

Register NOW

2011 Annual Conference

San Diego, California

July 28 - 30, 2011

2011 IACA Newsletter
Presented By:



PRABU'S POINTS

FIGHT FOR FREEDOM CONTINUES.....AN UPDATE

In the past issues I described the publication of papers proclaiming a "TMD standard of care" that is based on a psychosocial medical management model of TMD. This is the position of the AADR (American Association for Dental Research) and the AAOP (American Academy of Orofacial Pain). Both of these organizations are predominantly comprised of dental school professors and researchers. This "standard" has already been cited by insurers and trial attorneys as an "ADA standard of care" after it was published in JADA (Journal of the American Dental Association) last September. Once established, it will make ANY TMD treatment that effects occlusal changes "sub-standard." This would mean predictable and non-surgical TMD treatment based on NMD philosophies that we provide every day to rescue lives diminished by unrelenting TMD symptoms - would be considered "sub-standard" as well.

This is the background for our efforts with ADA leaders described before. One of our requests was to publish a position paper of the IACA in JADA as a counter point - to what they published as the position of the AADR - even including the statement proclaiming it as "closest to a standard of care."

Our paper was only 4 pages long summarizing a comprehensive view of TMD including NMD. There were 169 literature references to support just about every sentence. Yet, it was rejected by the reviewers who, the editor told me, are picked based upon their publishing history. I have no doubt that they are all academicians who are members of the AADR, AAOP, or both. Is this an unbiased review? The JADA Editor said twice that he is not an expert on orofacial pain. His criteria of expertise is only based upon papers published. I have written appeal letters and made phone calls to ADA leaders to correct this injustice to our patients that are helped through TMD care based on NMD philosophy and technology. So far we have not succeeded.

"A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because

its opponents eventually die, and a new generation grows up familiar with it." - Max Planck (German physicist 1858-1947)

Can we afford to wait for the next generation? Can we allow this psychosocial medical management paradigm to become the "standard of care?" If your answer is a resounding NO; then bring your friends that are on the sidelines to join our IACA. Strengthen our voice to fight this injustice. Come to IACA San Diego with your friends to hear Dr. Bob Jankelson who will speak on the politics and science of NMD over the last 40 years. He was scheduled a year ago, long before JADA published Dr. Greene's report. Come hear Bob give an account of the battles NMD has gone through to survive the many attacks.

It is our turn now to step up to the task of carrying the torch forward. See you in San Diego - with a few of your dentist friends as new members!

- Prabu Raman, DDS, MICCMO, LVIM



[SUBMIT YOUR CASE NOW](#)

THE BOARD OF DIRECTORS

Prabu Raman

Anne-Maree Cole

Dianne Benedictson

Mark Duncan

Dan Jenkins

Drew Markham

Randy Jones

Joe Barton

S. David Buck

Jim Harding

Chong Lee

Manisha Patel



EDITORIAL

Dan Jenkins, DDS, LVIF,
FACD, FICD, CDE-AADE
Certified Dental Editor - American
Association of Dental Editors

What Will You Do?

The recent disaster in Japan brings to mind that it is best take preventive action against potential disasters. The IACA meeting is in San Diego California this year and of course California is known for frequent earthquakes. Of course with an earthquake you never know for sure where it will strike – there is no early warning system for earthquakes like there is for Hurricanes or Tornadoes in the United States. If you are not in an “earthquake resistant” building you may be crushed by the weak building falling down on you. If you are outside you may have power poles or out of control cars strike you – or the ground open up beneath you. There are earthquake guidelines you can read on the Internet and since earthquakes can happen anywhere on our planet you may want to read up on them.

There are potential earthquakes for IACA members also. Many of us have become complacent in practicing neuromuscular dentistry for our occlusion philosophy. We have become comfortable knowing that the ADA had approved neuromuscular devices many years ago. However, last September we felt a tremor! A “fault” that had been pretty dormant for 15 years let go...and we felt it. The potential was that if the damages from this shaker were not taken care of quickly our “earthquake resistant” neuromuscular philosophy might be outlawed and our IACA organization might be dissolved! (If you are not aware of what happened 15 years ago, attend Dr. Robert Jankelson’s lecture at IACA San Diego.)

The “faulty” article in question has been quoted by insurance carriers as well as faultily referred to by an expert witness -Even though he quoted the wrong journal. This will continue until there is an official statement by the publishing organization that they in fact do not set any standards of care. The many letters that were written by our IACA members, as well as members of other organizations, has helped to bring this issue to the attention of the leaders of organized dentistry and the discussions continue. Thank you to everyone for helping in this matter.

If neuromuscular dentistry were to be banned – would you still practice neuromuscular dentistry? Knowing what you know now, would you attempt other treatments that you know will not work or ... just refer them to a TMJ clinic? What if the patient is your mother, sister, child, or spouse? (And, your K7 and J5 were sitting in the closet because you could not sell them.)

What will you do to help keep the neuromuscular philosophy and the IACA from crumbling in any future “shakers?” One interceptive action to take to prevent such a catastrophic event from happening to you is to be a part of us – the IACA. The idea of an organiza-

CONTINUED ON PAGE 3

Abstract Alley

Sahag Mahseredjian, DMD



Review of matrix metalloproteinases’ effect on the hybrid dentin bond layer stability and chlorhexidine clinical use to prevent bond failure.

Moon PC, Weaver J, Brooks CN., *Open Dent J.* 2010 Jul 20;4:147-52. Link: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3040992/?tool=pubmed>

The dentin-collagen hybrid bond layer degradation takes place due to Matrix Metalloproteinases (MMPs) that are released through the acid etch and rinse adhesives and the self-etching adhesives. This can reduce the bond stability over time. Chlorhexidine has the ability to prevent bond deterioration by inhibiting the MMP action. Chlorhexidine 2% is applied after the etching and rinsing of the tooth surface.

Temporomandibular disorders and declarative memory.

Yang D, Ye L. *Med Hypotheses.* 2011 May;76(5):723-5. Epub 2011 Feb 26. Link: *Temporomandibular disorders and declarative memory. [Med Hypotheses. 2011] - PubMed result*

Temporomandibular disorder (TMD) is a somatic manifestation of stress. Previous researchers suggested hypothalamic-pituitary-adrenal

CONTINUED ON PAGE 3

Attention IACA Members:

Cranio: The Journal of Craniomandibular Practice

Cranio is a quarterly journal very open to Neuromuscular Dentistry. For over 28 years, Cranio has published the best of current NMD research. Doctors such as ICCMO Master and Board Regents member as well as IACA member Dr. Tammarie Heit had an article published in the January 2011 issue. The articles and editorial board reflect a multidisciplinary approach to the diagnosis and treatment of temporomandibular disorders. Cranio is today’s journal for the Neuromuscular Dentist. As a member of the IACA you are eligible to receive a subscription to Cranio at the significantly reduced rate. The 2011 cost is \$99.00/year (US Residents) for either print or online subscriptions or \$120 usd/year (International). This is a savings of close to 35% off of the regular subscription price. I strongly urge you to subscribe. To receive your discount subscription price, please call Donna with Cranio at 1-800-624-4141 and start receiving your Cranio magazine in April. Click [HERE](#) to view the magazine online.

Sincerely,

Joe Barton, DMD, LVIM
TMD Alliance, Chair Elect
IACA, Founding President





OH TWO? Ask Dr. Allman

Questions on Dental Sleep Medicine answered by
Dr. Brian Allman, DDS, DABDSM, DAAPM, FAACP,
FAGD, FASGD, FICCMO, FAAFO, FIAO.

Q. Why should a dentist need to attend so many hours of courses on sleep disorders? If the patient's MD sends a request to have an oral sleep appliance made, doesn't that cover me enough?

A. We are treating a very deadly disease more common than diabetes or asthma with potentially deadly consequences. Dentists are not trained to diagnose nor manage the serious co-morbidities of OSA such as CVD, COPD, diabetes, metabolic syndrome and many others. Our advantage is to embrace medicine and work collaboratively to identify the OSA suffers, refer appropriately and co-manage effectively. OSA is a disease of craniofacial anatomy and our medical community has published articles asking for our help. Let's not circumvent proper diagnosis and protocol, let's work together for the better health of our patients.

Q. I delivered a Somnodent for a patient and now he wakes up with a "stabbing pain in my right eardrum". This is without any further advancement from the original bite. The original bite was taken end to end with the Airway Metrics system.

A. It is quite possible that you started him a bit too far forward and/or with excessive vertical dimension. Did you confirm that your initial positioning was comfortable? Also, what did your pretreatment palpation reveal? It is possible that an underlying TMJ degenerative joint disease or TMJ arthralgia was present and in those cases you want to be a little careful about protracting the mandible too far initially. An inflamed styloid process and its 5 associated muscles and ligaments might also account for the ear pain (palpation?). Again, be sure to re-re-re-confirm the comfort of your initial positioning. If retracting the painful side fails to resolve the patient's complaints, you may want to take a new bite and have it reset. Either Inomethacin, 75 mg bid with food (if the patient has no stomach/gastritis sensitivity) or Celebrex, 100-200 mg bid for 7-10 days, will help manage the flare up in the meantime.

Keep on learning!
Brian

FUTURE IACA MEETINGS

2011 Annual Conference
Manchester Grand Hyatt
July 28 - 30
San Diego, California

2012 Annual Conference
The Westin Diplomat
July 26 - 28
Hollywood, Florida

2013 Annual Conference
TBD
July 22 - 24
Calgary, Alberta

2014 Annual Conference
Red Rock Casino & Spa
July 24 - 26
Las Vegas, NV

2011 IACA CONFERENCE

FIND YOUR PLACE IN THE SUN!



July 28-30, 2011
Manchester Grand Hyatt
San Diego, CA

TO MAKE RESERVATIONS OR FOR MORE INFORMATION, PLEASE CLICK HERE OR CALL 888.421.1442 [GROUP CODE LVI]

What Will You Do? - CONTINUED FROM PAGE 2

tion is that there is synergistic strength in numbers. This means numbers in organizations that have strength – both to help and to hurt you. The ADA is an organization that is really for all dentists regardless of the level or type of dentistry they practice. It represents the basic dentistry which is what all dentists have coming out of dental school. It also has many lobbyists to inform congressmen and legislatures on dentistry positions. (This is also true of all national dental organizations.) Thus, if you want your voice to be heard it would be to your advantage to be a member of the ADA or like organization.

The IACA is taking a pro-active stance in regard

CONTINUED ON PAGE 4

Abstract Alley - CONTINUED FROM PAGE 2

(HPA) axis hyperactivity in TMD, through which TMD patients exhibited abnormalities of the stress response hormone - causing additional cortisol release. Increased cortisol, the principal circulating glucocorticoid in humans, would impair memory retrieval of declarative material. This effect on memory retrieval may in particular be due to glucocorticoid receptors (GR) in the hippocampus. The hypothesis we proposed is that TMD might result in declarative memory impairment by increasing the cortisol.

Continuous transcutaneous submental electrical stimulation in obstructive sleep apnea: a feasibility study.

Steier J, Seymour J, Rafferty GF, Jolley CJ, Solomon E, Luo Y, Man WD, Polkey MI, Moxham J., Chest. 2011 Mar 31.[Epub ahead of print]
Link: Continuous transcutaneous submental electrical stimulation in obstructive sleep apnea: a feasibility study

Ultrasound was used to measure contractions of the genioglossus muscles when stimulated by TENS. Esophageal and gastric pressures were measured with balloon catheters and transesophageal diaphragm electromyogram during a polysomnography study in 11 patients with OSA. During stimulations snoring decreased and oxygenation improved. The RDI fell from 28.1 to 10.2/h. It was concluded that the TENS of the genioglossus does contract the genioglossus muscle and thus reduces the "ventilatory load and neural respiratory drive in patients with obstructive sleep apnea."

IACA MEMBER SPECIAL! OfficeMax Retail Connect Card

LVI Global is pleased to announce we are now extending the LVI OfficeMax discount on to you, IACA Members. You can now go to any of the 900+ OfficeMax stores in North America and get the same discounted rate we get - **UP TO 70% OFF**, available on both print projects and select office supplies.

Here's How it Works:

1. Click [HERE](#) to download and print your OfficeMax Retail Connect Card.
2. Take printed copy of OfficeMax Retail Connect Card to your local OfficeMax to be laminated.
3. Place orders for print or select office products, Click [HERE](#) to see listing of discounted products.
4. Click [HERE](#) to find an OfficeMax near you.
5. Receive commercial discounted rates.

We hope you find this program as beneficial as we do!

What Will You Do? - CONTINUED FROM PAGE 3

to the ADA in regard to protecting the rights of all of our members to practice the occlusion philosophy they wish. Many of our members are already members of the ADA and Prabu and I informed the ADA leaders of that when we met with them in Chicago. Of course one way to strengthen the IACA position with the ADA is to show them the number of members we have and of their involvement in the IACA and the ADA. This will strengthen the IACA's "neuromuscular dentistry's voice to the ADA" to be more effective!

I encourage all past, present, and future IACA members to attend the meeting in San Diego if at all possible. One reason of course is because you will learn so much while having a great time with like minded professionals in a great location. Another reason will be to make a show of the IACA flag to others observing us. If you would like to help the IACA and yourself prevent further "earthquake" damages – be there. If we do not stand together our destruction will be our own "fault!" Now...what will you do?

Dan Jenkins, DDS, LVIF, FACD, FICD, CDE-AADE

Congratulations to Dr. David Schmidt, who won an iPad 2 pre-loaded with video from the 2010 Boston Conference! He was entered into the drawing after registering for the 2011 IACA Conference.



GET INVOLVED for 2012!

We have only 4 new spots available for the 2012 IACA board. Apply now and you can become an integral part of the best conference in Dentistry today! If it's not your thing but know someone who would make an outstanding board member, please encourage them to apply. Time is running out so don't wait!

Click [HERE](#) for more information.

The International Association of
Comprehensive Aesthetics
1401 Hillshire Drive, Suite 200
Las Vegas, NV 89134
866.NOW.IACA www.theIACA.com

The opinions expressed in this newsletter are those of the author(s) and do not necessarily represent those of the IACA. The IACA does not assume liability for contents of advertisements.