



# BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

JANUARY 1, 1985

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## President's Message



This March at Silverado C.S.P.D. celebrates its Tenth Anniversary. We continue to grow and provide a service to the pediatric dentists of California.

Last Fall the Academy and C.S.P.D. co-sponsored a Continuing Education Course in Conscious Sedation. 75 attended this timely program. The latest information from our Ad Hoc Committee on Sedation indicates that legislation will be again introduced in the State Legislature to initiate a permit process for sedation.

The composition of the State Board of Dental Examiners will be changing. This January the Governor will appoint four new members including three dentists and one consumer position. Henry Garabedian, D.D.S. has been elected President of the Board. It is anticipated these changes will allow the Board and Dentistry to work closer to provide improved dental care standards in California.

The past ten years C.S.P.D. has tried to respond to the collective needs of the membership. The next Board Meeting is scheduled for January 19th. If you have any suggestions on projects that we should consider, please contact any of the Directors listed in this Bulletin.

Happy New Year. Have a healthy and prosperous 1985.

— Mel Rowan, D.D.S.  
President

## Conscious Sedation Update

An ad hoc committee on conscious sedation has been established by CSPD. We will insure that the concerns of pediatric dentists will be heard by those who are creating the "new" conscious sedation permit. The committee has surveyed the 285 active CSPD members, and I will report on the results of that survey. I also will update you on the nature of the conscious sedation (C.S.) legislation.

Of the 285 questionnaires sent out, 103 were returned. Forty-three respondents reported still using parenteral sedation (P.S.). Of those 43, 30 reported using it as often as always, 10 were using it less frequently, and 3 were using it more often than before.

Of the 60 dentists that reported not using P.S., 22 had used it previously but have since given up the practice. The most common reasons given for discontinuing the practice were (1) negative attitudes among physicians and parents and (2) the anticipation of possible adverse reactions in their patients made the procedure too stressful for the operator. Very few dentists indicated lack of success of the technique as a reason for no longer using P.S. Improvements in P.S. sought by the respondents were general in nature and were in the areas of patient monitoring, better drugs, more available education in pediatric (not adult) sedation, and a careful evaluation of pediatric parenteral sedation mishaps (what happened and why?).

Movement has begun again to create a permit process regulating conscious sedation (C.S.) in the dental office. A permit presently exists for the use of general anesthesia in the dental office.

Last Spring, CSPD worked together with other dental groups to block legis-

lation that was very unrealistic (200 previous cases in 2 years, 500 hours of instruction). There are organized groups outside of dentistry who are interested in this issue as well. They stand to block or support our efforts depending on what we (dentistry) come up with. Two of these groups are the California Society of Anesthesiologists (a physicians' group) and the California Society of Nurse Anesthetists.

There is a reason to believe that a permit process that is "responsible" and which has the support of the dental profession (i.e. dental educators, periodontists, pediatric dentists, G.P.'s) will now get through the legislature. In other words, CSA & CSNA probably won't be a problem.

On November 2, I attended a meeting hosted by the California Dental Association at their office in Sacramento. The purpose of this meeting was to initiate discussion and to begin to formulate the specifics of the permit process.

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Represented were CSPD, California Society of Periodontists, dental educators, the general practice residency programs, and CDA's government relations office. I will highlight the proposed permit process as it now exists. There will be opportunities to change this proposal in the coming months.

**"Grandfather Requirements":**

To be "grandfathered," the applicant will meet the following requirements:

- (1) Has previously used conscious sedation.
- (2) Has received education in conscious sedation that meets the ADA guidelines (i.e. more than 24 hours of instruction) or has completed an ADA approved residency program (that taught C.S.).
- (3) Has used C.S. in 20 cases in the last 2 years.
- (4) Has an office evaluation by January 1, 1988.

The State Board will determine whether or not the applicant will have to pass an office evaluation (according to the details of the applicant's background i.e. amount of previous education, number of cases, etc.). There *may* be no educational requirements for "grandfathers." In those cases where an applicant has no previous formal education in C.S., the office evaluation would be mandatory.

**"New Applicant Requirements":**

Those who are recent graduates or who have not previously used C.S. would have to meet the following requirements:

- (1) Hold a valid general anesthesia permit *or*:
- (2) Has completed 100-150 hours of C.S. education. The nature of this education would be determined by the dental schools and would be approved by the State Board.
- (3) Submit documentation that the appropriate monitoring equipment and drugs for emergencies are in the office. Without this documentation, the applicant would have to undergo an office evaluation before the permit would be issued.

The permittee will be required to complete 15 hours of continuing education in conscious sedation every 2 years and will undergo an office evaluation once every 5 years.

A very important aspect of the proposed legislation will be the definition of conscious sedation. The definition hasn't been finalized yet, but likely will

be very similar to the one found in the guidelines for conscious sedation adopted by the American Academy of Pediatric Dentists. In that document, sedation is divided into (1) conscious sedation and (2) deep sedation and general anesthesia. It appears that the "California" definition of conscious sedation will describe a minimally depressed level of consciousness. Those dentists who utilize "deep" sedation will need a general anesthesia permit. The dentist using sedation will need to very carefully evaluate the level of sedation he creates and have the appropriate permit (C.S. or G.A.).

I would encourage those of you who have an interest in conscious sedation to familiarize yourself with the Academy guidelines.

I and the other committee members would welcome and appreciate your comments and/or questions. The pediatric dentists have an outstanding record in the use of conscious sedation. Now is a very critical time for us to be involved in this very important legislation. It would be regrettable to lose this important treatment modality. The committee members are: Dave Taylor, Dave Good, Denis Weintraub, Rolf Spamer, and Richard Sobel.

—Geoffrey A. Groad, DDS  
Chairman

## Silverado Country Club 1985

Celebrate our 10th anniversary at Silverado Country Club, C.S.P.D. will hold its 10th annual meeting. This meeting has a general theme, "WINNING."

**Win . . . . .** with C.S.P.D. in its growth of members, its recognition throughout the State of California, as the representative of Pediatric Dentistry on a national level.

**Win . . . . .** with the comradery of all its members and spouses by re-renewing old friendships and making new ones.

**Win . . . . .** with a program of two outstanding speakers. David Smith, with his unique and direct way to teach us to help manage ourselves, our relationships, and our office.

AND

Jim Cline, M.D., who will increase our knowledge of the growth and development of the maxillary-nasal complex

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**#3 CORRECTION OF FUNCTIONAL ASYMMETRIES**  
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**#4 COMBINATION THERAPY**  
*Learn:* Combination therapy with the CROZAT and all of the above modalities  
 September 12-14, 1985

All workshops will be held in the G.O.O.D. Seminar teaching facility in Walnut Creek. The workshops are a prerequisite to study club meetings which meet monthly starting September 16, 1985. Course fees are \$300/day or the total fee for all four sessions is \$3150 prepaid which includes study materials and meals.

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Programs that also are in process of formation are: (1) a special luncheon for wives at a winery in conjunction with a wine tour, and (2) without telling any lies and making any promises, it is our hope to have a special event Sunday for all our group to help celebrate a fantastic 10 years.

Side attractions are also winners: mud baths, hot air ballooning (weather permitting) celebrated restaurants, horseback riding, glider rides, bicycling, and racquetball nearby.

Ann and I will do everything possible to make each and every one of you comfortable as possible. . . BUT. . . you will be "pressed" to see and do all at the meeting and in the area in four days. Plan well. . . See you at Silverado, and be a C.S.P.D. winner in our 10th year. March 28, 29, 30, 31, 1985.

—Keith Ryan

## Editorial

It's no surprise everyone is so confused about narrative discourse with Denti-Cal claims. Compare carefully the following Denti-Cal excerpts from their mailings. Pay particular attention to those areas in **bold italic**.

"Dear Doctor:

In several recent communications to the dental profession, we have stressed the importance of following the current Dental Services criteria adopted by the Department of Health Services. However, a significant number of offices aren't following the criteria, resulting in non-payment for services and a lot of frustration.

Although the criteria for **all** dental services should be reviewed carefully, the three major problem areas for many offices are:

1. **Restorations:** The State's criteria **requires verification by radiographs**, or if **not apparent** radiographically, by narrative documentation. As narrative documentation, you must provide a description of your clinical findings appropriate to **each area** which clearly describes the **location, extent and nature of the pathology and supports** the need for treatment. **One or two word descriptions are not adequate.**

**Caution:** Restoration of incipient caries (not through the dento-enamel junction) is a benefit **only** for children through age 17.

2. **Extractions:**

Require diagnostic radiographs depicting the entire tooth (teeth).

Extraction of asymptomatic teeth is not a benefit. If the tooth (teeth) is symptomatic and it's not readily apparent on the x-ray, use a narrative description of the symptomatology. Third molar impactions often give no radiographic indication for removal.

If an extraction is particularly difficult and time consuming, with bone removal, etc., and yet the x-ray doesn't reflect that necessity, please use a narrative description of the circumstance.

3. **X-rays:** Please take a few moments to be certain that the films being sent are diagnostic and appropriate to the requested services, e.g., if requesting a crown or endodontic procedure, include sufficient films to determine arch integrity.

Again, if you've had difficulties with payment or authorization for these or other Denti-Cal services, please take time for a detailed review of the Denti-Cal criteria in your CDS Handbook. It can save hassles, headaches and frustration.

If you have any questions regarding criteria requirements or interpretation, please call us at our offices in either Sacramento (916) 386-1620 or Los Angeles (213) 380-1630."

\* \* \* \*

*From Dr. Taylor, Denti-Cal Consultant, September 24, 1984:*

. . . "As we discussed, it is necessary to submit x-rays with requests for payment or authorization of restorations, except where x-rays are unobtainable, and those cases should be documented as to the reasons in Box 32 of the ADS. Examples would be the Medically Compromised Patient or the very young child. In the child under the age of five years where x-rays are extremely difficult or impossible the following documentation would be acceptable — 'X-rays Unobtainable due to the child's age.'

I hope this will help in your conversations with other Pedodontists. If I can be of assistance to you please feel free to call me at any time."

\* \* \* \*

*From the Denti-Cal Dispatch, November 1984:*

**"Narrative documentation expedites treatment form processing.** Restorations of carious lesions are a benefit for **children** through age 17. However, **even if an incipient lesion is visible in the x-rays, narrative documentation describing the extent and nature of the lesion must be written in the 'description of service' column for each tooth.**

As explained in the Medi-Cal criteria, all **requests for adults** (age 18 or over) **for restorations not verifiable by x-rays require a narrative description** of the extent and nature of the lesion. A separate narrative must appear in the 'description of service' column for each tooth requiring narrative. **Incomplete description** such as 'clinically evident' **are insufficient.** Descriptions such as 'caries penetrate the dento-enamel junction (DEJ) at the mesiobuccal gingival angle' or 'lingual groove (LG)

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caries penetrate the DEJ' better describe the nature and extent of the lesion.

Apparently, for children under 17, even if caries is visible in the x-rays, it's regarded differently than if they are over 17. I'm also confused why they referred to 'Medi-Cal' criteria in the recent 'Denti-Cal Dispatch.' I don't believe our documentations will be acceptable with simple short statements as Doctor Taylor would imply.

As of November 5, 1984 the Denti-Cal fees will be increased. A 9.42% increase was approved; but we don't know how it's disbursed. For our professional concern, training, experience, office overhead and, of course, liability; we will now receive a whopping \$8.45. However, we must earn that generous amount by narratively documenting each lesion on each tooth with such descriptions as 'caries penetrate the dento-enamel junction at the mesio-buccal gingival angle of the upper right first deciduous molar.'

Consider this, we can provide treatment, quality care for the child patient faster than we can communicate narrative descriptions throughout our office, transfer them onto claim forms and then aggravate our way through collecting on the claim. In other words we will lose less money by simply treating the patient without trying to collect from Denti-Cal. \$8.45 doesn't cover the staff wages and overhead necessary to get an exam and claim form approved.

Furthermore, consider this. One year ago we stopped accepting Denti-Cal patients (with certain exceptions). We gave a brief description why we had to stop accepting Denti-Cal patients though we would enjoy seeing them on a private patient basis and would make every effort possible to make acceptable financial arrangements. To the best of our knowledge we have not lost one of these patients and they find a way to pay.

I believe there is life after Denti-Cal.  
—Lonnie Lovingier  
Editor

## Peer Review Committee Report

### Peer Review Activity

The Peer Review Committee has received 13 cases through October of this

year involving pediatric dentists. Ten of these cases have been resolved and three are in progress. While this represents a slight increase in peer review activity over past years, it still is only a fraction (about 1%) of all peer review activity in California. If we estimate that there are approximately 600 pediatric dentists in California and 12,000 CDA members and 16,000 practicing dentists, then we represent 4% to 5% of practitioners and only 1% of peer review cases. We should be proud that our relationships with our patients and their parents so seldom place us in an adversary position that requires outside assistance to resolve.

### Changes in the Peer Review System

At the direction of the C.D.A. House of Delegates in March, several changes were made in the peer review system. The most notable was the introduction of a *carrier-initiated* review of *proposed treatment* that will render a decision by a peer review committee *within 30 days* regarding "utilization" or, in other words, appropriateness and necessity of proposed care. Should the case involve a pediatric dentist, the local component dental society receiving the request from the carrier will utilize one of our consultants in rendering a decision. Our consultants will be provided to the local society from our list of 32 peer review examining panel members across the state. Because most of these cases will probably involve the type of complex, expensive treatment plans associated with adult restorative/prosthetic care, little impact is expected on our society or our membership.

In a separate matter, the House mandated that restitution for any dental procedure necessitating corrective and/or additional treatment because of improper diagnosis or faulty treatment be made on the basis of the usual, customary and reasonable fee *of the dentist at fault* with adjustments for changes in the consumer price index as indicated. If additional corrective treatment is beyond the scope of the usual practice of the dentist at fault, the additional fees will be reasonably determined by the peer review committee. Previously, corrective or additional treatment was paid for by the dentist at fault at the fees charged by the subsequent treating dentist.

—Paul Reggiardo

### Public Relations Idea

## A Successful Pedodontic Prevention Program

During the past 4½ years my practice has incorporated a prevention program which has been very successful, not only in providing a service to my patients but as an advertising tool which generates an increase of new patient exams.

The original program was designed by Dr. Howard Dixon in San Diego County and is used by several pedodontic practices throughout Southern California. I have modified this original concept and tailored a program to suit the way I operate my practice.

Basically, our office provides two prevention visits with two recall examinations per calendar year. At the child's initial visit to the practice the introduction to the dentist and staff is made. The necessary diagnostic procedures are performed, prophylaxis and fluoride treatment are given if indicated. During the consultation with the parents, the guidelines for the prevention program are explained. An appointment with the prevention therapist is given, this appointment is made three months from

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the date of the initial examination. Unless it is a special situation in which case an appointment is given within a month. The next recall examination will be made by the prevention therapist at the time of their session. If there are other treatment appointments needed then these are scheduled as soon as possible. There is no charge for the prevention visits, however the importance of this service is stressed to the parents.

The prevention therapist has her own room designed and decorated accordingly. At the first visit the goals of the program are reviewed, an oral hygiene index is taken and recorded in the patients chart. Flossing and brushing techniques are demonstrated and the patient's ability to brush his/her own teeth is assessed. Specific instructions are then given to the child and the parent to ensure adequate oral hygiene is maintained. An introduction to dietary counseling is given and the role of plaque in dental disease is graphically explained. At subsequent visits the flossing and brushing techniques are reinforced, as are the requirements of good nutrition. The patients are encouraged to improve their plaque scores. If 100% is attained, the patient becomes a member of the 100% Club. The child's picture is taken and placed on the bulletin board, he/she is given a certificate signed by the therapist, the 100% Club bell is rung, they are congratulated by the office staff and overall we make a big deal of their accomplishment.

The therapist will change the presentation depending upon the age, frequency of visits or in special situations. Trying to present information relative to each patient's needs.

Obviously there is a great deal of responsibility given to the prevention therapist, therefore, this person must be selected carefully. We have found that an intelligent highly communicative type of person is the most effective. Previous dental experience is secondary but certainly helpful.

In addition to the in-office prevention program and maintaining a current recall system, the prevention therapist also organizes tours of the dental office for the local pre-schools. The tours are scheduled for 30 minutes in the late morning and usually involves 15-20 children accompanied by parents and teachers. The therapist gives a short prevention presentation and a guided

tour around the office. Then the children are given a demonstration on what to expect at their first visit to the Dentist.

The prevention therapist also makes arrangements to visit the local grammar schools. Here she gives classroom presentations to the first and second graders. This program has been in effect for the past four years and is very well received by the students, teachers and school administration.

I believe the operation of the prevention program generates goodwill which benefits the community, the patients and the dental practice.

—Gary J. Channer, DDS  
Ventura

## Legislative Approach to the Denti-Cal Problems

The following paragraphs are excerpts from a letter mailed to State Assemblyman Tom Bates at his request following a personal meeting with him.

"...As I've expressed to you, there is a great concern among the California Pediatric Dentists over the fact that children who are under the California Denti-Cal program are not receiving the dental health care benefits due them.

"This is the direct result of two major problems. The first one is the extremely low fee paid for services rendered. Of all the people involved in the Denti-Cal program, i.e., The State Health Services Personnel, the California Dental Service administrators and auditors and the participating dentists, only the dentists suffer a setback in pay. The second

issue and the most serious involves the unrealistic guidelines set up by the interpretation and administration of these guidelines by the California Dental Service.

"The California Dental Service and the State Health Services Department guidelines in essence discourages the dentists from wanting to treat the Denti-Cal child patient. It is our belief that this is done as a cost containment factor. Due to this problem and with the high overhead of maintaining a dental office, it becomes an impossible economic situation for the dentists to continue treating the Denti-Cal patient. No business can survive long if it is reimbursed \$.30 on the dollar billed and very often none at all when payment is denied..."

The ultimate solution, if there is any at all, to the complexity of the problems concerning Denti-Cal guidelines and payment for services rendered lies in the area of legislative mandate.

It is quite clear the Health Service Department intends to cut costs in the Denti-Cal expenditure at the expense of the dentists and sadly, as a result reduce the participation level of the dentists treating children under the program. This conduct of the State Health Services Department is contrary to law. It is not the function of the department to save money as budgeted at the expense of reduction in dental health services, but to administer the program for maximum benefit of the recipients of the program.

Assemblyman Tom Bates has assigned a staff member to investigate this matter. It is extremely important as many legislators be informed of this problem as possible. I strongly urge each of you to set up an appointment



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(Continued from page 5)

and meet with your State Senator and Assemblyman in person locally and document your concerns in writing for them. If enough of the legislators are aware of this problem, possibly a full scale investigation by a legislative committee will lead to some solution to this Denti-Cal problem. As you are well aware, all previous efforts by CDA, organized Dental Specialty Groups and dentists individually produced absolutely no solution to the problem.

—Randolph Lim  
Dental Care Committee  
Chairman

## News from the Dental Schools

This issue of the **Newsletter** features the new first year Pediatric Dental residents at the three California programs.

*There are two first year UCSF Pediatric Dentistry residents:*

**Guei-Mei Chiang**, was born in 1957 in Taipei, Taiwan, R.O.C. and graduated in 1982 from Taipei Medical College with a B.D.S. degree. Dr. Chiang became a general practitioner working in a private dental clinic and found pediatric dental care very enjoyable. After completing the post-doctoral program at UCSF, Dr. Chiang plans to return to Taiwan to practice and teach.

**Vivian Lopez**, a native of Montreal, Canada, has lived in California since age eleven when her family moved to Long Beach. She has a B.S. degree in Biology from the University of San Francisco and did graduate work in chemistry at San Francisco State University. She received her D.D.S. degree in 1980 from the University of California San Francisco School of Dentistry, and has worked in a variety of settings in the Bay Area providing dental care for adults and children. She resides in Berkeley with her husband and after completion of her post-graduate training at UCSF plans to have a private practice of pediatric dentistry in the East Bay.

*From USC there are seven first year residents and one visiting dentist auditing the program for a year. Last year, one first year resident dropped out of the program after four or five months, and there was the death of another, Craig Jolley. The school consequently*

*accepted more residents this year, and is not expanding the program. Next year USC plans to accept to American and two foreign residents.*

*In other news from USC, Ron Johnson, Chairman of the Department of Pedodontics, was recently elected a Fellow on the American College of Dentists.*

*The Advanced Pedodontic Clinic at USC is closed in preparation of remodeling, and all residents are at the hospital clinics. The first year residents follow:*

**Steven Aylard** graduated from USC in 1984 and previously obtained a B.A. in Biology at San Jose State. Dr. Aylard is a resident at Rancho and a soccer fanatic.

**Barry McDonald** graduated from USC in 1980, and went into the Air Force in 1980 until 1984. After completing his Pedodontic training at Children's Hospital and Rancho, he plans to return to the Air Force. He greatly enjoys golfing.

**Wesley Morikawa** has graduated USC in 1977 with a B.A. and then in 1981 with his D.D.S. He is a resident at Rancho, enjoys golfing and is a fisherman.

**Mitchell Poiset** graduated San Diego State in 1980 with a B.A. in Chemistry. He received his D.D.S. degree from

UCLA in 1984. Now at UCS, he is doing his residency at Children's Hospital. He enjoys tennis, windsurfing, and cooking.

**Joe Ramirez** who is from Los Angeles went to the University of Guadalajara Dental School and graduated in 1982. He is at Rancho and enjoys scuba diving. He also is a Vietnam Veteran.

*The two foreign students in the USC program both graduated from the Unitech School of Dentistry in Mexico City:*

**Soloman Musali** graduated in 1982, spends his clinical time at Children's, and has music as his hobby.

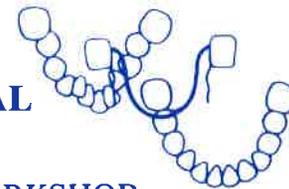
**Eduardo Ovidia** graduated in 1983. His brother is a Pedodontist, who graduated from Boston and practices in Mexico City.

The visiting dentist, who is auditing the program for a year, is from Japan. His name is **Osamu Tokiwa**, and he graduated from Tokyo Dental College.

*From UCLA there are five new residents:*

**Ann Azama** was born in Honolulu, Hawaii. She received a BA in Zoology at the University of Washington in 1980 and graduated from the University of Washington School of Dentistry in

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June, 1984. Honors: The Seattle Pedodontic Society; Dr. David B. Law Award. Hobbies: Tennis, piano, Chinese cooking.

**Cappie I. Baker**, is a native of Gulfport, Mississippi. She received a Bachelor of Science degree from Tennessee State University in Nashville, Tennessee in 1980 from which she was graduated with distinction. While attending Tennessee State, she was inducted into Beta Kappa Chi Science Honor Society and became a member of Alpha Kappa Alpha Sorority, Inc. Dr. Baker worked as a research assistant at Vanderbilt University in the Department of Endocrinology during the summer of 1980 after which she continued to pursue her education in the field of Dentistry at Meharry Medical College which is also in Nashville, Tennessee. As a student at Meharry, Cappie received several awards and honors including Omicron Kappa Upsilon National Honorary Dental Society and Alpha Omega Fraternity. She enjoys sailing, snow skiing, and biking. Her goal, after completing the 3-year Orthodontic/Pediatric Dentistry combined program at UCLA and receiving a Master of Science in Oral Biology, is to pursue a career in Orthodontics and research.

**Wanda I. Claro** was born and raised in Orange County attending California State University, Fullerton as an anthropology major. Entered University of California, San Francisco as a Regents Scholar where she received her D.D.S. and B.S. in Health Sciences in 1977. She was active in student government and community affairs at both CSUF and UCSF. She was the recipient of the Willard Fleming Humanitarian Scholarship in 1974. She and her family moved to the Central San Joaquin Valley to work in a rural health center and later established her private practice of general dentistry with emphasis in pediatric dentistry and limited orthodontics in Visalia in 1980. Wanda was quite involved in the Tulare-Kings Dental Society activities as the Marketing Coordinator, 1980-84, winning the award for The Most Improved Marketing Program from the California Dental Association in 1984. She also served as the society's secretary/vice president, 1983-84, and was elected president in 1984. However, she resigned her position to attend UCLA. Wanda is married and has 2 daughters. She sold her practice and moved her

family to Los Angeles to pursue the combined postdoctorate program in Pediatric Dentistry and Orthodontics at UCLA. Her interests include spending as much time with her family as is possible, physical fitness, women's issues, cooking, and sewing.

**Ann Demetre** was born in Bucarest, Romania. She moved to Paris where her paternal relatives lived and there attended school. Ann received her baccalaureat in Math, Chemistry and Physics and decided to enter Engineering School. After two years, she felt that engineering was the wrong vocation for her and she turned to the medical field.

Communicating with people, particularly children, gave her a sense of fulfillment not previously enjoyed in engineering. Ann worked as a medical and dental assistant in Paris from 1976-1978. From 1978 to 1983 she attended Dental School Paris VII. After graduating in 1983 she worked as an instructor for blind and handicapped children in her school and in the dental office of an Institute for Blind and Handicapped children. She presented her thesis in May 1984.

Her hobbies are hiking in the countryside with family, friends and their dogs. She spends most of her vacations skiing in the French Alps and in her spare time enjoys listening to classical and religious music.

**Mary L. Krywulak** was raised in Winnipeg, Manitoba, Canada where she received her dental degree at the University of Manitoba. She successfully completed a General Practice Hospital Residency at the University of Alberta Hospital in Edmonton, Alberta in 1983. Following completion of her studies, Dr. Krywulak took a position at the University of Alberta in the Department of Oral Diagnosis involving teaching and research as well as utilizing on a part-time basis her hospital privileges at the University of Alberta Hospital.

Presently, Dr. Krywulak is enrolled at UCLA in Los Angeles in the postdoctoral Pediatric Dentistry program. As well, she is a visiting instructor at the University of Alberta.

Dr. Krywulak is an active member of the Canadian Dental Association, Alberta Dental Association and Xi Si Phi Professional Fraternity. Her interests extend to music, sewing, travel and downhill skiing.

C.S.P.D. wishes all the new residents the best of luck and fulfilling careers in Pedodontics.

—Dr. Dorfman



## Members in the News

The Olive Dental Center was recently honored with an Advertising Excellence Award presented at the Third Annual Conference on Dental Advertising and Public Relations held in Scottsdale, Arizona.

The gold award of excellence was awarded for a free standing insert developed to promote Olive's expanded pedodontic program under the direction of Richard Therrell, D.D.S.

The national competition was judged by the Newspaper Advertising Bureau and attracted entries from throughout the United States.

In addition to the gold award, Olive Dental Center also received honorable mention for their patient newsletter, called the Olive Branch.

The "flyer" type circular was designed to be inserted in local media covering the practice's service area. Both projects were produced by Judy Turk & Associates, the advertising agency for Olive Dental Center.

Dr. Irving Rubel, clinical professor at USC and private practitioner in Los Angeles has been having a working holiday in Scandinavia, Norway, Sweden, and Finland. He presented a paper on primary teeth resorption at a meeting at Helsinki, Finland. I'm sure his fascination with the beauty of the Scandinavian countries will bring back descriptions we'll all want to hear.

—Jack Bamrud, D.D.S.

Dr. Keith Ryan was awarded a fellowship through the American Society of Dentistry for Children (ASDC) in recognition of achievement in continuing education to increase his ability to serve the needs of children.

This award was given to Dr. Ryan at the annual Convention held on October 20, 1984 in South Carolina.

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## Letters to the Editor

Dear Editor,

I would like to warn C.S.P.D. members to be careful in purchasing dental equipment. I purchased dental chairs from Appco Manufacturing Co. and later found out they have no one in a service capacity. They referred me to private dental repair services.

Many dental suppliers are not eager to service equipment they did not sell.

—Weylum Lum

### 1:5 Dilution of Formocresol

Dear Editor,

At the 1984 Annual Meeting of the American Academy of Pediatric Dentists in Scottsdale, there was an interesting presentation that included discussion on full strength Buckley's formocresol, 1:5 dilution of formocresol, and glutaraldehyde. Based on information at Scottsdale and other sources, I believe many would agree on the following statements:

1. A 1:5 dilution of formocresol has been shown to be as effective as full strength formocresol for primary tooth pulpotomies.

2. There is some concern regarding the use of formocresol for pulpotomies. There is research showing formocresol to be found in other body tissues besides the treated teeth.

3. Glutaraldehyde appears effective as a medicament for pulpotomies, but many are hesitant to switch to its use until longer term studies are done.

I am aware of the Department of Pedodontics at USC to be currently using a 1:5 dilution of formocresol for pulpotomies, and felt it might be of interest to C.S.P.D. members to have the directions for proper mixing of a 1:5 dilution of formocresol. The sequence of mixing, and the need to mix slowly are of utmost importance according to Dr. Paul Loos of the University of

Michigan School of Dentistry, who pioneered the research with the 1:5 dilution of Buckley's formocresol.

To make a proper mixture, I found it easiest to give our neighboring pharmacist the following directions along with a bottle of Buckley's formocresol:

### Directions for 1:5 dilution of Buckley's Formocresol

1. Mix three parts glycerine and one part water *slowly* by adding in small increments.

2. Then add the above mixture to Buckley's Formocresol *slowly*. Add five parts of the above glycerine-water mixture to one part of Buckley's Formocresol. (100ml *slowly* added to 20ml Buckley's).

—Robert Dorfman, DDS

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## For Thought

The ADA News reported in its briefs that the Missouri Dental Association has requested the State Board of Dentistry to investigate dentists' use of terms such as "Family Practice," "Cosmetic Dentistry," and "Children's Dentistry" in telephone and newspaper advertisements. "Members have expressed concern that such terms may create the erroneous impression that general dentists who use them are specialists," according to MDA Executive Director, Roger Weis.

It is a truism that most of us who limit our practices find the above type mentioned self advertisements by the generalist slightly hard to swallow. However, I have also heard the retort from the general practitioner that states that the pediatric dental community has no kick coming. They cite as examples the pedodontic type individuals who go to nursery schools, kindergartens, and other such scenes and pass out indiscriminately their own *personal cards* and *literature* emblazoned with "come to my house" directions to the private patients of the general practitioner. This may be done under the guise of community education, but there is strong suspicion that the real intent is practice enlargement (or to call a spade, a spade — patient pirating!). This is difficult for the dental general practitioner to inject who does a good ethical family service. It may be noted here that a few generalists just might be far more guilty of this type of demenor

than specialists. Unfortunately the situation does exist no matter who wears the black hat or the white. As it turns out both groups have vested interests to protect and serve. We are both protective of our own turf. The answer, at best, is evasive; even, the question can be a semantic problem. Pedodontists cannot look upon children as their sole possession, but neither can the generalist deny the specialty of pediatric dentistry. For those of us who limit our practice to dentistry for children it is probably more unpalatable for our senses to hear in communities where there are multi-pediatric dental offices how brother is eating brother in this type of patient pirating that stretches ethics to or beyond limits. It can be a disease — a real contagion.

This is not new. It has all been said before many times. There is a redundancy in the cries that promote principles and ethics wherever they stand or wherever people interact. Twenty centuries ago in the Pauline writings, in a letter to the Galatians, this admonishment is noted: "But if you bite and devour one another, take heed that you be not consumed by one of another."

THINK ABOUT IT!

—Jack Bamrud

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## 1986 Annual Meeting

The annual C.S.P.D. meeting for 1986 has been confirmed at the Hotel Del Coronado in San Diego. We should have outstanding accommodations with reduced rates at this elegant and beautiful hotel. All organized pediatric dentists please mark your 1986 Calendars for April 3 through April 6.

—Warren E. Brandli, DDS

OSAMU CHIONO, D.D.S.  
(September 15, 1924 - June 8, 1984)

*It is with regret and deep personal loss that I inform you of the death of Osamu Chiono. Dr. Chiono was a colleague who contributed much to the betterment of our profession and community.*

*Born: Corcoran, California  
Staff Sergeant, USA Army, 1944-1947  
D.D.S. — University of Southern California, 1957  
Practice Limited to Pediatric Dentistry, 1958 to present  
Chief of Dental Services, California Pediatric Center, Los Angeles, 1963-1969  
Chief of Dentistry, Orthopaedic Hospital, Los Angeles, 1959-1971  
President, Southern California Unit, American Society of Dentistry for Children, 1970  
Secretary, U.S.C. Dental Alumni Association, 1973  
Assistant Clinical Professor, Advance Education, University of Southern California School of Dentistry  
Associate Clinical Professor, University of Southern California School of Dentistry  
Associate Professor, Charles Drew Postgraduate School of Medicine, Martin Luther King Hospital, Los Angeles  
Fellow, American College of Dentists  
Fellow, American Academy of Pedodontics  
Fellow, American Academy of Dentistry for the Handicapped  
Member of the Executive Board, American Academy of Dentistry for the Handicapped  
Editor, Journal of the Academy of Dentistry for the Handicapped, 1974-1977  
Chairman, Dental section, VII and VIII Congress of the World Federation of Hemophilia*  
— Osamu Miyamoto, D.D.S.

## To Our Sponsors

CSPD would like to thank the sponsoring people who helped to support our annual meeting. They have added a nice touch to our meeting and we have benefited from them. We hope they, too, will profit from the relationship. We have placed their ads in our bulletin that you might recall who they are.

### Travel to Hawaii

Any members contemplating trips to the Islands and needing information on *Local Dental Meetings* to attend, please feel free to call or write me. I'll try to help find meetings to attend. I can perhaps set you up with speaking engagements.

—Mike Delaney

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## Notice

All C.S.P.D. members should review their insurance classification status. The classification changes by T.D.I.C. affected many members and appears to be overlooked some of them. Please check to be sure you are in the appropriate classification.

All members are invited to place free classified ads. Non-members must pay \$25. Send information to the Editor. **If you do not contact the Editor to continue your classified ad, it will automatically be discontinued.**

**PEDODONTIC PRACTICE:** Well-established Orange County location. Full range of pedodontic services offered including interceptive orthodontics, sedation, and hospital cases. Has families who appreciate quality dentistry. Doctor returning to school. Prefer terms before professional broker is involved. Contact CPA for info (818) 986-4500.

**HAWAII:** 1 or 2 Pediatric Dentists needed on the Kona Coast of Hawaii. Two modern, efficient office locations. Well-established practice needs associate leading to a full partnership. Please mail inquiries and resumes to: P.O. Box 1507, Kamuela, Hawaii 96743. (808) 885-6011

## Announcements

### Practice Related Research

Dear CSPD Members:

There have been several attempts in the past to stimulate practice related research in our Society. Up to now, research has existed in the pedodontic departments of the various teaching institutions. A good part of these projects has involved graduate students. The Professional Activities Committee has been given the responsibility of extending and sharing knowledge and expertise in pedodontics. The committee will gladly coordinate research among private practitioners and help graduate students in schools with their various projects.

We will encourage research in both sectors by offering research grant money. As there is a limited amount of money available to graduate students and private practitioners, a formal proposal must be submitted to the committee. The sponsored research must be written up so as to be acceptable for publication. It is expected that the final results will be presented at an annual meeting of the Society.

For more information and an application, please apply to the Professional Activities Committee in care of:

Daniel Brostoff, DDS, Chairman  
6226½ W. Manchester Ave.  
Los Angeles, CA 90045  
(213) 670-3677

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 Richard Duocos, DDS, 550 Water St., D-2, Santa Cruz, CA  
 Sonja Eden, DDS, Dept. of Pediatric Dentistry, UCLA, Los Angeles, CA 90024  
 J. David Gaynor, DDS, 818 "K" Street Mall, Sacramento, CA 95814  
 Mark Hakanson, DDS, 638 W. Durate Rd., Ste. 20, Arcadia, CA 91006  
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 Dennis Van Middlesworth, DDS, 258-B San Jose St., Salinas, CA 93901  
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