

# INCIDENTALS

January 19, 2021

March 16, 2021



## Three Key Factors of Occlusion

with **Jim McKee, D.D.S.**

Tuesday, January 19, 7 pm

Virtual meeting via Zoom

Meeting access provided upon registration

**Free!** to all registrants

Gain confidence in recognizing and treating occlusal problems.

*(details Page 4)*



## Taking the Mystery Out of Occlusion in Implant Dentistry

with **Baldwin Marchack, D.D.S.**

Sponsored by **Nobel Biocare**

Registration details will be provided, once meeting format is determined.

Understand the role occlusion plays in long term implant stability.

*(details Page 5)*



## FRVDS Dentists Prepare for Dentist with a Heart Event 2021

visit [www.aurorachildrendentalservice.org](http://www.aurorachildrendentalservice.org)

Contact your area leader:

### **Aurora**

Dr. Sal Cardenas  
scarde3@gmail.com  
630-897-1156

### **Tri-Cities**

Dr. Brian Penniall  
docpenniall@yahoo.com  
630-444-1730

### **Elgin/Dundee**

Dr. Frank Maggio  
maggiof@icloud.com  
847-697-4646

### **Sycamore/DeKalb**

Dr. Ramona Bosma  
rgbosma@gmail.com  
815-758-5045

This year has presented extra challenges for everyone -- dental offices included! In spite of this, many FRVDS dental offices have indicated that they plan to participate in the Dentist With a Heart program for 2021. Certainly there will be a need, as the pandemic has caused many to face new or greater financial struggles than before. Participating dentist offices have indicated that this year they are doing things a bit differently, whether it be reduced hours or by appointment only; and, all plan to follow strict protocol.

During February 2021, you are invited to participate in the Dentist With A Heart Program by offering free dental services to those in need for a day or partial day: Choose your date, office hours, and services you will provide. Determine the rules and protocol procedures for patients to follow. Contact your closest local DWAH area leader to indicate your participation with the above details by December 31.

The deadline to appear on the Dentist With a Heart web site is December 31; so, make your plans to participate and call your area leader today!

## INCIDENTALS

### THE FOX RIVER VALLEY DENTAL SOCIETY

PHONE: 630-232-4229

FAX: 630-232-4240

email: info@frvds.org

web site: www.frvds.org

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*This publication solicits announcements, essays and articles of interest to the general membership of The Fox River Valley Dental Society. Articles must include name and address of writer and should be no longer than 500 words.*

## COVID Vaccine Updates

The Fox River Valley Dental Society is reaching out to both the Kane County Health Department and the DeKalb County Health Department regarding the COVID vaccine. Although the dental community is considered part of the initial 1A group (first priority) to receive the vaccine, the State directive has been to distribute the vaccine first to hospital healthcare workers. It was anticipated that the dental community would be in line to receive the vaccine in the next two or three weeks. As you may have heard, the number of vaccines shipped to Illinois have been less than expected, so the vaccination process could take longer than anticipated. The timing and procedures surrounding the vaccine distribution has yet to be established. Please watch your email inbox for updates as more information becomes available.

## Membership Awards

The Illinois State Dental Society acknowledges those who have achieved significant levels of membership.

### 50 Years of Membership

The following FRVDS members graduated dental school 50 years ago and have been members of organized dentistry for at least 25 years. A certificate and pin will be awarded.

- Thomas Allaway, DDS
- Donald Krehl, DDS
- Thomas Maurovich, DDS

### Life Membership

Life members have belonged to organized dentistry for 35 consecutive or 40 total years and have reached the age of 65. This level of membership is recognized with a certificate and pin.

- Douglas Bork, DDS
- Victor Gonzalez Jimenez, DDS
- C. Neil Kay, DDS
- Brian Klobberdanz, DDS
- Dean Lodding, DDS
- Mary McAuslan, DDS
- Bonnie Scott, DDS
- Mark Weinhold, DDS

### 25 Years Since Graduation

These members graduated from dental school 25 years ago and will be recognized with a certificate.

- Scott Drancik, DDS
- Donald Flynn, DDS
- Peter Smith, DDS
- Rose Vivirito, DDS

**Congratulations to all for achieving these significant levels of membership! Your service to organized dentistry is truly valued and appreciated!**

## Save these Dates: Scheduled Meetings 2020-2021

Watch your email box for changes to this schedule, as we all navigate through the health crisis.

### FRVDS Program Calendar

2020-2021

Day/Date	Time	Location	Topic/Speaker
Tuesday January 19, 2021	7:00 p.m.	Virtual Meeting Via Zoom Link provided upon registration	Three Key Factors of Occlusion Jim McKee, DDS

FEBRUARY 2021 - NATIONAL CHILDREN'S DENTAL HEALTH MONTH

FEBRUARY 25-27, 2021 - 156TH CHICAGO MIDWINTER MEETING - McCORMICK PLACE, CHICAGO

Tuesday March 16, 2021	6:00 p.m./ 7:00 p.m.	Aurora Country Club 1548 W. Prairie Rd., Aurora	Taking the Mystery out of Occlusion in Implant Dentistry Baldwin Marchack, DDS, MBA
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Joint meeting with Aurora Dental Society

6:00 pm/7:00 pm = cash bar at 6:00 pm; dinner at 7:00 pm; presentation begins immediately following dinner.

Because of the unpredictability surrounding the current health crisis,  
Pre-registration forms and Season Tickets will not be offered this year.  
Members will be notified by email regarding any changes in this meeting schedule.  
Questions about upcoming meetings may be directed to the FRVDS office.  
Your patience and understanding are truly appreciated.

Registration methods for each meeting may vary. See your invitation email for details.  
Meeting invitations will be emailed to members and are available on the FRVDS web site  
approximately 30 days prior to each meeting.

Phone: 630-232-4229 / Fax: 630-232-4240 / e-mail: [info@frvds.org](mailto:info@frvds.org) / [www.frvds.org](http://www.frvds.org)

### ISDS Capital Conference Wednesday, April 28, 2021 9am to Noon Virtual Event

What You'll Learn:

- Get the latest information about state and federal legislative, regulatory and political issues affecting dentistry today.
- Learn from ADA/ISDS leaders about the society's legislative, political, grassroots and regulatory agenda.
- Gain insight from policymakers about recent developments in health care legislation and regulation.
- Learn how to influence legislative and regulatory efforts at the Illinois State Capitol.

Details to come. Visit [ISDS.org](http://ISDS.org) for updates.

# Three Key Factors of Occlusion with Jim McKee, DDS

**Date:** Tuesday, January 19, 2021  
**Time:** 7:00 pm  
**Location:** Virtual Meeting Via Zoom  
**Registration:** Free to all registrants!  
**Deadline:** Monday, January 18, 2021  
**Host:** Fox River Valley Dental Society

**About the Program:** Dentists treat occlusal problems every day and it can be a daunting experience. Fortunately, our knowledge base in occlusion has evolved, and occlusion has become more predictable in everyday dentistry. This presentation will address what we know about occlusion today, how we recognize high-risk occlusal patients, and the different treatment options for occlusal patients. This engaging program will show both successful and failed cases that are seen in everyday practice.

**Goal for the Program:** Participants will become more confident in recognizing and treating occlusal problems.

**Continuing Education:** One hour of credit will be issued. Attendance verification will be mailed from FRVDS to participants who submit course evaluations.

**Requirements for Participation:** Zoom operates on most computers and devices where an internet connection is available. For full system requirement details, visit the following Zoom Help Center Page: [Zoom System Requirements](#)

**To Register: Register here with Zoom Online: [FRVDSJAN21](#)**  
After registering, you will receive a confirmation email containing information about joining the meeting. Please use your full name when registering and while participating. Meeting code provided by Zoom will be required at beginning and end of meeting. Register by January 18!

**Questions:** Contact Maureen Radecki at 630-232-4229; or, [mradecki@frvds.org](mailto:mradecki@frvds.org)



## Jim McKee, DDS

Dr. McKee graduated from the University of Illinois College of Dentistry and entered private practice in Downers Grove, Illinois in 1984. Jim sees a wide variety of patients ranging from simple cases to very complex cases requiring an interdisciplinary approach. Jim has lectured national and internationally for over 25 years. He directs several study clubs and is a visiting faculty member at the Piper Education and Research Center in St. Petersburg, Florida and a Resident Faculty member at Spear Education in Scottsdale, Florida. Jim is a past-president of the American Equilibration Society and the American Academy of Restorative Dentistry.



The Fox River Valley Dental Society is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term extends from April 1, 2019, to March 30, 2022. Provider #212178.

# Taking the Mystery Out of Occlusion in Implant Dentistry

with Baldwin Marchack, DDS

Sponsored by Nobel Biocare

Date: Tuesday, March 16, 2021

Registration details will be provided once meeting format is determined.

**About the Presentation:** Many restorations for natural teeth and implants are being made by CAD/CAM systems, and most restorations are being designed on computers using virtual wax-ups selected from a digital library of teeth that are stretched or condensed to fit your particular patient's situation. What is the best way to check the occlusion on these CAD/CAM implant restorations? The question of whether excessive occlusal forces in implant restorations cause crestal bone loss continues to be a topic for debate among restorative dentists and surgeons alike. What constitutes implant overload? What is the ideal occlusal scheme for implants? How should we check the occlusion when we deliver implant restorations? How should the occlusion on removable implant assisted overdentures be different from the occlusion on fixed implant supported complete dentures?

**Course Objective:** Attendees will better understand the role occlusion plays in long term implant stability.

**Continuing Education:** To be established, based on means of delivery -- virtual or in-person.

**Registration:** Details to come in email invitation.



**Baldwin Marchack, DDS**

Baldwin Marchack is a 1971 graduate of the Ostrow School of Dentistry of USC. In 1989 he received his MBA from the Anderson Graduate School of Management at UCLA. Dr Marchack is an Honorary Member of the American College of Prosthodontists, and he is a member of the Academy of Prosthodontics, the International College of Prosthodontists and the Academy of Osseointegration. He is past-president of the American Prosthodontic Society, past-president of the Pacific Coast Society for Prosthodontics, past-president of the American Academy of Esthetic Dentistry and he is a Fellow of the American College of Dentists and the International College of Dentists. Dr Marchack serves on the Board of Councilors of the Ostrow School of Dentistry of USC, and is Vice President of the Executive Council for the International Federation of Esthetic Dentistry (IFED). He is currently the Chair of the Editorial Council for the Journal of Prosthetic Dentistry, and he maintains a private practice in Pasadena, California.



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## Donations to Dentist With a Heart Help, too!

If you are unable to participate in the Dentist With a Heart event for 2021, please consider making a donation. The funds donated go toward the costs of advertising. This helps the area chairmen get the word out in their local newspapers and helps pay for posters. Donations may be made payable to FRVDS and mailed to the office at 2258 Newport Lane, Geneva, IL 60134.



On the following pages are articles regarding safety in the dental office, a topic brought to the forefront at by the ADA during their past several House of Delegates meetings.

## Unit or Spoon It?

written by Paul Casamassimo, DDS, MS, AAPD

The COVID-19 viral pandemic has brought infection control front and center in dental practice. Most attention has been with viral transmission through contact and aerosol in our dental world; but in the public sector, the longevity of virus contamination on various surfaces has been a concern and hand and surface cleansing have partnered with social distancing in efforts to control spread. In dental practice, surface disinfection is a standard protocol, but an area that has gained less attention has been dental material packaging, distribution, and handling. This brief article talks about how we use, disinfect, and minimize cross-contamination of dental materials.

Some dentists continue to use materials dispensed from bulk stores. The obvious benefit is cost-savings. Use of bulk materials is on an as-needed basis at point of use, or in increments prepared ahead of time and packaged by staff for use when needed. Hopefully, the practice of replacing dispensed, but unused, bulk materials is not common, if done at all, due to the risk of wider contamination. Yet, bulk use can still have contamination risks all along the use chain. The first risk is with the material container itself. We may naively believe that suppliers clean and sterilize containers and packaging, but that is not always true. In a small study I did several years ago, almost half of bulk packaging yielded pathogens. As we have learned with COVID-19, the supply chain offers ample opportunity to add contamination even if supplies leave the manufacturer in a clean

state. Dispensing in the office requires strict attention to surfaces, instruments, personnel barriers, sterile receptacles, and storage. Expiration of self-packaged materials, and insurance of packaging barrier effectiveness add to the challenges. Unless a practice can assure all of these, there is the assumption of contamination and possible transmission of infectious agents.

Unit dosing is growing in acceptance in routine dental care, for obvious reasons of convenience and greater assurance of contamination control. The downsides are cost and waste, and if you are environmentally conscience, addition of still more plastic to our environment. Even unit dosing has its risks if not done properly. Some unit dosing is not really "unitized" and is really just packaging for easy dosing for multiple patients. Some unit dosing still requires decontamination prior to use. Don't assume that a dispenser in a plastic container is sterile, unless so stated. Unit dosing often also has expiration dates, which need to be accounted for in storage and utilization. Cleaning and disinfecting can be challenging; by definition, unit dosing means "one-and-done" and most are not meant for reuse. Dentists may want to salvage remaining material and use what's left for another patient, but in an absolute sense, that isn't intended. The recent furor over aerosol in the COVID-19 crisis suggests that if material is to be saved for later use, rigorous decontamination and preferably separation

from the active treatment area be in place, which may not be possible for all materials. A best practice has to be to 'choose and use' only single use, single patient materials. While manufacturers may claim that post-treatment disinfection is possible, it is technique sensitive and effectiveness can't be assured.

As a result of the pandemic, we may be required to adhere in the future to a medical-surgical standard for cleanliness that includes mandated one-use products and the era of bulk-dispensing may end. My advice to dentists reading this is to begin a thoughtful process of introducing unit-dose materials into your practice and analyzing what it means from a safety, efficiency, and cost standpoint. The question of tighter control over potential transmission of minor and major infectious diseases inadvertently via vectors known to be controllable, is one of when not if, as a result of the COVID-19 pandemic.

**The Fox River Valley  
Dental Society  
Wishes You a  
HAPPY HOLIDAY  
SEASON!**



### **Preparing for a Crisis Event in the Dental Office**

*by Dr. Lou Rafetto of AAOMS*

Patients presenting to today's dental offices are typically older, arguably less healthy and definitely taking more medications than ever. These circumstances conspire to make it more likely than ever before for an office-based crisis event to occur. Fortunately, there are several things every office can do to prevent, recognize and / or respond to such events.

1) **Prevention:** Every patient should have an updated medical history with an emphasis on recent changes in medical status and medications. A "time out" among staff members should be conducted before beginning treatment and include a review of the planned procedure as well as relevant medical information including allergies. It is important that offices regularly check-on the status of emergency medications and equipment. Finally, all personal should have current certification in Basic Life Support (BLS).

2) **Recognition:** Offices should have on-site concise reference materials that are reviewed as a team on a regular basis. These protocols should include the signs and symptoms of potential crisis events and can be used as quick / real time references in the event of a crisis. The role and responsibility of every staff member should be pre-determined and understood so that they can act as a part of a productive team.

3) **Response:** Given that crisis events are infrequent, there are few opportunities to habituate an effective response. Making this even more challenging is that the stakes of crisis events can be high. Therefore, for our team to perform effectively, we must design and create opportunities for them to acquire and demonstrate the knowledge and skills necessary to successfully deal with a crisis.

In this effort, Crisis Resource Management (CRM) mock drills should be conducted on a regular basis in the effort to prepare every to execute their roles. These drills should provide appropriate challenges, be graduated in difficulty (stretching knowledge and skills, but not too far) and followed by immediate and constructive debriefing. They should be repeated in a manner that reinforces productive actions.

It is important that CRM drills be as realistic and meaningful as possible, emulating the kind of challenges seen in a true emergency. They should involve scenarios with the types of patients the office typically treats and be conducted in a variety of areas of the office (crisis can and do occur in waiting rooms and bathrooms as well as treatment areas).

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### **Life Threatening Emergencies in the Dental Office**

*by Dr. Rich Herman, Chair, ADA Culture of Safety in Dentistry Workgroup*

A safe dental office will have in place a plan of action for when a life threatening emergency occurs. After all, an emergency, either medical or dental, can present at any time and successfully handling it requires a plan of action that the entire staff understands and has practiced. After all, it may be the dentist having the medical emergency!

Emergency policies must be developed specific to the size and type of dental practice. What is appropriate for a small general practice is entirely different than that of a large clinic; which is yet again different from what would be expected from an oral surgery practice.

Regardless of the type of practice, an emergency plan aims to manage the patient until help arrives. This comes down to maintaining an oxygen supply to heart and brain, thus managing the airway, breathing and circulation. The small or solo practice may have a simple policy of two basic steps:

1. Calling 911
2. Instituting Basic Life Support (BLS) procedures to support oxygenation culminating in the use of an automated external defibrillator (AED).

In this situation, the entire staff must have current CPR training, which now includes the use of an AED. There is a staff member (and backup) appointed to call 911 stat.

An oral surgeon's office or a practice that utilizes sedation or general anesthesia should have access to more resuscitation equipment and be able to provide more advanced care.

In both settings, only repeated practice can result in calm, clear communication and effective addressing of the emergency.

The takeaway...have a basic plan and practice!