



# BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

JANUARY, 1986

Vol. XII, No. 1

## The San Diego Promise

The upcoming annual meeting at the Hotel del Coronado may become the most well attended CSPD annual meeting ever. CSPD has many new members and the days at San Diego will be a great opportunity for them to become better acquainted with the organization. There are members who regularly attend the annual meetings, continuing to return because of the fulfillment they experience. I encourage all new members to come and share a wonderful time.

The April 3-6 meeting is going to be an outstanding occasion with many thanks owed to its organizer, our president-elect Warren Brandli. Within this issue of the *Bulletin* is a description of the excellent program being offered. The stimulating scientific sessions will provide insights from Dr. Stephen Wei and Dr. John Yagiela, while concurrently the special seminar for spouses and registered guests will feature psychologist Dr. Victoria Dedingler. She will discuss personality, personal growth and communications; and CSPD members have the option of attending her seminar with continuing education credit available. The Sunday morning panel discussion will provide membership participation led by Paul Reggiardo and will be most rewarding. The social and recreational activities will be abundant and these events will help create new friendships and will provide time to be with longtime friends.

The San Diego meeting promises to be a fantastic weekend. If you have been a member of CSPD for a number of years, and have not yet attended an annual meeting, this will be a chance for a most enriching experience. Your participation will help make CSPD an even stronger and more vibrant organization.

*Bob Dorfman, D.D.S.*  
ASSISTANT EDITOR

## FROM THE PRESIDENT'S NOTE PAD



This message may best be described as a progress report of what your Board of Directors has been doing in the past few months. The Board has been and continues to be

busy representing Pediatric Dentistry in the State of California as well as working with the American Academy of Pediatric Dentistry at various levels, with Mel Rowan as our direct liaison to the AAPD.

An example of the above is the recent request by Jon Kapala for direct input to the Policy and Procedure Committee by CSPD. Such continued development of "policy statements" relating to scientific issues of our profession by the Academy will definitely benefit all in our specialty. An example of this effort is the wonderful work done by Geoff Groat in the area of conscious sedation.

The Constitution and By-Laws Committee is doing a "clean-up" of the By-Laws to reflect the updated way in which CSPD now actually handles its business.

Randy Lim has been most active with his Dental Care Committee and is working with AAPD, so the wheel will not have to be totally reinvented. He is also working on legislative contacts with Roger Erickson.

CSPD is in the final stages of doing a cost analysis for establishing a direct contact with all three groups of the American Academy of Pediatrics in the State of California, to supply each pediatrician a CSPD roster and information about our specialty. This is a large and costly project, but will enable all of our members to have a closer relationship with their local pediatricians. This program was originally spearheaded by Warren Brandli, and Mike McCartney is now doing much for the worthwhile program.

Gerry Kirshbaum has put forth a lot of effort in revamping the budget and financial reporting, so that the accuracy of knowing our bottom line will be more streamlined.

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# The Uniqueness of Pediatric Dentists

After Dr. Conlin passed away I considered writing an article praising the efforts of all those doctors who helped to maintain and support his practice until it could be sold. I'm not an authority on this type of activity, only an observer of recent times.

In the last several years I am aware of quite a few times that pediatric dentists have stepped in to help a fellow pediatric dentist unable to work his practice. Most of these occasions were without some pre-arranged condition. Of the many issues through the years that seem to set us apart with regard to our companionships as pedodontists, this is another example. The friendships we develop through the years by our membership in organized dentistry and attendance of its various functions, serve much more than socializing and education. Those friendships could make a difference in the economic survival of our practice and personal life.

Recently Dr. Jeff Brown in Orange County called me to ask if I would be interested in participating in a formally structured group of pedodontists willing to commit to one another to fill in should one of us be disabled for a period of time. It was through Dr. Brown's effort that the group was developed. The details of our commitment are not important for this article, but the overview is.

Shortly after setting up the group, I became disabled, requiring back surgery. It was a humbling experience to require help from the group. I probably waited too long to initiate the function of the group. Even though I joined the group knowing full well I would be pleased to help someone else, I never thought it would be me.

The most interesting part of this story is that what seemed like such a well-thought out plan of scheduling doctors to fill in, did not happen so smoothly. What appeared to be a sufficient number of doctors in the group did not work out that way. Many could only work during the same hours of the same days. However, and most importantly, the uniqueness of pediatric dental colleagues in their willingness to help, showed up in full force. There were as many or more friends who called up to volunteer their help, not as members of our group. This addition to our number of group mem-

bers is what made scheduling doctors to fill in during my absence successful. The same thing has probably gone on for years in pediatric groups. Don't misunderstand me. The structured group is critical for the purpose of organization and commitment; however, instead of ten members I would suggest eighteen or twenty.

An additional benefit that I had not expected is how much my staff and I learned from those helping doctors. They too, probably carried back to their offices likes and dislikes from ours.

The uniqueness of pediatric dentists as a group of doctors always willing to bend over backwards to help anyone in need without having an air of self-centered pride and self-serving recognition makes them a group to which I am proud to be associated.

*Lonnie Lovingjer, D.D.S.*



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*Continued from page 1*

Warren and Madeleine Brandli have put together what promises to be a most outstanding program for our 11th Annual Meeting at the Hotel del Coronado, April 3-6, 1986.

Please remember in dealing with the yellow pages, new rules from the CDA Ethics Committee may affect your announcement; therefore, use the CSPD logo to show your specialty credentials. It says it all!

Denis Weintraub has a report from the Ad Hoc Committee on Missing and Abused Children that includes much information on I.D. microdisks appearing in this issue of the *Bulletin*.

Lastly, but by no means least, is my wish for a continued speedy recovery for our editor and chief of CSPD's outstanding newsletter, whom we have all missed. Get well real soon, Lonnie!

Good health to you all,

*Keith J. Ryan, D.D.S.*  
PRESIDENT

*Public Relations*

## Space Theme

When asked for his most successful practice promotion ideas, Mark Lisagor feels more than ever that the most effective practice promotion relates to the things which are done for patients who are already in the practice. Evening phone calls from the doctor to check on those patients receiving significant treatment during the day are especially appreciated by parents; another big winner: sending a polaroid of new patients with the dentist a few days after the first visit to the office, mounted on a special card, with a handwritten note from the dentist welcoming our "new friend" and congratulating him on his first visit.

A unique plaque control program de-emphasizes the traditional prophylaxis in favor of motivational visits, convincing parents to supervise their children's oral hygiene and nutrition program, with the dental office only playing a supporting role. Lisagor credits this "one on one" time between the therapist and the family as a primary cause of patient referrals, since this program sets the office apart from the traditional general dental office approach.

Also credited with stimulating a steady flow of new families to the practice is the consistent use of the "space theme" (the offices are designed to look like space stations in the 21st century); a logo (which incorporates a childrenese version of a rocket ship) which is used in all internal and external marketing to tie everything together, and to quickly help patients identify theirs as the "space ship office" that they have heard about.

Lisagor, who practices with Barry Cantor and Suzanne Berger, stresses the importance of creating a conversation piece, so that patients and parents will want to tell others about the experience they've had with their children's dentist.

## To Our Sponsors

CSPD would like to thank the sponsors who helped to support our 1985 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 for your reference. We also thank Space Maintainers Lab. They were unable to attend the meeting but sent a generous gift.

# Large Dental License Fee Increase

At the October 10, 1985 meeting of the California State Board of Dental Examiners, the board adopted regulations that must be approved by the state legislature, which increases the biennial dentist's licensure fee. This fee was raised from \$60 every two years to \$135. The board also decided to institute an annual \$100 fee to providers of continuing education which will cost CSPD to register our C.E. units for our annual meeting.

Present at this meeting was Dr. Alfred Schuchard, representing the California Dental Association, who presented CDA's testimony in favor of this increase. As a member of CDA, I don't recall CDA informing its membership of any budgetary needs of the State Board of Dental Examiners. The financial impact of 17,000 dentists now paying \$135 raises the revenues from 1 million dollars to about 3 million dollars. Since when should dentistry support the operation of a state agency? We know all too well how the state's Denti-cal program has supported dentistry.

If you feel, like I do, that this 125% increase to renew our licenses to practice dentistry is out of hand, and that a non-profit organization like ours should not pay \$100 a year for providing C.E. units to our membership... then please write to:

1. Henry C. Garabedian, D.D.S.,  
President  
State Board of Dental Examiners  
1430 Howe Avenue, Suite 85B  
Sacramento, CA 95825
2. Dr. Alfred Schuchard, Chairman  
Council on Education and  
Membership  
P.O. Box 13749  
818 K Street Mall  
Sacramento, CA 95953

and let them know how you feel about these increases.

Gerald M. Kirshbaum, D.D.S.  
Treasurer

## Bulletin Contributions

CSPD members are encouraged to submit letters to the editor, or other items of interest for the *Bulletin*. If you have not contributed before, you might find it gratifying to share with your colleagues.

# Retired Pediatric Dentist Operates Vineyard

There are many very attractive Sunday drives which combine pleasant scenery with visits to the quaint small wineries of Southern California. Whether entertaining out-of-town visitors or for your own pleasure, a trip into Santa Barbara County to the Solvang area is always a treat.

There are many ways of approaching this area. One way is to travel up the coast past the city of Santa Barbara on Highway 101. When you pass through the tunnel at Gaviota Pass, proceed up the grade to the summit where you will see a sign for "Nojoqui Falls," indicating Alisal Road to the right. This road will pass through beautiful fields and wooded areas and will also pass Nojoqui Falls Park. If you are so inclined a stop here is worthwhile. It is a short, easy walk to the falls which are usually running in the spring.

Continuing along this road you will pass the Alisal Guest Ranch (golf, tennis, riding, etc.), and then cross the Santa Ynez River and enter Solvang. One could spend days in this Danish town shopping and enjoying the Danish cuisine.

Follow Alisal Road to the first traffic light at Mission Road and turn left. Turn right at the next signal, Atterdag Road. This road will, after several blocks, become Chalk Road and will take you directly into Ballard Canyon Road. Traveling straight ahead on Ballard Canyon Road, you will encounter fields and woods that are particularly lush in the spring.

You will find vineyards of the Ballard Canyon Winery on the left side of the road. The winery is owned and operated by Dr. Gene Hallock, a retired children's dentist and his family. Their tasting area is a wonderful place to sit under the oak trees on the deck surrounding the tasting room. Their samplings are generous and they invite you to bring your picnic lunch and enjoy it here. They have approximately a dozen wines and their Fume Blanc and Sauvignon Blanc are considered tops.

This winery is open daily 11 a.m. to 4 p.m. and also offers informal tours.

Continuing along Ballard Canyon Road you will come to Los Olivos. This is a quaint little village with a few gift and

antique shops. The old stage stop, Mattie's Tavern, is an interesting place to dine, serving dinners only, Monday through Friday from 5:30 p.m., Saturday and Sunday from 5 p.m.

Dr. Hallock was graduated from the University of Washington and practiced dentistry for children in Santa Barbara. During this period of his life he spent every available extra moment preparing the land and planting his grapes to ultimately realize a successful vineyard. And with this same enthusiasm and energy he raised his children. His son is a mainstay lineman of the USC football team—1985 Rosebowl champions.

Dr. Hallock certainly has been a pedodontic dental talent. He shows other talent as well in developing and operating a vineyard and winery. His humility, enthusiasm and quest for quality is a hallmark of what life should be all about for each of us when we put aside the mirror and explorer and go on to other endeavors.

THINK ABOUT IT...

Jack Bamrud, D.D.S.

*Taken in part from: Solvang-Wineries  
by Joseph Gstettenbauer, M.D., in  
Community Memorial Hospital Publication  
May 1985.*

## AAPD News

Mel Rowan reported the following news items from the American Academy of Pediatric Dentistry Board of Directors Meeting May 23 and 24, 1985 in Washington, D.C. Although the meeting was over six months ago, these items appear to still be of interest to CSPD members.

1. The Academy planned to develop brochures for membership use in the areas of sealants, fluorides, infant care and adolescent care.
2. Guidelines were to be developed to encourage the use of AAPD logo on personal office publications and stationery as is now done by the AAO.
3. Roche Laboratories had offered to print and mail copies of the new *Guidelines for the Elective Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Pediatric Patients* to all dentists and the American Academy of Pediatricians. The offer was accepted, and a joint cover letter will be included from both academies. Of course, Roche's incentive is to show the legal, dental, and medical communities its interest in public health.

Concern was expressed that the guidelines will be used as standards of care by attorneys even though they are not. But of overriding importance is their use as educational guidelines to protect the public health.

# News From the Dental Schools

This issue will feature the first-year Pediatric Dental Residents.

From USC there is the following news:

**Ronald Johnson**, Chairman of Pediatric Dentistry, has made the beautiful new Pediatric Dental Clinic at USC a reality after much effort. The clinic has new systems under which it functions, including the utilization and teaching of DAU sit-down four-handed dentistry, and a method of sterilization that uses a cassette system for management of dental instruments. The students, faculty, and the patients are all fortunate to have such a fine clinic.

**Robert Valdez**, who completed his USC graduate training in 1985, is working at the Pediatric Dental clinics at USC and Children's Hospital of Los Angeles. He plans to take the California State Board Examination in 1986.

There are five first-year Pediatric Dental Residents at USC:

**Victor M. Alvarez** was born in Mexico City in 1960 and attended the Universidad Autonoma de Guadalajara from 1979-1982. From 1982-1985 he was practicing general dentistry in La Paz. He is married to another dentist, has a baby boy, and enjoys deep sea fishing and hunting. After completion of his training at USC in 1987, he plans to establish an office in La Paz and be part of a cleft palate team.

**Jari Faison** was born in California and attended Cal State University at Los Angeles from 1972-1976. She obtained her dental degree from Harvard University in 1983. Her husband is a physician. She has completed her first year of training at USC in Craniofacial Biology and will receive an M.S. degree in that field concurrent with her receiving her certificate in Pedodontics in 1987.

**Jorge F. Godoy** was born in Boulder, Colorado in 1959, is single, and grew up in Guatemala. He graduated from the School of Dentistry of the University of San Carlos of Guatemala in 1983. His research project involves use of 2% Glutaraldehyde in primary molars with abscesses. Upon completion of the program at USC, he plans to return to Guatemala City and work in private practice and teach at the dental school.

**Osamu Tokiwa** is from Tokyo, Japan, is single, and graduated from Tokyo Dental College in 1984. His research project involves the efficacy of tunnel restoration to compressive loads. For incipient proximal lesions he plans to prepare the tunnel form from the occlusal area,

*Continued on page 7*

# Overhead Expense as Related to the Practice of Pediatric Dentistry

*Robert Friedman, D.D.S.  
Warren E. Brandli, D.D.S., M.S.*

## 1. Introduction:

In past years the pediatric dentist was usually in solo practice. Today many pediatric dentists are in groups, in partnerships, practicing with orthodontists and others are expanding their practice by working with general dentists who cater to the dental needs of the adult family member.

How do these changes affect the overhead expenses of the pediatric dentist? Does the expansion of a practice automatically mean an increase in overhead expense? In an attempt to answer these and other questions, a study group comprised exclusively of pediatric dentists, undertook a survey of their respective practices.

## 2. Pediatric Dental Study Group:

The study group has existed for a period of four years and was formed with the purpose of discussing and solving issues relating to practice management and practice productivity. Each group member is involved in a different type of practice structure and only one member of the group is a solo practitioner. The many different types of practices represented within the group afford a unique opportunity to compare overhead expenses.

Although the members of the group practice in Southern California, the information collected may be of value to all pediatric dentists, especially those who are contemplating the expansion of their practices.

## 3. Survey:

In order to equate the differences in income between the smaller and larger practices, the survey calculations utilized overhead expenses as percentages of the gross collections for each practice. Using this format allowed the group to evaluate practices on a more comparable level.

Prior to group members submitting individual percentage values of their respective practices, an information sheet was sent listing "standard" categories

of overhead expense. Each member then added to this list any expense that was unique to their practice; therefore, the end result was a complete list of overhead expenses pertaining to ten of the practices within the group. In order to standardize the resulting data, the actual survey sheet each member received was accompanied by explicit instructions regarding what specific expenses were to go into each category.

## 4. Results:

Table 1 includes the data obtained from the survey. Under each heading there is a brief practice profile so that comparisons can be made between the various types of practice arrangements. Expense categories are listed in alphabetical order.

## 5. Discussion:

In order to maintain a proper perspective it should be understood that although the percentage in any one category of overhead expense may be similar between a smaller and a larger practice, the actual dollar amount is greater in the larger practice that generates a larger gross collection amount.

Since the number of potential comparisons is substantial the discussion will be limited to those specific areas of probable greatest interest.

One of the most interesting observations within the survey was the fact that regardless of the size of the respective practices there were no large differences in percentages for various overhead categories.

Some areas of overhead percent vary based upon the personal judgment of the practitioners involved. These categories include: "dues and subscriptions," "education," "employee benefits" and charitable contributions.

Differences one would expect related to incorporated and non-incorporated practices include the fact that incorporated practices fund pension and profit sharing plans, an expense not present in an unincorporated practice. We do not find any appreciable difference in the percentage for accounting fees, although there is a notable difference in percentage of expense for attorney fees.

Differences also exist in "auto expense" (item 5). Practice "D" and Practice "G" exhibit higher percentages partly explained by the fact that both of these practitioners travel between two offices and both drive expensive cars which are depreciated.

Another category that demonstrated some difference was "business promotion" (item 7). Practices "A," "B," and "H" receive a high percentage of referrals from physicians and actively promote or market their practices.

In the category of "front office supplies" (item 17), Practice "C" is a computerized office that maximizes the use of

computers for personalized referral letters, special occasions (birthdays, etc.) and numerous studies monitoring the practice. Subsequently this practice utilizes large quantities of computer paper and track-fed forms.

"Laboratory fees" (item 20) were higher in those practices utilizing orthodontists, a result of the cost of appliances. Higher percentages of laboratory fees were also found in practices utilizing the services of general dentists, a consequence of the higher cost of prosthetic cases. Practice "C," although strictly a pediatric dental practice, treats a high percentage of interceptive orthodontic cases that subsequently generate high appliance fees.

In the category of "independent professional salaries" (item 28), this includes only dentist associates: Practice "I" exhibits an extremely high percentage. The general dentist in this practice pays for his own chairside assistant and one-half his laboratory fees. The adjusted figure is closer to 16-17%.

When the overhead expense totals were rounded off for each practice, it was found that two practices operated with a deficit (A and J); four practices had a profit (B, E, F and I—all corporations); and four practices accounted for 100% of their collections. The two practices operating with a deficit utilized borrowed money (over and above gross collections) in order to meet the listed ex-

penses.

## 6. Conclusion:

Based upon the results of this survey, it would appear that as an administrative aid to members of the group there is significant value in comparison of overhead percentages within types of practice arrangements.

The pediatric dentists involved in this study practice in various types of professional formats, making comparison difficult between practices. The use of a "percentage of overhead" concept provided the means of comparison. The members of this Southern California study group hope this information will be of value to other pediatric dentists.

	Practice "A" 1) Ped. Dent. (Corp.)	Practice "B" 1) Ped. Dent. & Assoc. (Corp.)	Practice "C" 1) Ped. Dent. (Non-Corp.)	Practice "D" 2) Ped. Dent. P/Ship 1) Ped. Dent. Assoc. (Non-Corp.)	Practice "E" 1) Ped. Dent., 1) Ped. Dent. Assoc. 1) Ortho. Assoc. (Corp.)	Practice "F" 1) Ped. Dent. 1) Ortho. P/Ship (Corp.)	Practice "G" 2) Ped. Dent. P/Ship 1) Ped. Dent. Assoc. (Non-Corp.)	Practice "H" 1) Ped. Dent., 1) G.P. Assoc., 1) Orth. Assoc. (Corp.)	Practice "I" 1) Ped. Dent., 1) G.P. Assoc. (Corp.)	Practice "J" Multi-Service Partners & Associates (Non-Corp.)
1. Accounting Fees	1.10%	.36%	.70%	1.20%	1.20%	.75%	.74%	1.20%	.70%	.30%
2. Advertising	.10	—0—	1.10	.80	—0—	—0—	.38	.20	.80	—0—
3. Amortization	—0—	—0—	—0—	5.30	.40	—0—	2.39	—0—	—0—	—0—
4. Attorney Fees	1.50	.12	.50	—0—	—0—	.76	—0—	.70	.10	.14
5. Auto Expense	—0—	—0—	1.20	10.20	.80	.39	2.18	1.30	.50	.09
6. Billing Service	—0—	—0—	—0—	2.90	1.20	1.28	—0—	1.40	1.90	—0—
7. Business Promotion	1.50	2.57	.40	—0—	.80	.07	.99	2.00	.10	.30
8. Burglar Alarm	—0—	—0—	—0—	—0—	—0—	—0—	—0—	—0—	.20	—0—
9. Charitable Contrib.	—0—	1.91	.30	—0—	—0—	.03	—0—	.10	—0—	—0—
10. Collection Expense	.20	—0—	.04	—0—	—0—	.03	.04	—0—	.10	—0—
11. Computer Expense	2.90	1.01	3.40	—0—	—0—	—0—	—0—	3.00	—0—	2.80
12. Dental Supplies	6.00	4.55	5.30	6.00	3.80	7.11	4.13	5.20	4.10	4.50
13. Deprec. & Amort.	3.30	6.73	2.40	5.40	4.90	1.01	5.29	2.30	1.60	.70
14. Dues & Subscrip.	1.00	1.79	.80	.90	.50	1.70	.51	.20	.40	.09
15. Education	.88	.88	1.30	—0—	.60	1.03	1.02	.40	.20	.36
16. Employee Benefits	2.30	1.66	3.90	.40	—0—	1.47	.98	—0—	1.90	1.17
17. Front Office Supply	2.90	2.15	4.60	1.40	1.70	1.48	1.46	3.10	1.50	1.90
18. Insurance	.90	1.00	.70	1.40	1.60	3.04	.63	3.00	.60	.57
19. Interest	.30	1.30	—0—	.90	.30	—0—	—0—	.10	.20	1.00
20. Lab. Fees	1.10	.72	3.20	—0—	1.50	1.79	.47	4.00	4.20	8.50
21. Laundry	—0—	—0—	.20	.20	.10	.14	.21	.50	.50	.20
22. Payroll Taxes	2.90	2.75	2.80	2.40	1.70	.98	3.05	4.00	2.30	3.90
23. Pension Plan Contrib.	13.10	8.08	—0—	—0—	5.70	13.00	—0—	5.00	3.00	—0—
24. Rent	6.40	6.38	2.70	7.10	3.00	2.56	6.78	10.00	3.70	2.06
25. Repair & Maint.	3.50	1.47	1.10	.20	.40	.30	.53	1.00	1.70	.44
26. Salary—Principals	28.40	21.50	30.60	13.50	22.20	29.00	32.37	16.00	25.50	22.07
27. Salary—Staff	22.50	17.50	19.00	27.00	19.00	24.01	22.30	18.00	14.60	30.00
28. Salary—Ind. Prof.	—0—	7.95	7.70	8.20	17.20	—0—	9.74	14.00	26.30	16.60
29. Taxes	.40	1.57	1.00	.40	1.30	.41	—0—	.80	.40	.67
30. Telephone	1.40	1.32	1.00	3.20	.80	1.44	1.24	1.00	1.30	1.16
31. Utilities	—0—	—0—	.90	—0—	—0—	.65	.85	—0—	.90	.17
32. Misc. (parking, etc.)	1.10	—0—	2.90	1.20	2.60	1.10	1.72	1.40	—0—	5.00
<b>Total Expenses</b>	<b>105.60%</b>	<b>95.25%</b>	<b>99.70%</b>	<b>100.20%</b>	<b>93.30%</b>	<b>95.54%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>99.30%</b>	<b>104.69%</b>

# "Pedodontics" is Now "Pediatric Dentistry"

Due to the efforts of A.A.P.D. it is now official: the specialty of "pedodontics" will now be referred to as "pediatric dentistry." Resolution 2 has been recently adopted by the ADA; it had been submitted by the Council on Bylaws and Judicial Affairs and the Council on Dental Education. The resolution reads as follows:

**2. Resolved**, that the specialty currently designed "pedodontics" be redesignated "pediatric dentistry," and be it further

**Resolved**, that dental educational institutions consider redesignating departments of "pedodontics" as departments of "pediatric dentistry," and be it further

**Resolved**, that the documents and policies approved by the House of Delegates of the American Dental Association which refer to "pedodontics" be amended to reflect the change in designation to "pediatric dentistry," and be it further

**Resolved**, that the Association's *Principles of Ethics and Code of Professional Conduct* be amended by delet-

ing the second paragraph of Section 5-C, Announcement of Specialization and Limitation of Practice, in its entirety and substituting the following new second paragraph:

The special areas of dental practice approved by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral pathology, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics and prosthodontics.

CSPD members should keep the name change in mind when they renew listings in their local yellow page directories.

# AAPD Components Meeting

The component representatives to the American Academy of Pediatric Dentistry met in Colorado in November 1985. The major activity of the component groups was to develop potential changes in the Academy constitution to provide for regional election of directors to provide a geographic selection of the governing body. These proposals were presented to the Ad-Interim session of the AAPD Board the next day and well received. These proposals will be presented at the AAPD annual meeting in May for member comment. If adopted in 1987 it will mean the Academy members of CSPD will have a greater influence on the selection and election of Academy Board members.

There are now seventeen recognized components of the Academy, and twenty-eight other groups have been identified as potential components. CSPD was one of the first three.

The AAPD Board will submit a by-law amendment for member approval to eliminate the requirement of a new applicant to attend an annual session.

Because of Academy efforts, the ADA House of Delegates approved a name change of our specialty from pedodontics to pediatric dentistry. AAPD will inform all major Bell phone companies of this change.

*Mel Rowan, D.D.S.*

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## 1986 AAPD Nominees

Two CSPD members have been nominated for positions in the American Academy of Pediatric Dentists. Dr. David Good has been nominated for Secretary-Treasurer, and Dr. Weylund Lum has been nominated for being a Director.

As many of us know, the Academy has approved the use of absentee ballots. For those who are not planning to attend the AAPD Annual Meeting at Colorado Springs in May and who want to vote, it would be best to request your absentee ballot soon. The AAPD must receive a request for the absentee ballot at least forty-five days in advance of the annual meeting.

## Annual Meeting 1986

The CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS will be holding its 11th Annual Meeting April 3, 4, 5 and 6, 1986. The beautiful Hotel del Coronado and surrounding San Diego area will provide an ideal setting for a fabulous meeting for CSPD members and their spouse/guest.

### ACADEMIC/CLINICAL

#### STEPHEN H. WEI, D.D.S., M.S.

Professor and Head of Dept. of Children's Dentistry and Orthodontics, U. of Hong Kong:

- REVIEW OF SOME ASPECTS OF PEDIATRIC DENTISTRY.
- ORTHODONTIC TREATMENT IN TODAY'S PEDIATRIC DENTAL PRACTICE.

#### JOHN A. YAGIELA, D.D.S., Ph.D.

Professor and Coordinator of Anesthesia and Pain Control at UCLA:

- LOCAL ANESTHESIA REVIEW.
- ANTIBIOTICS IN PEDIATRIC DENTISTRY.
- SEDATION IN PEDIATRIC DENTISTRY.

### PRACTICE EXPANSION/MANAGEMENT

**PAUL A. REGGIARDO, D.D.S.**, will lead an experienced CSPD member panel through a discussion of:

- CREATIVE ARRANGEMENTS WHEREBY PEDIATRIC DENTISTS AND ORTHODONTISTS CAN SUCCESSFULLY PRACTICE TOGETHER.

### SPOUSE/GUEST PROGRAM

Included in the Spouse/Guest registration fee will be a unique enrichment lecture course presented by **VICTORIA DENDINGER, Ph.D.** This course will be presented concurrent with the pediatric dental courses and is therefore an alternate choice for CSPD members to attend.

### OTHER ACTIVITIES

**Exhibitors:** Some exhibitors of commercial products and services we use will be present as sponsors.

**Table Clinics** will be presented by California Graduate Students and CSPD members. Martin Steigner is organizing this event.

**Office Forms Notebook:** We will once again prepare our notebooks and share with one another our updated version of the many helpful and unique office forms we have. Everyone is encouraged to participate. In past years this has been a great success. Mike McCartney is organizing this event.

### RECREATION

The Hotel del Coronado and surrounding San Diego area will offer an endless variety of activities to choose from during the afternoon and evenings.

We will have the traditional Fun Run (organized by Richard Liebig); Tennis Tournament (organized by Kent Payne); Golf Tournament (organized by Dick Pace); a Windsurfing Contest (organized by Geoff Groat); Trapshooting (organized by Dick Metlin); and a social evening activity list (prepared by Suzanne Berger).

**DON'T MISS THIS MEETING!**

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## Office Notebook Project

Again this year at the Annual Meeting, members are encouraged to participate in the sharing of printed materials from their offices. Mike McCartney, who had the original idea for the project, suggests having a staff member update or

put together an office notebook featuring your forms, stationery, brochures, and other printed materials for other CSPD members to view at the Hotel del Coronado.

Continued from page 4

place various materials, and then determine the strength of the marginal ridge to compressive loads. He plans to return to Japan to teach after his training.

**Bradford Garrison Tucker** is from Arcata, California and received a B.A. in Marine Biology from U.C. Berkeley in 1981. He graduated from USC School of Dentistry in 1985 and is married. His research project is to determine if HTLV-III virus is found in pure saliva of hemophilic children with known HTLV-III antibodies in their blood. He plans to return to Arcata to join his father in his pediatric dental practice.

At UCSF there is one first-year Pediatric Dental Resident named **Niel M. Kat-sura** who has lived in the Bay Area for 27 years. He graduated from UC Berkeley and then went to UCSF School of Dentistry. His interest in Children's Dentistry developed more the year after dental school when he associated with a pediatric dentist in Berkeley.

From UCLA there are four first-year Pediatric Dental Residents:

**Stella Koletic** graduated with a D.D.S. degree from the University of Zagreb, Yugoslavia. From her research in 1978, she was awarded the University of Zagreb's Rector's Annual Prize. During 1984-85 she attended the UCLA Preceptorship Program in Orthodontics while also enrolled in the M.S. program in Oral Biology. Stella is married and a mother of an almost two-year-old boy. Along with her Pediatric Dental Residency she is continuing her research in oral biology.

**Nalaya Ramu** was born in Singapore. He attended Kasturba Medical College in Manipal, India, graduating in 1978 with a Bachelor of Dental Surgery degree. He went on to the University of London, England, receiving postgraduate training in dental public health, and then to UCLA as a postdoctoral scholar in Public Health and Preventive Dentistry for one year. Nalaya's hobbies include swimming and sight-seeing.

**Paul K. Seo** was born in Honolulu, Hawaii. After graduating from Iolani High School, he attended Northwestern University in Evanston, Illinois where he earned a B.A. in Integrated Science. He received his D.D.S. from the University of the Pacific School of Dentistry.

**Paul Styrt** did his undergraduate work at the University of California, San Diego in biology. He graduated from Harvard University in 1985 where he received both his D.M.D. and his M.P.H. Paul was involved in two research projects while at Harvard having to do with radiation reduction through use of intensifying screens. Dr. Styrt received the A.S.D.C. Student Achievement Award and the American Academy of Dental Radiology

Student Achievement Award at Harvard in 1985. He is currently doing a three-year residency in Orthodontics/Pediatric Dentistry at UCLA. His outside interests include triathlons, long-distance bicycling, wine-tasting, and traveling.

CSPD extends a warm welcome to all the new residents and hopes to see them and the other Pediatric Dental residents in San Diego at the Annual Meeting in April.

*Bob Dorfman, D.D.S.*

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## Peer Review Committee Report

Consider for a moment the situation in which treatment of a child does not meet the expectations of the parent, and efforts at explanation or correction of the problem fail to resolve the dispute. It happens. It may happen in your office or it may happen after a patient leaves your care. You may be in a position to mediate the dispute yourself or you may never even be given the opportunity to try. You may be right and the parent cannot see a side other than their own position. You may be wrong and you cannot see a side other than your own. The parents' frustration or displeasure reaches a boiling point. Enter the Peer Review System of the California Dental Association—an opportunity for the patient to receive a knowledgeable, informed review of all facts involved in the case and an opportunity for our profession to fairly resolve the disputes that otherwise might lead to legal redress or impaired standing of dentistry in the mind of the public.

How do we (C.S.P.D.) resolve the dispute? As soon as the local component dental society receiving the complaint identifies the treating dentist as a specialty provider, the case is referred to the peer review committee of the appropriate specialty organization—in our case C.S.P.D.—for review. Three individuals, chosen from our 32-member examining panel, are then selected to form a review subcommittee and examining board for the case according to geographic availability. In some cases, C.S.P.D. members that are not normally on our examining panel are asked to serve on a specific case because of geographical needs or special expertise.

This review subcommittee, working according to the strict protocol established by C.D.A., then reviews the facts of the case, including the patient's written

complaint and the dentist's written response. All pertinent treatment records are reviewed (including chart entries, x-rays and study models as appropriate) as well as reports from consulting dentists and/or subsequent treating dentists. The patient is then examined and the treatment or procedures in question are evaluated utilizing C.D.A.'s *Guidelines for the Assessment of Clinical Quality and Professional Performance* to determine quality and/or appropriateness of care. If the dentist under review indicates that he or she wishes to be present before the committee, he or she is interviewed separately from the patient examination.

The committee then meets and, after evaluating all material available, arrives at a determination that is communicated to the patient and treating dentist by letter at a later date.

Last year C.S.P.D. received and resolved 13 cases. Mel Rowan, Santos Cortez, Barry Cantor, Mark Lisagor, Dick Mandelaris, Don Berger, Tim Petit, Laurin Rackham, Roland Hansen, John Faia, Dennis Van Middlesworth, Roger Erickson, and Geoff Groat served on our examining panels and review subcommittees for these cases, for which our acknowledgment and appreciation is hereby given.

*Paul Reggiardo*  
CHAIRMAN, PEER REVIEW

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## Treasurer's Report

As Treasurer, I would like to report that CSPD is financially in good health. At this time the executive board will be assuming more financial responsibility and control of this organization. This should enable us to monitor and place tighter controls on our limited budget. Our income from dues should amount to approximately \$18,000; savings interest and meeting sponsorships will add another \$4000 to give us a total income of \$22,000. Our expenses have been projected for \$22,000. One can see that CSPD's operation is financially very tight.

Our annual meeting in Coronado with average attendance will break even, and with good support from our membership we might even make a few dollars. As the membership dues in every organization goes higher every year, I plan on doing my utmost to keep CSPD's expenses at a minimum. If this can be accomplished, CSPD will not only be the best buy in dentistry but will provide the representation for the California pediatric dentist no other group can do.

*Gerry Kirshbaum*  
TREASURER

# Ad Hoc Committee on Missing and Abused Children Report

The Child Abuse committee has developed new impetus from the tremendous public interest in ways to protect our children from abuse and neglect. Historically, medicine and dentistry have assisted in a variety of ways that have helped to identify and hopefully prevent our children from being subject to such criminal acts.

According to the directives initially received by the AAPD, Dr. Gaynor encouraged the committee to give input to our membership in four general areas. The first area of concern was to make known to our membership the different *clinical techniques* available that are accepted by forensic authorities for identifying people. The choices available for use at this time include photographs, fingerprints, oral photographs, wax bites, impressions, study models, radiographs, dental charting, and bonding of identification microdiscs. The second area of concern was in the *legislative* role. This area hopefully will be shared with the Dental Care Programs Committee under the Chair of Dr. Tom Salman so that the community is aware of our interest and expertise in participating in PTA and local sponsored Child Safety Day Programs. A list of government and community sponsored organizations approved by the National Center for Missing and Abused Children is in our possession but has not as yet been acted upon by the Child Abuse committee. The third area of concern was related to *research*. More will be said about this area in following paragraphs. The fourth area of concentration will be in the area of *continuing education*. This should also include input into our approved advanced education programs so that our members can be called upon by others in the community as experts in the areas of dental neglect and identification procedures.

There are two areas that require immediate action and recommendations. It has been proposed that research protocol for appropriate dental identification techniques be undertaken in a cooperative arrangement with the research sec-

tion of AAPD and the American Academy of Forensic Sciences, Odontology Section. Design of the research will be under the guidance of Drs. Frank Catalanotto and James Cottone of The University of Texas Health Science Center at San Antonio Dental School. Dr. Catalanotto is Chairperson of the Research Section of AAPD and Professor and Chairman, Department of Pediatric Dentistry. Dr. James Cottone is Secretary, American Society of Forensic Odontology, Representative to the ADA, American Board of Forensic Sciences, Odontology Section, and Associate Professor and Head of the Section on Forensic Odontology, Department of Dental Diagnostic Science. At this writing, they are planning preliminary meetings to discuss parameters for study, and more information was anticipated in late 1985.

The second area of immediate action is the AAPD relationship with the ADA in reference to the development of the microdisc and its distribution to the general public. The microdisc is a small disc that is now being manufactured under various names (Micro-ID, ID Dots, Exactident, Co-dent, Circle of Hope) and is bonded to a posterior tooth. They are manufactured with either a code that is stored in a central computer or with information imprinted on the disc that is characteristic for that individual. At this point, no official law enforcement agency has endorsed the concept; however, the Committee on Dental Practice of the American Dental Association has decided to begin manufacture and distribution of the disc to its membership.

The following information is the latest update on the Microdisk Project endorsed by the American Dental Association.

1. The potential microdisk producers have been reduced to one manufacturer. Other producers may enter the field after the first 100,000.
2. The national "hotline" toll-free telephone number is 1-800-ADA-7171.
3. Maryland has been selected as the pilot state for introduction in early 1986.
4. ADIR microdisk will be packaged in lots of 10, numbered sequentially and sold to licensed dentists only through the Association's Order Department.
5. The tradename of the ADIR microdisk will be "DATADISK."
6. The ADIR microdisk is not permanent but is expected to have a useful life of 3 to 5 years.
7. The ADIR microdisk will utilize a microfilm material, be circular in shape and not exceed 2.5 millimeters in diameter. The microfilm will be about the size of a typewritten letter "o." The microfilm will be encased in plastic.
8. The ADIR microdisk will be format-

ted to include:

- a. A unique patient identification number up to 10 digits;
  - b. a national toll-free telephone number; and
  - c. The ADA logo.
9. The ADIR registry will be computerized and contain basic identifying information including patient name, address, telephone number and treating dentist. The registry will not contain medical alert information.
  10. The ADIR microdisk location will be standardized by placing on the middle mesial buccal surface of the maxillary right first molar in adults and the equivalent surface of the most posterior primary molar in children as the first choice of placement.
  11. The ADIR microdisk is bonded to the tooth surface with commercially available composite resin. This procedure takes approximately 10 minutes and requires no pain, drilling or anesthesia.
  12. An electronic scanning device is not necessary to read the information on the ADIR microdisk. Reading can be accomplished with any readily available magnification device and does not require removal of the microdisk.
  13. Dentists will pay \$10 for the disks, and a patient charge possibility could be \$20-\$25.
  14. The cost to the ADA for producing the microdisk will be approximately \$3.55 each but may go as low as \$1.75 in time.

Denis Weintraub, D.D.S.  
CHAIRPERSON  
PROVISIONAL COMMITTEE  
CHILD ABUSE AAPD

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## Happy New Year

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# AAPD Continuing Education

**March 22-23, 1986:** Orthodontics, West-  
in Bellevue Stratford, Philadelphia.

**April 10-13, 1986:** Creating Productive  
Relationships with Patients, Employees,  
and Colleagues. Speaker: Dr. Raf Had-  
dock, Organizational Psychologists. The  
Breakers, Palm Beach, Florida.

**May 24-27, 1986:** Annual Session of the  
American Academy of Pediatric Den-  
tists, Colorado Springs, Colorado.

This schedule does not include the  
Board review courses or the course be-  
fore the Annual Session in May. The  
speaker for the March course was not  
known at the time of this *Bulletin's* dead-  
line.

## Classified Ads

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 con-  
tinue your classified ad, it will automa-  
tically be discontinued.

## 1986 Winter- Spring Meeting Schedule

### ASDC—Southern California Unit

#### Tuesday, February 4

4-6 PM: CPR Recertification Class; 6:30  
Dinner; 8 PM—Dr. Bierle: *Control of In-  
fections and Diseases in the Dental Of-  
fice.*

#### Tuesday, April 1

Dr. Patrick Turley: 2-6 PM—*Early Ortho-  
dontics for the Children's Practitioner;*  
6:30 Dinner; 8 PM—*Role of the Pedo-  
Ortho Specialist.*

#### Tuesday, June 3

Spouse/Guest night  
6:30 Dinner; 7:30 Dr. Lillian Glass: *Selling  
Yourself.*

Meetings are held at the Fish Shanty  
Restaurant in Beverly Hills, and reserva-  
tions can be made with the ASDC (South-  
ern California Unit) Executive Secretary at  
(818) 883-2732 or (818) 348-6505.



*It's unwise to pay too much, but it's unwise to pay too little, too. When you pay too much, you lose a little money, that is all. When you pay too little, you sometimes lose everything because the thing you bought was incapable of doing the thing it was bought to do. The common law of business balance prohibits paying a little and getting a lot. . . It can't be done. If you deal with the lowest bidder, it is well to add something for the risk you run, and if you do that, you will have enough to pay for something better.*

John Ruskin  
1819-1900

English essayist, critic and  
reformer



## Practice Related Research

Dear CSPD Members:

There have been several attempts in  
the past to stimulate practice related re-  
search in our Society. Up to now, re-  
search has existed in the pedodontic de-  
partments of the various teaching insti-  
tutions. A good part of these projects  
has involved graduate students. The Pro-  
fessional Activities Committee has been  
given the responsibility of extending and  
sharing knowledge and expertise in pe-  
dodontics. The committee will gladly co-  
ordinate research among private practi-  
tioners and help graduate students in  
schools with their various projects.

We will encourage research in both  
sectors by offering research grant mon-  
ey. As there is a limited amount of mon-  
ey available to graduate students and  
private practitioners, a formal proposal  
must be submitted to the committee.  
The sponsored research must be written  
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 applica-  
tion, please apply to the Professional  
Activities Committee in care of:  
Daniel Brostoff, DDS, Chairman  
6226 1/2 W. Manchester Avenue  
Los Angeles, CA 90045  
(213) 670-3677

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## Welcome New Members

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 JONATHAN M. GEDAN, DDS, 12840 Riverside Dr., Studio City, CA 91607  
 STEVEN H. NERAD, DDS, 501 Birmingham Rd., Burbank, CA 91504

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