



TENNESSEE

MAY/JUNE 2022 VOLUME 28, ISSUE 3

DENTAL

ASSOCIATION NEWS

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BOARD OF TRUSTEES *Report*

APRIL 2, 2022



The Board of Trustees met in a hybrid format of both in-person and video conference on April 2, 2022 and conducted business of the TDA.

Actions of the Board:

Dr. Jay Davis, Treasurer, presented the TDA Financial Statement as of February 28, 2022, which was reviewed and received by the Board.

Motion approved to propose a \$25 dues increase in 2023 to the House of Delegates.

Motion approved the Budget & Finance Committee's proposed budget of \$1,692,814 which will be considered at the House of Delegates.

Motion approved to amend the Bylaws regarding the composition of the TDA Relief Fund Trustees to be the Association President-elect, Association Secretary, Association Treasurer, Chair of the Council on Membership, Communications and Relief, and the Association Executive Director. A resolution will be proposed to the House of Delegates.

Motion approved to amend the Bylaws to remove responsibility for the TDA Relief Fund from the Council on Membership, Communications and Relief. A resolution will be proposed to the House of Delegates.

Motion approved to recommend for House approval the members of the councils and committees as submitted by Board trustees.

Motion approved to dissolve the Editor Search Committee.

Motion approved to endorse YM Career Centers.

Reports to the Board:

Dr. Angela K. Burns, Tennessee Dental Wellness Foundation liaison, updated the Board on the activities of the TDWF. Dr. Burns reported that they are actively working with forty-six clients and expect that number to increase in post-COVID re-engagement. Dr. David Sain, Executive Director, has traveled widely across the state to speak and/or meet clients. The TDWF's biggest financial need is associated with the support needed to serve dental assistants and dental hygienists.

The trustees were asked to explore their districts for someone to serve on the TDA Insurance Agency Board of Directors to fill an upcoming opening.

Ms. Andrea Hayes, Executive Director, presented a membership report as of March 31, 2022, as well as the Members Pending Cutoff list. Ms. Hayes encouraged trustees to review their district MPC list and make personal contact to encourage renewal.

Ms. Hayes reported that registration is strong for TDA Connect – the 155th TDA Annual Session – and that exhibits are sold out. The sponsorship goal has been exceeded. Bravura will be utilized again this year for electronic registration and the conference app.





President Susan Orwick-Barnes reported that the Nashville Dental Society won the 2021 Outstanding District Award, which will be presented at the House of Delegates. This award, based on membership numbers from the previous year, gives points to districts based on market share, total dentist members, women/minority members, new dentist members, and council/committee participation.

Dr. Mitch Baldree, President-elect, said that the 2023 annual meeting agreement has been signed with the Renaissance Nashville Hotel for May 11-13, 2023. The venue for the board retreat this summer is yet to be determined.

Ms. Hayes' Executive Director report included:

- TDA webinars have launched with one on March 22 and another scheduled for April 19th.
- Component Society Officer Training is scheduled as a Zoom meeting on May 19th at 5:30 p.m. Central Time.
- Ms. Lisa Johnson has been hired part-time as an administrative assistant.
- Ms. Sara Moorehead has been hired full-time as a marketing coordinator to give support while Ms. Lourdes Arevalo is on maternity leave and will continue

afterward in marketing as well as legislative areas.

- The Feathr campaign has proven to be a good investment with registrations and data.

The 2023 annual meeting agreement has been signed with the Renaissance Nashville Hotel for May 11-13, 2023



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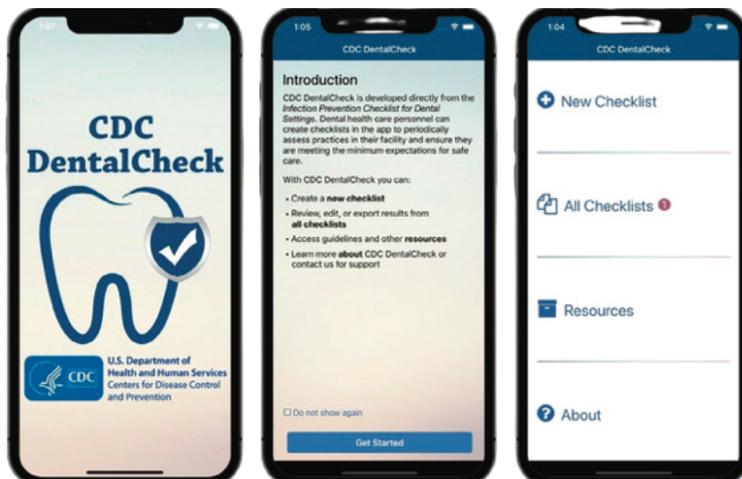
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CDC mobile app allows users to review basic infection prevention principles

Centers for Disease Control and Prevention developed free offering

Dental health care personnel can use the mobile application CDC DentalCheck to periodically assess their practices and ensure they are meeting the minimum expectations for safe care.

The free app, developed by the Centers for Disease Control and Prevention, puts the Infection Prevention Checklist for Dental Settings in an easy-to-use format for use on a phone or tablet. The app allows users to review basic infection prevention principles and links to full recommendations and source documents for dental health care settings. It also has the capability to export or save results and notes for records management.



Dental health care personnel can use the mobile application CDC DentalCheck to periodically assess their practices and ensure they are meeting the minimum expectations for safe care.



MAY 2022 VOLUME 28, ISSUE 3

Executive Editor: Andrea Hayes
Managing Editor: Lourdes Arevalo
Editor: Amy Williams

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Dr. Hope Watson
Second District Dental Society

"Annual session is a fun time to get your staff out of the office and be able to enjoy camaraderie while getting your CE requirements. Friends, high quality CE, and team building!"



Dr. Rick Kinard
Fourth District Dental Society

"It's my opportunity to give back to the association and the profession that has given me so much. It also provides an opportunity for me to make it better for future generations."



Dr. Chip Clayton
Nashville Dental Society

"I have learned more about the business of running a practice through interactions with colleagues than I have ever learned through the years of dealing with consultants. [The interactions] are one of the most valuable things that I find when attending."



Dr. Raj Kshatri
Nashville Dental Society

"It's always great to support our state and the meetings that they put on."



Dr. Jeannie Beauchamp
Eighth District Dental Society

"I get to find out what the latest products and ideas in dentistry are. You can interact with other dentists and find out what they've used, how well it's worked or not worked and use all of that information in your practice when you're back home."



Dr. Candice Coleman
Eighth District Dental Society

"Seeing our colleagues in person, people who are going through the same struggles and celebrations as we are, is incredibly refreshing."



Dr. Steven Zambrano
Memphis Dental Society

"Knowing the new and latest science findings and things we can share with our patients to afford better patient care."



Dr. Kaleb Page
Memphis Dental Society

"Meeting other dentists, like-minded individuals, networking and relationship building."

welcome

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NEW MEMBERS!

We are excited that you have chosen to make the ADA, the TDA and your local components part of your journey. By being part of the ADA community, you've made the choice to power the dental profession.

We're working to bring you useful resources that can help you balance your patients, your practice, and your life. From the latest clinical guidelines to financial management tools like insurance and retirement plans, you'll find what you need to keep your work and life on track.

If there is anything we can do to enhance your membership experience, call us at 615.628.0208 or email tda@tndentalassociation.org.

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Second District Dental Society

Dr. James Muscari
Dr. Stephen Fowler

Fourth District Dental Society

Dr. Cason Roberson
Dr. JoKeidre Butler

Nashville Dental Society

Dr. Ly Nguyen
Dr. Katherine McKittrick
Dr. Robert McDowell
Dr. Brian Crump
Dr. David McNutt
Dr. Megan Girmscheid
Dr. Matthew Smith

Sixth District Dental Society

Dr. Carol Montee

Memphis Dental Society

Dr. Cimara Ferreira
Dr. Dasirae Sieh
Denise Martin



Mid-South Mission of Mercy Delivers Care to West Tennessee

SPONSORED BY THE MEMPHIS DENTAL SOCIETY

The Mid-South Mission of Mercy (MidMOM) provided a free, two-day dental clinic for under-served and under-insured children and adults in Memphis and the surrounding area. Treatments offered included cleanings, x-rays, restorative fillings, and extractions.

Since 2016, MidMOM has provided over 5.9 million dollars' worth of dentistry to more than 10,000 patients in the greater Memphis area with the help of nearly 10,000 volunteers.

Thank you to all the dentists and members in our state who gave of their time for this cause.

ARE YOU RECEIVING EMAILS FROM THE TDA?

MEMBER EMAIL ADDRESS UPDATE

If you have unsubscribed to TDA emails in the past you may be missing important information from the TDA and the ADA. Each week, the TDA issues sends a news bulletin with numerous alerts to keep members informed of the latest updates at the local, state, and national level.

If you have not been receiving emails from the TDA, please make sure to check your spam or junk mail folder and mark **tda@tndentalassociation.org** as a safe sender. To be included in the mailing list or to update your email address please email us at **tda@tndentalassociation.org**



In Memoriam

The TDA honors the memory and passing of the following members:

Dr. Earl Keister Jr.

He was a member of the American Dental Association, the Tennessee Dental Association, and the Second District Dental Society.

Dr. James LaMar Dugan

He was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. Royce Dewayne McBride

He was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. E. "Mac" Edington

He was a member of the American Dental Association, the Tennessee Dental Association, and the Eighth District Dental Society.

Dr. Ronald Johnson

He was a member of the American Dental Association, the Tennessee Dental Association, and the Seventh District Dental Society.

NUMBERS TO KNOW

American Dental Association
(800) 621-8099 or (312) 440-2500

Tennessee Board of Dentistry
(615) 532-5073

Tennessee Department of Health
(615) 741-301

Tennessee Dental Association
(615) 628-0208 | Fax: (615) 628-0214
tda@tndentalassociation.org

> Staffed Component Societies

First District Dental Society
Executive Secretary: Brooke Bailey
(423) 552-0222
firstdistrictdental@gmail.com

Second District Dental Society
Executive Director: Diane Landers
(865) 919-6464
sddsoffice@gmail.com

Chattanooga Area Dental Society
Executive Director: Rhonda Jones
(423) 886-9191
info@Chattareadent.com

Nashville Dental Society
Executive Director: Kristen Stewart
(615) 628-3300
director@nashvilledental.org

Eighth District Dental Society
Executive Secretary: Ruby Batson
(931) 245-3333

Memphis Dental Society
Executive Director: Delaney Williams
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DENTIST MISDIAGNOSES

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MARIO CATALANO, DDS, MAGD | FROM OUR PARTNERS AT MEDPRO

BACKGROUND

Unfortunately, in the practice of dentistry, a cluster of symptoms may indicate more than one disease condition. The dentist must identify which condition is the source of the problem and treat it appropriately. In this interesting case from the Southwest, the dentist's conclusion was incorrect, resulting in a lost opportunity to treat the problem at the optimal time.

CASE DISCUSSION

The patient, a 16-year-old male who was generally healthy, had recently completed orthodontic treatment by a specialist. His parents brought him to a large dental group for follow-up after the orthodontic treatment, and he was assigned to Dr. J, a general dentist who was new to practice.



At the initial appointment, a complete set of intraoral radiographs was taken to complement the panoramic study previously done by the orthodontist. After a clinical examination and a review of the radiographs, it was determined that the patient had a significant number of carious lesions. Dr. J formulated and discussed a treatment plan with the patient's parents, and subsequently they scheduled a series of appointments with Dr. J.

Dr. J had prioritized the order in which he would restore the problem teeth, and, accordingly, at the first treatment visit he placed deep composite restorations on teeth 9 and 10. The patient missed his next appointment, but about one month later he presented with vague pain in the left maxillary region. Dr. J evaluated the patient's symptoms that included a slight sensitivity to percussion of teeth 9 and 10, but thought the pain probably resulted from a large carious lesion on tooth 15. He treated tooth 15 with a large composite restoration.

About 10 days later, the patient again presented with pain in the left maxillary region from tooth 9 to 15. Dr. J noted that teeth 9 and 10 were slightly mobile, so radiographs were taken, but they were inconclusive for periapical pathology.



KEEPING BONES STRONG AND HEALTHY

LET'S TALK ABOUT OSTEOPOROSIS

Our bones are alive. We might not think of them that way—but to keep themselves strong and usable, our bones are always changing. “Bone is living, growing tissue,” says Dr. Joan McGowan, a scientist at NIH. “It’s constantly breaking down and building up. It keeps refreshing itself.”

fracture, a break in one of the small bones in your back, may be subtle and go unnoticed. Or it may cause back pain, which you shouldn’t ignore.

“A large part of osteoporosis and fracture risk is inherited,” says McGowan. “If close relatives



OUR BONES ARE ALIVE. WE MIGHT NOT THINK OF THEM THAT WAY—BUT TO KEEP THEMSELVES STRONG AND USABLE, OUR BONES ARE ALWAYS CHANGING.

But as you get older, your bones may be at increased risk for osteoporosis (oss-tee-oh-pore-OH-sis), when the bones become weak, fragile and more likely to break. And once they break, they take longer to heal. This can be both painful and expensive.

Current estimates suggest that around 10 million people in the U.S. have osteoporosis, and 34 million more have low bone mass, which places them at increased risk.

Osteoporosis is a “silent” disease. You may not realize you have it until a sudden strain, twist or fall causes a broken bone (also called a “fracture”). With osteoporosis, even a minor tumble can be serious, requiring surgery and hospitalization.

If you have osteoporosis, you can get a broken bone even though you haven’t fallen—by shoveling snow, for example. A spinal

fracture in their later years, this may be a clue to think carefully about your own risk. But diet and physical activity are major ways to build and maintain the best possible skeleton.”

NIH-funded research shows that childhood is the best time to build up bone tissue. Most bone is built by age 18 in girls and 20 in boys.

Start with a well-balanced diet rich in calcium and vitamin D. Most of our bone is made of a rigid protein framework. Calcium (a mineral) adds strength and hardens that framework. Vitamin D helps the intestine absorb calcium.

Calcium is found in many foods, but the most common source for Americans is milk and other dairy products. One 8-ounce glass of milk provides about one-third of the recommended intake for younger children and about one-fourth of the recommended intake for teens.



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Your body makes vitamin D in the skin when you're out in the sun. Some people get all they need from sunlight, but others need to take vitamin D pills.

Physical activity is also important for building bone. The more work bones do, the stronger they get. That's why it's so important for kids to run and play.

"There is good evidence," says McGowan, "that you can build the best skeleton by doing physical activity in childhood: jumping rope, playing basketball and running around. The trend now—of not having physical education in school and playing computer games instead of tag—may be a serious threat to bone health."

But no matter what your age, McGowan says, "It's never too late to promote bone health."

Increase your load-bearing exercise, like walking, and make good food choices, rich in calcium and vitamin D.

Unfortunately, some factors are beyond your control. Women are more likely to have osteoporosis and related fractures, particularly Caucasian and Asian women.

Osteoporosis becomes more common as you get older. Low body weight can also increase your risk. And so can certain medications (such as steroids) and certain diseases and conditions (such as anorexia nervosa, rheumatoid arthritis, gastrointestinal diseases, thyroid disease and depression).



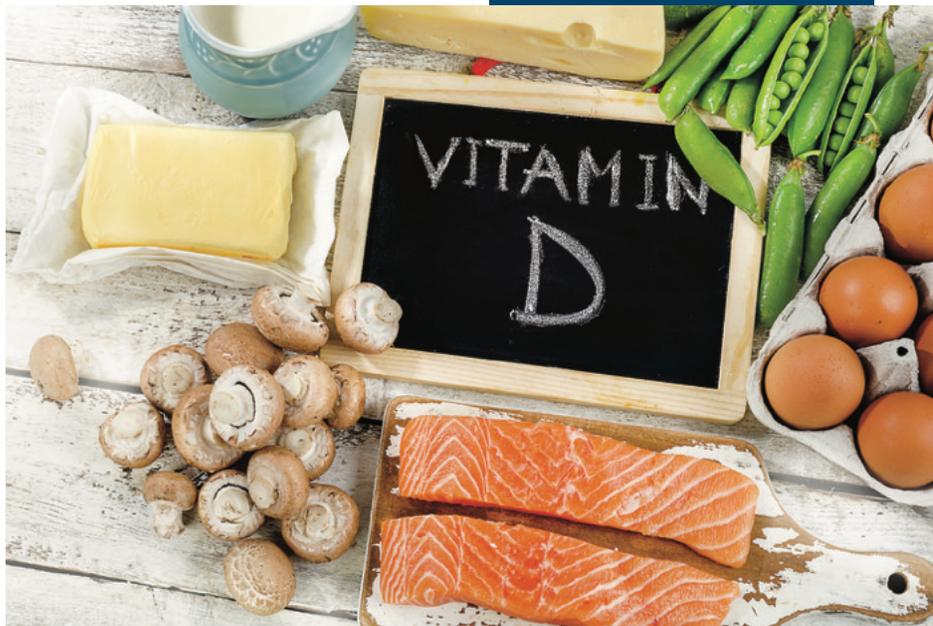
BUT NO MATTER WHAT YOUR AGE, MCGOWAN SAYS, "IT'S NEVER TOO LATE TO PROMOTE BONE HEALTH." INCREASE YOUR LOAD-BEARING EXERCISE, LIKE WALKING, AND MAKE GOOD FOOD CHOICES, RICH IN CALCIUM AND VITAMIN D.



PHYSICAL ACTIVITY IN CHILDHOOD

"There is good evidence," says McGowan, "that you can build the best skeleton by doing physical activity in childhood: jumping rope, playing basketball and running around."

BONE HEALTH TIPS



“But even if you have osteoporosis, you can do things to prevent fractures,” McGowan says.

Talk to your doctor well before the age of 50 about your risk. One out of 2 women and 1 out of 4 men over age 50 will break a bone due to osteoporosis.

“We know that all women over the age of 65 should have a bone mineral density test,” McGowan says. The test uses a tiny amount of radiation to look at how dense your bones are. It isn’t painful, and there’s usually no need to undress. However, she says that researchers haven’t yet come up with universal recommendations about when you should get this test. That depends on your risk factors.

“We need to make sure that all involved in this disease—patients, physicians and scientists—maintain an awareness and progress in combating it,” says NIH-funded scientist Dr. Sundeep Khosla of the Mayo Clinic.

So ask your doctor about osteoporosis. And don’t forget to mention the medications you’re taking that might increase your risk.

Remember that osteoporosis remains silent—until there’s a fracture. “A big red flag is when a person over age 50 has a fracture of any kind,” McGowan says. “Doctors should follow up.”

Your bones are so important. They support you and allow you to move. They protect your heart, lungs and brain from injury. They’re a storehouse for vital minerals you need to live. Your bones take care of you in so many ways. Learn to take care of them.

Source: NIH News in Health. For the latest news from the National Institutes of Health, part of the U.S. Department of Health and Human Services, visit newsinhealth.nih.gov

Research shows that there are several ways to take care of your bone health:

- Get enough calcium and vitamin D in your diet at every age.
- Be physically active.
- Reduce hazards in your home that could increase your risk of falling.
- Talk with your doctor about medicines you are taking that could increase your risk for osteoporosis.
- If you are over 50 and break a bone, ask your doctor to screen you for osteoporosis.



“TALK TO YOUR DOCTOR WELL BEFORE THE AGE OF 50 ABOUT YOUR RISK. ONE OUT OF 2 WOMEN AND 1 OUT OF 4 MEN OVER AGE 50 WILL BREAK A BONE DUE TO OSTEOPOROSIS”



NEW DENTIST CORNER

What does it mean to be a dentist?

I have spent the last six years of my career working in public health, and the first three years were a couple of short stints working in mobile dentistry visiting nursing homes, a couple of different private practices, “Medicaid offices” and suburban offices with all the latest technologies. Out of all of those, public health was my favorite.

However, I knew from dental school that at some point I would want to end up in academia. I used to daydream about someday becoming a “dental school counselor”: having students come to my office to vent about the stressors of school. I would think about all my favorite professors and how their concern for me buoyed me through school, and I wanted to do that for future students.

I knew academia was my goal, but I also love patient care. There is a moment, right before you hand a patient a mirror to see your handiwork in creating their new smile, when you know they are going to be so happy. I loved hearing patients say, “No one has ever explained it to me like that” or, the ultimate, “I didn’t even feel the shot!” I loved all that.

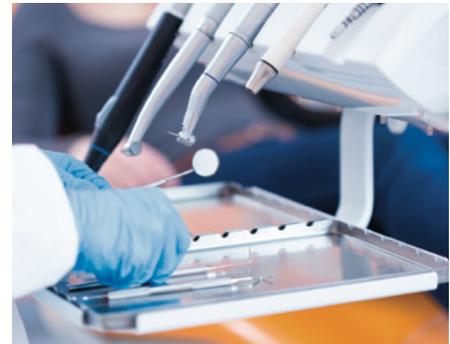
But as I walked to my car on my last day at

my previous job, I felt a finality that I wasn’t expecting to feel. It was a feeling I hadn’t experienced before: relief.

I cried the whole way home talking to my significant other about how I was going to miss my coworkers, the best team I had ever worked with, how I was going to miss the feel of the drill in my hand, and how I wasn’t sure that entering academia, even though it was what I thought I always wanted to do, was going to be what I was imagining.

Was it going to be a situation of thinking that the grass would be greener on the other side only to be disappointed?

In patient care, the buck stops with us. The decisions rest on our shoulders. The Yelp reviews reflect us, no matter who in the office it might have been about. Our assistants make sure things are set up the way we want them. We are in control. We love to help our patients. We get a lot of glory and respect (sometimes undue) out of it. I was scared of losing that glory. I was going to miss having my assistants have things ready for me and set up the way I like. I was going to miss feeling like the queen bee. Yes, I said it.



As much as we talk about how a career in dentistry affords us so many options, most of us pretty much end up doing the same things: full-time patient care. There seems to be a formula coming out of school: work as an associate for a large practice for a couple of years, and then go into private practice without really thinking if that really is what is best for us, our personalities and lifestyles.

In a previous job I was an adjunct faculty for a dental school. It wasn’t uncommon to hear graduating seniors talk about going into private practice by being someone’s associate first and eventually buying the practice. I feel like I can safely say, this is all we think there is or maybe specializing (and opening our own practice). Even when meeting people outside of work, upon finding out that I am a dentist they will inevitably ask, “Do you have your own practice?”



Of course, we go in to dentistry to do dental work BUT, what actually makes you a dentist?

I was talking with a friend one day recently and asked, “Am I still a dentist or am I a professor now?” I pictured filling out paperwork in some random situation, and in the section where it asks “occupation” I thought “I don’t think I can put dentist anymore.”

We really celebrate the dentists who have lucrative practices. We celebrate the dentists who have huge staffs, multiple locations, and the latest technology. We don’t celebrate (as often), the dentists who go into public health. We don’t celebrate the dentists who work in prisons. We don’t celebrate the dentists who go into radiology or oral pathology. We don’t celebrate the dentists who go into academia. We don’t celebrate the dentists who are associates for the span of their career.

One of my mentors, whom I worked for one summer after my freshman year of college, had her own practice for years. She ended up selling it to become an associate for another dentist part time. She also worked in a prison part time, stating that she was tired of the business side of dentistry.

I met a dentist who practiced for a few years after graduation and realized she didn’t like patient care. She now works for Crest and loves it. How can a new grad/young dentist explore the options of their career if we keep holding the successful private practices up as the pinnacle of success for our profession?

Full-time in-patient care is not for everyone. I fear for dental students who come out of school, get a job as an associate in an office that just isn’t a good fit. Maybe the next office isn’t either, and begin to feel like something is wrong with them. They then scroll through social media and see how well their classmates appear to be doing and feel worse.

I look at myself as an example in my newly burgeoning career in academia and think “am I still a real dentist?”

I recently was looking through a dental magazine with the eponymous “40 under 40.” There were a few dentists who were lauded for their success in the public health setting, but the vast majority were private practice owners.

To be honest, I had a fleeting moment where I thought, “I’ll never be that.” And yet, in my heart I love what I do; I am proud of the choices I have made in my career, but the list made me feel less than for a few minutes.

New dentists: the degree and the diploma are what make you the dentist, and unless you have some heinous/grave issue that comes up, you will always be a dentist. You get to decide the trajectory of your career. If you have been out and don’t like patient care, do something else. Please don’t look at your colleagues and feel like you are beholden to the full-time private practice, eventual practice owner path to be the definition of success.

Let us truly celebrate the options in our career. Spend some time alone. Maybe this means not talking to dental friends and colleagues, or maybe getting off social media for a little bit. Take a hard look at your life and career to figure out who you are, what your needs are, and what you really want out of life and your career. How much money do you really need to be happy and to live the life you want?

I had no idea how much patient care was affecting me until I was at the dental school on the clinic floor, working with students, and I realized I didn’t have a million thoughts swirling around in my head. I didn’t how it was affecting me until I realized that I felt physically lighter and unburdened. Like I said, I LOVED being in patient care.



DR ELIZABETH SIMPSON

For me, that old adage of “do what you love and you’ll never work a day in your life” came true when I started in academia. I don’t feel like I’m at work. I would even go so far as to describe the feeling as, when I’m on the clinic floor, at peace. People tell you to open your own practice to be able to do things “your way” and to not have to answer to anyone. That is fine. We are not all built to carry the weight of stress that comes with being a practice owner, and that’s OK.

Life is short, but you don’t know until something comes along to show you how short it is. A classmate of mine passed from cancer last year in his early 40s. Can you imagine if he had spent his years practicing unhappily because of feeling like his career should have looked a certain way? You are the captain of your ship. Make it a ship that fits your individual journey.

Let us truly celebrate our career and all the options and versions of success it provides us.

*This article originally appeared December 13, 2021 in the ADA New Dentist Now blog, newdentistblog.ada.org
Dr Elizabeth Simpson is a general dentist from Indianapolis, Indiana. She attended Tufts University School of Dentistry for her dental education. After graduation, she did a one-year General Practice Residency at Meharry Medical College School of Dentistry. She is now a clinical assistant Professor at Indiana University School of Dentistry. She is a member of the American Dental Association Council on Advocacy for Access and Prevention, on a diversity task force with the Indiana Dental Association, and a guest blogger with the ADA New Dentist Now Blog.*

CLASSIFIEDS

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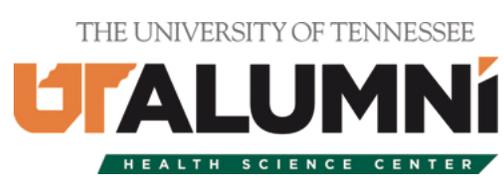
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