web site for specifics on each program. I would urge you register as soon as possible for any course of

interest, as pre-registration is required and the programs are contingent on meeting minimum attendance requirements.

In addition to these programs, our General Membership meetings on October 5 and November 2 will also have interesting speakers accompanied by a complimentary buffet dinner. You have an open invitation to attend these membership meetings, which do not require advance registration. Once again, our web site has the program specifics.

“  
You have  
an open  
invitation  
to attend these  
membership  
meetings...  
”

### Dental Health Screenings

In continuing our community service programs, we have scheduled a dental health screening program for the students at P.S. 148 in Jackson Heights on Tuesday, October 26 in partnership with the Colgate “Bright Smiles, Bright Futures” campaign. If you feel that you can participate in this screening program by donating a few hours, please contact me directly and I can fill you in on the details. We will be offering our oral health screening program at the new home of the Mets, Citi-

field, on September 14, which has been quite successful over the past few years.

If you believe you are not receiving the e-mails we send as reminders of upcoming events and notices, please call our office and provide your e-mail address. We have been able to significantly reduce postage costs by utilizing an “e-blast” system to send members e-mails at no cost, but this only works if we have your e-mail on file. If in doubt, please err on the side of caution and give us a call with your e-mail address so that we can keep you informed of QCDS events.

For those of you who like to plan ahead, please mark your calendar for the 2011 QCDS and ICDE Officer's Installation and Dinner Dance being held on January 22 at Terrace On The Park. Our incoming president, Dr. Mercedes Mota-Martinez, looks forward to greeting you in what promises to be an enjoyable evening during which the Emil Lentchner Distinguished Service Award will be presented to Dr. Stephen Quarcoo in recognition of his long service to both QCDS and the dental profession. Please join with us in recognizing your volunteer leaders who give much of their time trying to make things better for all members.

As always, I welcome comments from our members regarding what you think is being done well or even, more importantly, about things you believe we have room to improve. I can be reached by phone at (718) 454-8344 and my e-mail address is execdirqcds@aol.com. I would be happy to discuss any issue that is of concern to you.

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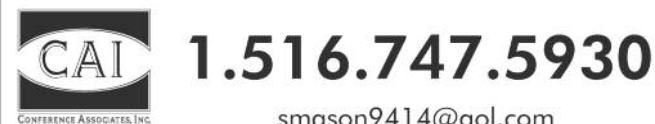
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# CRESO Corner: Pregnancy and Radiation

By Martin Schnee

The last CRESO Corner QCDS Bulletin article mentioned rules regarding pregnant workers. What exactly are the rules for pregnant workers and where do they come from?

The rules adopted by New York State come from the U.S. Nuclear Regulatory Commission Regulatory Guide 8.13. In this guide, it instructs the owner or operator of a radiation facility to monitor the exposure to the fetus of a "declared pregnant woman." A "declared pregnant woman" is defined as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception. This, of course, assumes that the employer has instructed all employees prior to working of this policy and other radiation policies, hazards and working instructions within the office (and documented the notice).

Once a woman has declared her pregnancy, the dose limit to the fetus is 500mRem/gestation period. Typically in a dental office, no worker receives more than 50mRem/year. Therefore, a dentist can choose not to monitor the pregnant worker. If a dentist has never used badges in the office to establish the typical dose over a year, then this is not always the most prudent way to go. It is suggested to always use an independent source to monitor. This can be accomplished by the use of personnel badges.

Another option is to limit the worker, in writing, from any radiation duties during the duration of the pregnancy. Some pregnant workers choose to wear a lead apron while taking x-rays (if a badge is being used, wear the badge outside the apron). This can reduce the dose to the fetus, but can also be a strain on the woman.

Remember that while taking an x-ray, if you can see the tube, then you are going to receive direct scatter from the x-ray unit. Use the wall and mirrors to protect yourself. Standing in an open doorway (even six feet from the tube) you will receive 3-10 times the scatter of a protected position. Also, if the tube is directed straight to your protected position behind the wall, you should stretch your arm to allow your body to be out of the line of fire. Some minor x-ray scatter (.001 - .01 mR) will penetrate the wall on a direct hit.

Please read USNRC Regulatory guide 8.13 and reference guides to completely familiarize yourself with this topic.

This article, by Martin Schnee of Big Apple Radiation Safety, is a regular feature of the QCDS Bulletin. Mr. Schnee is happy to answer questions on radiation. His phone number is (718) 986-4996 and his e-mail address is <Scientist004@aol.com>. His company website is NYCRESO.com.



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# Bisphosphonate-Related Osteonecrosis of the Jaw (BRONJ)



Dr. Doron Kalman

By Doron Kalman, D.D.S.

Bisphosphonates are therapeutic agents used to treat bone fragility as found in osteoporosis, multiple myeloma, Paget's disease of bone and certain metastatic cancers that result in hypercalcemia due to increased destruction of bone. Bisphosphonates work by inhibiting osteoclast activity, thus inhibiting the resorption of bone. This will make the bone more dense, but also less vascularized and less able to remodel after injury.

Necrotic bone exposed to the oral environment for at least eight weeks in a patient that has been treated with any of the bisphosphonates is called Bisphosphonate Related Osteonecrosis of the Jaw, or BRONJ for short. Radiographic findings of BRONJ can include osteosclerosis, osteolysis, dense woven bone, a thickened lamina dura, subperiosteal bone deposition, and failure of postsurgical remodeling. Even though dental extractions are considered to pose the highest risk factor for developing BRONJ, it can also result from periodontal surgery, implant placement, denture or facial trauma and even spontaneously occurring in susceptible patients. BRONJ is twice as likely to occur in the lower, as opposed to the upper jaw.

To distinguish BRONJ from other delayed healing conditions, the following working definition of BRONJ has been adopted: Patients may be considered to have BRONJ if all of the following three characteristics are present: current or previous treatment with a bisphosphonate, exposed bone in the maxillofacial region that has persisted for more than eight weeks and no history of radiation therapy to the jaws.

Patients receiving oral bisphosphonate therapy are at a considerably lower risk of BRONJ than cancer patients treated with monthly IV bisphosphonates. The actual incidence of BRONJ in the total population of patients who take oral bisphosphonates is approximately one case per 143,000 patients per year. Table 1 lists common oral and IV bisphosphonates including their relative potencies.

## Treatment

There is no specific treatment for Bisphosphonate Related Osteonecrosis of the Jaw other than treatments aimed

at preventing infection and controlling pain, if present. More advanced cases may require conservative debridement of necrotic bone. In patients taking low doses of oral bisphosphonates for osteoporosis (such as Actonel, Boniva, or Fosamax), spontaneous healing is actually quite a frequent occurrence. The treatment objective for this group of patients is to minimize the risk of developing BRONJ. Although a small percentage of patients receiving bisphosphonates develop osteonecrosis of the jaw spontaneously, most affected patients experience this complication after dentoalveolar surgery. Therefore, if possible, initiation of bisphosphonate therapy, especially for patients who are expected to receive an IV bisphosphonate, should be delayed until the dental health has been optimized. This decision must be made in conjunction with the treating physician and dentist and other specialists involved in the care of the patient. Table 2 describes the staging, clinical findings and treatment goals for BRONJ.

“  
**BRONJ has a low prevalence but a high morbidity...**  
”

## Prevention

Prior to commencing Bisphosphonate therapy, non-restorable teeth and teeth with a poor prognosis should be extracted. Other necessary elective dentoalveolar surgery should also be completed at this time. From the experience

with osteoradionecrosis, it appears advisable that bisphosphonate therapy should be delayed, if possible, until the extraction site has mucosalized (14 to 21 days) or until adequate osseous healing has occurred. Dental prophylaxis, caries control, and conservative restorative dentistry are critical to maintaining functionally sound teeth. This level of care must be continued indefinitely. Patients with full or partial dentures should be examined for areas of mucosal trauma, especially along the lingual flange region.

It is critical that patients be educated as to the importance of dental hygiene and regular dental evaluations and specifically instructed to report any pain, swelling or exposed bone. Medical oncologists should evaluate and treat patients scheduled to receive IV bisphosphonates similarly to those patients scheduled to initiate radiotherapy to the head and neck. The osteoradionecrosis prevention protocols are guidelines that are familiar to most oncologists and general dentists. It is recommended that patients undergo dental evaluations and receive necessary treatment before initiating IV bisphosphonate therapy. Before treatment with monthly IV bisphosphonates, the patient should undergo a

Table 1 ( Common Oral and IV Bisphosphonates )

Drug	Primary Indication	Route	Relative Potency
Alendronate (Fosamax)	Osteoporosis	Oral	1,000
Risedronate (Actonel)	Osteoporosis	Oral	1,000
Ibandronate (Boniva)	Osteoporosis	Oral	1,000
Pamidronate (Aredia)	Bonemetastases	IV	1,000-5,000
Zoledronate (Zometa)	Bonemetastases	IV	10,000+
Zoledronate (Reclast)	Osteoporosis	rIV	10,000+

thorough oral examination, any unsalvageable teeth should be removed, all invasive dental procedures should be completed and optimal periodontal health should be achieved. The risk of developing BRONJ associated with oral bisphosphonates, although exceedingly small, appears to increase when the duration of therapy exceeds three years. If systemic conditions allow it, the clinician might consider discontinuation of oral bisphosphonates for a three-month period before and three-month period after elective invasive dental surgery to lower the risk of BRONJ. Recent studies that have shown improved outcomes of BRONJ treatment with drug cessation. Long-term, prospective studies are required to establish the efficacy of drug “holidays” in reducing the risk of BRONJ for patients receiving oral bisphosphonates. The risk reduction could vary depending on the duration of bisphosphonate exposure. Modification or cessation of oral bisphosphonate therapy should be done in consultation with the treating physician and the patient.

## Recommendations

In summary, BRONJ has a low prevalence but a high morbidity and effort should be made to minimize its occurrence. If your patient has been on an oral BP for more than three years, consider discontinuing their medication for three to six months prior to performing any dentoalveolar procedures, where possible. Patients who are expected to begin a regimen of IV BP treatment should undergo a thorough oral evaluation and all potential sources of infection or trauma should be eliminated prior to commencing treatment. This includes removing any unrestorable teeth, treating teeth with decay and periapical pathology, reducing gingival inflammation and periodontal disease and eliminating any denture sores.

If you suspect that BRONJ is present, the patient should be staged and treated accordingly. Long-term Chlorohexidine rinses should be initiated and the patient should be placed on a course of long-term antibiotic treatment. Penicillin and Amoxicillin are effective. Clindamycin can be used in Penicillin allergic patients. If you suspect that the patient's condition is worsening or you do not see an im-

Table 2 ( Staging and Treatment Strategies )

Stage	Clinical Findings	Treatment Goals
At risk category	No apparent necrotic bone in patients who have been treated with either oral or IV bisphosphonates	No treatment indicated  Patient education
Stage 0	No clinical evidence of necrotic bone, but nonspecific clinical findings and symptoms	Systemic management, including use of pain medication and antibiotics
Stage 1	Exposed and necrotic bone in asymptomatic patients without evidence of infection	Antibacterial mouth rinse  Clinical follow-up on quarterly basis  Patient education and review of indications for continued bisphosphonate therapy
Stage 2	Exposed and necrotic bone associated with infection as evidenced by pain and erythema in region of exposed bone with or without purulent drainage	Symptomatic treatment with oral antibiotics  Oral antibacterial mouth rinse  Pain control  Superficial debridement to relieve soft tissue irritation
Stage 3	Exposed and necrotic bone in patients with pain, infection, and one or more of the following: exposed and necrotic bone extending beyond the region of alveolar bone, resulting in pathologic fracture, extraoral fistula, oral antral/oral nasal communication, or osteolysis extending to the inferior border of the mandible or the sinus floor	Antibacterial mouth rinse  Antibiotic therapy and pain control  Surgical debridement and/or resection.

provement within 30-60 days, a referral to a specialist is indicated. If you have not already done so, an acknowledgment of the risk of BRONJ should be added to your consent form for your patients to read and sign. I have enclosed a sample consent at the end of this article. References are available on request, however most of the information in this article was derived from the American Association of Oral and Maxillofacial Surgeons Position Paper on Bisphosphonate-Related Osteonecrosis of the Jaws—2009 Update.

This paragraph can be added to the bottom of your existing consent form:

PLEASE READ AND SIGN THIS SECTION ONLY IF YOU TAKE A MEDICATION FOR OSTEOPOROSIS: If I am taking a medicine for Osteoporosis, I acknowledge that after any oral surgery procedure, I may develop a chronic problem (rare) called OSTEONECROSIS (loss of parts of jawbone). I realize that this is a result of the medication I am taking and not a result of the doctor's treatment. I will not hold the doctors responsible if this rare complication occurs.

# Correctly Title Your Assets

By Michael Markhoff, Esq.

One of the most important parts of an estate plan review is ensuring that your assets are correctly titled. Let us assume that Congress reinstates the estate tax with a \$3,500,000 exemption before the end of 2010 (which is as good an estimate as any). If your assets exceed \$3,500,000 (including life insurance policies), you should establish a "credit shelter trust" (if you have not already done so) in order to take advantage of the estate tax exemption. This will save the children approximately \$1,750,000 of federal estate tax when the surviving spouse dies. In order to understand this technique, assume that there is a married couple and the husband predeceased the wife. His will or revocable trust will provide that the first \$3,500,000 of his assets will be held in trust for the wife. The wife will live off of the income and principal of the trust and when she subsequently dies, the trust will pass to the children free from estate tax.

A large flaw in this planning is that in order to take advantage of the \$3,500,000 estate tax exemption, the husband in this example must have up to \$3,500,000 of assets in his sole name. Any assets owned as joint tenants with rights of survivorship (noted as JTWROS on accounts) with the wife will pass to her outside of the will and cannot be used to fill up

the credit shelter trust. In order to move assets into each spouse's sole name, there are two options. First, retitle accounts in each spouse's sole name. This requires a bit more monitoring to ensure that the accounts remain equal as time passes. Secondly, you can retitle the assets to tenants in common. The difference is that with tenants in common, upon the death of the first spouse, instead of the whole asset passing to the surviving spouse, 50 percent will pass under the will and be used to fill the credit shelter trust. The advantage of this approach is that regardless of the increase or decrease in value of the asset, half of the account will always be available to fund the trust.

You can have a beautiful set of documents drafted with the intent of saving estate tax, but if your assets are incorrectly titled, then the plan was all for naught.

*Michael Markhoff, Esq. is a partner at the White Plains law firm of Danziger & Markhoff LLP. This firm is a business and tax-oriented law firm that has been representing dentists in the New York metropolitan area for 50 years. Mr. Markhoff may be reached at (914) 948-1556 or at <mmarkhoff@dmlawyers.com>.*

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*...if your assets are incorrectly titled, then the plan was all for naught.*

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## CE Courses September - December 2010

Pre-registration is required for all continuing education, except General Membership Meetings

Sunday, Sept 12 9:00 a.m.

**Adhesive and Composite Technology Update** 4 C.E. Credits

The use of composite resin material as a direct restorative for anterior and posterior restorations has dramatically increased in the market place. What materials will you advocate for use in your practice? What has the literature been revealing on materials in current use? Should practitioners change their current techniques? What preparation design will you utilize?

This lecture will attempt to make sense of all of the products and techniques available in today's market place and will focus on materials and their applications.

**Course Objectives:** At the end of this lecture, each participant should understand:

- Proper placement techniques that maximize clinical outcomes and esthetics
- The mechanisms of bonding systems and how to control sensitivity
- The differences between the various composites available to clinicians

**Instructor:** Dr. Ara Nazarian  
**Sponsored by Kerr Dental**

Sunday, Sept 19 9:00 a.m.

**Infection Control** 4 C.E. Credits

**Topic:** Infection Control  
In the past, this course has had an overwhelmingly positive response from those clinicians and their staffs who earnestly want to stay informed of the latest infection control recommendations out there, and does so through the eyes and thoughts of a speaker/clinician who understands the nature and demand of everyday dental practice. Bring your entire staff and satisfy OSHA's annual staff training requirements. Course qualifies for relicensure.

**Instructor:** Safety Compliance Services  
**Tuition:** ADAMembers: \$85, ADA member staff \$70  
Non-ADAMember: \$260

Friday, Sept 24 9:00 a.m.

**CPR- Certification and Re-Certification** 4 C.E. Credits

**Topic:** Basic Cardiac Life Support  
Certification/Recertification will cover 1 and 2 rescuer CPR, Heimlich maneuver, child CPR and AED.

The ability to recognize the signals of a heart attack and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may some day become a reality to someone you know or care for. Be prepared to help save a life.

If your CPR certification is two years old or less and you want to re-certify, you must submit a copy of your BLS card, or you will need to take the complete certification course again.

**Instructor:** Robin Zalewski, BLS Instructor  
**Tuition:** ADA member/staff: \$105 Non-ADA member: \$260

Sunday, Sept 26 9:00 a.m.

**Bone Grafting Techniques for Implant Site Development** 4 C.E. Credits

This course will review bone grafting to prepare edentulous sites for implant placement and subsequent prosthetic rehabilitation. The use of autogenous bone, allogenic, xenogenic and alloplast materials as they relate to use in sinus grafts, socket lifts, onlay grafts, ridge split, and socket preservation techniques will be discussed and illustrated with clinical cases. Temporization, utilizing transitional mini-implants, during the time of graft healing will also be presented.

**Instructor:** Harry G. Sacks, D.D.S., J.D. and Saar Amrani, D.M.D., M.D.

**Tuition:** ADA member/staff: \$25 Non-ADA member: \$50  
**Sponsored by Zimmer Dental**

Friday, Oct 1 9:00 a.m.

**Endodontic Program** 4 C.E. Credits  
**Current Concepts in Cleaning, Shaping and Obturating**

This course will focus on current concepts of rotary instrumentation for effective cleaning and shaping of root canals. In addition, three dimensional obturation will be examined and demonstrated. There will also be a discussion on problem solving in endodontics.

This will be followed by a hands-on participation portion to familiarize participants with topics covered.

**Instructor:** Dr. Mitchell Greenberg  
**Tuition:** ADA member/staff: \$40 Non-ADA member: \$60

Tuesday, Oct 5 6:15 p.m.

**General Membership Meeting** 2 C.E Credits  
**NOMINATING COMMITTEE REPORT:** Presentation of nominees for elected office

**7 P.M.: Sequencing Treatment Mechanics to Establish Facial Balance and Dental Esthetics to Produce a Functional Stable Dentition**

This course discusses the diagnosis implications in decision making to produce optimal occlusal and facial results in complex malocclusions. It will stress diagnosis and proper sequencing of mechanics to realize ideal occlusion, function and esthetics. The understanding of the planes of occlusion and their effect on mandibular position in treating severe non-functional malocclusions are presented with rational mechanical sequencing for correcting these complex problems.

**Instructor:** Dr. Michael G. Arvystas, Diplomate, American Board of Orthodontics

**8 P.M.: Understanding Cambra, Caries Diagnosis and Management**

It's no secret to dental professionals that high acid producing bacteria are to blame for the increase in dental caries in

—Continued on page 14

## CE Courses

—continued from page 13

the U.S. and the world. However, in most practices, options surrounding the implementation of treatment, detection technologies and effective patient communication may not be fully understood or utilized.

Focusing on a three-part system of risk assessment, bacterial detection and ph focused therapy, we'll explore biofilm behaviors and how, by utilizing Cambra and shifting the environment, we can effectively influence and control the rate of decay.

**Instructor:** Chris Moriarity M.A.  
**Sponsored by CariFree**

**Sunday, Oct 17** 9:00 a.m.

### Advanced Lawsuit Protection and Tax Reduction Strategies for Dentists 3 C.E Credits

THIS IS A MEMBER BENEFIT PROGRAM—NO FEE

#### Objectives:

1. Maintaining focus on improved patient care rather than lawsuit defense
2. Structure practice for lawsuit protection and prevention
3. Reduce liability insurance costs
4. Minimize taxes

**Course Summary:** This course teaches proven and effective strategies to prevent and protect against lawsuits, allowing dentists the peace of mind necessary to focus on improved patient care. Tax reduction and estate planning strategies adapted to dentists are also taught. Specific topics covered in this course include:

#### Lawsuit Protection

- Sources of lawsuits dentists are exposed to and how to prevent them
  - How dentists can protect 100 percent of their professional and personal assets from lawsuits
  - How dentists can protect their practice, property, and personal assets in the event of a judgment in excess of liability insurance or an exclusion in a policy
  - How to avoid the most common asset protection mistakes made by dentists and their advisors
  - How dentists can minimize vicarious liability for the acts of other professionals and staff
- #### Tax Reduction and Estate Planning
- Five strategies dentists can use to reduce income taxes each year
  - How dentists can eliminate the capital gains tax on the sale of a business, real estate, stocks or other assets
  - Tools dentists can use to pass assets to heirs tax free
  - Techniques dentists can use to avoid probate and eliminate all estate taxes
  - How dentists can effectively use corporations, trusts, wills, and family limited partnerships

**Instructor:** Larry Oxenham, author, senior advisor

**Friday, Oct 22** 9:00 a.m.

### Risk Management 4 C.E. Credits

Do you know how long you are obligated to store patient records? What information needs to be included in a medical history? How do you legally terminate a professional relationship with a patient? Answers to these and many

other legal questions are provided in Risk Management. Course qualifies for malpractice policy discount.

**Instructor:** Dr. Kenneth Treitel

**Tuition:** ADA member/staff: \$135 Non-ADA member: \$260

**Friday, Oct 29** 9:00 a.m.

### Nano Technology—How Getting Small Can Make a Difference 3 C.E Credits

With the launch of this "new" technology comes some heady claims of performance and benefit. This seminar will offer an insider's perspective to the "new class" of fillers and to what they contribute to the dental materials in which they have been used.

Additionally, an understanding of the different types of Nano fillers will be achieved by the attendees. Contrary to what some opinion leaders may have you assume, all Nano fillers are not equal.

At the conclusion of the session the attendees will have a more complete appreciation for the "clinical" benefits that this filler can afford, when used in the correct proportions in a myriad of different materials. Material classes covered will include: flowables, universal composites, desensitizers and bonding agents.

Seminar Objectives: Nano Technology and Dentistry

- To explain the development, impact and application of the "New" nano-based technologies as they relate to today's Dentistry. To explain the clinical relevancy of using such a Technology.
- To explain the differences between the two current "types" of mainstream Nano-Technologies (Nano-Hybrid Composites, flowables, nano desensitizers, nano bonds vs. agglomerated nano-technology) and how they impact the operator and the patient at a clinical level.

**Instructor:** Gregor Connell, VOCO Director of Clinical Education

**Tuition:** ADA member/staff: \$30 Non-ADA member: \$50

**Tuesday, Nov 2** 6:15 p.m.

### General Membership Meeting 2 C.E Credits MEMBERSHIP VOTE FOR ELECTED POSITIONS

**7 p.m.** The Ten Best Things You Can Do Before Buying or Selling Your Practice

Geared to both younger and older dentists, this talk covers the ten things a dentist can do to help ensure a successful purchase or sale of a practice. The presentation provides important tips and advice for dentists at both ends of the career spectrum.

**Instructor:** Martin Mattler, Mr. Mattler, president of Countrywide Practice Brokerage, has been assisting dentists in the greater New York area with practice transitions and mergers since 1981. He is a regular lecturer at QCDS. Countrywide is the endorsed practice broker for the Society.

**Sponsored by Bank of America**

**Tuesday, Nov 2 (continued)** 6:15 p.m.

### 8 p.m. How To correctly Structure Your Practice

**Instructor:** Jennifer Kirschenbaum  
Ms. Kirschenbaum is a member of the the law firm's healthcare practice and focuses on counseling healthcare professionals on how to structure their practice arrangements so as not to violate federal and state fraud, abuse, self-referral and professional misconduct laws. She is skilled in assisting healthcare professionals in the purchase, sale and dissolution of their practices, as well as counseling professionals on the myriad of other business and legal issues confronting the practitioner. In addition, she handles matters before the Office of Professional Discipline, hospital privilege disputes and third party audits, including Medicaid.

**Sponsored by Nu-Life Long Island**

**Friday, Nov 12** 9:00 a.m.

### Implementing Implant Restorations 6 C.E. Credits

After completing this course, participants will be familiar with the art of restorative dental implant cases. These steps include planning, uncover, impression, provisionalization and final restorative placement. Through simple treatment protocol and laboratory procedures participants will learn how to develop highly esthetic restoration that replicates the contour of natural teeth. In addition, they will learn how to gain patient acceptance for implant treatment and restorative treatment plans, plus the fundamentals of a team approach to implant dentistry.

- Diagnosis and treatment planning; diagnostic models, digital radiology and CT scans
- Treating single tooth, partially and fully edentulous, fixed and removable implant restorations
- Dental implant provisionalization; new materials and techniques
- How to set up systems for successful implementation of implants in the practice
- Roles of all team members, including staff, surgeon and lab.
- Hands-on restorative workshop

**Instructor:** David Little, D.D.S.

Dr. Little is an accomplished national and international speaker, professor, author and researcher. A graduate of The University of Texas Health Science Center at San Antonio, he approached dentistry with a vision for merging conservatism and progressiveness in a practice that focused on total patient care through a team concept. Dr. Little's private practice in San Antonio includes a multidiscipline state-of-the-art facility. In addition, Dr. Little serves as an adjunct clinical professor at the UTHSCSA dental school, serves on the editorial board of Contemporary Esthetics, and is a partner with Pinnacle Practices, Inc. He is a fellow in the International and American Colleges of Dentistry, a member of the ADA, AGD, AACD and the ALD.

—Continued on page 14

## TAX TIPS FOR DENTISTS

**T**he IRS has suspended the mandatory withdrawal rules from pension plans and IRAs for 2009. You will not have to add the skipped payment to your 2010 withdrawal. Your 2010 withdrawal will be based on your age and December 31, 2009 balance. Inherited IRAs and pensions get the same break. If you turn 70.5 years of age in 2009, you needn't take any pension withdrawal.

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## CE Courses

—continued from page 15

**Tuition:** ADA member/staff: \$45 Non-ADA member: \$75  
**Sponsored by Dentsply Tulsa Dental Specialties**

**Sunday, Dec 5 9:00 a.m.**

**CPR- Certification and Re-Certification 4 C.E. Credits**

**Topic: Basic Cardiac Life Support**

Certification/Recertification will cover 1 and 2 rescuer CPR, Heimlich maneuver, child CPR and AED.

The ability to recognize the signals of a heart attack and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may some day become a reality to someone you know or care for. Be prepared to help save a life.

**Instructor:** Robin Zalewski, BLS Instructor

**Tuition:** ADA member/staff: \$105 Non-ADA member: \$260

**Tuesday, Dec 7 7:00 p.m.**

**The Business of Dentistry: 4 C.E. Credits  
 Increase Productivity and Reduce Overhead**

Reducing overhead in a dental practice is one of the biggest concerns in today's dentistry. High overhead can drain a practice of the cash flow necessary for funding retirement, children's education or your new office. In this seminar you will learn proven techniques guaranteed to lower your office overhead and increase cash flow. Presentation includes:

- Tips for practice growth in these challenging economic times
- Proven techniques to increase patient flow
- Learn how to increase production and profitability
- Proven techniques to improve referrals

**Instructor:** Jim Philhower

Mr. Philhower is the Director-North America Dental Sales Leadership and Development for Henry Schein Dental. Jim is a 27-year veteran of the dental industry. His career includes six years as a regional manager and 12 years as a field sales consultant. He trains managers along with Henry Schein Dental sales leaders throughout the US, Canada, Europe and Australia on techniques to help dentists reach their practice goals.

**Sponsored by Henry Schein Dental**

**Tuition:** ADA member/staff: \$30 Non-ADA member: \$50

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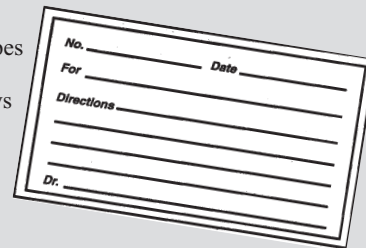
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## Study Clubs September – October

### Steinway Study Club

CONTACT DR. KIRSCHNER (718) 634-2123

**Sept 21 6:30-9:00 p.m.**

**Topic: Partial Dentures and Materials Update**

**Speaker:** Israel Levin, CDT, from AIM

**Location:** Mezzo Mezzo Restaurant,  
 31-29 Ditmars Blvd., Astoria

### Dr. Fialkoff Study Club

CONTACT DR. FIALKOFF (718) 229-3838

**Sept 15 7:00-9:00 p.m.**

**Topic: Luting Options for Esthetic Restorations  
 and Successful Prosthetic Outcomes**

**Speaker:** Dr. Fola Odusola, D.D.S.

**Location:** Laterna Restaurant  
 47-10 Bell Blvd. Bayside, N.Y.

**Oct 13 7:00-9:00 p.m.**

**Topic: Periodontal Soft Tissue Implications in  
 Orthodontics and Cosmetics**

**Speaker:** Dr. Bernard Fialkoff, D.D.S.

**Location:** Laterna Restaurant  
 47-10 Bell Blvd. Bayside, N.Y.

### Glen Head Study Club

CONTACT DR. GLICKER (516) 775-7080

**Oct 6 7:30-10:30 p.m.**

**Topic: Not All Composites Are the Same**

**Speaker:** Lois Richstein

**Location:** IL Bacco Restaurant  
 253-08 10th Northern Blvd., Little Neck

## DIETARY CONCERNS

Please note that QCDS wishes to accommodate the dietary needs of attendees at our meetings and programs. It is requested that anyone requiring kosher or other specialized foods notify the QCDS office at the time of your registration so that proper plans can be made.

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