

# VA DENTAL

## JOURNAL

WE CAN'T LEAVE  
DENTISTRY TO CHANCE



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## RECOGNIZE, PREPARE AND ADVOCATE

Dr. Scott Berman

As I opined in our last *Journal*, the only constant in life is change. However, it is also true that the more things change, the more they stay the same. Paradoxically, they can both be true at the same time. It's also true that, to quote Georg Hegel, "We learn from history that we do not learn from history." Just days before writing this column, we all witnessed history repeat itself in eastern Europe as a Russian tyrant attacked the peaceful Ukrainians. By publication, I'm sure things will change, and I don't know how this tragedy will end, but I do know it will have historical significance. Dentistry can draw lessons and inspiration from the calamity in Ukraine. The lessons involve recognizing threats, preparing to address those threats head-on, and educating and uniting dentists and the public around the issues related to those threats. And your Association continues to do an excellent job recognizing, preparing and advocating.

Most recently, the VDA had its annual Grassroots Day on the Hill. Lobby Day, as it's now known, was preceded by a Legislative Reception the night before that was well-attended by legislators. Dentists braved the threat of snow and traveled to Richmond. Our primary initiatives were to increase dental Medicaid general funding and in particular to increase the eligible age for pediatric sedation. Both succeeded in each chamber of the legislature and await final budget negotiations. Several bills that would have adversely affected dentistry have fortunately been eliminated. When we speak with one voice and work together success is possible.

On the regulatory front, there are also some threats. The Board of Dentistry is considering a new regulation that would have requirements built around

sterilization training and record keeping for each practice. These duplicate existing OSHA regulations and would add unnecessary work and costs for dentists but would do nothing to protect our patients or staff. We have advocated against this measure and hope to resolve this challenge soon. Also, we are working with the Board of Dentistry to shape the future of any teledentistry rules and regulations around the treatment of obstructive sleep apnea.

Change is also constant at the VCU Dental School. There is a new dean at the dental school, and I look forward to fostering an improved relationship between the Association and the school. I want the school and the VDA rowing in the same direction and working together to enhance the students' careers and advance our profession. Recently, I heard from the school that the hygiene class size will increase fifty percent. This is a small change, but in the right direction.

I'd be remiss if I didn't at least mention the pandemic. I'm hoping in my next address to have no mention of the pandemic and you remember the pandemic as the dog that didn't bark. The Governor has instructed the Department of Labor and Industry to not enforce any pandemic related rules and as you know, most requirements are relaxed by now. We had recently released our latest Back to Work Guidelines, but these too may be moot by publication. Nevertheless, I think the pandemic has transformed the way we practice and live.

Finally, I'd like to talk about our upcoming state meeting at the Williamsburg Lodge, September 15-18. This will be our first chance to get together in-person in three years. I'm very excited for this event. The new format of our re-branded meeting,

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***"The lessons involve recognizing threats, preparing to address those threats head-on, and educating and uniting dentists and the public around the issues related to those threats."***

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"The Virginia Dental Showcase" will be strictly CE and social events, with no House of Delegates. I'd like to invite everyone to the Saturday night party. Our entertainment that night will "showcase" dentists' talent. We will be having a "Gong Show" during the party. (If you're too young to know the Gong Show, watch a few clips on YouTube) So, I'd like to invite all members, talented and not so much, to consider trying out for that competition.

To sum, life is still change, the pandemic sucks less, and war is an abomination. We hope to have the wisdom to learn from history.

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## UNDER THE INFLUENCE

Dr. Richard F. Roadcap

The evening of October 30, 1938 brought US radio listeners a reading by actor Orson Welles of H.G. Wells's science fiction novel, *The War of the Worlds*. For months prior, Americans agonized over reports of conflicts and pending hostilities in Europe. When the broadcast aired on CBS radio, many at home thought they were hearing a news report of an actual invasion of the US. Pandemonium erupted in many cities, despite the disclaimers that the radio account was fictional and not a news report. The backdrop of war in Europe, and the failure of many listeners to hear the show's opening remarks, contributed to the hysteria that ensued. To this day the extent of the panic has been debated, although the *New York Times* of October 31 headlined "Radio Listeners in Panic, Taking War Drama as Fact." This drama unfolded decades before the advent of television and the internet as sources of public information.

***"What defines an influencer? Social media influencers are defined as 'people who have built a reputation for their knowledge an expertise on a specific topic.' "***

The internet, and more specifically, social media have been great disrupters in the way we receive and process information. The practice of dentistry, and the science

needed to support our profession, have not been immune to this phenomenon. I'd wager that every one of our readers has one or more social media accounts, and many use these forums to enhance their clinical and scientific knowledge. Recent years have seen the emergence of "influencers", personalities who employ multiple channels to attract subscribers interested in hearing about all things dental, and otherwise.

What defines an influencer? Social media influencers are defined as "people who have built a reputation for their knowledge and expertise on a specific topic."<sup>1</sup> This particular site goes on to say, "Brands love social media influencers because they can create trends and encourage their followers to buy products they promote." By this analysis, we see a marriage of reputation and the promotion of a product.

If you think dental influencers are laboring in some dark corner of cyberspace, anonymous to the great mass of practicing dentists, consider this list of 12 popular presenters<sup>2</sup>, from the website Cloud Dentistry:

1. Dr. Jason M. Auerbach aka BTG (Bloody Tooth Guy)
2. Dr. Helen Mo aka the Dentist Mom
3. Dr. Hina Malik aka Dr. Teeth
4. Richard Chwalek (Niche Dental)
5. Dr. Milad aka Singing Dentist
6. Gary Takacs
7. Dr. Thomas P. Connelly
8. Hack Dentistry
9. Ann Marie Gorczyca, DMD, MPH, MS
10. Dr. Rhona Eskander

11. Dr. Gregory Cole (Flap's Dentistry Blog)
12. Fred Joyal

The followers of influencers are many: Dr. Malik boasts 118,000 subscribers on YouTube, Dr. Milad 151,000, and Dr. Mo attracts over 90,000 to her Instagram page. Numbers (of followers) alone don't tell the whole story. Another closely watched metric is the "engagement rate", which measures the involvement of followers with the content, and the effectiveness of a brand campaign.<sup>3</sup> Therefore, a personality with fewer subscribers may be more influential because his or her followers are more likely to be engaged. Many of you will recognize Mr. Takacs as a practice management expert who has presented webinars under VDA's sponsorship.

I make no argument for, or against, the contribution of dental influencers to our profession. But here's my point: while we hibernated during the COVID-19 pandemic of the last 24 months waiting for a prominent CE speaker to come to town, the entire process of obtaining and disseminating information related to the practice of dentistry has changed. Hotel seating and chicken cordon bleu lunches may soon be a memory of days gone by. Only a phone is needed to attend a meeting or a webinar, and access the endless amounts of content available online. Virtual CE has gone from being a bit player to a starring role.

Corresponding with a young colleague by email, I remarked that some of the influencers in my career were Drs. Gordon Christensen, Joseph Massad, and Stanley Malamed. He may have thought me outdated or out-of-touch, but kindly refrained. American psychologist

>> CONTINUED ON PAGE 6



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Rollo May said in 1991 “Technology is the knack of so arranging the world that we do not experience it.”<sup>4</sup> Will Dr. Auerbach, whose 176,000 followers on Instagram rival ADA membership, be seen as dentistry’s Orson Welles, or the next Dr. Christensen? Welles won an Academy Award in 1942 for writing *Citizen Kane*. The years ahead may tell us if technology robs us of our experience or complements it.

**References**

1. [What is an Influencer? - Social Media Influencers Defined \[Updated 2021\] \(influencermarketinghub.com\)](https://influencermarketinghub.com)
2. [12 Dental influencers you need to follow now \(clouddentistry.com\)](https://clouddentistry.com)
3. [The Most Important Social Media Metrics to Track | Sprout Social](https://sprout-social.com)
4. May, Rollo. (1991). *The Cry for Myth*. W.W. Norton.

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# THE ASDA TO ADA MEMBERSHIP CHALLENGE

Gary D. Oyster, DDS; ADA Trustee, 16th District

I was invited and recently attended an ASDA 4th District meeting in Charleston, South Carolina. Sammy Huynh and Jenna Chun were gracious hosts and really made me feel welcome. The meeting had 300 dental and pre-dental students in attendance. The schools represented were UT, VCU, ECU, UNC, MUSC, UGA, and Meharry. The enthusiasm and camaraderie for ASDA among the members was intoxicating.

I spoke for a few minutes and shared some thoughts about how ASDA has evolved since 1971 when it was formed. In the early years dental school leaders were not supportive of the organization fearing it might overly influence school policies. Today most deans and schools are supportive, even giving financial support to allow students to attend the National ASDA meeting.

Dr. Daniel Hall, an MUSC graduate and recent New Dentist member of the ADA Board of Trustees, did a great job as the keynote speaker. He shared his journey from student, to associate, to practice owner and tied it all together with financial advice.

Heartland, Pacific, and Aspen sponsored many events and had dentists representing their DSOs speak to the students. To my surprise, the ADA had no official representation and did not sponsor any events.

The reality is that many new dentists are going to choose the DSO practice modality and the ADA has to figure out how to support their choice and have them join the ADA. The ADA is not competing with the DSOs for employment but must improve the alignment of services, programs, products, and resources to meet the needs of all

***“The reality is that many new dentists are going to choose the DSO practice modality and the ADA has to figure out how to support their choice and have them join the ADA.”***

new dentists. The ADA must do this to have recent graduates stay sustaining members after the first year when dues are free.

The membership after the first year goes from 98% to the 40-50% over the next couple of years. This will make the ADA unsustainable in the future.

One of the goals of the ADA is to have strategic forecasting which, with new platforms, will do a better job predicting what programs should continue, and which programs should be discontinued. This will be influenced by the needs of the new and seasoned members, not what the ADA offers. I think of it as grassroots input.

Digital transformation continues to move forward and the new ADA.org Salesforce will become a core platform and a replacement for the Aptify membership system. The hope is that young dentists will view these changes as welcoming and will encourage them to be sustaining members.

The ADA must meet this challenge or membership will drop below 50% by 2030 if the current downward trend is not reversed. We must be nimble and agile to meet this challenge.

# LETTER TO THE EDITOR

William J. Bennett, D.D.S.

A recent VDA leadership vote to combine the Ethics & Judicial Affairs Committee and the Peer Review Committee was made. The decision also reflected a modification of VDA's bylaws. There is concern that this decision should be reevaluated ASAP.

Voting delegates were advised members involved with these committees were contacted and agreed that joining committees was an appropriate vote to make. This was not the case. For example, Peninsula Dental Society Committee members, who are also on the VDA Committees, were not consulted. From phone calls and correspondence I received, other state committee members and leaders were caught unaware and surprised with the decision.

**It appears the activities and need for these committees are not apparent to VDA's leadership. Here are some relevant items:**

- Streamlining is a worthwhile goal and benefit. But to do so, similar procedures must be possible for its success. It was presented that there was considerable overlap between the two committees. I disagree. There is not a large commonality. Peer Review is primarily clinically based, involving conflicting interpersonal relations, usually with specific patients. Ethics is based on the ADA's Principles of Ethics and Code of Professional Conduct which is a

professional legal standard dealing mainly with dental professionals. The skills and knowledge to be effective is different. The ADA does not see the two as similar. For that reason, if this decision stands, formation of two subcommittees probably will be necessary and the combination of these two committees will not be more efficient.

- Lack of activity in either committee was presented. It is not the goal of either of these committees to advertise or disseminate what is transacted. Confidentiality and positive results are the goals of these committees. It might appear that not much takes place or is achieved but that is because the Committees do their jobs well. Right now, there are two ethics cases and three Peer Review cases underway.
- Lack of attendance and support from dentists was presented. Until COVID-19 arrived, the Ethics Committee was well supported. Membership involved all components (until the Richmond component could not locate a volunteer), Dr. Carlos Smith and students from VCU. At times, guests were present to discuss various topics. VCU students have written VDA Journal articles. While I cannot comment on Peer Review, with the advent of ZOOM it should be easier to have attendance at any meeting. Is it not more advantageous for the VDA to have more members

involved instead of cutting back which will occur with a merger?

- What message and benefit will be achieved by minimizing these committees? Ethics is the basis for any honorable profession. The VDA has earned recognition with the ADA's Golden Apple Award. VDA is regarded as one of the top states in regard to Ethics. Our protocols and procedures are provided to other states. Our Peer Review Committee has been instrumental in solving issues quietly. I can attest to that since a patient issue of mine was resolved due to their expertise. I am sure many of us feel the same about having that specialized committee in place.

There are many that would like to see a reevaluation of the change. Why not just go back to what was working well and concentrate on any need to improve instead of working on re-inventing a new wheel that probably will not turn as well? The Bylaws can be changed back. If it was voted in, it can be reversed. In the meantime, the committees should work on what is suggested is in need of improvement, while doing what they have been doing well for decades. I hope some serious consideration can be given by VDA staff and leadership to resolving the present situation. There is business to conduct. This change is throwing a wrench into our work.



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# FACTORS INFLUENCING ORTHODONTISTS' INTEREST IN UTILIZING TELEHEALTH POST-COVID

Dr. Brennan R. Alford <sup>a</sup>, Dr. Bhavna Shroff <sup>b</sup>, Dr. Caroline K. Carrico <sup>c</sup>

## Objectives:

1) To investigate orthodontists' interest in providing care via telehealth and 2) to investigate which aspects of care orthodontists are willing to perform via telehealth technologies.

**Methods:** An original electronic, cross-sectional survey was sent to members of the American Association of Orthodontists (AAO) in June of 2020 during the reopening phase after widespread state lockdowns. Responses were summarized using descriptive statistics. Differences in interest relative to provider and treatment characteristics were assessed with chi-square tests.

**Results:** Respondents indicated an overall average agreement and awareness of telehealth for orthodontic practice. Current use of telehealth was significantly associated with self-reported percent of cases treated with aligners ( $p$ -value=0.0043). The most agreement with incorporating telehealth technologies in practice was for monitoring treatment progress in clear aligner patients (0.95 on a scale from -2.0 to +2.0) followed by retention (0.79) and elastic wear (0.88). The strongest disagreement was for monitoring a patient who underwent extraction (-0.32).

**Conclusions:** Overall interest in utilizing telehealth in orthodontics remains low. Providers who treat higher percentages of patients with in-office aligners report more interest in utilizing telehealth technologies. Providers are most interested in using telehealth to monitor aligner treatment progress, retention, and elastic wear.

## INTRODUCTION

As a key step in limiting the spread of COVID-19 following widespread

lockdowns in the spring of 2020, the Centers for Disease Control and Prevention (CDC) advised oral health care professionals to implement tele-dentistry and triage protocols. The CDC stated that tele-dentistry options should be used as alternatives to in-office care when possible.<sup>1</sup> Some orthodontists referred to this necessary shift to tele-dentistry as the "new ergonomics," describing the increasing need to utilize technology to limit in-office visits, and to select appliances that require fewer activations or adjustments.<sup>2</sup> These "new ergonomics" required an adjustment to provider's attitudes, habits, and preferences.<sup>2</sup>

Tele-medicine encompasses the use of telecommunication technology to aid healthcare professionals in diagnosis and treatment from a remote location. Two main methods are distinguished by a real-time interaction between patient and professional. Real-time telemedicine utilizes video conferencing, or simply a phone call, to provide live patient interaction with a physician. Store-and-forward, or asynchronous tele-medicine, involves patient information that is uploaded to a secure data-base and accessed by a healthcare professional at a later time.<sup>3</sup> The terms tele-medicine and tele-dentistry, as they apply to orthodontics, can also be called tele-orthodontics or simply "telehealth".

This purpose of this study was to examine the attitudes of orthodontists toward telehealth technologies in June of 2020, during the reopening phase in the United States after many states implemented lockdowns of various severities and durations. The aims of this study were to investigate orthodontists' interest in providing care via telehealth and which aspects of care orthodontists were willing

to perform via telehealth technologies. Secondly, provider characteristics that influenced differences in preference and perceived utilization of telehealth were evaluated.

## MATERIALS AND METHODS

An original electronic, cross-sectional survey was created and sent to 2,199 members of the American Association of Orthodontists (AAO) in June of 2020. The Research Electronic Data Capture (REDCap), self-report survey consisted of 32 questions regarding the use of telehealth technologies as they apply to orthodontics. The project was deemed exempt of Institutional Review Board (IRB) approval by the Virginia Commonwealth University Office of Research and Innovation. Individual completion and submission of the survey was considered consent to participate in the study.

The survey consisted of 5 sections. The first was a section on demographics. The second section was an Awareness and Application section containing questions regarding awareness, current use, and plans to implement telehealth technologies with answers on a 5-point Likert scale from -2 (Strongly Disagree) to 2 (Strongly Agree), yes and no, and multiple choice. The third section was focused on interest in using telehealth while monitoring treatment with responses on the same 5-point Likert scale and multiple choice. The fourth section was focused on interest in using telehealth during active treatment with responses on the same 5-point Likert scale, and multiple choice. The fifth section was focused on interest in using telehealth to manage emergencies, with responses on 5-point Likert scale. A comments box was included at the conclusion of the survey. Responses were summarized using

descriptive statistics. Means and standard deviations were used to summarize continuous measures (Likert scale responses, percent of cases treated with each modality) and counts, and percentages were used for categorical measures (including demographics, awareness, current use, etc.). Differences in interest relative to provider and treatment characteristics were assessed with chi-square tests. An unequal variance t-test was used to compare the percent of aligner cases based on provider's current use of telehealth technologies, and analysis of variance (ANOVA) was used to compare percent of aligner cases based on plans for future use of telehealth technologies.

## RESULTS

The survey received 83 responses indicating a response rate of 3.8%. The demographics of the 83 respondents are given in Table 1 and, despite the low response rate, were representative of the expected distribution of orthodontists in the United States. The majority were male (58, 70%), private practice owners (63, 76%), with roughly equal representation across the regions. In comparison, the AAO reports that 72% of practicing United States orthodontists are males, 28% are females, and 79% are private practice owners.<sup>4</sup> The average percent of patient cases treated with fixed appliances was 75.4% (SD=18.6) and 22.8% with clear aligners (SD=19.0) (Table 2).

When respondents were asked of their awareness of telehealth technologies for orthodontic practice, the average response was 1.5 (SD=0.69) on a scale from -2 (Strongly Disagree) to 2 (Strongly Agree), indicating overall average agreement and awareness of telehealth for orthodontic practice. The average response for interest in

**Table 1. Characteristics of Responding Orthodontists and Their Practices**

	n	%
<b>Age</b>		
34 or younger	8	10%
35-44	26	31%
45-54	25	30%
55-64	24	29%
<b>Graduation Year</b>		
Before 1990	13	16%
1990-1999	26	31%
2000-2009	19	23%
2010-Present	25	30%
<b>Gender</b>		
Male	58	70%
Female	24	29%
Prefer not to answer	1	1%
<b>Practice Setting</b>		
Private Practice Owner	63	76%
Full or Part-Time Associate	4	5%
Corporate Practice	2	2%
Academic Institution	14	17%
<b>Community</b>		
Town/Small City (2,500-50,000)	28	34%
Large City (50,000-500,000)	36	43%
Metropolitan (more than 500,000)	19	23%
<b>Region</b>		
Great Lakes	9	11%
Mid-Atlantic	4	5%
Midwest	13	16%
Northeast	5	6%
Pacific Coast	12	14%
Rocky Mountain	7	8%
Southern	23	28%
Southwestern	10	12%

**Table 2. Average Reported Use of Treatment Modalities**

Average Percent Distribution of Patient Treatment Modality (Mean, SD)	
Fixed Appliances	75.4 (18.6)
Clear Aligners	22.8 (19.0)
Other	2.1 (4.0)

utilizing telehealth technology was 0.80 (SD=1.1) on the same scale. Forty-seven respondents (57%) reported using telehealth technology and 19% had no intentions to implement telehealth in the future (n=16). Nine respondents (11%) planned to implement in 1-2 years and 8 (9%) planned to implement in 3 or more years (Table 3). Neither current use (p-value=0.9983) nor plans to implement (p-value=0.6681) were significantly associated with the community size where the orthodontist practiced.

Current use of telehealth was significantly associated with the self-reported percent of cases that were treated with aligners (p=0.0043). Practices that currently use telehealth had an average of 27.8% (95% CI: 21.6-34.0) of cases treated with aligners compared to 16.6% (95% CI: 12.0-21.2) for those who do not currently utilize telehealth. When comparing the plans to implement telehealth, there was also a significant association with the percent of cases that were estimated to be treated with aligners (p =0.0001). Categories were combined due to small sample sizes (Table 3). Those who planned to implement telehealth within the next 5 years treated an average of 25.5% of cases with aligners (95% CI: 20.5-30.4). For those who did not plan to implement telehealth within the next 5 years, only 11.7% of cases were treated with aligners (95% CI: 6.9-16.4). Current use and plans to implement were not significantly associated with gender or graduation year (p>0.05).

Respondents were asked to rate their agreement with incorporating telehealth technologies for various patient and treatment aspects (on a scale from Strongly Disagree, scored as -2, to Strongly Agree, scored as 2). The highest average agreement was 0.95 (Agree) for

monitoring treatment progress with clear aligner patients. Statements for which providers scored the closest to "Agree" (scored as 1) were those regarding aligners (0.95 and 0.81), elastic wear (0.84 and 0.88), and monitoring retention (0.79). The lowest average agreement was for a patient who underwent extractions, with -0.32 (Neutral-Disagree). When asked to rate their agreement with managing trauma or a feeling of loose teeth, the average agreement was less than 0 (Neutral). Figure 1 displays the average agreement (SE) for the various treatment characteristics.

## DISCUSSION

A transition to telehealth for appointments where telehealth is reasonable offers both advantages and disadvantages for orthodontists when compared to traditional in-office care. A primary benefit for practice owners is the decreased overhead from reduced PPE usage, reduced staff time and chair time,<sup>5</sup> reduced waiting times for patients,<sup>6</sup> and a potential reduction in the frequency

of appointments for patients treated with aligners, expanders, or functional appliances. Telehealth could also facilitate appointments between patients and providers who have tested positive for COVID-19 or who are symptomatic from other illnesses.<sup>5</sup>

There are also significant drawbacks to the application of telehealth in orthodontics. These include limitations to analyzing photos taken by lay people,<sup>6</sup> the requirement for technical proficiency from both patients and providers,<sup>5</sup> frustrations with technical difficulties slowing or impairing communication,<sup>5</sup> the need for new workflows,<sup>5</sup> and security implications for the confidentiality of data.<sup>8</sup> A major challenge to implementing telehealth with patients in active fixed appliances is simply that these appliances do not lend themselves well to prolonged periods of time between appointments. A possible exception to this is if brief appointments are required to simply monitor hygiene or trouble-shoot issues.<sup>7</sup>

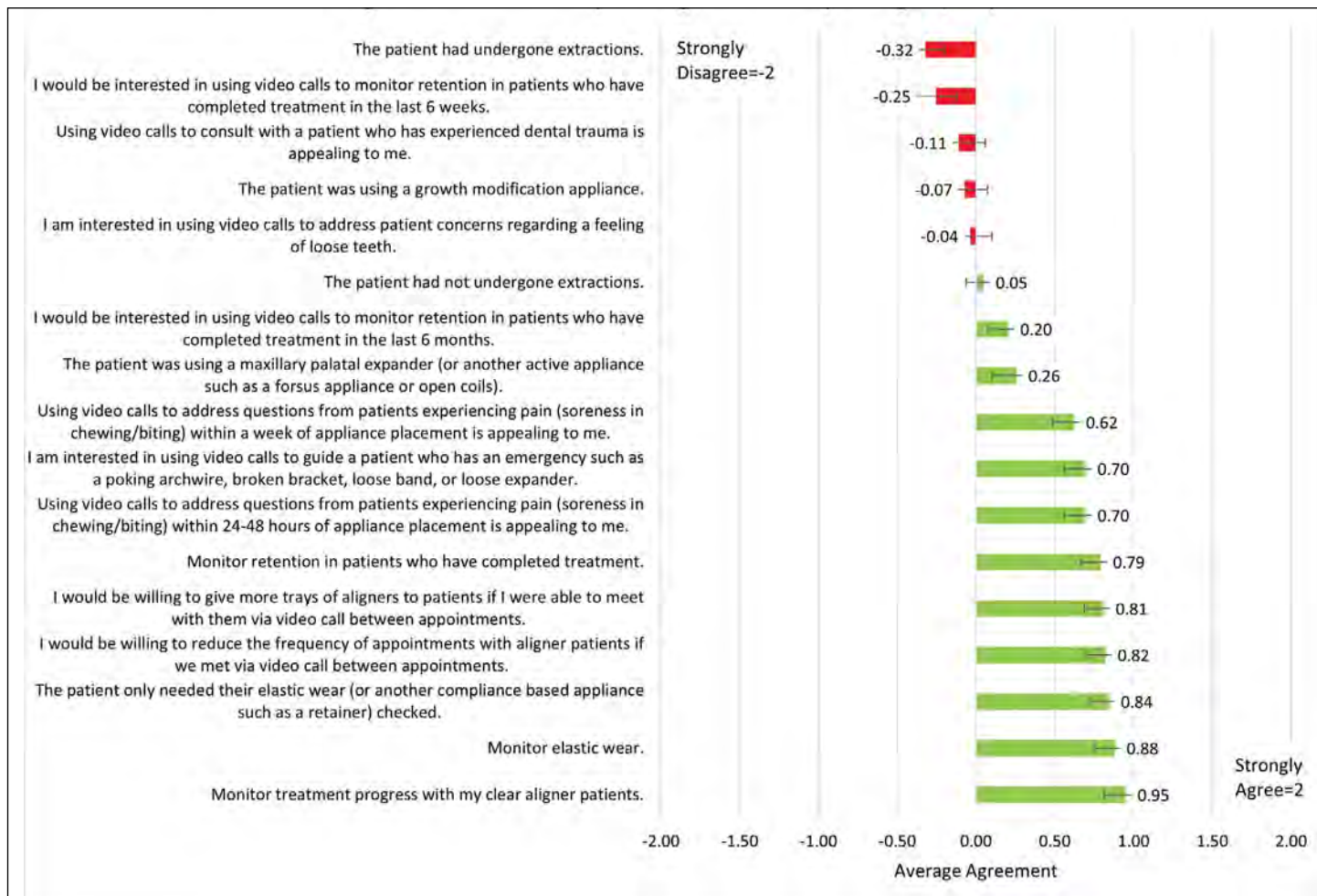
Throughout 2020, leading professionals in orthodontics recommended a shift toward utilizing telehealth technologies to adapt to the global pandemic.<sup>9</sup> However, only 57% (n=47) of participants reported using telehealth, and only 11% (n=9) planned to implement within 1-2 years. When specifically asked which aspects of treatment providers would be willing to perform via telehealth, average overall

**Table 3. Current and Future Use of Telehealth Technology in Orthodontic Practice**

Use of Telehealth Technology	n	%
Current Use		
Yes	47	57%
No	35	42%
Missing	1	1%
Plan to Implement		
Less than 1 year	47	57%
1-2 years	9	11%
3-5 years	6	7%
More than 5 years	2	2%
No plans to Implement	16	19%
Missing	3	4%



Figure 1. Agreement with Incorporating Telehealth (Average +/-SE)



interest was low. Even the most preferred treatment characteristic (interest in monitoring treatment progress with clear aligner patients) received only moderate average agreement. Several reasons alone, or a combination of reasons, might exist which create an environment that makes the adoption of telehealth technologies difficult.

One possibility was that the low overall interest in implementing telehealth was related to confusion regarding state laws governing telehealth. In 2020, many states made temporary changes to their statutes regarding telehealth which remained in effect until the termination of the declared public health emergency (PHE).<sup>10</sup> Some providers may have felt

unqualified to interpret statutes and implement changes to their practice based on laws that were constantly changing and difficult to track. A lack of medico-legal understanding by dental professionals can hinder the effective implementation of dental services,<sup>11</sup> and this may have been the case during the COVID-19 pandemic.

Another barrier to telehealth implementation could be a provider's concern and duty to protect their patient's privacy. There are a multitude of ways through which orthodontists and patients can exchange information, and each communication modality presents its own data security issues during the information acquisition, as well as

during data transfer or storage.<sup>12</sup> Any photo or video with identifying patient information, like a full-face photograph, may be subject to HIPAA restrictions,<sup>13</sup> which complicates the process for providers of finding applications through which to conduct telehealth appointments. Unfamiliarity with the available applications, and unfamiliarity with telehealth in general, may have combined to overwhelm providers and slow telehealth implementation.

Lastly, lower than expected overall interest in telehealth could be related to the appliances that orthodontists use, and the workflow of those appliances, which may not lend themselves easily to a shift to telehealth. Pablo García-

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Camba et al. recommended in “Changes in orthodontics during the COVID-19 pandemic that have come to stay” the adoption of appliances and devices that necessitate fewer activations or in-person appointments.<sup>2</sup> The current study found that providers who used more aligners were significantly more likely to be interested in using telehealth technologies. In addition, average agreement among respondents was high in regard to using telehealth to decrease appointment frequency for patients undergoing aligner therapy. It is notable that Align Technology released a platform in March of 2020<sup>14</sup> to allow both asynchronous and synchronous telehealth consultations<sup>15</sup> between providers and patients through their My Invisalign App. Similar platforms from other aligner manufacturers seem likely to follow, all of which have the potential to ease the adoption of telehealth for both patients and providers and allow for fewer in-office appointments. As discussed above, implementing new telehealth technologies could feel overwhelming, but a provider already using aligners (which ideally require fewer in-office appointments) may have adjusted rapidly because less adjustment was needed. However, it could also be that a shared interest between telehealth and aligners is linked to a provider’s comfort level with or desire to use new technology. It may not be linked to convenience or desire to decrease appointment frequency. Providers who use more aligners may be more resilient as we move into an uncertain future in which many COVID-19 changes may prove to be permanent.

No correlation was found between demographic characteristics and provider preferences, perhaps due to the limited number of respondents. However, despite the low response rate, the sample was representative of orthodontists in the United States with a demographic breakdown comparable to that reported by the AAO. The timing of the survey coincided with a busy and stressful time for practice owners and educators alike, which may have been a contributing factor.

In the face of a global pandemic, rapid and widespread adoption of telehealth technologies in orthodontics might have been expected. However, this study found that providers remained selective about the types of procedures they were willing to do remotely, and overall interest was limited mostly to cases involving aligners, checking elastic wear, and monitoring retention. Further research is needed to determine whether patients prefer telehealth or in-office appointments, although there are some indications that patients are still willing to seek out in-office orthodontic care. A Google Trends search in 2020 showed that the frequency of Google searches for the query “Orthodontist” plummeted in March of 2020 but quickly recovered to pre-pandemic levels and normalized by June of 2020.<sup>16</sup> Studies regarding the transmission rates of COVID-19 in dental offices found the transmission rate to be extremely low<sup>17</sup>, probably due to the effective use of PPE and cleaning protocols. The continued success of many orthodontists during the pandemic might also be attributed to the rapid and effective implementation of protocols from the CDC and American Dental Association that made treatment safe and effective for patients.

## CONCLUSION

- Despite a global pandemic, interest in utilizing telehealth in orthodontics remains relatively low.
- Providers who treat higher percentages of patients with in-office aligners report more interest in utilizing telehealth than those who report treating lower percentages of patients via aligners.
- Many providers are interested in decreasing the number of appointments for their aligner patients by utilizing telehealth.
- Providers are most interested in using telehealth to monitor aligner treatment progress, retention and elastic wear.

## References

1. Centers for Disease Control and Prevention. Guidance for Dental Settings – Interim Infection Prevention and Control

Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic. 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>. Accessed November 2, 2020.

2. García-Camba P, Marcianes M, Varela Morales M. Changes in orthodontics during the COVID-19 pandemic that have come to stay. *Am J Orthod Dentofacial Orthop*. 2020; 158 (4): e1-e3.
3. Irving M, Stewart R, Spallek H, Blinkhorn A. Using teledentistry in clinical practice as an enabler to improve access to clinical care: A qualitative systematic review. *J Telemed Telecare*. 2018; 24 (3): 129-146.
4. American Association of Orthodontists. 2017 Orthodontics Workforce Report. 2018. Available at: [https://www.aaoinfo.org/sites/default/files/Orthodontic%20Workforce%20Report\\_April%202018.pdf](https://www.aaoinfo.org/sites/default/files/Orthodontic%20Workforce%20Report_April%202018.pdf). Accessed November 5, 2020.
5. Wijesooriya NR, Mishra V, Brand PLP, Rubin BK. COVID-19 and telehealth, education, and research adaptations. *Paediatr Respir Rev*. 2020; 35: 38-42.
6. Giudice A, Barone S, Muraca D, et al. Can Teledentistry Improve the Monitoring of Patients during the Covid-19 Dissemination? A Descriptive Pilot Study. *Int J Environ Res Public Health*. 2020; 17 (10): 3399.
7. Saccomanno S, Quinzi V, Sarhan S, Laganà D, Marzo G. Perspectives of tele-orthodontics in the COVID-19 emergency and as a future tool in daily practice. *Eur J Paediatr Dent*. 2020;21(2):157-162. doi:10.23804/ejpd.2020.21.02.12
8. Murillo-Escobar MA, Cardoza-Avendaño L, López-Gutiérrez RM, Cruz-Hernández C. A Double Chaotic Layer Encryption Algorithm for Clinical Signals in Telemedicine. *J Med Syst*. 2017; 41 (4): 59.

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9. Artese F. Covid-19: The aftermath for orthodontics. *Dental Press J Orthod.* 2020; 25 (2): 7-8.
10. Federation of State medical Boards. U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19. 2020. Available at: <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>. Accessed November 5, 2020.
11. Bhadauria US, Dasar PL, Sandesh N, Mishra P, Godha S. Medico-legal aspect of dental practice. *Clujul Med.* 2018; 91 (3): 255-258.
12. Mars M, Morris C, Scott RE. Selfie Telemedicine - What Are the Legal and Regulatory Issues?. *Stud Health Technol Inform.* 2018; 254: 53-62.
13. Nettrour JF, Burch MB, Bal BS. Patients, pictures, and privacy: managing clinical photographs in the smartphone era. *Arthroplast Today.* 2018; 5 (1): 57-60. Published 2018 Nov 12.
14. Align Technology. Align Technology Wins "Best Virtual Care Platform" Award From MedTech Breakthrough. 2021. Available at: <https://investor.aligntech.com/index.php/news-releases/news-release-details/align-technology-wins-best-virtual-care-platform-award-medtech>. Accessed August 12, 2021
15. Align Technology. Invisalign Virtual Care. 2021 Available at: <https://www.invisalign.com/provider/virtual-solutions/virtual-care>. Accessed August 12, 2021
16. Google Trends. Explore. 2021. Available at: <https://trends.google.com/trends/explore?date=today%205-y&geo=US&q=orthodontist>. Accessed March 19, 2021.
17. Froum SH, Froum SJ. Incidence of COVID-19 Virus Transmission in Three Dental Offices: A 6-Month Retrospective Study. *Int J Periodontics Restorative Dent.* 2020; 40 (6): 853-859.

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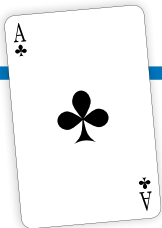


# THROUGH THE LOOKING GLASS

WITH DR. SARAH GLASS

EXPLORE THE FANTASTICAL WORLD OF ORAL PATHOLOGY

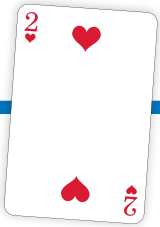
**Editor's Note:** Dr. Sarah Glass is a board certified Oral and Maxillofacial Pathologist. She works as an assistant professor at VCU School of Dentistry, and her job responsibilities include teaching, working in the biopsy service, and seeing oral medicine patients.



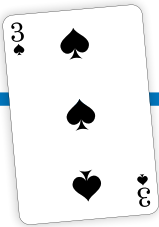
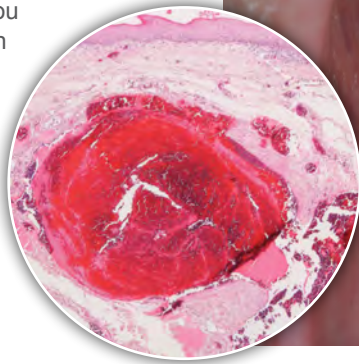
A 32-year-old female recently traumatized her lower lip and subsequently developed a fluctuant dome-shaped mass.



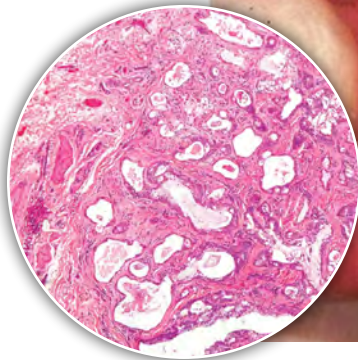




A 57-year-old female is worried about a blue/purple lesion on her lower labial mucosa. On clinical exam, you determine the lesion blanches with pressure.



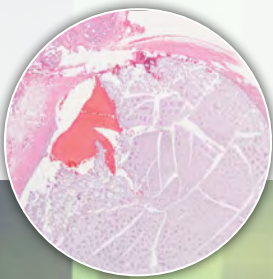
A 60-year-old female presents to her dentist with a persistent and enlarging mass on the lower lip.



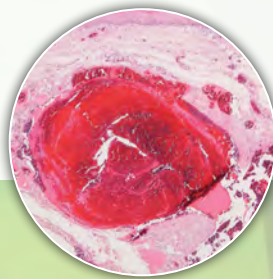
>> ANSWERS ON PAGE 20



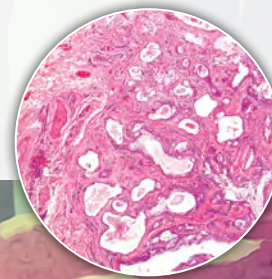
1. The histopathology shows a collection of mucous in the connective tissue with adjacent, inflamed minor salivary glands consistent with a **mucocele**. Since the feeder gland was removed, it will likely not recur.



2. This lesion gets its blue/purple appearance from multiple blood vessels and represents a **hemangioma**. The ability to blanch suggests a vascular nature.



3. Although a mucocele is the most common mass on the lower lip, biopsies are important to rule out malignant salivary gland tumors, such as a **mucoepidermoid carcinoma**, seen in this case.





# THE INCIDENCE OF ROOT CANAL THERAPY AFTER FULL-COVERAGE RESTORATIONS: A 10-YEAR RETROSPECTIVE STUDY

Yavorek A, Bhagavatula P, Patel K, Szabo A, Ibrahim M | J Endod. 2020; 46 (5): 605-610

Full coverage crowns have been used to restore heavily damaged teeth, to protect teeth after root canal therapy, to restore cracked teeth, and for esthetic reasons. In cases with vital pulps, this procedure might affect the pulpal status and might lead to pulpal irritation. Microbes can get into the pulp through the dentinal tubules after crown preparations. Also, the heat from the handpieces can cause irreversible damage to the pulp. Other factors can also impact the pulpal status such as the pre-existing conditions (restorative procedures, caries, cracks) or marginal leakage.

It is not uncommon for teeth to develop symptoms after the placement of a crown. Studies have shown that 8-15% of crowned teeth might develop pulpal pathology after 10 years, however, these studies had small sample sizes. This insurance study aimed to identify and analyze the factors that lead to non-surgical root canal therapy after delivering a single unit full-coverage restoration. All the data were obtained from the electronic insurance enrollment and claims database for Delta Dental of Wisconsin from January 1, 2008, through December 31, 2017. They had 88,409 patients who received full-coverage crowns (all-ceramic, porcelain fused to metal, and complete metal) between 2008 to 2017. Teeth that had been endodontically treated were excluded from this study. For each case, information regarding

the type of crown material, age of the patient, location of the tooth and type of provider who placed the crown were collected. Crown material was divided into three groups: all-metal, all-ceramic, and porcelain fused to metal. For the patient age, there were 6 age groups: under 30 years, 31-40 years, 41-50 years, 51-60 years, 61-70 years, and above 70 years. Tooth location was divided into three groups which included anterior, premolar, and molar teeth. General dentists and prosthodontists made up the two provider groups. The Cox regression model was used to analyze the effect of the predictor variables on the survival of the teeth.

Of the 88,409 teeth that were crowned, 49.6% were identified as porcelain fused metal, 41.5% were all-ceramic, and 8.9% were all metal crowns. Most of the crowns were placed by general dentists. Patients between the ages of 51-70 were the least likely to have pulpal complications and molar teeth were the most common teeth to receive crowns followed by premolar and then anterior teeth. Only 4.82% (4259 teeth) developed symptoms during the time frame studied. The most common treatment after developing symptoms was non-surgical root canal therapy. All-ceramic crowns had the highest rate of pulpal issues followed by porcelain fused to metal crowns lastly were all metal crowns. There were no significant differences between crowns placed by general dentists or by prosthodontists.

Younger patients had higher rates of pulpal complications compared to older patients. The result of this study showed that the survival rate of pulps in teeth that had been crowned was 90.4% after 9 years.

There were many limitations noted with this insurance study that were mentioned in the article. One of them was the reason for extraction when a tooth was extracted, was it related to pulpal pathology or for other reasons. Also, treatment options and recommendations might have differed from one provider to another. One provider might have recommended non-surgical root canal therapy, and another might have elected to extract the tooth and place an implant. Only patients living in Wisconsin with Delta Dental were included in this study.

This was the first large-scale study that looked at factors that might lead to non-surgical root canal therapy after crown placement on a tooth. In this study, the survival rate was 90.4% which was comparable with past studies. Within the limitation of this study, the likelihood of endodontic treatment following a crown is very low.

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# PROGNOSIS OF VITAL PULP THERAPY ON PERMANENT DENTITION: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Sabeti M, Huang Y, Chung JY, Azarpazhooh A | *J Endod.* 2021; 47 (11): 1683-1695

Traumatic or carious exposures of a vital pulp in an immature or mature permanent tooth can present a significant clinical and biological challenge to maintain proper vitality. Vital Pulp Therapy (VPT) encompasses pulp capping, partial pulpotomy (PP), and full or complete pulpotomy (FP). It has been indicated for reversible pulpitis in the absence of periapical pathologies, non-carious pulpal exposure, and immature teeth to allow the continuation of root development. With the accurate diagnosis of etiology and the degree of pulpal involvement, VPT can be an effective approach to eliminate the causative factors while preserving the vitality of the remaining pulpal tissue. Compared with conventional root canal treatment, VPT procedures are usually more conservative and affordable. With a 10-year survival rate of 90%, non-surgical root canal treatment (NSRCT) has long been proven as a predictable endodontic procedure to treat irreversible pulpitis or necrotic pulps. Dental practitioners often encounter carious, traumatic, or mechanical pulp exposures, which might not warrant NSRCT. Sometimes, patients opt out of NSRCT for financial reasons. Hence, VPT may become the last resort to save the teeth.

The aim of this systematic review was to evaluate the existing randomized controlled trials (RCTs) on the safety and efficacy of vital pulp therapy.

The population of this study included permanent teeth with reversible pulpitis, irreversible pulpitis, or traumatic pulp exposure that would require VPT. The treatment interventions included direct pulp caps or indirect pulp caps, PP, and FP with any pulp-capping material or caries excavation technique. The inclusion criteria were not limited to certain specific types of comparisons; it should be noted that the included studies should have compared different types of materials or VPT techniques. The success criteria included clinical success (elimination of clinical symptoms including pain, percussion, and palpation) and radiographic success (absence of periapical radiolucency).

The eligible studies included a preoperative diagnosis; details of the procedures and the types of materials used; a clear definition for the success of treatment-clinical criteria (the absence of pain, percussion, or palpation), radiographic criteria (the absence of periapical radiolucency by either periapical radiographs or CBCT imaging), or any additional criteria; and a minimum follow-up period of 12 months. Studies on primary dentition and irrelevant or inconsistent study designs with a short follow-up period <12 months were excluded. From the initial search of 359 records, 48 duplicates and an additional 285 records were removed by title and

abstract screening. A total of 26 records were screened in full text. Fourteen RCTs met our inclusion criteria. The 14 included studies were conducted in India, Iran, China, Jordan, Egypt, Germany, Korea, Turkey, Thailand, and Spain. All studies were performed at university hospitals or institutions.

With very low certainty, this meta-analysis showed a 93% success rate of VPT (including DPC, PP, and FP) in treating reversible and irreversible pulpitis. The different etiologies of the pulpal disease did not appear to affect the outcomes of VPT. This study also concluded that VPT using contemporary bio-ceramic materials was an efficacious treatment modality to treat permanent teeth. With appropriate materials and techniques, VPT can be effective in preventing the progression of pulpal disease. The etiology of the pulpal diseases, the selection of materials (limited to contemporary materials), the preoperative diagnosis, and the adjunct use of a laser had no significant correlation with treatment prognosis. No major adverse effects of VPT were reported, except for tooth discoloration associated with MTA use.

**Brian Hone, DDS; Resident  
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Commonwealth University**



# OUTCOME AND SURVIVAL OF ENDODONTICALLY TREATED CRACKED POSTERIOR PERMANENT TEETH: A SYSTEMATIC REVIEW AND META-ANALYSIS

Olivieri JG, Elmsmari F, Miró Q, Ruiz XF, Krell KV, García-Font M, Durán-Sindreu F | *J Endod.* 2020; 46(4):455-463

The American Association of Endodontics has defined a crack as a thin surface disruption of enamel, dentin, and possibly cementum of unknown depth or extension. The treatment of cracked teeth often presents a dilemma for the clinician as to whether to retain or extract the tooth in question. The relation between the presence of a crack and its trend to extend to a fatal split is not yet clearly understood. However, it can be presumed that the presence of a crack line will increase the risk. When the crack reaches a certain critical length, it can propagate catastrophically through the tooth. The question is still whether the crack has reached this critical length, or whether it might be a reasonable option to retain the tooth.

Although the incidence of cracked teeth in the adult population is not well-established, factors have been reported to raise the incidence of cracked teeth. It has been reported that older patients have a greater prevalence of cracked teeth as the dentin has less fatigue resistance. Some studies have reported that females have a higher incidence of cracked teeth. The etiology of cracks has

been related to several factors including trauma, excessive parafunctional forces or interferences, and restorative materials due to expansion and contraction. Prevalence has been reported to be highest in molars due to proximity to the temporomandibular joint.

Management of teeth with cracks depends mainly on symptoms, location, and extent of the crack. The clinical presentation is usually pain with biting or when removing the pressure stimulus, pain on temperature changes, or isolated probing depths. Due to the diverse symptoms and difficulty locating a crack and its extent, diagnosis has proven to be very difficult. In teeth with extensive cracks with pulpal involvement, root canal treatment will be required before the restorative procedure. Studies show that even in teeth with a presumptive diagnosis of reversible pulpitis, 20% will require endodontic treatment.

The aim of this present systematic review and meta-analysis was to evaluate the survival and success rates of endodontically treated cracked teeth. A secondary aim was to assess the

possible prognostic factors that affect survival. A comprehensive electronic literature search was conducted for studies up to November 30, 2018. Clinical studies evaluating the success and/or the survival rate of cracked teeth that were endodontically treated with at least 1-year follow-up were selected. From the 410 studies identified, 7 studies qualified for the final analysis, all of which were longitudinal cohort studies.

The results of the meta-analysis indicated a survival rate of 88% (CI, 0.81-0.94) and a success rate of 82% (CI, 0.78-0.86) after 1 year of follow-up. The presence of an associated periodontal pocket resulted in a higher risk of tooth loss. Patient sex, tooth type, position, the number of cracks present, and preoperative pulp status did not affect treatment survival rate. Insufficient data were available to assess the relation of age and final restoration in treatment survival.

**Christina Martin, DMD; Resident in Endodontics, Virginia Commonwealth University**

## AAE POSITION STATEMENT ON VITAL PULP THERAPY

*J Endod.* 2021; 47(9): 1340-1344

The aim of vital pulp therapy (VPT) is to preserve vitality and function of the pulp complex after trauma, caries, or dental restorations. VPT historically has included direct or indirect pulp capping and partial or complete pulpotomy. Recent views on VPT have shifted from only utilizing vital pulp therapies on immature adult teeth to mature adult teeth including those previously thought to have irreversibly inflamed pulps.

The current AAE pulpal diagnostic terminology includes normal pulp,

reversible pulpitis, and irreversible pulpitis (asymptomatic or symptomatic). Traditionally diagnostic testing has been utilized to provoke a pulpal reaction and identify a more exaggerated and/or "lingering" response. This response aids in arriving at a clinical diagnosis and proposed treatment planning. However, these tests do not always correlate with a histological description of the pulp. With this in mind, it challenges the idea that VPT is only reserved for teeth with a "reversible pulpitis" diagnosis. Direct observation of the pulp (With the use of

magnification) is the best way to gather information needed to determine if VPT is suitable for a case.

Complete caries removal is essential to eliminate the source of infection and to allow direct visualization of the pulp. This approach supports the view that the clinician should focus on complete removal of infected dentin rather than avoiding a pulp exposure to give the pulp the best chance for pulp repair. To achieve hemostasis and disinfection at the dentin-pulp junction >

# WORLDWIDE PREVALENCE OF A LINGUAL CANAL IN MANDIBULAR PREMOLARS: A MULTICENTER CROSS-SECTIONAL STUDY WITH META-ANALYSIS

Martins JNR, Zhang Y, von Zuben M, et al | J Endod. 2021;47(8):1253-64

When treating mandibular premolars several morphologic variations of the root and root canals could be encountered, including the presence of radicular grooves, C-shaped configuration, furcation canals, apical ramifications, 3-rooted morphology, and double canals.

This study performed a worldwide analysis on the prevalence of a lingual canal in mandibular premolars and the influence of patients' demographics in 23 countries using cone-beam computed tomographic images. Observers from 23 countries evaluated preexisting cone-beam computed tomographic images of 300-first and 300-second premolars for the presence of a lingual canal, canal configuration, and patients' ethnicity, age, and sex with a standardized screening methodology. For measurement reliability, the Cohen kappa test and intraclass correlation coefficient were performed for intra- and inter-rater evaluations. Proportion and odds ratio forest plots

were calculated to compare groups with statistical significance set at 5%.

Upon examination of the results, a significant statistical difference was found between the worldwide population of a lingual canal in mandibular first premolars: 23.8% (range: 12.0%–32.7%) and second premolars: 5.3% (range: 1.0%–15.3%). Patients over 60 years old and Asians were associated with the lowest proportions of a lingual canal, whereas younger groups and Africans were associated with the highest proportions. The prevalence of a lingual canal in males 27.9% was higher than females 20.0% for the first premolar only. Males were associated with higher odds of having a lingual root canal in the first and second premolars.

In this study, an in-vivo worldwide analysis was performed to evaluate the prevalence of a lingual root canal in mandibular premolars from preexisting

CBCT databases; so no patient was exposed to radiation for this research. The multicenter nature of this study and the analytical tool used to assess the root and root canal morphologies with CBCT imaging allowed the evaluation of a large number of teeth (13,800) that could be divided into subgroups according to their demographic characteristics while maintaining a high statistical power.

Learning the prevalence of a mandibular premolar lingual root canal and the factors that influence its proportions help to anticipate possible technical difficulties during root canal treatment. The prevalence of lingual canal was 23.6% and 5.3% for first and second premolars, respectively. Ethnicity, geographic region, age, and sex had an influence on the results.

**Abdulaziz Mallik, DDS; Resident in Endodontics, Virginia Commonwealth University**

it is recommended to place sodium hypochlorite (full strength or diluted) on the pulp for 5-10 minutes. This can be accomplished by passive irrigation or placement of a sodium hypochlorite-soaked cotton pellet.

Today, calcium silicate cements are the material of choice when performing VPT. Calcium silicate cements include: "bioceramics," MTA (mineral trioxide aggregate), tricalcium silicates, dicalcium silicates, and hydraulic calcium silicate cements. When these materials are used in permanent teeth with "irreversible pulpitis", success rates range from 85-100%. The use of more traditional materials such as calcium hydroxide, glass ionomer cements and resin-based

materials have demonstrated lower success rates varying from 43-92%.

Immediate placement of a permanent restorative material is essential when performing VPT. Teeth undergoing VPT with calcium silicate cements as the primary capping material and restored immediately have a high success rate. Performing the restoration immediately prevents microleakage, protects the biomaterial layer and reduces post-operative sensitivity. If an indirect restoration is indicated, it is recommended to consider the absence of signs and symptoms and the susceptibility of tooth fracture to assess when the tooth may be ready for indirect coverage.

The primary goal of VPT is to create optimal conditions for the pulp tissue to remain vital and repair itself. A diagnosis of "irreversible pulpitis" does not always indicate that a complete pulpectomy is required and a more conservative treatment approach could be considered. It is important for the clinician to use their clinical judgment, the overall treatment plan and the patient's general oral and systemic health when making treatment decisions.

**James DeGracie, DDS; Resident in Endodontics, Virginia Commonwealth University**

# THE DOUBLE-EDGED SWORD OF CALCIUM HYDROXIDE IN ENDODONTICS: PRECAUTIONS AND PREVENTIVE STRATEGIES FOR EXTRUSION INJURIES INTO NEUROVASCULAR ANATOMY

Gluskin AH, Lai G, Peters CI, Peters OA | J Am Dent Assoc. 2020;151(5):317-326

Endodontic treatment of posterior teeth can present many clinical challenges and inherent risks that might not be fully appreciated. Clinicians need to be aware of the potential for an overfill mishap in the mandible when performing endodontic procedures on posterior teeth with close association to neurovascular anatomy. Overfill injuries expose the patient to both the chemical injury caused by the material and the compressive damage caused by that material expressed within the confines of a space meant to be occupied by the neurovascular anatomy only. These outcomes can have life-changing repercussions of pain and numbness (paresthesia and anesthesia), as well as burning pain (dysesthesia) that most often contributes to the feeling of misery and hopelessness of the patient's situation.

General dentists are often the first responders when patients seek help in resolving their pain and saving their tooth. Many practitioners choose calcium hydroxide as a medicament when the time for a complete treatment procedure is lacking, or the visit is unscheduled. Calcium hydroxide provides a variety of beneficial biological properties such as antimicrobial activity, an ability to dissolve uninstrumented or remaining tissues, and promotion of hard tissue formation.

Although calcium hydroxide is an effective intracanal medicament, its effects on human cells and tissue have potential for damage that injures and harms in ways that alter well-being and impact daily life.

Possible causes for calcium hydroxide extrusion include the combination of a less viscous or more fluid formulation of calcium hydroxide, a needle placed within a canal that is either forced apically or unintentionally locked in an insufficiently shaped canal, a lack of clinician diligence in monitoring the pressure placed on the syringe, or a lack of monitoring the previously expressed amounts of the medicament. Inattention and carelessness have the potential to result in a severe and life-changing neurologic injury, especially in cases in which the mandibular tooth and the neurovascular anatomy are intimately related.

Prevention of this procedural mishap must include careful evaluation of radiographs and cone-beam computed tomographic imaging to identify the proximity of the teeth to the neurovascular anatomy. In addition, the delivery of all calcium hydroxide products should be analyzed cautiously for safety and to take special care to prevent overinstrumentation of mandibular premolar and molar apices.

The clinician may consider using a spiral filler or paper point application as a safer alternative to syringe needle delivery. If using an injection method, be sure to enlarge the canal enough so that the needle does not bind in the canal. Prior gauging of needle size and depth while avoiding all excessive pressures during placement is recommended. Lastly, obtain appropriate postoperative periapical radiographs to check for any extrusion of dressing or filling materials into the inferior alveolar canal, mental foramen, or other vital structures

Should a patient exhibit neuropathic indications that they have experienced such an injury in the first 24 through 48 hours after treatment, an advisable microsurgical consultation is warranted. This referral should be considered a true neurologic emergency, considering the known recommendations for expedient diagnosis. Referral to a surgeon skilled in microsurgery, whether an oral surgeon or an endodontist, is time dependent for a positive outcome.

**Colton Fischer, DDS; Resident in Endodontics, Virginia Commonwealth University**



# PERMANENT LABIOMANDIBULAR PARESTHESIA AFTER BIO CERAMIC SEALER EXTRUSION: A CASE REPORT

Alves FRF, Dias MCC, Mansa MGCB, and Machado MD | J Endod. 2020;46(2):301-306

There have been many reports of paresthesia related to endodontic problems due to the proximity of the mandibular root apices to the inferior alveolar nerve (IAN). Possible causes of paresthesia include: (1) Mechanical, such as from over-instrumentation or pressure from filling materials, (2) Pathologic, typically from microbial products, (3) Physical, such as from heat generation of drills and ultrasonics used without coolant, (4) Chemical, from sealers, local anesthetics, irrigants, etc that may be extruded, and (5) Microbiological, from extraradicular infections. Depending on the cause and severity, nerve paresthesia may be irreversible and is considered permanent when lasting longer than 6 months.

Probably the most common cause of endodontic related paresthesia is filling material extrusion, e.g., sealers. Several sealers have been well documented as causing paresthesia when extruded, especially those containing paraformaldehyde or resin. This case report may be the first to report permanent paresthesia associated with extrusion of a bioceramic (BC) sealer. BC sealers have become popular in recent

years due to their beneficial properties.

In this report, a 23-year-old black woman (a dental student) attended the endodontic clinic at her university, complaining of loss of sensation in the mucosa and skin on the right side of her face in the lower lip region. This began after a root canal was completed in the second lower right molar. A bioceramic sealer (Fillapex, a paste-paste MTA-based sealer; Brazil) was used to fill the canals. The periapical radiographic examination revealed an amount of extruded sealer near the mesial and distal roots reaching the interior of the mandibular canal. Treatment with a corticosteroid (prednisone) and a vitamin B complex was initiated for 5 days, and demarcation of the affected area was performed. One week later, paresthesia was still present in equal intensity in the affected area. Thirty-nine days elapsed after the endodontic therapy; the paresthesia continued, encompassing the same area, although with a small reduction in intensity. In the following 6 months, a very subtle decrease in intensity but not in the affected area was noticed. From 6 months to 1 year, no changes were observed.

According to the patient's report, the paresthesia affected her quality of life in several important aspects such as eating, drinking, and brushing her teeth. Although presented as an option, the patient elected for no surgical approach due to incremental improvements in sensation. The short distance between the root apices and the upper cortical bone of the mandibular canal seemed to have acted as a predisposing factor to the present long-term paresthesia. It's also possible that if over-instrumentation occurred, inadvertent widening of the apical foramen could have contributed to extrusion. In conclusion, bioceramic sealers may induce permanent facial paresthesia, if extruded. When treating teeth close to the IAN, extra care should be taken to maintain the working length short of the apical foramen and to prevent extrusion of filling materials beyond the root apex.

**Joe Vaughn, DMD; Resident  
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Commonwealth University**

# ROOT-END SURGERY OR NONSURGICAL RETREATMENT: ARE THERE DIFFERENCES IN LONG-TERM OUTCOME?

Haxhia E, Ibrahim M, Bhagavatula P. | *J Endod.* 2021. 47(8):1272-1277

Historically, primary nonsurgical root canal therapy (NSRCT) alone has produced predictable outcomes. Should the NSRCT fail, the next options include either a nonsurgical retreatment or a surgical treatment route. Studies in the past have reported on each respective treatment's favorable outcomes but the long-term outcome is inconclusive. As clinicians, we play an important role in determining the next step that will yield the most predictable outcome for our patients when facing a failed primary treatment.

Comparing the two treatments side by side, Kang et al reported an overall success rate of 92% for endodontic surgery and 80% nonsurgical retreatment. Torabinejad conducted a meta-analysis for 2-6 years, showing that surgery had a higher success early on, but at the 4-6-year mark, nonsurgical retreatment exhibited a higher success rate. Still, these were with percentages of no significant difference between the two treatment options. Past studies include not only more outdated techniques, but also failed to specify whether teeth which underwent surgery had or had not received prior nonsurgical retreatment. If so, the outcome of surgery mentioned in past studies may have represented a tertiary endodontic treatment. Therefore, this 7-year retrospective study aimed to assess the long-term outcome of root-end surgeries (without prior

nonsurgical retreatments) and nonsurgical retreatments as the secondary endodontic treatment. Using insurance claims of 1021 teeth of 987 patients in the Delta Dental of Wisconsin database from 2008-2017, tooth survival rate was compared. Only teeth with evidence of primary NSRCT were included, and any that had a nonsurgical retreatment prior to surgery were excluded. After these inclusion and exclusion criteria were applied, 806 teeth treated by endodontists were observed in this study. Of the teeth observed here, 506 teeth had nonsurgical retreatment, and 300 had a root-end surgery. Survival was considered from the time of completion of nonsurgical retreatment or root-end surgery to the time of an untoward event (i.e., extraction or extraction/root-end surgery after nonsurgical retreatment). All procedures were performed by endodontists.

Survival rate of teeth that received nonsurgical retreatment was 90% after 2 years, 86.8% after 4 years, and 85% after 6 years. For teeth that received root-end surgery, the survival was 93.7% after 2 years, 90.5% after 5 years, and 88% after 6 years. No statistically significant difference was found between these survival rates nor between tooth types (anterior, premolar, or molar) when comparing nonsurgical retreatment with root-end surgery.

Nonsurgical retreatment may be preferable if: 1) the original anatomy was not altered, 2) there was obvious contamination of canals via poor restoration margins, or 3) health factors disqualifying the patient as a surgery candidate. Surgical retreatment may be indicated if nonsurgical retreatment is not practical (heavily restored with deep cores/posts) nor unlikely to resolve the periradicular disease, biopsy is indicated, or there is a suspected vertical root fracture. Advancements in armamentarium have increased the success rate of both nonsurgical retreatment and surgical treatment, showcasing them as equally reliable treatment options in contemporary endodontics. Clinicians can choose either nonsurgical retreatment or root-end surgery after failed primary root canal therapy. Tooth location was not a determining factor in the survival rate. With no statistical difference between the options in literature, the clinician's assessment of all pertinent factors is all the more valuable.

**Jing Ye, DMD; Resident  
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Commonwealth University**



## IN TIMES OF CRISIS

Sean Ryan

Someone from the local newspaper is on the phone. Worse yet, there's a TV reporter outside who wants to see you – to see you open your mouth.

A patient has posted something negative about your practice on social media. And a mob of nameless or faceless opponents is growing by the minute online.

An employee got into trouble. And it could hurt your practice if you don't take action.

Let's face it, communications crises come in all shapes and sizes. Yet, they're seldom a good fit. They pop up out of nowhere and quickly wear out their welcome. On top of everything else you and your practice need to worry about, they are among the worst because they're surprising and demanding. Their damage both in the short and long term is uncertain.

So, when the stuff inevitably hits the fan, what should you do?

### Plan Ahead

Most businesses have a crisis communications plan, or at least the beginnings of one. While most of this piece focuses on reacting to the actual crisis, putting together a plan is a proactive way to be better prepared when a crisis does take place. Start by assessing who will be a part of the crisis team. Then, take some time with your practice's leadership to draft a plan to determine initial things that may need to be done and who will be responsible for each task. Include the phone numbers of key contacts – owners, insurance contacts, legal contacts, employees – so you have them in one place to avoid scrambling in the heat of a crisis. Print the planning document and numbers to distribute to those on the crisis team, all of whom should keep a copy on and off site.



### Prepare for the Worst

As mentioned, crises come in all shapes in sizes. When one hits, try to determine its impact. Take a step back to look at the issue from all angles. Is it a big or small deal? If small, run through the scenarios that could turn it into a big deal. It's a good strategy to start at a point of the worst imaginable impact or result and go from there, hoping it never comes close to that point. Those who start with "It's no big deal," often end up scrambling when things go south.

### Draft Messaging

Before communicating to any of your key audiences or to the media, it's critical to put pen to paper and come up with the messages you intend to deliver. Keep your talking points brief, especially in the immediate aftermath of the crisis, and stick to the facts rather than speculation and innuendo. Consider running them by

your legal counsel to ensure you don't expose yourself to any legal issues down the road.

### Be Truthful and Transparent

While preparing the messaging, strive to be truthful and transparent. For some, it's common to want to be fully transparent. Others want to keep everything close to their vest. Finding a level of transparency is essential, as is being truthful. The last thing you want is to be caught in a lie at a time when your team, patients or the public needs you the most. Breaking their trust in the midst of a crisis could harm your relationship with them forever.

### Think of Your Audiences

Who needs to hear from you? Your employees? Your patients? The general public? Think about the best way to reach each of your audiences. In most cases, the talking points remain the same for

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*“The last thing you want is to be caught in a lie at a time when your team, patients or the public needs you most. Breaking their trust in the midst of a crisis could harm your relationship with them forever.”*

each to provide consistency – you don’t want your employees or patients hearing one thing from you and finding out something different through the media. The delivery to each of these audiences can vary. A team meeting for your practice, a hand-written letter or video message over email for your patients.

#### **Avoid Online Battles**

Social channels may provide an avenue to communicate your message. But don’t feel the need to win the battle online. Offer to set up a time to speak individually with those posting negative reactions rather than going back and forth online for everyone to see.

#### **Prepare for the Media**

The media may call or stop by. Establish one person to communicate with the media, and mandate that all calls are routed to that person if it has been agreed up to grant interviews. If they aren’t available, ask for the deadline and make sure to keep in touch with the media member. Offer a written statement if an interview isn’t possible.

#### **Seek Help**

Sometimes the crisis is too big to handle by yourself. Discussions with your insurance partner or law firm may confirm that you need help. There are plenty of public relations or communications firms across Virginia and Washington, D.C., that deal in crisis communications. And in some cases, your insurance or legal teams may have firms they already work with and can provide recommendations.

In a crisis, remember that you have a powerful and experienced professional association behind you. The VDA staff are available to talk through your issue and help connect you with resources to help weather the storm, including patient mediation, assistance with third party payers, background from other members who may have dealt with a similar issue and much more.

**Editor’s Note:** Sean Ryan is the VP of Media Relations at The Hodges Partnership, a strategic communications firm in Richmond.



## UNDER NEW LAW, YOU CAN STILL **ADOPT A QUALIFIED RETIREMENT PLAN FOR 2021**

David J. Kupstas, FSA, EA, MSEA; ACG Lead Actuary

Great news: you had a very successful year at your practice in 2021! Not-so-great news: your CPA has told you you're going to owe a lot of money to the tax man unless you can find some deductions fast.

A great way for a practice owner to get sizable tax deductions is through a qualified retirement plan. These plans come in various forms and under various names: 401(k), profit sharing, defined benefit, and cash balance, to name a few. Profit-sharing and 401(k) plans are of the "defined contribution" type of plan. An owner can possibly contribute up to \$58,000 (for 2021) for himself and avoid current taxation on those dollars, as opposed to taking that amount as a taxable year-end bonus or having it be taxed as corporate income. "Defined benefit" type plans can provide for even larger contribution deductions for an

individual – perhaps \$100,000, \$150,000, or even \$200,000 or more, depending on the circumstances. Of course, if the practice has other employees, some or all of those employees will also need to receive benefits in the qualified plan at some level.

For many years, in order to utilize a new qualified plan for a given year, the plan and trust documents had to be signed by the end of the year, meaning December 31 in the typical calendar-year situation. No money had to be deposited into the plan by December 31; the documents just had to be signed by then. The plan could be considered effective retroactive to January 1 of that year. This made December a very busy time for our firm as we assisted new clients in designing retirement plans and getting them signed by the December 31st deadline. No taking off Christmas week or New Year's Eve for us!

Occasionally, we would receive calls from business owners (or maybe their CPAs) early in a year informing us that their business had surplus income in the previous year, so they needed to adopt a qualified plan retroactive to that previous year in order to shelter some of the surplus income from taxation. Maybe a lot of this income was earned unexpectedly later in the year, or maybe there was good old-fashioned procrastination, but for whatever reason they had not taken the steps to adopt a qualified plan timely, meaning by the end of the year. My response to these inquiries was always the same: "Wow, congratulations on your great year, but unfortunately it is too late to adopt a qualified plan for last year. We're happy to help you with a plan for the upcoming year, though..."

The thing we could suggest to these business owners was a Simplified Employee Pension (SEP-IRA or SEP). SEPs could be adopted up until the due date of the employer's tax return, including extensions. Since SEPs are supposedly "simple," they could be set up and funded fairly quickly after it was determined that the employer had a tax problem for the prior year. The contribution limits in SEPs are generally the same as qualified profit-sharing plans, namely, the lesser of 25% of compensation or \$58,000 for an individual. However, SEPs have certain limitations that qualified plans do not:

1. More employees must be covered under a SEP vs. a qualified plan. Qualified plan rules allow segments of the employee population to be excluded from coverage as long as certain tests are met.
2. Contributions to SEPs usually have to be allocated pro-rata



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among the employees based on wages earned. Qualified plans afford owners the opportunity to skew the contributions in their favor or toward certain employees they wish to reward or who they deem most vital to the success of the business.

3. There is no opportunity to contribute more than \$58,000 for an individual in a SEP. Rather, a qualified defined benefit plan is needed for this level of contribution.

### SECURE Act – A Game Changer

In late 2019, Congress passed the Setting Every Community Up for Retirement Enhancement (SECURE) Act. Among its many provisions was a new rule that allowed qualified plans to be established up until the due date of the tax return (including extensions) for the tax year the plan first applies to. No longer would CPAs and employers have to scramble to get a plan established by December 31. They now had until the tax return due date, which for a calendar year taxpayer could be March 15 or April 15 if no extension is requested or as late as September 15 or October 15 if an extension is requested. Qualified plans were now on par with SEPs in terms of when they could be set up.

This was a huge development. Suppose you are reading this now and have the problem of your practice making too much money in 2021. Granted, there are worse problems in the world to have, but if there is a legitimate way to knock that taxable income down a few notches you would surely like to explore it. Well, today's your lucky day. You still have the opportunity to adopt a defined contribution or defined benefit qualified plan for 2021.

While the SECURE Act has given employers some reprieve from the old December 31 crunch, it is advisable not to wait too long after the end of the tax year to adopt the plan. As the old saying goes, haste makes waste. If you approach a service provider a week before the deadline, you should not be surprised if you wind up with errors in your plan

document or a suboptimal plan design. That's assuming the service provider didn't impose its own earlier cutoff date. In addition, there is a hard funding deadline of September 15 for calendar year-defined benefit plans. A 10% excise tax applies for minimum contributions not made by that date. While some entities may still have a month after September 15 to adopt a defined benefit plan, doing so will instantly make the employer late on its contribution and subject it to the excise tax.

For 401(k) plans, it is too late to make salary deferrals for 2021. Salary deferrals are the contributions that are taken from employee paychecks. It is sometimes helpful for a practice owner to make salary deferrals vs. receiving other types of contributions. Deferrals may not be made retroactive to 2021. Nevertheless, there may still be benefits to adopting a plan for 2021.

### Popular Retroactive Options

To the extent a business wishes to adopt a qualified plan retroactive to 2021, we anticipate there will be two kinds that will be most popular:

#### Cross-tested profit-sharing plan.

Whereas some types of profit-sharing plans require every employee to receive the same percentage of pay, cross-tested plans allow owners to tilt contributions toward themselves or to favored employees. In exchange, the plan must satisfy a nondiscrimination test. It is sometimes possible for the owners to receive the full \$58,000 annual addition limit while providing only 5.00% of pay to other employees. If the plan is part of a 401(k), employees can be allowed to start contributing from their paychecks after the plan is set up.

#### Defined benefit or cash balance plan.

These plans enable a business owner to put a lot of money into a tax-deferred environment very quickly - \$100,000 or \$200,000 or more per year, as noted above. There are more rules with this type of plan than with defined contribution plans, but with the right guidance defined benefit plans can be a very effective tax reduction and retirement savings tool.

If your practice is looking at a big tax bill for 2021, talk to your CPA or a third-party administrator about setting up a qualified retirement plan for 2021. Due to a recent law change, it is not too late.

See Important Disclosure Info:  
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# HELP SUSTAIN THE PROFESSION OF DENTISTRY

The VDA works hard to advocate for your profession and patients at the local, state and federal levels.

To control the future of your profession and your practice, political action is the only way to get the job done and political contributions are an important part of this activity. Don't assume your colleagues' contributions are enough. Your contribution **WILL** make a difference. **Please support the VDA Political Action Committee (Tooth PAC) today by visiting [vadental.org/vda-pac](http://vadental.org/vda-pac)!**



2022 Giving Levels			
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Call or email Laura Givens, Director of Legislative and Public Policy: (804) 523-2185 or [givens@vadental.org](mailto:givens@vadental.org).



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# WE CAN'T LEAVE DENTISTRY TO CHANCE

## DRIVING CHANGE & DELIVERING RESULTS



Ryan Dunn, CEO



The associations that stand the test of time, and the ones poised to continue to serve their members into the future, recognize that they can't stand still and leave

their professions to chance. Past success doesn't determine future survival. You're either delivering new value for members and anticipating their future needs, or you're presiding over a shrinking marketplace, allowing outside forces to dictate your future.

The VDA adopted a Strategic Plan in 2021, and we're now executing it

to advance dentistry, empower our members. The Strategic Plan is already bearing fruit.

- We have delivered more than \$250,000 in PPE to VDA members so far this year
- We are strengthening our ties to the VCU School of Dentistry and with dental hygiene and assisting programs around the Commonwealth to ensure a strong future for the profession and to address workforce gaps that have been exacerbated by the pandemic
- We are speaking with one voice as we advocate for dentists to be paid

for their work and treated fairly by the Medicaid program in Virginia

- We are listening to members and providing new, high-value CE offerings in a convenient format to fit their busy schedules
- And we're preparing to launch a new Career Center this Spring to give members an easier way to connect with new dental team members, associates, opportunities for practice transitions, dental services and more
- We are introducing a new annual event for 2022 – the Virginia Dental Showcase – as the premiere gathering of dentists

and dental professionals in the Commonwealth, featuring cutting edge CE and innovative dental office products and services

I'm writing this message as the General Assembly is preparing to reconvene for final action on the budget, and we will have a comprehensive update on our lobbying efforts and results on our website once the final budget passes.

***“Past success doesn’t determine future survival. You’re either delivering new value for members and anticipating their future needs, or you’re presiding over a shrinking marketplace, allowing outside forces to dictate your future.”***

But I can say that when it comes to the Medicaid reimbursement, the VDA has had a clear strategic priority in fighting for one of the largest infusions of funding in Virginia’s history into expanding access to essential dental care.

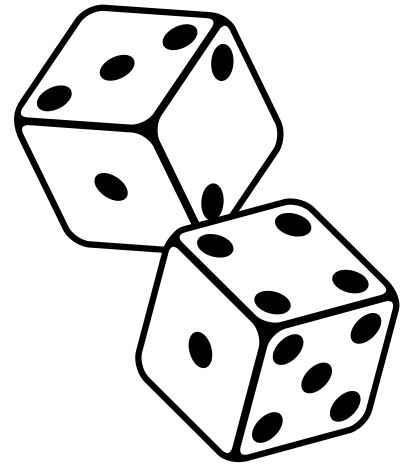
Going back many years, the VDA has argued that to expand dental Medicaid eligibility without addressing

the low rates is adding more patients into a system that quite frankly doesn’t work very well for patients, who struggle to find providers accepting those low rates, or for dentists if they’re losing money when they see a new Medicaid patient.

This funding we have been fighting for is not a panacea for dentists or for the program, but the growing funding gap is a clear hurdle to truly improving access to essential dental care in Virginia. There is no other group in Virginia representing the interests of dentists before the General Assembly and these decisions will have far reaching ramifications on the ability of all dentists to continue practicing in the modality that they prefer.

Thank you to the VDA members who have sent hundreds of messages to your legislators, personally reached out, joined us at lobby day, spoken with reporters about the need for funding. All those actions play a crucial role in educating lawmakers and giving our government affairs team the best possible chance for success.

Thank you for your continued membership in the VDA and being a part of the next chapter, we’re writing together.







## DENTAL STUDENT PERSPECTIVE: TAM NGUYEN

Paul Logan, VDA Director of Strategic Initiatives/Innovation

Tam Nguyen is a first year at the VCU School of Dentistry and shared his reflections on VDA Lobby Day, the transition to dental school and the intersection of public policy and dentistry.

### As a first year dental student, how has your experience been so far?

It has been a very good experience. I have had many mentors at the school who have helped me a lot up to this point. I did a post-baccalaureate program at VCU before dental school. During my post-bacc I did an internship that included volunteer work and I got to know a lot of the faculty and students who helped direct me in the path I needed to go, which made the experience a lot smoother. I honestly didn't think I'd be in dental school; it was a dream I really didn't think was possible. I thought people who went to dental school or med school had to be 4.0 students with perfect entrance exams. Talking to them, I realized it's more about hard work and enjoying what you do, and I feel fortunate to be here. And those relationships have continued to be incredibly valuable.

### This was your first VDA Lobby Day, tell me about how you got involved and how it went?

Brett Siegel and Travis Luke with ASDA were advocating for VDA Lobby Day and explaining why it was important. That had me interested. It can be intimidating at first but seeing faculty members like Dr. Awab were involved help a lot. They helped ease us into talking to other

dentists and legislators and made it comfortable for us to be there.

What Brett and Travis did with advocating for Lobby Day and getting us there was crucial – especially getting the D1s there this year – because as you progress through school, you may be busy, and it becomes harder to attend. Whereas for us as D1s, we were able to experience it and appreciate it. For me, I'm going to be back every year. That's what getting involved early has taught me. What I've seen from ASDA is a lot of hard work that I can see paying off. And I think there's a new culture brewing at VCU. Other than the D3s, I think the D1s were most strongly represented from the school. I think they're doing an excellent job advocating for VDA Lobby Day and I hope we can continue that trend of getting D1s involved early so they can be a part of it.

### You shared a personal story in the *Richmond Times-Dispatch* about your experience with the Medicaid program and the need to increase access to care. Can you share some of that story?

Drs. Kirk Norbo and Justin Norbo were paired with me for my lobby day experience. I felt fortunate to have been with them because I don't think I would have had the confidence to share my story without encouragement, and they allowed me to share my story growing up on the Medicaid program with the legislators that really put a face on the issue for them.



Tam Nguyen

Photo Credit:  
Dr. Nish Dalal

For me, I never went to a pediatric dentist when I was young – we weren't even aware of that specialty. What I shared with them was that I had a traumatic experience early on with the dentist. Increasing the eligibility for sedation rates for younger kids is important. Because you don't want to traumatize them and have them afraid of the dentist and not want to come back.

Speaking as a kid who came from a lower socioeconomic background, a lot of times there's a lack of understanding and communication to understand why oral hygiene is important. So, many times you'll have kids who unfortunately have higher cavity risks, and now they're at the dentist and all they experience are needles and discomfort and getting into a cycle of aversion to the dentist. The sedation legislation will allow more kids to have a comfortable experience with the dentist. Dentistry is part of your health. I've already learned so much about how important oral health is and starting those habits at a young age. And now with these experiences, I

>> CONTINUED ON PAGE 60



# VDA ADVOCACY EFFORTS BACK IN FULL EFFECT:

## ANNUAL LEGISLATIVE RECEPTION & LOBBY DAY IN RICHMOND

Laura Givens, Director of Legislative and Public Policy

After being forced to cancel the VDA’s annual (in-person) legislative events in 2021 due to the pandemic, this year’s Legislative Reception and Lobby Day were permeated with excitement. Cold and snowy weather did not keep VDA dentists, VCU dental students and Virginia legislators from gathering together at the Omni in downtown Richmond on January 20. The event continued the following morning with dentists, dental students and others from the dental community enjoying breakfast and a program that began with a very special guest speaker, Attorney General Jason Miyares. We were extremely appreciative of Mr. Miyares for taking time out of his schedule as Virginia’s newly inaugurated Attorney General to address our group.

Many dentists and students braved the bitterly cold weather to walk over to the Pocahontas building following breakfast for important meetings with legislators and legislative staff. The messages they brought to them were the importance of supporting an increase in dental Medicaid reimbursement rates and increasing the age of general anesthesia eligibility for children covered under Medicaid.

The VDA Legislative Reception and Lobby Day turned a positive corner for the VDA after nearly two years of incredibly challenging times caused by the pandemic. We thank everyone who took part in this significant event. Your involvement means more now than ever. It will mean just as much at next year’s Legislative Reception and Lobby Day – Please mark your calendars for January 26-27, 2023!

### Join us in our efforts to protect dentistry and your patients. How can you help?

- Thank your legislators for their support on our behalf during the 2022 General Assembly session.
- Make a contribution to the VDA Political Action Committee by visiting <https://www.vadental.org/vda-pac>.



**MARK YOUR  
CALENDARS!**

**NEXT YEAR'S  
LEGISLATIVE  
RECEPTION AND  
LOBBY DAY IS  
JANUARY 26-27,  
2023**



# VDA TOOTH PAC - ARE YOU CONTRIBUTING?

Dr. Bruce Hutchison, VDA Tooth PAC Chair

The VDA Tooth PAC (formerly VADPAC) serves four main areas:

1. **Raise Money:** through dentists' contributions
2. **Distribute Contributions:** support those candidates who support our profession
3. **Political Education:** educate our legislators to help them make better decisions
4. **Grassroots Advocacy:** educate our members to tell our story to those elected to office

All four factors are important to our profession's advocacy efforts. Without raising money, we are not able to support the others. Our advocacy efforts are thwarted.

Note in the chart that only one in three dentists in Virginia contribute anything to our PAC. The number of contributors and the amount of money contributed has steadily dropped over the past 10 years. And, two years of COVID hasn't helped. Our PAC has fallen behind and is in danger of becoming irrelevant.

**Bottom line: without funds, our advocacy efforts are less effective.** Virginia dentists have a long history of supporting our beloved profession but that is in jeopardy.

This could well mean more intrusion into your practice by governmental overreach, additional regulations, and pressure from insurance companies.

A weak PAC invites mid-level (lower level) provider groups to look at Virginia as the next easy mark because the dentists don't seem to want to fight back any longer. Do you want to allow lesser trained individuals to provide the patient care you now professionally provide in your office?

I hope you take notice. I hope you do something. I hope you aren't the two out of three dentists who choose to not participate and contribute to the welfare of this great profession. Let's support our profession. Let's get every dentist to get involved. Make a contribution to

the VDA Tooth PAC at <https://www.vadental.org/vda-pac>. Let's keep our profession strong in Virginia. Let's change that number from two out of three dentists who don't care, to two out of three who DO CARE!

Let's each make a difference for the future of dentistry in the Commonwealth of Virginia!

**JOIN ME - WE CAN MAKE A DIFFERENCE!**

## SEE WHERE YOUR COMPONENT IS AND WHAT YOU NEED TO DO TO REACH YOUR GOAL

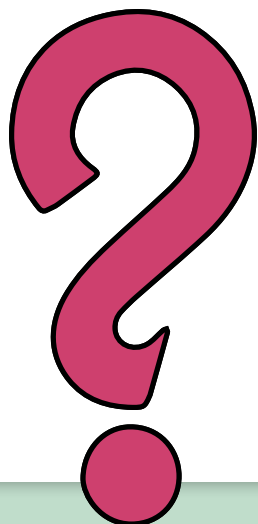
Component	% of 2022 Members Contributing to Date	2022 VDA PAC Goal	Amount Contributed to Date	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	36%	\$45,500	\$27,502	\$299	60%
2 (Peninsula)	39%	\$27,500	\$18,100	\$329	66%
3 (Southside)	36%	\$14,000	\$8,900	\$287	64%
4 (Richmond)	22%	\$67,750	\$37,104	\$312	55%
5 (Piedmont)	32%	\$30,000	\$19,225	\$300	64%
6 (Southwest VA)	43%	\$25,250	\$13,450	\$320	53%
7 (Shenandoah Valley)	27%	\$30,000	\$24,415	\$394	81%
8 (Northern VA)	25%	\$135,000	\$72,750	\$295	54%
<b>TOTAL</b>	<b>32%</b>	<b>\$375,000</b>	<b>\$218,446</b>	<b>\$317</b>	<b>58%</b>



# 2022 GENERAL ASSEMBLY SESSION REVIEW

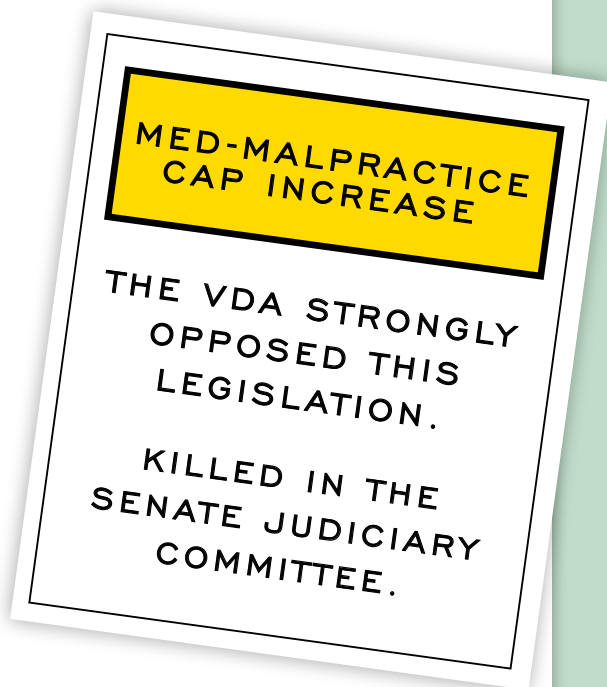
Chuck Duvall and Tripp Perrin, VDA Lobbyists

The 2022 General Assembly session adjourned sine die on Saturday, March 12. However, they did so without reaching agreement on the biennial budget. Instead, they passed a joint resolution that will carry the budget debate into a special session at some point TBD. As of this writing this report, the timeline remains uncertain as the budget conferees need to reach a resolution on the final budget before the Governor will call the legislators back to Richmond – this of course will include our request for a significant increase in Medicaid dental rates (30%) on which we have been very actively lobbying for the last several months. We thank all those members who made the trek to Richmond, made phone calls, sent emails, etc. on this very important topic. Beyond the rate increase request, the VDA had another very successful legislative session and we have detailed the positive outcomes from this session.

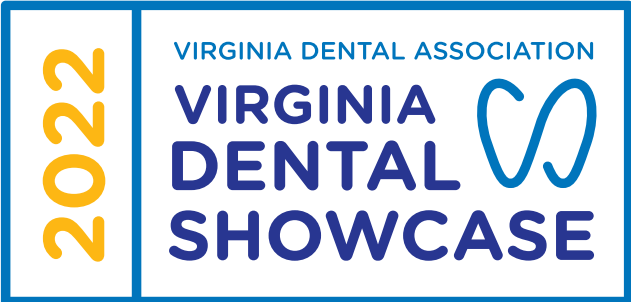


## VDA Key Legislation

- **Foreign Trained Dentists** – the lobbying team was able to fend off several foreign trained dental bills that had been drafted, all of which would have relaxed education requirements and allowed such dentists to practice in the Commonwealth. None of the bills were ultimately filed but we anticipate advocates to keep the pressure up over the next several years.
- **Out-of-State Dental Licensure HB 891 (Scott)** – this bill would have required the Board of Dentistry (BoD) to grant an application by endorsement to any applicant who was licensed. Currently, the BoD is authorized but not required to grant a license for applicants wishing to practice dentistry in Virginia. The VDA **OPPOSED** this legislation and, after significant discussion with the patron and others on the house health committee, the bill **DIED**.
- **Med-Malpractice Cap Increase SB 599 (Stanley)** – this bill would have raised the medical malpractice cap for dentists and oral surgeons around the Commonwealth. Along with other provider groups, the VDA strongly **OPPOSED** this legislation and it was **KILLED** in the Senate Judiciary Committee.
- **Increasing Pediatric Anesthesia Access.** At the request of the VDA, Senator Locke and



Delegate Brewer carried budget amendments that require DMAS (Medicaid) to cover general anesthesia for all children under the age of 10 who undergo a dental procedure in cases where the doctor thinks it is necessary. Currently, the maximum age at which DMAS must approve is only 5. The goal of this measure would be to increase access to care for children and remove obstacles for pediatric dentists. Like the Medicaid rate increase request, the fate of this measure will be decided by a handful of budget conferees.



**September 15-18, 2022**

**WILLIAMSBURG  
WILLIAMSBURG LODGE**

**SAVE THE DATE**







# INTRODUCING THE VIRGINIA DENTAL SHOWCASE

Dr. Ralph Howell; Chair, Council on Sessions

We are so excited to be back in person and to introduce our new look and feel of our event September 15-18. The Virginia Meeting has become The Virginia Dental Showcase.

In years past, attendees had to choose whether they wanted to participate in the House of Delegates meetings, visit the exhibit hall, or attend continuing education. New for 2022, the House of Delegates will be held as a part of the Richmond Lobby Day in January to allow all attendees at the Dental Showcase to be able to experience more and focus on connecting with other dentists, engaging with nationally renowned speakers through continuing education and discovering vendors and tools to help take your practice to the next level in the exhibit hall.

We have added new events and put a new spin on popular events that we know you won't want to miss. Back by popular demand is the Friday Power Hour in the exhibit hall where you can connect with peers and vendors over mimosas and snacks.

New for this year, on Saturday night get ready to be surprised as fellow VDA members compete in "Dentists Have Talent", hosted by VDA President Scott Berman. We know so many of you have incredible talents and passions you pursue outside the office, and you'll have a chance Saturday night to put yours on display (or to cheer on the brave dentists who do). Be on the lookout for casting calls soon!

To close out the event we will hear a unique perspective from Mr. Hoan Do, a former American Ninja Warrior and motivational speaker who partnered with the "Smile with Lay's" campaign (<https://prn.to/3Kk34BT>). He will share a special message about overcoming adversity and embracing practical strategies to develop resilience and mental strength that will be sure to send dentists and dental team members alike back to work on Monday with a fresh perspective.

Stay tuned for more details on speakers and events and for registration to open in June. We can't wait to see you at the 2022 Virginia Dental Showcase where you can *Brush up on New Dental CE and Products!*





# KNOWING



**REGULATIONS IS HALF THE BATTLE**

## DID YOU KNOW?

A SERIES FROM THE VIRGINIA BOARD OF DENTISTRY

### ► **SCOPE OF PRACTICE**

Did you know for the purpose of prescribing controlled substances, the bona fide dentist-patient relationship shall be established in accordance with § 54.1-3303 of the Code, which defines the dentist-patient relationship for prescribing?

**18VAC60-21-50 (B) of the Regulations Governing the Practice of Dentistry.**

### ► **BONA FIDE PRACTITIONER-PATIENT RELATIONSHIP**

Did you know a bona fide practitioner-patient relationship shall exist if the practitioner has:

1. obtained or caused to be obtained a medical or drug history of the patient;
2. provided information to the patient about the benefits and risks of the drug being prescribed;
3. performed or caused to be performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; and
4. initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects? Except in cases involving a medical emergency, the examination required pursuant to clause (iii) shall be performed by the practitioner prescribing the controlled substance, a practitioner who practices in the same group as the practitioner prescribing the controlled substance, or a consulting practitioner.

**§ 54.1-3303 (B) of the Code of Virginia**

### ► **DEA REGISTRATION**

Did you know that a dentist does not require a DEA registration to prescribe antibiotics, fluoride, and other non-controlled substances?

**Drug Enforcement Agency (DEA) 21 USC Ch. 13: Drug Abuse Prevention and Control**



# VIRGINIA BOARD OF DENTISTRY NOTES

FRIDAY, MARCH 11, 2022

Ursula Klostermyer, DDS, PhD

The meeting started promptly at 9:00 am and there was no one present for a public comment.

The minutes for the previous meetings were approved and Dr. David Brown, Director of the Department of Health Professions, reported that Board member Dr. Barbara Allison-Bryan had retired. He also stated that COVID levels have fallen recently in Richmond and Henrico and, that a 'New Normal' may now begin.

Dr. Patricia Bonwell's Liaison and Committee report was accepted unanimously. Ms. Erin Barrett, who filled in for Mrs. Elaine Yeatts, reported about Legislation, Regulations and Guidance. There is a print error in the Chart of Regulatory Actions: The comment period for the regulations governing the practices of Dental Assistants regarding training and infection control has already ended on March 4, and is not open until April 1, as listed.

All board members voted in favor for the regulatory committee to address the regulations governing the practice of Dental Assistants, which states that some DA2s are performing pulp caps. There are currently 35 individuals who fall under this jurisdiction. This topic will be discussed further.

The report of the 2022 General Assembly was introduced and discussed. The Notice of Periodic Review of Chapters 21, 25 and 30 were accepted with all Board members in favor. A brief discussion came up regarding the Dental Clinical Competency Examination Requirements for the Licensure for applicants, Dentists or Dental Hygienists, who had passed their appropriate regional examination prior to the adopted date of June 11, 2021, and who have been in full-time dental practice, faculty, or education programs since that time, will not be

required to retake a clinical competency examination to gain licensure. This was unanimously agreed on by the Board.

The Board discussed the comment from VCU School of Dentistry regarding Sleep-related Breathing Disorders. A Dentist should refer a patient to a Sleep Physician, who could then order a sleep test, diagnose the Sleep-Related Breathing Disorder and then prescribe an appropriate treatment. This might include referring a patient back to a dentist for an oral appliance fabrication. A dentist - as of now – should not prescribe any sleep test for a patient, as the interpretation and diagnosis would not be in the educational spectrum and jurisdiction of a dentist. Sleep apnea is a medical condition, and this is why a Sleep Physician would diagnose and prescribe. The Dentist would treat with a possible sleep appliance only after the Sleep Physician prescribed an oral sleep appliance.

Further, the Board discussed CE Reporting Companies. In many years the Board did not review the required CEs of all licensees. The BOD plans to get the examination committee involved in searching for an appropriate CE Reporting Company as other states have done. This should not cost any money for the licensees. Every licensee should upload/report the taken CEs to a CE Reporting Company chosen by the BOD. This would make it easier for the BOD to check the fulfillment of the required CEs. There are currently 15 CE hours required in the State of Virginia. The Board passed this unanimously.

Briefly the BOD discussed that an Agency Subordinate should hear inspection and Level D cases. It is recommended that this Agency Subordinate would draft a proposed order so the BOD could make a decision. It could be amended by the BOD

and should help to speed up the process. No jurisdiction would be lost by the BOD.

Dr. Dag Zapatero requested to revisit the addition of jurisprudence to the disciplinary process, which was paused in 2016 due to burdens placed by the staff. Many observed respondents presenting before the BOD demonstrated a lack of knowledge and understanding of Virginia code 54.1 chapter 27 pertaining to Dentistry. As of now dentists are only required to read through the chapter to make themselves familiar with the content. Dr. Zapatero feels that the BOD should require, like other states, an exam, which could be computerized, open book, with no time limit, no fees involved and allow the dental professional to retake the exam until they pass. He feels strongly that dental professionals must have knowledge of the statutes when taking care of the citizens of Virginia. The BOD refers this to the Exam Committee and awaits them to report back.

Ms. Jamie Sacksteder introduced the Disciplinary Board report of the two first months of the year. A total of 67 cases were closed. Of those, 47 cases were closed without violation and 19 cases were closed with violation. Most of the violations consisted of patient care related items like improper diagnosis or delayed or improper treatment.

The BOD meeting concluded at 11:25 a.m. and the next BOD Business Meeting will be on June 10, 2022.

**Editor's Note:** Dr. Klostermyer, a VDA member, practices prosthodontics in Richmond. Information is presented here for the benefit of our readers, and is deemed reliable, but not guaranteed. All VDA members are advised to read and comprehend all Board of Dentistry regulations and policies.



## WATER, WATER EVERYWHERE –

BUT IS IT FLUORIDATED AND ARE YOUR PATIENTS DRINKING IT?

Sarah Bedard Holland; CEO, Virginia Health Catalyst

Dental professionals know the oral health benefits of drinking fluoridated tap water, and likely recommend it to their patients. But are the patients actually drinking their tap water? Research shows that 20% of American adults do not drink their tap water, with even higher figures among Black (35%) and Hispanic (38%) adults. There are a few ways you can help your patients and communities take advantage of the health benefits that come from drinking safe, fluoridated water:

- **Ask your patients where their drinking water comes from.** If they report drinking mostly bottled water, try to understand why they do not drink their tap water. Share with them the positive impact it has on oral and overall health, and that fluoride in tap water is safe to drink. There may be other social or environmental factors that contribute to their decision, however. Virginia Health Catalyst (Catalyst) can provide information or resources for you and your patients to help with this conversation. Contact Elliot Popoff, Senior Program Manager at Catalyst, at [epopoff@vahealthcatalyst.org](mailto:epopoff@vahealthcatalyst.org) for support.
- **Be a local advocate for water fluoridation with the Community Water Fluoridation (CWF) Rapid Response Team.** If a public water system threatens to stop fluoridating

its water, Rapid Response Team members step in to advocate on behalf of CWF. Local oral health advocates educate community members and policymakers about the health benefits and cost savings of CWF and help local leaders understand the importance of water fluoridation for their communities. Learn more about CWF, the Rapid Response Team, and how to get involved in your area at <https://vahealthcatalyst.org/water/community-water-fluoridation/>.

- **Help address inequities in water quality and access for all Virginians by joining the Water Equity Taskforce (WET).** Catalyst leads WET, a statewide group of cross-sector stakeholders, to ensure everyone in the commonwealth has equitable access to safe, trusted, affordable, fluoridated water that they want to drink. WET members, including some of your VDA colleagues, bring diverse perspectives and experiences that allow the group to tackle issues of water equity using a public health lens. Past projects focused on improving community trust in local water sources using effective communication tools for water utility systems, and understanding the unique perceptions of water and quality testing habits in rural areas.

Over the next several months, WET members will identify concrete, measurable action steps to push Virginia towards equity in water access and quality. These recommendations will serve as a roadmap to guide WET efforts moving forward. All of us at Catalyst are looking forward to sharing these later this year, but in the meantime, you can learn more about getting involved with WET and the upcoming recommendations at <https://vahealthcatalyst.org/water/>.

Virginia Health Catalyst is a statewide public health nonprofit that works to ensure all Virginians have access to comprehensive health care that includes oral health. Through advocacy, education, and partnership, Catalyst elevates oral health as a vital component of overall health in Virginia. Find out more about Catalyst-led programs and advocacy efforts here: [www.vahealthcatalyst.org](http://www.vahealthcatalyst.org).

### References:

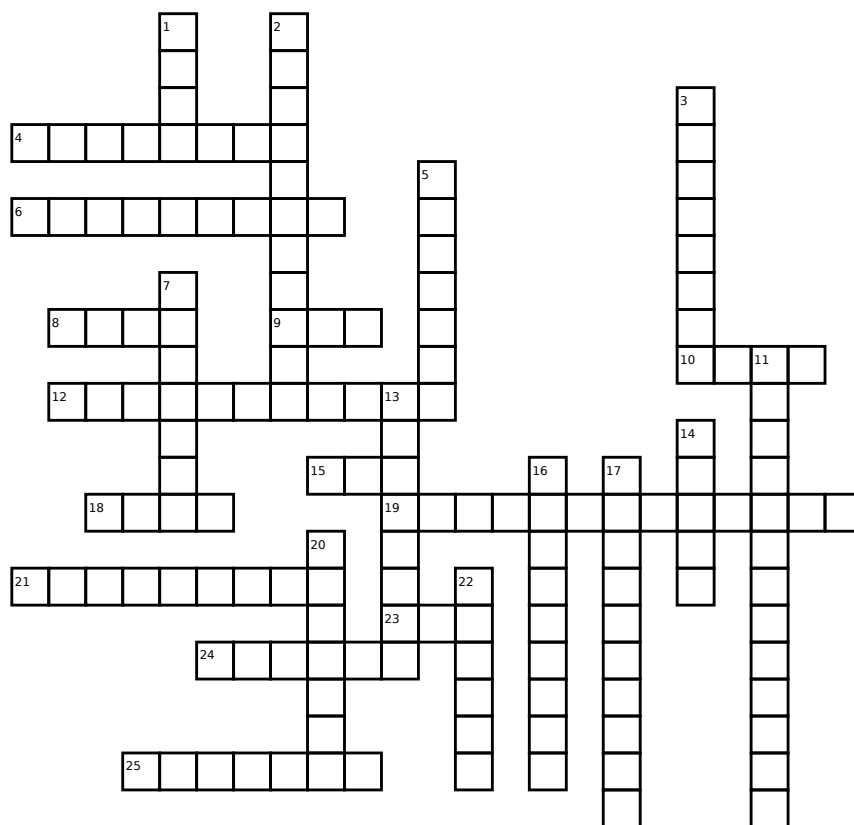
1. Phillips, M. (2022, January 30). US pushes for better tap water but must win over wary public. Associated Press. <https://abcn.ws/3AHmtZM>



# DENTAL DETECTIVE SERIES

## CROSSWORD PUZZLE

Dr. Zaneta Hamlin



### DOWN

1. French term for unsweetened; very dry
2. Geographical name that identifies where wine grapes were grown.
3. Dentistry intended to improve appearance
5. Style of beer that originated in the Czech Republic city of Plzeň
7. HR does this to pay employees
11. HBO Max Show about post pandemic life
13. International Winter sports being held in Beijing
14. Used for bread and wine making
16. Wine steward
17. Commonly called an x-ray
20. Upper jaw
22. Drug with addictive properties

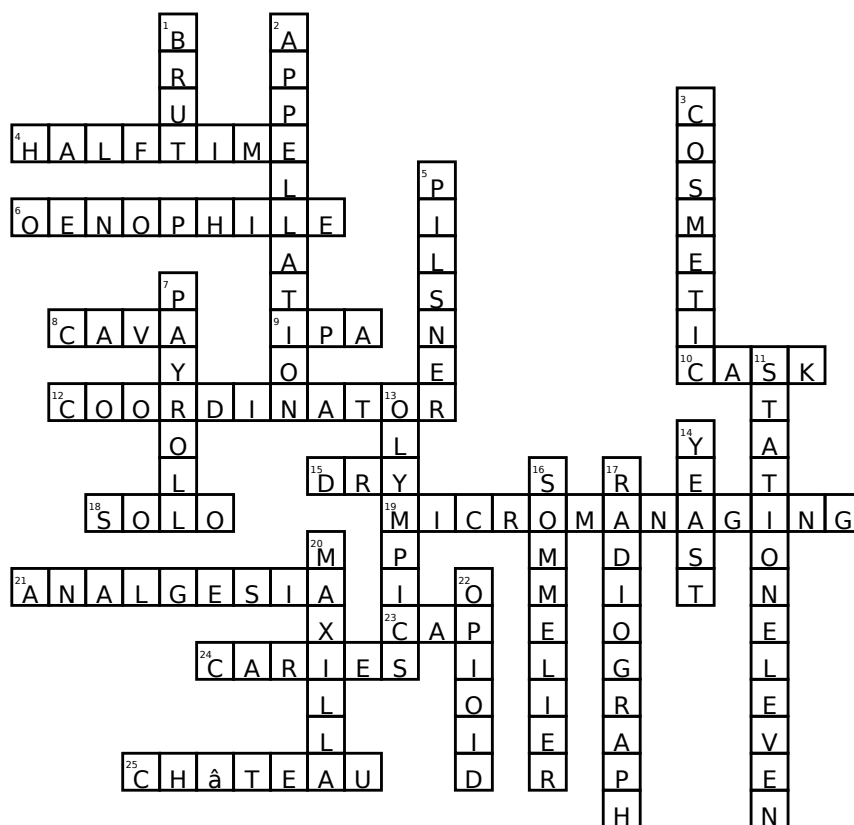
### ACROSS

4. Entertainment during the Super Bowl
6. Enthusiast or connoisseur of wine
8. Spanish sparkling wine produced in the same fashion as Champagne
9. Style of beer widespread in England by 1815
10. A barrel-shaped container for holding beer
12. This person organizes schedules and patients in your office
15. The opposite of sweet when describing wine
18. Unaccompanied or alone
19. Excessive supervision
21. Pain relief
23. Hat but patients say this to describe a crown
24. Decay
25. French word for castle

>> ANSWERS ON PAGE 46



>> CROSSWORD ANSWERS CONTINUED FROM PAGE 45



**DOWN**

1. French term for unsweetened; very dry
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## TRUTH OR CONSEQUENCES

Dr. Daniel Laskin

*Reprinted from Volume 61, Number 6 of the Virginia Dental Journal - December 1984*

*In 1984 Dr. Daniel Laskin was awarded the Gies Award by the William J. Gies Foundation for the Advancement of Dentistry, Inc. Dr. Laskin was the Editor of the Journal of Oral and Maxillary Surgery. His award-winning editorial "Truth or Consequences" was published in the April 1982 edition. He is probably better known and recognized to us as being a past Professor and Chairman of the Oral and Maxillary Surgery Department at MCV Dental School.*

*Dr. Laskin was also awarded a special award in 1983 by the Gies Foundation for the past Gies Awards he had won in 1978 and 1979 along with an honorable mention in 1975-77 and 1980.*

*I believe that in reading Dr. Laskin's 1982 editorial "Truth and Consequences" today in 2022 you will notice not much has changed. A high level of ethical behavior should always be the standard set for any profession and especially us as healthcare professionals.*

— Dr. William J. Bennett

Professional ethics is a subject that is frequently discussed, universally endorsed, but unfortunately sometimes forgotten in our everyday lives. Most of us have probably never bothered to read the Principles of Ethics of the American Dental Association or the Code of Professional Conduct of the AAOMS even though we subscribed to these codes when we subscribed to these codes when we became members of the organizations. However, although everyone could benefit from a review of these documents, because they contain details about certain specific situations related to our profession with which we may be unfamiliar, one does not actually have to read them to be able to figure out the general principles involved. There have been many definitions and descriptions

of ethical behavior, but eventually they all boil down to knowing the difference between right and wrong. This seems simple enough, and yet we can still find daily examples where some of us have difficulty in making this distinction. Is it because we do not understand the difference or because we disregard it? There are probably instances where both situations occur.

Although we may not condone such behavior, it is easy to understand that a person can know the principles of professional conduct and still violate them for various reasons. It is more difficult to comprehend how one cannot know what is and is not ethical. And yet, we constantly hear such rationalization as "no one is perfect", "it's a matter of

opinion," or "it depends on the situation." There is no room for compromise on ethical principles. Once this occurs the boundaries of justification become broader and broader. One should not have to think about ethical behavior- it should be a matter of habit.

Wrong as it may be, there is a tendency on the part of many of us to tolerate unethical conduct. Sometimes this is because we are too apathetic or because we do not have the courage to take the proper steps to discourage it. Other times, it is because we are content merely to comply with ethical standards ourselves, and we feel no obligation to be responsible for the conduct of others. Worst of all is the attitude that a little lying and cheating really doesn't hurt anyone

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and that most people do it. It has even been suggested that many people do not really consider such behavior dishonest, and that it can be condoned, particularly when it involves large businesses, like insurance companies, or the government. Such philosophies obviously carry rationalization to the nth degree.

You may ask, “why this sudden concern about professional ethics?” Is the situation any different than it has always been? Maybe not, although there is a tendency toward lower standards when the economy is depressed. What is different is the increasing concern about our ethical behavior. Hill has proposed the law of the seesaw “as the weight of honesty and ethics goes down, the weight of centralized authority and coercive regulations goes up.” Part of the definition of the profession is that its standards of ethical conduct are enforced by self-discipline rather than laws. It is fine to have a Code of Professional Conduct, but words without action are insufficient. If we do not regulate ourselves, others will.

It is difficult, if not impossible, to teach a grown person self-discipline, honesty, and responsibility. These characteristics are learned early in life. However, subsequent experiences can either reinforce or weaken them. It is our obligation to recognize such qualities in the students who we accept into dentistry, in the trainees who enter our advanced

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***“We cannot permit criticism of our profession and loss of public trust to occur as a result of the activities of those few who attempt to adjust and manipulate ethical standards to meet their own selfish goals.”***

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educational programs, and in our professional colleagues, and to nurture them by encouragement and example. But when such methods fail, we must also have the courage to speak out against the misconduct of our peers and take strong action. We cannot permit criticism of our profession and loss of public trust to occur as a result of the activities of those few who attempt to adjust and manipulate ethical standards to meet their own selfish goals. Nor can we afford to let others outside the profession take the responsibility for the regulation that we ourselves must assume.



# IN MEMORY OF DR. DANIEL M. LASKIN

A. Omar Abubaker, D.M.D., Ph.D.

As I was finishing my residency program and fellowship at the University of Pittsburgh, I serendipitously ran across an ad for a faculty position at the Department of Oral and Maxillofacial Surgery at what then known as the Medical College of Virginia. At that time, I knew that Dr. Laskin was the chairman of this department, so I put together my resume and mailed it to him. I also knew Dr. Laskin was Editor-in-Chief of the *Journal of Oral and Maxillofacial Surgery (JOMS)* and was familiar with his monthly editorials. When I applied, I thought it would be a dream job to work for and with someone like that. A few weeks later, he called and we talked on the phone for few minutes. I do remember he invited me to come down from Pittsburgh for an interview in Richmond.

The interview went very well and we later went to lunch outside the school. After we were done with lunch, he asked me what it would take to bring me here to VCU and I replied, "Offer me the job!" He said, "I *am* offering the position." Without hesitation I said, "I am accepting the job." We practically had no negotiation or discussion of what the salary would be or the benefits. I foresaw that it could be a "dream job" for me regardless of the salary or benefits. Looking back, I believe it was the most accurate prediction and the best professional decision I have ever made.

At VCU I spent ten years as faculty working for and with Dr. Laskin as my chairperson, and almost 20 years as his chair. When I served as chair, he worked as full-time faculty for six years and as adjunct faculty for almost 14 years. Until the pandemic ensued, he was working 4 days a week as an adjunct faculty. During these 30 years I got to know of Dr. Laskin's many other sides. Such



L-R: Dr. Michael Theiss, Dr. Daniel Hawkins, Dr. Daniel Laskin and Dr. Soheil Rostami

knowledge immeasurably enriched my personal life as a human being and my professional career as an academic OMFS.

In knowing the many facets of Dr. Laskin I realize that he is more than just an editor, as many knew him. Rather he is a giant and legend in our profession who had made unparalleled contributions to our profession of dentistry and to the specialty of oral and maxillofacial surgery in so many ways. Not only was he editor of the prestigious *Journal of Oral and Maxillofacial Surgery*, but he was also a prolific author, a remarkable educator, a skilled surgeon, a world-renowned researcher, a national and international leader of the specialty. But most important, I knew him as a human

who was private and humble despite all that he achieved in his lifetime. Although his curriculum vitae spans hundreds of pages that reflected a very long career in dentistry and OMFS, I have come to know that he is even bigger than what is in these pages. The hundreds of certificates of appreciation and the thousands of awards from across the globe that cover the walls on his house are testimony to his legendary status.

As an editor and author, I have always been in awe of how skillfully he edits and how eloquently he writes. He once told me that in his editing mode he does not judge the scientific merit of a manuscript. He leaves that to the reviewers. Rather, he adjusts the format, the language, and the flow and the sequence of the ideas

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in manuscript. It is not surprising that over the years he received numerous awards for his skilled editing style and for his pointed editorials. He continued his editorial role through the pandemic and until his death to edit *AAOMS Today*, a monthly publication of the American Association of Oral and Maxillofacial Surgeons. He also continued to add to his list of publications including finishing a text on the history of Oral and Maxillofacial Surgery just few months before his passing. When I tried to count his publications as an author, I stopped counting after I reached 1,000.

As an educator, Dr. Laskin left his footprints on the professional careers of tens of thousands of dentists and oral and maxillofacial surgeons. What is unique about him compared to other renowned educators is that his impact spreads across all boundaries from this country to this continent and to all over the globe. After his death, Facebook, emails, and all other forms of social media, lit up from those he impacted across the entire globe remembering him. These were his students and protégées all over the world all the way from Japan, China, India, the Middle East, South and Central America, Australia, Europe and so on. I believe that his impact is epic in its magnitude like no other educator before him.

I was privileged to know Dr. Laskin as a researcher, a thinker, and the idea man. His publications, editorials and his research have always been with a clinical perspective. Over the years and until a few months ago, he occasionally walked in my office with contagious enthusiasm and would say "I have an idea for research." It always addressed a clinical issue or questions about an aspect of patient care. Once he finished telling me his idea, he would ask me what I thought and humbly asked my opinion and input. In the later years of his life, until a few months before his death, he assumed the role of supervising, coordinating, and helping the residents and faculty in their research projects and publications.

As a surgeon, Dr. Laskin's different aspects of his career were always anchored in his skills and his profound

knowledge of his subject matter. For example, he changed how the OMFS specialty approaches and treats temporomandibular conditions. He did that through his extensive research, numerous publications and in his role as a surgeon treating thousands of patients. Among my generation of dentists and oral and maxillofacial surgeons it is difficult to find two oral and maxillofacial surgeons who would disagree that Dr. Laskin being the father of the TMD field, as we know it today. He never abandoned his clinical perspective even after he stopped treating patients in the operating room or in the clinic.

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***“As an educator, Dr. Laskin left his footprints on the professional careers of tens of thousands of dentists and oral maxillofacial surgeons.”***

.....

Last but not least, I had come to know Dr. Laskin the person, the colleague and as a friend. Although he was a private person by nature, luckily for me, over the last few weeks of his life we had various conversations and exchanged texts. The last of these exchanges was a few weeks before his death when I drove him home from his last hospital stay. In one of these chats that will stay with me the rest of my life is when he expressed to me how he now realized that it was such a good decision he made to hire me as a faculty. During the same exchange, I told him that his impact on me as a person, a surgeon, an educator and as an administrator is unmeasurable and no words can do justice to express my gratitude to him for that.

And there it goes: a remarkable journey and triumphant finish for a high school

kid whose interest was mostly sports and who played three different team sports, including basketball in high school. He wanted to go to college to become a physical education teacher or a sports coach. He finished high school at 16 and graduated from dental school at age 23, and, due to a series of unplanned events and breaks he ended up a giant and a legend in his discipline as a maxillofacial surgeon. He had two remarkable chairman tenures, at two nationally renowned institutions. At one of these institutions (MCV), he was at some point, denied a faculty job at the department because of lack of his qualifications, only to return 40 years later as the chairman of the same department.

Because of his vigorous persona and his unlimited physical and mental energy despite his age, many of us began to think he would continue living regardless of his age. Now he is gone, and it is hard to think that is for real. Once the reality settles in, I will dearly miss the Daniel Laskin I knew and my only consolation is that I am profoundly grateful for the opportunity to have been part of his journey and have him part of my own journey for many years of his and my life.

**Editor's Note:** Dr. Abubaker is Professor and Chair, Department of Oral and Maxillofacial Surgery, Virginia Commonwealth University.





## AN INTERVIEW WITH DR. MARY PETTIETTE,

DEAN OF ADMISSIONS, VCU SCHOOL OF DENTISTRY

Dr. Frank Luorno



**VCU**

School of Dentistry

I know for some of you, endodontics holds the key to happiness in dentistry, but for an aspiring surgeon in his third year of dental school, the thought of performing a root canal was daunting. Find the length, take the picture, dip the film, retake the picture, rinse, and repeat...Ugh!! But I had the good fortune of having a faculty member who not only loved what she did, but also loved to teach! After several years in private practice, Dr. Mary Pettiette entered her academic career at UNC Chapel Hill School of Dentistry and covered many of my endo clinics. I cannot say she made me fall in love with endodontics, but she was an inspirational professor who made clinic and learning enjoyable. And much to my delight, Dr. Pettiette moved to Richmond after being offered the Dean of Admissions position at VCU School of Dentistry and we were able to reconnect after 25 years.

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***“VCU School of Dentistry boasts one of the biggest digital dentistry programs in the U.S., and we are one of the few dental schools connected to an academic hospital.”***

.....

A little history before our interview. Dr. Pettiette earned her DDS from Louisiana State University in 1984 and pursued endodontic training at LSU as well. After fourteen years in the endodontic department at UNC, she went back into private practice for several years before being asked to serve as the Associate Dean for Admissions for UNC in 2014. In 2019, VCU was able to bring Dr. Pettiette and all her talents to Richmond and she now serves as the Dean for Admissions for the VCU School of Dentistry, and we were able to sit down together recently for an interview.

**Dr. Pettiette, VCU is in somewhat a state of transition as we search for new leadership. Has this affected admissions and how’s our school stacking up against the other schools in the country?**

The school’s momentum has continued to progress in an upward trajectory under the leadership of interim dean, Dr. Clara Spatafore. She has implemented many positive changes and provided adept leadership as we faced the daily challenges of the COVID-19 pandemic. Dr. Spatafore is a major VCU School of Dentistry Ram family member, and it’s evident in her advocacy and recruitment. She is one of the first faculty our prospective students meet during their Interview Day. Her commitment to the school is why I’m confident our transition to a new dean will continue to build on her momentum and establish VCU School of Dentistry as one of the top dental schools in the country.



Dr. Mary Pettiette

We are unique in a lot of ways, and it shows in our large and diverse applicant pool. VCU School of Dentistry boasts one of the biggest digital dentistry programs in the U.S., and we are one of few dental schools connected to an academic hospital. We are ranked number 17 for National Institutes of Health research funding among all U.S. dental schools, which is truly spectacular. Our focus, now and in the future, will always center on providing a stellar dental educational to our students.

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**I know you absolutely love dentistry and are a staunch advocate for students interested in pursuing a career in dentistry. What does the school do for outreach into the community, specifically in those areas of need, to find interested students early in their academic careers who may be interested in dentistry and can the VDA help?**

We have a robust offering of pipeline programs and outreach opportunities for pre-dental students. VCU Dental Scholars is an after-school program open to high school students throughout Central Virginia interested in dentistry. Participants receive lectures, visit the Dental Simulation Lab, create impressions, work on wax carvings and are paired with a mentor to help navigate the application and financial aid process. Our VCU Dental Career Exploration program is a five-day summer camp for high school students providing an opportunity to explore a career in dentistry through hands-on lab activities and interactive workshops. The Summer Academic Enrichment Program (SAEP) is a six-week immersive experience for college juniors, seniors, graduates, and post-baccalaureate students interested in dentistry, medicine, pharmacy, or physical therapy, and it's designed to foster the academic skills needed to be competitive in admissions to health sciences schools. Another unique pipeline program is Healthcare Quest, which provides middle school students early exposure to health care careers in the form of a one-day field trip including a rotation through the dental school. You can learn more about these programs by visiting <https://dhds.vcu.edu/>.

There are also outreach opportunities for pre-dental students. We have an affiliation agreement with the VDA Foundation for Mission of Mercy (MOM) projects. Our Director of Community and Collaborative Partnerships,

Michelle McGregor, R.D.H., B.S., M.Ed., oversees the dental students' participation and we have a team of student coordinators with whom she meets regularly. She reaches out to pre-dental clubs at VCU and UVA and encourages them to attend a MOM project. Applicants write an essay on why they would like to attend, and the coordinators choose students. Pre-dental students can apply for MOM and SAEP, and they can participate in dental clubs if their school has one. Interested students can also volunteer as assistants at our community clinics, many of which are in underserved areas. VCU School of Dentistry students are involved in other oral health outreach and volunteer efforts involving a number of community partners.

Thank you for asking how the VDA can help pre-dental students. One of the biggest ways is by facilitating dental shadowing hours. We encourage VDA members who would like to open their offices to help dental school applicants gain hours to please send us their contact information and we can help connect them to an eager applicant.

**Since dentistry often “runs in the family”, how can your office be of assistance when members have family members interested in dentistry?**

Our office is accessible to all students interested in dentistry and, of course, our legacy dentists' family members. We encourage them to visit our admissions website, which provides information on qualifications needed for applying to dental school and also has information on pre-dental programs. Our Pipeline/Recruitment Program Specialist Lindsay Smith has a master's degree in college student development and counseling and is available to advise future dental students. We offer advising sessions as well as tours of our school to all prospective candidates. Visit the Contact Us page

on our website and you will find links to sign up for an advising session or school tour.

I am also happy to meet with and advise interested pre-dental students. My email is [pettiettem@vcu.edu](mailto:pettiettem@vcu.edu). Associate Dean and Director of Development and Alumni Relations Gloria Greiner-Callihan, J.D., MInstF, AdvDip, is also an excellent resource for our alumni members and can be reached at [gcallihan@vcu.edu](mailto:gcallihan@vcu.edu). Her office also provides dental school tours and other supportive measures. Please reach out to us, we have many points of contact and a robust offering of information for anyone interested.

**What's the most difficult aspect of your job?**

We have many talented young applicants who seek a quality dental education at VCU School of Dentistry. It becomes pleasantly difficult to pick a great class from a great pool of applicants. There are many gifted Virginian dental school applicants. I love dentistry and I want all applicants to become a dentist. I advise every dental school applicant to “cast a broad net” and consider a number of possible schools for their education. The goal is for them to become a dentist first. If they end up coming to school here and becoming a highly-trained VCU graduate, that's even better.

**A new building is in the early planning stages. How do you feel this will affect admissions?**

As the only dental school in Virginia, we are of vital importance to the oral health of our state. Our state legislators and VCU leadership are keenly aware of our impact on the well-being of all Virginians. In May 2021, VCU unveiled its Six-Year Capital Plan which outlined details and a timeline for a new VCU School of Dentistry building. Everything from the size, geographic location, technology and clinical space in this new building must be informed by the

future of dentistry as well as the needs of our communities. I'm confident a new building will accelerate our momentum and positively reflect on the school from an admissions standpoint.

However, we know this new building is still years away from the start of construction. So, we are continuing to make improvements to our existing facilities in order to provide a world-class educational experience for our students and meet the oral health needs of the patients that we serve.

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***“Residency and advanced education programs from across the U.S. consistently reach out to our school to recruit the latest graduates.”***

.....

**I understand that a new dental school is being constructed in Highpoint, North Carolina. What effect will this have on available faculty and student admissions?**

Having a new school join the race for faculty recruitment/retention and student admissions is challenging. In 2006, there were 56 dental schools in the U.S., and as of 2020, there were 68. It's no secret that we are facing a national shortage of dental educators. Please see our article in the January-March issue of the Virginia Dental Journal titled “Dental Faculty Shortage: CALL FOR ACTION” for an in-depth analysis of this topic. In this article, we outline the reasons driving this shortage and the many steps and initiatives that need to be taken by the appropriate authorities to facilitate faculty recruitment. These measures, in turn,

will help Virginia's only dental school remain competitive in the Southeast.

**VCU SOD has an excellent reputation nationwide. What are the biggest strengths of the undergraduate program and what would you like to see improved?**

Our dental school has a spectacular reputation nationwide for educating talented clinical dentists, and that is reflected in our admissions applications. Residency and advanced education programs from across the U.S. consistently reach out to our school to recruit our latest graduates. Around 50% of our students enter into dental practice while the other half enter into a residency program of their choice. Those that choose to continue their education are accepted into residencies and advanced general dentistry programs at a 95% acceptance rate. This statistic is remarkable and ranks as one of the highest in the country.

Our excellent clinical education is tied to our robust dental practice. Our students get an early start working with patients and don't need to spend their time recruiting patients for procedures. The dental education we provide is driven by the patient-centered care that happens every day at our facilities. In addition, our students participate in service-learning programs at 15 sites across the state, many of which are located in designated health professional shortage areas. By tying education to the needs of the community, we are attracting students who want to make a difference and providing much-needed oral health care to those in need. All of this culminates in our graduates passing their dental boards at a rate of 95% on their first attempt and nearly 100% by their second attempt.

As previously mentioned, we have one of the best digital dentistry programs of any school. While we continue to

teach traditional techniques, we know that digital dentistry is the future and any dental school graduate without experience in this field will be obsolete when entering a modern dental practice.

There are two things that will help us capitalize on the amazing momentum we have built: a new dental school and the expansion of dental licensure. The new building will allow us to expand our clinics and provide new opportunities for innovative technologies and educational initiatives, while the expansion of dental licensure will help us recruit and maintain strong clinical dental faculty members. With these changes on the horizon, it's truly an exciting time to be a part of the VCU School of Dentistry. Thank you, Frank, for asking me these thoughtful questions. For all of you wondering out there—yes, Frank was a great dental student! I was sad when he did not specialize in endodontics but happy to see how his dental career has evolved and flourished!





## A RETROSPECTIVE FROM FORMER DONATED DENTAL SERVICES PROGRAM MANAGER

Julie Ericksen

After nearly seven years, I am retiring from my role as Program Manager for the VDA Foundation's Donated Dental Services Program. If I have worked with any of you, it is likely because you are generously giving your time and resources to support those in our Commonwealth who are elderly or disabled and low income through Donated Dental Services. I am grateful. I have worked closely with my capable replacement, Penny Jordan, to ensure a smooth transition.

I'd like to share with you some insights from my end of the phone lines at VDAF. We receive calls daily from folks desperate for dental care, whose dental needs often cost more than multiple months of their income and have limited or no dental insurance to support their care. Many of their issues are the result of medications, illnesses, genetics, abuse, lack of resources for routine checkups, etc.

Some have moved here from other states and are surprised at how difficult it has been to get basic dental care in Virginia. We were very excited when Medicaid expanded in July of 2021 since about a third of our waiting list was on Medicaid. With folks getting their dental care through Medicaid providers, we can help more people in need. As Medicaid expanded, we began to encourage and provide guidance to those contacting us who were eligible for Medicaid benefits to begin the process of exploring their benefits and finding a provider.

In some cases, people have reported to us their gratitude for getting their dental needs met. In many cases, they have struggled and struggled to find a provider, or are only able to get some of their dental needs met. I also see dentists



L-R: Tara Quinn, Julie Ericksen and Barbara Rollins (VDA Foundation Team Members)

declining to participate in Medicaid due to the difficulties of working within the system for a wider array of benefits. With compensation rates stagnant for many years, there is additional loss of revenue as a Medicaid provider. We have hesitated to remove folks from our Donated Dental Services waiting list who have Medicaid until we are certain they have access to care. I am thankful for the expansion of benefits in Virginia and hope the system will rise to meet the new challenges.

Meanwhile, VDAF will plug along, patient by patient, connecting our applicants with the huge gift that many of you offer of pro bono dental care. One by one, you are truly changing lives, not just with your dental work, but with your care and connection to our neighbors in need. It is amazing to see the transformative impact

of the work that you do for citizens who have lost hope – even just to hear the change in their voices as I talk to them on the phone.

I will deeply miss my exceptional colleagues at the Foundation and the VDA, the connections with our elderly and disabled applicants, and the dentists and staffs who care for them. I am leaving the Foundation in caring and capable hands, with a full heart.

If you are a dentist who would like to provide this fulfilling work for the occasional patient, please call Penny Jordan at (804) 523-2182.



## AN INTERVIEW WITH DR. CHRIS RICHARDSON

Dr. Elizabeth Reynolds

Dr. Chris Richardson is a periodontist in Richmond. He is the current president of the American Academy of Periodontology, only the third president from Virginia (one of the others being his former partner Dr. Gary Maynard). Dr. Richardson received his undergraduate degree in Biology from the University of Mississippi and attended the University of Alabama-Birmingham for dental school, completing his residency at the acclaimed University of Texas Health Science Center San Antonio periodontal program. Dr. Richardson and I have known each other for over 20 years, and he took a few minutes out of his busy schedule to sit down with me to talk a bit about his new position.

### So, Chris, tell me, why dentistry?

During the summers of my college career, I worked as an operating room surgical assistant. It was an amazing job for an 18 to 22-year-old as I got to assist in general surgery, orthopedics, neurosurgery, plastics and oral maxillofacial surgical care, I really liked the dental surgical aspect and enjoyed the precision of the surgical procedures.

### Who were your primary influences?

My parents were big influencers as I spent a lot of time around the hospital growing up. My father was the chaplain at our local hospital and my mother was the office manager for a neurosurgeon. Their connections with many of the physicians and surgeons were influential in my career decision.

### You have been involved in organized dentistry from the start. Why? What motivated you to take the time to be so involved?

Dr Jim Mellonig, my Perio Program Director told me, "To whom much is given, much is expected." I was fortunate

to attend a wonderful dental school and an outstanding periodontal residency program. I think it is tremendously important to give back to dentistry and periodontics through volunteer leadership as they have provided me with such a rewarding career. At each level that I have been involved, locally (Richmond Dental Society), regionally (Southern Academy of Perla), and nationally with the American Academy of Periodontology, I have learned so much from the people I have had the opportunity to work with, and I have tried very hard to be someone my volunteer colleagues can look to for innovative thoughts and ideas.

**That certainly speaks to the influence of faculty on the decision to join organized dentistry. I would like to mention here that the VDA is grateful for the support it gets from the VCU School of Dentistry faculty, and we are looking forward to working with our new dean, Dr. Lyndon Cooper!**

**So, you obviously took your perio program director's words to heart; what do you see as the most important issues facing dentists today, and how do you see organized dentistry (specifically, the ADA) playing a role in supporting our profession in those issues?**

Certainly, the scope of influence of dental benefits/insurers is always on everyone's radar, as is our struggle as a professional organization to ensure that we support all practice models, from the traditional solo practices to group practices to DSO style practices. The most important issue in my mind, however, is protecting the reputation that we have in the public's eye. The cost of a dental education has skyrocketed, and



Dr. Chris Richardson

I see many of our colleagues feeling as though they have to "sell" dentistry to pay their living expenses and loans. Dentists and hygienists don't need to sell services, they simply need to educate patients on the risks, benefits, and options they have for tooth repair and replacement, management of dental diseases, and cosmetic services. I want dentistry to maintain its excellent reputation as a caring healthcare profession, and "sell" puts up barriers that are not necessary in a field that enjoys such long standing, integrity. Allowing patients to be involved in the decision-making process of their treatment is key to developing and maintaining good, trustworthy, long-term patient relationships.

The ADA can certainly support dentists and dentistry by continuing to provide publicity campaigns that highlight the

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importance of seeing the dentist and hygienist regularly. This does not have to be a direct-to-consumer product (which is not affordable nor sustainable) but can target through social media and print publications. The ADA also needs to continue to protect dentistry through lobbying efforts and working closely with state organizations to keep their finger on the pulse of state legislatures and insurers. Additionally, they should assist dentists in interacting with state boards by providing sound, common sense advice on patient care.

**What about the AAP? Most of us aren't as familiar with that organization. Who are they, what do they do, and what role do you see the AAP playing in supporting our profession? We have all watched what happened in medicine when the specialties separated from the AMA; do you see this happening in dentistry? I know that you have worked and continue to work with the ADA to ensure that organized dentistry as a whole is connected, and I think that is amazing. Each specialty obviously has a bias, but the best way to ensure that our patients are well cared for is to ensure that we are sharing all of the research and information available. I see that as how specialty organizations can support the ADA... What do you think?**

The American Academy of Periodontology is the worldwide leader in periodontal science and medicine. It is a wonderful organization that offers our members outstanding continuing education content, plug and play consumer outreach programs and communication tools for our referring dentists and hygienists. The AAP has an amazing headquarters staff in Chicago and enjoys having a 95%+ market share of practicing periodontists that are members. The goal of the AAP is to see our members be the collaborative partners of our general practice and specialty colleagues in providing comprehensive patient care.

**What is your specific focus this year?**

Two years ago I put in place the Task Force on Predoctoral Periodontal Education to evaluate how periodontal education was being delivered and how dental school education has and could influence referral patterns. Last year, I initiated a Best Evidence Consensus (BEC) conference on Biologic Mediators. Those two projects are coming to fruition this year with the findings of the BEC to be published in the Journal of Periodontology and the results of the Task Force to be disseminated to educators and corporate influencers. My year as president will go by quickly and will culminate in our MP Annual meeting in Phoenix. Over the past several years, we have developed a team approach to strategic planning that ensures each initiative crosses the finish line, not just driven by that year's president. I have an amazing support cast of officers and trustees who I am fortunate to be working with in 2022 and so far, it has been a busy year.

**What do you see for yourself once you get that bittersweet title of past president? I know you will still be involved with AAP, and will likely take a little time to get reacquainted with your family, but anything else on your professional bucket list?**

I would be honored to serve as a Director on the American Board of Periodontology. I know that my experience as IMP president will give me knowledge and a perspective that I would love to bring to the American Board.



AMERICAN ACADEMY  
OF PERIODONTOLOGY



# MAKE THE MOST OF YOUR MEMBERSHIP: **TAKE ADVANTAGE OF VDA MEMBER PERKS**

Elise Rupinski, Director of Marketing and Programs

The Virginia Dental Services Corporation (VDSC), a subsidiary of the VDA, is pleased to announce a new program name and logo. Previously called VDA Services, the endorsed vendor program will now be known as VDA Member Perks.

Started in 1996, the VDA Member Perks program includes 15 offerings of a wide range of products and services for VDA members. All vendors in the program are peer-reviewed and VDA Member Perks offers a trusted list of companies that can help you both professionally and personally. Many of the programs also provide member exclusive savings, adding value to your membership in the VDA. Whether you need business or

personal insurance, HIPAA compliance solutions, e-prescribing services, credit card processing, wealth management, payroll processing, website design, dental supplies, or patient financing, VDA Member Perks is here for you.

VDSC Board President, Dr. Stephen Radcliffe, noted "In my practice, I rely on the peer-reviewed companies endorsed by VDA Member Perks. I have had the opportunity to work with nearly all our endorsed vendors and I have been impressed with the personalized service that each offered to me as a VDA member. I also enjoy receiving exclusive member savings while supporting the VDA." By surveying the marketplace and working

with industry leading partners, the VDA Member Perks program is one of the many benefits of being a member of the VDA.

Learn more about the VDA Member Perks programs and exclusive member savings at [vadental.org/member-perks](http://vadental.org/member-perks) or by scanning the QR code below.







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## Practice Opportunities

**Roanoke** Practice collects \$580K per year and is a mix of FFS and PPO. The interior of the space is perfectly designed for an efficient operation. Located in 3,000 sq/ft with 5 ops., Well trained, longtime staff. Digital and paperless.

**Loudoun County** The practice generates over \$500K per year in revenue. The cash flow is strong and patient base is 100% FFS. There are 4 ops, digital x-ray, and a strong staff in place. Real estate is for sale which includes a nice apartment above the dental practice that buyer can occupy or rent out.

**Charlottesville** The office is incredibly charming and in an excellent location. Consistently generates \$350K per year with a mix of PPO and FFS patients. The practice has 3 ops with room to grow.

**NC/VA Border** Full-time associateship needed to replace retiring associate. Mix of FFS/PPO patients with 8 ops. Revenue over \$1.8 M/year and growing! Commutable distance from the northern suburbs in the Triangle. Competitive compensation and benefits. New grads will be considered.

**Norfolk** Consistently generating over \$800K per year. 7 operatories with room for expansion. Office is paperless with digital x-ray. Seller is retiring.

**Charlottesville** This practice is consistently collecting around \$900K per year and has very strong cash flow. The office is in a prime location with great visibility to nearby shops and restaurants. It has six operatories and is nicely equipped with a new CBCT, Cerec scanners and mill. Practice has an associate in place that could stay on if desired. The seller is retiring. Real estate is owned by seller and will be available to purchase after a couple of years.

**Southwest Virginia** Long-established general dentistry practice available in a charming southwest Virginia town with the real estate available. This practice has 5 operatories and consistently generates over \$300,000 per year with 95% FFS patient base. This is a fantastic growth opportunity. The seller is retiring but is flexible on timeline with the transition.

**Newport News** Grossing around \$800K per year. Currently has 7 operatories with room to grow in a 2500+ square feet space. The office is paperless and fully digital.



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# WELCOME NEW MEMBERS

THROUGH MARCH 1, 2022



Dr. Stephanie Wilke – Chesapeake –  
LECOM College of Dental Medicine 2021



Dr. Abeer Abdulhafiz – Hampton – Louisiana  
State University School of Dentistry 2019



Dr. John Collie – Richmond – Virginia  
Commonwealth University School of  
Dentistry 2021

Dr. Rachele Gillespie – Henrico – Virginia  
Commonwealth University School of  
Dentistry 2021

Dr. Joseph Jones – Henrico – Augusta  
University College of Dental Medicine 2014

Dr. Bilal Khan – Richmond – University of  
Connecticut School of Dental Medicine 2021

Dr. Israel Mendoza – Richmond - University  
of Maryland School of Dentistry 2002

Dr. Shahrzad Orenduff – Henrico – Virginia  
Commonwealth University School of  
Dentistry 2014

Dr. Jacqueline Yip – Richmond –  
University of Pennsylvania School of  
Dental Medicine 2020



Dr. Randolph Greene – Roanoke –  
University of Maryland School of  
Dentistry 2021

Dr. Vincas Sidrys – Roanoke – University of  
Illinois at Chicago College of Dentistry 2016



Dr. Scott Dunaway – Rockingham – West  
Virginia University School of Dentistry 1997

Dr. Keith Jackson – Charlottesville -  
University of Pennsylvania School of Dental  
Medicine 2013

Dr. Wayne Remington – Charlottesville –  
Temple University the Maurice H. Kornberg  
School of Dentistry 1982

Dr. Mohamed Selim – Harrisonburg -  
University of Maryland School of  
Dentistry 2016



Dr. Abdallah Awada – Vienna – Boston  
University Goldman School of Dental  
Medicine 2014

Dr. Anmol Brar – Loudoun – Case Western  
Reserve University School of Dental  
Medicine 2017

Dr. Sunny Behal – Chantilly – Boston  
University Goldman School of Dental  
Medicine 2021

Dr. Byron Capps – Alexandria –  
University of North Carolina Chapel Hill  
School of Dentistry 2010

Dr. Linda Check – Alexandria – University of  
Pittsburgh School of Dental Medicine 1978

Dr. Eun Chon – Fairfax – Temple University  
The Maurice H. Kornberg School of  
Dentistry 2021

Dr. Chi Do – Fairfax – Baylor College of  
Dentistry 1996

Dr. Manhal Eliilwi – Alexandria – Case  
Western Reserve University School of Dental  
Medicine 2020

Dr. Dilnoza Hojaeva – Fairfax – Virginia  
Commonwealth University School of  
Dentistry 2019

Dr. Shawn Kim – Arlington – Tufts University  
School of Dental Medicine 2020

Dr. Young Kim – Sterling – Virginia  
Commonwealth University School of  
Dentistry 2017

Dr Daniel Lee – Alexandria – Boston  
University Goldman School of Dental  
Medicine 2013

Dr. Jessica Minionis – Fairfax – University of  
Texas School of Dentistry in Houston 2021

Dr. Mohit Malhotra – Fairfax – Touro College  
of Dental Medicine at NYMC 2021

Dr. Samon Nazemian – Fairfax – Howard  
University College of Dentistry 2021

Dr. Eunhyae Park – McLean – New York  
University College of Dentistry 2016

Dr. Shabaan Pervaiz – Fairfax – Howard  
University College of Dentistry 2021

Dr. Suvudha Polu – Alexandria –  
University of Pennsylvania School of Dental  
Medicine 2017

Dr. Alexander Sonesson – Leesburg –  
Oregon Health Science University School of  
Dentistry 2016

## IN MEMORY OF:

Name	City	Date	Age
Dr. Justin Allen Baker	Fairfax	12/24/21	42
Dr. Charles Porter Fletcher	Virginia Beach	2/9/22	95
Dr. Sanford Neil Morrison	Virginia Beach	1/6/22	62
Dr. Adrian L. Patterson	Burke	2/1/22	72
Dr. Jerry H. Rich	Fairfax	1/31/22	73
Dr. Harry Stickney Riley	Norfolk	11/26/18	97
Dr. Daniel M. Theberge	Reston	11/1/21	67
Dr. William Edward Tuggle	Norfolk	1/22/22	89
Dr. Philip Morton Wine	Manassas	10/10/21	89

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can see how being engaged on the policy side can really make a difference and impact the future.

### **Have you heard any feedback from people who read the story you shared and connected with it?**

I was shocked to see VCU President Michael Rao reached out to me congratulating me on the article. People like him, people from admissions and faculty at VCU. Even someone from Uganda reached out thanking me for writing it and asking for advice and mentorship as he was considering applying to the school. I felt really humbled, especially as someone who's still learning about dentistry to have others reaching out for advice and hearing from people who it connected with.

### **You mentioned in your article that you're planning to move back to the Shenandoah Valley after you graduate and see Medicaid patients in your practice. How are you preparing for those next steps?**

We recently had members of the VDA's New Dentist Committee come in to speak about contracts and negotiations for

their Business of Dentistry series. I really appreciated this because I can learn more about the business side of dentistry and topics, that if you don't come from a background in the profession, really fills in the gaps. Even hearing how they spoke about the Medicaid program as new dentists was eye opening. It's obviously a very different environment than it was 20-30 years ago when the tuition and debt was much lower. Hearing them talk about not being able to make the numbers work, that really put it into perspective why it is so important for the Medicaid reimbursement to be higher. It saddens me hearing even dentists from rural areas who aren't taking on Medicaid patients because of the reimbursement rates. If they can't make the numbers work then where do those patients go? It was just another perspective from the VDA that I'm glad I was exposed to and got a fuller understanding of the policy issue.

### **Now as we are having this conversation, the General Assembly has adjourned but they have not yet reached a compromise on the budget – the increase was included in the**

### **Senate's version and not in the House's. With that context, do you have anything else you would like to share with students and dentists in Virginia about getting engaged and shaping policies around oral healthcare?**

I'd just like to make sure I thank the mentors I've had here at VCU. I work closely with admissions since I feel grateful for them taking a chance on me. I've been asked by classmates and other students why I spend so much time on it. For me, it's a culture thing. I think we need to care more about people as individuals and not just what we can draw from them or how we can benefit. The way that we're shaping the culture at VCU is important. Programs like the Business of Dentistry are important. The new dentists that spoke to us said they saw it was important for them to give back to the students. They're spending their time here instead of with their family in hopes that when we're at their stage we can give back as well. It was great to see that even after you make it, you can use your time and your talents to pull people up after you. I was proud to see that as a VCU student.





# Classifieds

VIRGINIA DENTAL ASSOCIATION

VDA Classifieds allows you to conveniently browse and place ads on the VDA website and in this publication. VDA Members can advertise with VDA Classifieds for FREE. Nonmembers are also welcome to place ads for a fee. Please visit [vdaclassifieds.org](http://vdaclassifieds.org) for details on advertising with us.



## JOBS: Dentists

### 7288 - Associate Dentist Full Time/Part Time

*Virginia Beach*

Looking for a General Dentist who will be committed to our highest quality of patient care. We are a State-of-the-art dental facility with emphasis in cosmetic dentistry, implants, Invisalign and in 3D Technology. Great opportunity to earn high compensation and grow with the practice. Must have current VA license. Must have a current DEA. Must have a minimum of 3 years experience. All candidates who are interested in this great opportunity please e-mail your CV for consideration. All information will be kept confidential. We look forward to speaking with you!

**Contact:** Shabana Zahir 757-353-7637  
[drshabana@gmail.com](mailto:drshabana@gmail.com)

### 7337 - Dentist

*Hampton*

Looking for a full-time/part-time Dental Associate that provides excellent general dentistry. This candidate must be a friendly, outgoing and a motivated General Dentist with at least 2 years of experience, a team player and ready to work! Potential for partnership and possibility for ownership. Established patient base-be busy right away. Great earning potential!

**Contact:** Regina 757-838-5999  
[familydentistry11@yahoo.com](mailto:familydentistry11@yahoo.com)

### 7357 - Full Time or Part Time Dentist

*Kiln Creek/Yorktown*

A well-established, state-of-the-art 30+year family dentistry is seeking a general dentist. The practice serves all groups and ages addressing all aspects of general dentistry. Quality patient care is our top priority. We only accept a handful of private insurances and self-pay

patients. You can visit our website for more information at [www.levy dentalgroup.com](http://www.levy dentalgroup.com). Competitive compensation, malpractice coverage, health insurance, and 401K benefits!

**Contact:** Platon Argyropoulos  
609-325-6205  
[platonargyropoulos@gmail.com](mailto:platonargyropoulos@gmail.com)

### 7375 - Calling All Dentists!

*Midlothian and Williamsburg*

Morrison Dental Group is looking for a motivated Doctor interested in unlimited earning potential to work with our amazing team. Enjoy working in our state-of-the-art facilities. The ideal candidate would have 2+ years experience and/or GPR or AEGD Residency. Salary guarantee vs. commission; Health Benefits, CE allowance, Lab bills paid, Malpractice paid, 401K, moving allowance. We look forward to meeting you! Learn more here:

<https://morrisondentalgroup.com/join-our-team/>  
**Contact:** Alison Morrison 757-719-2237  
[amorrison@morrisondentalgroup.com](mailto:amorrison@morrisondentalgroup.com)

### 7376 - Work in Nature's Paradise!

*Chincoteague*

Morrison Dental Group is looking for a motivated Doctor interested in unlimited earning potential. The office consists of 5 operatories with new equipment in an all-digital office including Extra-oral radiography, iTero, Sensors & Implant Motor & Surgical Kits. The ideal candidate would have 2+ years experience &/or GPR or AEGD Residency. Chincoteague is located near Maryland & next to the NASA Wallops Island Space Center. It offers the small town experience, good schools & reasonable cost of living. Established patient base- be busy right away! Salary guarantee vs. commission; Health Benefits, CE allowance, Malpractice paid, 401K. Ownership Potential! Learn more:

<https://morrisondentalgroup.com/join-our-team/>  
**Contact:** Alison Morrison 757-719-2237  
[amorrison@morrisondentalgroup.com](mailto:amorrison@morrisondentalgroup.com)

### 7380 - Associate Dentist

*Fredericksburg/Stafford*

Our established busy practice with high quality patients is looking for a full/part time dentist that has great people skills, and capable of delivering a high standard of care. We are a practice that provides all disciplines of dentistry including implant surgery. Great opportunity to grow with practice. We are looking for the right fit and the right attitude toward providing the best care in the area. Visit our website: [www.gollapallidental.com](http://www.gollapallidental.com) New grads with residencies are welcome. Prefer 2+ years of experience. Salary: Starting at 35% collections Schedule will include (2) days in Stafford Location, (2) days in Fredericksburg.

**Contact:** Suresh Yerramothu  
703-944-1571 [fburdental@gmail.com](mailto:fburdental@gmail.com)

### 7382 - General Dentist Wanted

*Stephens City*

Looking for a PT/FT General Dentist to join our practice for future ownership. 35+ year practice. FFS, great location 40 minutes from NOVA. Solid patient base and potential for growth. We offer a wide array of services, implants, root canals, crowns, bridges, dentures. Prefer GPR or 2 year minimum experience.

**Contact:** Kristi Foley 540-869-2600  
[32teeth@stephenscityfamilydentistry.net](mailto:32teeth@stephenscityfamilydentistry.net)

### 7383 - Dentist

*Yorktown*

Dental Associate position available in busy high end practice. Excellent opportunity to learn and develop. Great staff and patient pool.

**Contact:** Anthony Martin 757-886-0300  
[martindentistry@gmail.com](mailto:martindentistry@gmail.com)

### 7384 - Dental Associate

*Virginia Beach*

Dental Associate position available in busy high-end practice. Excellent opportunity to learn and develop. Great staff and patient pool.

**Contact:** Anthony Martin  
[gdc1908@gmail.com](mailto:gdc1908@gmail.com)



### 7385 - Associate Dentist

#### Charlottesville

Our group practice is seeking to find the right fit for our general dental suite. We have the perfect spot for the dentist who desires to run a practice inside a practice without the headaches that accompany practice ownership. We are searching for a self-motivated general dentist to provide a wide range of services. A two-chair suite with a hygiene operatory awaits you. Contact our office to see if we can be part of your future. Percent of collections with a benefit package available.

**Contact:** J. Hodges - Albemarle Dental Associates 434-531-1356  
[jhodges2250@gmail.com](mailto:jhodges2250@gmail.com)

### 7391 - Visiting Periodontist

#### Woodbridge

We are a busy GP office looking to expand our services for our patients by adding a Periodontist for 2 days a month to start with. We treat patients referred by the VA Medical Center.

**Contact:** 347-237-1474

### 7397 - Associate with Pathway to Ownership

#### Henrico

Start the career of your dreams in this beautiful solo-doctor practice that is consistently growing and exceeding \$1 million in annual collections. With over 2,800 active patients, over 20 new patients per month (with ZERO advertising), and a core focus on providing high quality attentive patient care, this opportunity provides the right candidate with a truly unparalleled immediate opportunity. Associate will be learning from a highly regarded dentist and mentor, while securing a thriving financial future. Competitive starting salary, strong benefits package, experienced team members to support you, and a low-stress work environment. Complete the online application here for a confidential interview: <https://www.lbdtransitions.com/dentist-profile-form.html>

**Contact:** Dr. Terry Dickinson or Theresa [info@lbdtransitions.com](mailto:info@lbdtransitions.com)

### 7398 - Dentist

#### Alexandria

We are an established team in search of a dentist who cares about our patients as much as we do. If you are passionate about dentistry, people and team culture, come join us. Part time position that could lead to full time.

**Contact:** Dr. Tran 703-836-2213  
[julietrandds@gmail.com](mailto:julietrandds@gmail.com)

### 7402 - Dentist Associate

#### Stafford

Family dentist office is looking for an associate dentist with the potential earning of over \$200,000 per year. Must be able to perform molar root canals, extractions, crowns, bridges, fillings, removable prosthetics, work with children. Must have 1 year experience working as a dentist, Virginia dental license, current malpractice insurance and DEA license. Looking for a highly motivated, educationally focused dentist, to be an exceptional addition to our rapidly growing practice. Please email your resume to the below email. We look forward to hearing from you! BILINGUAL IS A PLUS

**Contact:** Norma 703-587-1293  
[normagdds@gmail.com](mailto:normagdds@gmail.com)

### 7405 - General Dentist

#### Northern Suffolk

We are a well-established, fast paced dental office looking for both part time and full-time associates. Well compensated pay. We are happy to show you around the office and answer any questions.

**Contact:** Charlott 330-801-5891  
[Charlott.malailua@gmail.com](mailto:Charlott.malailua@gmail.com)

### 7414 - Pediatric Dentist

#### Fredericksburg and Richmond

Established group practice looking for full or part time pediatric dentist. We are a combination of pediatric and general dentistry practice. We do full general anesthetic cases in house with our own dental anesthesiologist. No need to go to the hospital. If interested, please send resume.

**Contact:** Dr. Jeff Campbell 540-786-0696  
[sleepdds@comcast.net](mailto:sleepdds@comcast.net)

### 7417 - Ready for a change?

#### Blacksburg

Are you looking for a change? Are you in a situation that isn't working out? Looking for Team and Office that is intentional, organized, and high-tech? Real Life Dental has immediate availability to add dentists who are growth-minded, Team-centric, and customer service oriented. We are privately owned and operated. The area is amazing and safe with a commute of less than 15 minutes—spend your free time doing what you love!

**Contact:** Damon Thompson  
540-230-3118 [damon@reallifedental.com](mailto:damon@reallifedental.com)

### 7418 - General Dentist

#### Virginia Beach

Well established holistic family dental practice is seeking a full-time associate. Must be an enthusiastic and compassionate person willing to provide comprehensive dental care to patients of all ages. We offer a very good guaranteed daily rate with the opportunity to earn more. We do not place a production quota on the associate's daily rate like some corporate dental practices do. Our benefit package includes medical insurance, malpractice insurance, DEA licensing and credit to continuing education.

Offering \$5,000 signing bonus. If you are interested in this opportunity of working with our team, send a resume by email.

**Contact:** Dr. Dean Kent 757-373-6486  
[career@partnersindentalhealth.com](mailto:career@partnersindentalhealth.com)

### 7420 - Orthodontist Needed

#### Blacksburg

Real Life Ortho has just moved to an awesome new facility within view of the town's main schools and easy access to highways to access several surrounding counties. The demand for the services and experience we provide has overcome our current provider capacity. We have IMMEDIATE availability to step in and join an amazing Team. Full-time opportunity. Path to equity ownership available. This is an amazing opportunity in a wonderful part of Virginia to work and live. If you're looking for a change and want an established and busy environment, please contact us ASAP!

**Contact:** Damon Thompson  
540-230-3118 [damon@reallifedental.com](mailto:damon@reallifedental.com)

**7422 - Periodontist/Implant Specialist**  
*Alexandria*

We are looking for a skilled and experienced Periodontist to join our Multi-specialty Dental Office 2 Fridays a month. The practice has an established perio patient population who require multiple procedures such as osseous surgery, soft tissue graft and implant placements. The position is available immediately to replace the previous periodontist. We are a professional and highly talented team who pride ourselves to deliver the highest quality and individualized care to our patients in a boutique style dental practice. Compensation is negotiable.  
**Contact:**  
[AssociateDentistResume@gmail.com](mailto:AssociateDentistResume@gmail.com)

**7423 - Pediatric Dentist**  
*Alexandria*

Our multi-specialty team is looking for an energetic and caring Pediatric Dentist to join our team once a week. The practice is fee for service and also accepts PPO insurance. We have highly talented and experienced staff and strive to deliver the highest quality of service tailored to each individual's need. Office equipped with iTero scanner and a CBCT machine. Compensation is negotiable.  
**Contact:**  
[AssociateDentistResume@gmail.com](mailto:AssociateDentistResume@gmail.com)

**7424 - General Dentist/Prosthodontist**  
*Alexandria*

Our Multi-specialty practice is looking for an experienced General Dentist or a Prosthodontist to join our team of competent and friendly staff in our modern and state-of-the-art dental practice. The office is fully digitized, equipped with CBCT and iTero. Only PPO insurances and fee-for-service are accepted. Compensation is negotiable. Position is available immediately 1-2 days a week with some flexibility on the days.  
**Contact:** Shiva Kermanshi 703-861-6797  
[skermanshi@yahoo.com](mailto:skermanshi@yahoo.com)

**7426 - Dentist - Locums Tenens – Part/Full Time - May 16, 2022 - September 2022**

*Roanoke*  
Our Dental Practice has a locums tenens General Dentist opportunity. Provide excellent dental care to our patients during this assignment. Work up to 4.5 days per week Talented and dedicated support team. Competitive daily base rate Modern, updated office, digital x-rays  
**Job Link:** <http://puredentalbrands.com/areers/?gnk=job&gni=8a7885ac7dc024e1017e45a0c1765b30&gns=Virginia+Dental+Assoc>  
**Contact:** Brad Cabibi 561-866-8187  
[bradcabibi@puredentalbrands.com](mailto:bradcabibi@puredentalbrands.com)

**7427 - General Dentist - \$10K Sign-On Bonus**  
*Richmond*

Relocation Incentive, Student Loan Repayment. We are seeking a General Dentist to work in a fast paced, well established dental office. We prefer a candidate with a minimum of 2 years work experience and who is able to perform a range of services to our patients however well qualified \*\*NEW GRADS\*\* welcome to apply. Sound interesting? We'd love to speak with you today! Job Link: <http://puredentalbrands.com/careers/?gnk=job&gni=8a7887ac7e749484017eb6b00f8204ab&gns=Virginia+Dental+Assoc>  
**Contact:** Brad Cabibi 561-866-8187  
[bradcabibi@puredentalbrands.com](mailto:bradcabibi@puredentalbrands.com)

**7429 - Excellent Mentoring Opportunity for New Dentist**  
*Martinsville*

We have what a new dentist needs!!! Mentoring in a patient centered high quality practice. Excellent compensation. Great benefits and work schedule. CE and moving allowances are included. Our small group practice provides patient centered comprehensive dental care in a beautiful, spacious, and comfortable office. To help you learn, our dentists and experienced team members are excited to mentor you in securing a highly successful financial future in a very profitable, low-stress small group practice. Our family friendly community

possesses a wonderful quality of life. Traditional fee-for-service. Partnership track opportunities are also available.  
**Contact:** Mark A. Crabtree, DDS  
276-632-9266  
[drcrabtree@martinsvillesmiles.com](mailto:drcrabtree@martinsvillesmiles.com)

**7430 - General Dentist**  
*Harrisonburg*

Healthy Community Health Center (HCHC), seeks full-time Dentist. HCHC serves patients in Harrisonburg City, Rockingham and surrounding counties. Candidate must be team-oriented, with excellent communication skills who can interact with patients, and staff from diverse backgrounds. Full benefits, PTO, CME and more. Please submit CV to: <https://www.hburgchc.org/careers/>.  
**Contact:** Jenny Toth 540-214-5016  
[jtoth@hburgchc.org](mailto:jtoth@hburgchc.org)

**7432 - Associate General Dentist**  
*Goochland*

Goochland dentistry is looking for an associate general dentist who is happy, humble and confident with a desire to do excellent filling, crowns, root canals and extraction and hygiene as needed. We use digital scanning, 3D printing, and have a CBCT available.  
**Contact:** Peter Murchie 804-363-4513  
[murchiesmile@comcast.net](mailto:murchiesmile@comcast.net)

**7435 - Peninsula Family Dental Practice Seeks Associate**  
*Hampton*

29-year-old established General Family Practice is looking for an Associate Dentist who is team oriented and enjoys treating a wide variety of patients. Our practice has 7 operatories and a never-ending stream of new patients. The practice is all digital and has the latest Cerec Primescan and milling unit. The position is full time with a competitive salary, vacation days, health insurance, and a 401K retirement plan.  
**Contact:** Janine Harvey 757-827-9114  
[admin@lejeunedentistry.com](mailto:admin@lejeunedentistry.com)

**7439 - General Dentist**  
*Centreville (Fairfax County)*

Established, general and multi-specialty dental center is looking for a full time, long term General Dentist to join the

team. Applicant dentists should have a minimum of 2 years experience in private practice, have the ability to build lasting patient relationships and have leadership qualities to build and maintain his/her clinical team. Office utilizes recent high-end technology. Great benefits.  
**Contact:** [ddsvc2022@gmail.com](mailto:ddsvc2022@gmail.com)

#### **7445 - Associate General Dentist** *Windsor*

Position available for a dental associate. Thriving 37-year-old practice in the Tidewater area in need of a full-time associate. Office hours are 8-5 Mon-Thurs and 8-12 on Fri. Competitive salary or percentage of gross collections. Looking for an energetic person with good communication skills to provide excellent care for our patients. Would prefer someone with previous work experience but will consider new grads also. Office currently has 8 operatories with a new expansion due to be completed by May.  
**Contact:** Joyce Demsko, Office Manager  
text/call 757-377-7739  
[harolddemsko@aol.com](mailto:harolddemsko@aol.com)

#### **7447 - Opportunity** *Norfolk*

Morrison Dental Group is looking for a motivated Doctor interested in unlimited earning potential. The ideal candidate would have 2+ years experience and/or GPR or AEGD Residency. Salary guarantee vs. commission; Health Benefits, CE allowance, Malpractice paid, 401K. Learn more: <https://morrisondentalgroup.com/join-our-team/>  
**Contact:** Alison Morrison 757-719-2237  
[amorrison@morrisondentalgroup.com](mailto:amorrison@morrisondentalgroup.com)

#### **7451 - Locum Tenens Dentist** *Virginia Beach*

Spend July at the beach covering for a 4 operator general practice. July 11-July 28, 2022. 7AM-3PM Monday through Thursday. Per diem rate negotiable  
**Contact:** Kristin 757-495-5010  
[kristin@greenmeadowsdds.com](mailto:kristin@greenmeadowsdds.com)

#### **7454 - Associate Dentist** *Falls Church*

A patient centered, fee for service, general practice is seeking for a Pt and/or Ft associate. The candidate must have good clinical, and communication

skills, desire to deliver high quality dental care to our patients. Private practice experiences preferred.  
**Contact:** Iris 703-663-8859  
[bestdentist4you@gmail.com](mailto:bestdentist4you@gmail.com)

#### **7455 - Associate Dentist** *McLean/Arlington*

Busy high-quality state-of-the-art multi-specialty perio-pros dental practice seeking part time and or full time highly motivated experienced individual who wishes to focus on providing highest quality dentistry while improving skills. Great work environment with experienced friendly staff. Excellent income potential.  
**Contact:** Mehdi Adili DDS 703-442-0442  
[dradili@idealdentalsolutions.com](mailto:dradili@idealdentalsolutions.com)

#### **7456 - Full Time Associate Dentists** *Verona*

Dental Health Associates is a rapidly growing Dr. owned and managed multi-office group practice. We strive for excellent comprehensive full mouth dentistry in all our practices. We have a strong commitment to CE, training and mentorship. Seasoned dentists, AEGD/GPR graduates or new dentists are welcome to come grow with us. Opportunities throughout the Shenandoah Valley in Lexington, Staunton, Harrisonburg, Dayton, and Fishersville. Excellent commission-based compensation with a \$500 per day guarantee and the potential to earn \$200,000 to \$300,000 Annually. We offer an excellent benefit package including malpractice, Medical insurance, 401k matching, and CE stipend. A route to ownership/partnership is also available.  
**Contact:** Dr. Dennis Calvano  
540-290-2436 [drcalvano@mydha.net](mailto:drcalvano@mydha.net)

#### **7457 - Dentist to Join Practice** *Burgess*

Dentist sought to join expanding family practice with 1 dentist & 2 hygienists. We now average over 30 new patients per month. The practice has a Cerec & milling machine; CBCT imaging; 3D printer. Placing implants is a specialty of the owner. Start 1-2 days a week with the long-term goal of taking over the practice. Check us out at [FinaFamilyDental.com](http://FinaFamilyDental.com). Experienced dentist as well as recent graduate willing to grow, will be

considered. Reach out via email or Fax: 804-453-3450  
**Contact:** Linda Combs 804-220-2029  
[LJFinaDDS@gmail.com](mailto:LJFinaDDS@gmail.com)

#### **7458 - Associate Dentist** *Harrisonburg*

A well-established, out-of-network general practice is looking for an associate dentist with minimum of 3 years of experience, who is a life-time learner and has exceptional people skills. New graduates will also be considered. We have wonderful staff committed to excellence and superior customer service. We have invested heavily in technology over a number of years and have the latest technology available in the office. This opportunity lends itself as a mentor relationship as the two doctors in the practice are highly skilled, successful clinicians. We are looking for an associate who is personable and team oriented with the potential to buy into the practice. This is a full-time position.  
**Contact:** Scott Dunaway, DDS  
540-830-0312 [scott@valleymilecare.com](mailto:scott@valleymilecare.com)

#### **7461 - Associate to Traditional Private Practice**

*Hampton Roads*  
Atlantic Dental Care has multiple opportunities for General Dentists. We are a unique group 100% owned by our dentists, preserving the private practice of dentistry. Our 130 dentists have a shared vision of delivering quality care in the communities we serve through our 80 locally owned offices. We are a group practice for dentists by dentists. Tired of working for someone else? Come join us and begin your pathway to ownership of your own practice. Benefits include 401k, health insurance, and HSA. ADC is designed to provide you with the clinical and business mentoring to ensure your success. Meet us at <https://youtu.be/D1LBEvGglu8> and <http://www.atlanticdentalcare.net/>. Confidentiality Assured.  
**Contact:** Marina 757-455-5554  
[atlanticdentalcare@cox.net](mailto:atlanticdentalcare@cox.net)



**7466 – Part Time General Dentist Associate**

*Falls Church*

Our modern, well-established practice is looking for a general dentist to join our team 2-3 days a week. Position can lead to full time in the future. We are a high-end practice that only participates with high reimbursement PPO ins plans and fee for service. Candidate must have great communication skills, be a motivated dentist who wishes to focus on providing excellent quality dentistry. Mentorship by dentist owner is available. We offer excellent commission-based compensation with a daily guarantee.

**Contact:** [northernvadental@gmail.com](mailto:northernvadental@gmail.com)

**7467 - Associate Wanted**

*Southside Richmond*

We are looking for a part-time associate. 1-2 days. Our family practice is patient oriented. Our staff is dedicated and friendly. They work hard to serve our patients. Great pay, opportunity to buy in or buy out available.

**Contact:** Sara 804-314-4803  
[richmonddds12@gmail.com](mailto:richmonddds12@gmail.com)

**7468 - Full Time Associate**

**General Dentist**

*Fredericksburg*

Busy high-quality state-of-the-art dental practice seeking full time highly motivated experienced individual who wishes to focus on providing highest quality dentistry while improving skills. Great work environment with experienced friendly staff. Excellent income potential.

**Contact:** Brandon Walker 540-237-1700  
[manager@reformdentistry.com](mailto:manager@reformdentistry.com)

**7470 - Dentist**

*Williamsburg*

Full time or Part time position in Williamsburg. Upscale family practice with emphasis on cosmetic dentistry. Flexible hours. Guaranteed daily compensation plus bonuses.

**Contact:** Denise 804-843-7145  
[dentalemployment2021@yahoo.com](mailto:dentalemployment2021@yahoo.com)

**7474 - Part Time Endodontist**

*Falls Church*

Our modern, state of the Art General Dentistry Practice is looking for a part time Endodontist to join our team. We are

a high-end practice that only participates with high reimbursement PPO ins plans and fee for service. This is a great opportunity to work on a multi-specialty setting to provide high quality dentistry. We have a team of specialists including Prosthodontist and Periodontist, and we would like to have an endodontist to join this team.

**Contact:** [northernvadental@gmail.com](mailto:northernvadental@gmail.com)

**7475 - General Dentist**

*Virginia Beach*

Our modern, established practice is looking for a dentist to join our team 3 days/wk from July-September to cover a maternity leave. Position may lead to regular employment. Candidate must have great communication skills and be a motivated dentist who wishes to focus on providing quality dentistry. We have a wonderful staff committed to excellence and superior 5 Star Customer Service. This opportunity lends itself as a mentor relationship as the 3 doctors in the practice are highly skilled, successful clinicians. We are looking for an associate who is personable and team oriented. We offer excellent compensation with a daily guarantee.

**Contact:** Jordie Efland 757-499-9639  
[jordieefland@gmail.com](mailto:jordieefland@gmail.com)

**7476 - Dentist**

*Richmond*

We have an established private and rapidly growing practice. Large number of new and current patients waiting to meet you! We would love the opportunity to show you around our office and introduce you to our awesome staff. Candidates should be motivated & passionate with excellent chairside mannerism, experience working with all ages and proficient in regular checkups & complex dental procedures. Full time or Part time position in Richmond. Upscale family practice with emphasis on cosmetic dentistry. Flexible hours. Guaranteed daily compensation plus bonuses.

**Contact:** Denise 804-843-7145  
[dentalemployment2021@yahoo.com](mailto:dentalemployment2021@yahoo.com)

**7477 - Associate Opportunity with Partnership Potential**

*Williamsburg/Yorktown*

Quality-focused four-doctor practice with two locations is seeking an associate to join our growing practice. With over 70 years of practice experience, and an outstanding, dedicated staff of more than twenty, our practice is highly regarded in the community. With limited insurance participation, we have a quality-focused, patient-focused mission. We perform most all aspects of dentistry; cosmetics, crown and bridge, endodontics, extractions, place and restore implants, Invisalign, and treat patients from 3-years old to over 100. Applicants should be personable, motivated, caring and eager to learn and grow. Ideally candidates would have an AGD/GPR or several years of practice experience. But all exceptional applications will be considered.

**Contact:** Josh [cathyjosh@cox.net](mailto:cathyjosh@cox.net)



**Practice Transitions**

**7419 - A Great Business Opportunity**  
*Suffolk*

Busy general dental practice in the Harbour view area. Office has been open in this location 4 to 5 years and keeps growing fast. 2021 had a total production/ collection of about \$900,000 working 4 days a week. The office is fully staffed. Seeing average 25-30 patients a day. 4 tx rooms.

**Contact:** Charlott 330-801-5891  
[Charlott.malailua@gmail.com](mailto:Charlott.malailua@gmail.com)

**7462 - Private Practice Ownership**

*Hampton Roads*

Atlantic Dental Care has multiple purchase opportunities for general dentists. ADC is a group practice 100% owned by its dentists. Our 130 dentists have a shared vision of delivering quality care in the communities (Williamsburg to Virginia Beach) we serve through 80 locally owned offices. We are a group practice for dentists by dentists. Tired of working for someone else? Come join us and begin your pathway to ownership as

we preserve traditional private practice. Benefits include 401k, health insurance, 125 plan, and HSA. Whether you're tired of working for someone else, a recent graduate or student ADC has opportunities for outright purchase as well as mentorships. Meet the dentists of ADC at <https://youtu.be/D1LBEvGgiu8> and <http://www.atlanticdentalcare.net/>. Confidentiality Assured.

**Contact:** Marina 757-455-5554  
[atlanticdentalcare@cox.net](mailto:atlanticdentalcare@cox.net)



## JOBS: Office Staff

### 7331 - Part or Full-Time Dental Hygienist

*Herndon*

Looking for an experienced dental hygienist to join our team. Monday – Thursday 9:00 am – 5:00 pm and one Friday a month. Preferred knowledge in Dentrax software. Salary is negotiable per experience. Fax your resume to: 571.210.4410

### 7338 - Dental Assistant

*Hampton*

Needed ASAP to join our fabulous and growing team. DENTAL EXPERIENCE REQUIRED. Duties include but are not limited to; assisting the dentists and hygienists, taking x-rays, going over the patient's medical history, answering phones, scheduling appointments, computer experience, attention to detail, multi-tasking, insurance coordination and customer service. Full time and Part time hours available. Compensation depends on experience.

**Contact:** Regina 757-838-5999  
[familydentistry11@yahoo.com](mailto:familydentistry11@yahoo.com)

### 7348 - Dental Hygienist (Full Time/Part Time)

*Virginia Beach*

We are looking for a Registered Dental Hygienist to become a clinical partner who is a team player and has a passion for helping patients. At the office we use the latest dental technology such as iTero,

Dentrax software and more. For your protection the office is well stocked on PPE, N95, Level 3 surgical masks and face shields. New graduates are welcome to apply as well as those with experience. The position is paid hourly, and we are looking for a RDH that can work: 1, 2 or 3 days/week. If the information above matches you, please send an updated CV. All applications will be kept confidential. Must be licensed to work in Virginia.

**Contact:** Pam 757-932-5299  
[hrdentaljobs1@gmail.com](mailto:hrdentaljobs1@gmail.com)

### 7349 - Full Time Front Desk/ Receptionist

*Virginia Beach*

We are seeking a Front Desk / Receptionist for a full-time position for our dental practice in Virginia Beach. This position requires 1-2 years dental experience and the ability to work well in an insurance-based office. General Duties and Responsibilities are as follows: answering phones, scheduling appointments, presenting treatment plans and financials, insurance processing and other general front desk duties. Excellent compensation and immediate opening.

**Contact:** Pam 757-932-5299  
[hrdentaljobs1@gmail.com](mailto:hrdentaljobs1@gmail.com)

### 7379 - Seeking Registered Dental Hygienist

*Alexandria*

We are seeking a RDH to join our practice. We can offer competitive pay, benefits, and flexible schedule. Ideal candidate would be a thorough professional with genuine interest in helping patients achieve their periodontal health and is a team player and a leader with an action-oriented approach. The candidate should be focused on personal and professional growth leading to a fulfilling career. Must have a Virginia license and be comfortable working with both kids and adult patients. Should be focused on a winning attitude and approach during the busy hours in the clinic and take X-rays as necessary.

**Contact:** Brittany Elder 304-839-3867  
[tdbrittanye@gmail.com](mailto:tdbrittanye@gmail.com)

### 7386 - Dental Hygienist

*Charlottesville*

Our team is looking to fill more hygiene positions in our group practice. Many perks exist, like a CBCT, two lasers to be used for periodontal therapy, group, and personal patient anxiety counseling programs by a Board-Certified Dental Hypnotherapist, team approach in all we do, modern materials and equipment and a team desire to see our patients flourish. Top wage, benefits and potential for sign-on bonuses await you.

**Contact:** J. Hodges @ Albemarle Dental Associates 434-293-8944  
[shanna@getaperfectsmile.com](mailto:shanna@getaperfectsmile.com)

### 7388 - Dental Hygienist

*Ashland*

Licensed Dental hygienist needed ASAP. Do you excel in your field? Are you interested in a customer care-based practice? Do you like working with a solo dentist with a great connection to the local community? We want to hear from you! New grads are welcome to apply! We are looking for a hardworking, motivated, and enthusiastic team member to join our practice. Pay based on experience, benefits available for full time. Full time, part time, or temporary for the right candidate.

**Contact:** Victoria Lane 804-798-7388  
[info@ashlanddentalarts.net](mailto:info@ashlanddentalarts.net)

### 7399 - Dental Hygienist

*Falls Church*

Modern dental practice looking for a highly motivated, customer service-oriented team member to join our practice. We are looking for the perfect individual to help grow our practice and be a part of our upbeat team. Our practice is family oriented, and our patients are number one. If you possess a positive attitude with a great smile, you may be the individual we are looking for. Please forward your resume along with a cover letter. Pay is commensurate with experience and skill set.

**Contact:** Dr. Michael Paesani 703-237-7725  
[info@novadentalstudio.com](mailto:info@novadentalstudio.com)

#### **7406 - Dental Assistant**

##### *Stafford*

Established a Family Dental Practice is seeking Part-time / Full time Dental Assistant to join our team on Monday - Thursday 8:00 am to 5:00 pm. The ideal candidate should be friendly, team player, positive demeanor with a flexible schedule to provide excellent care to our patients! We want to ensure all our patients and staff feel safe and protected while in our office. We now have a full glass barrier in the reception area. We have ALL the proper PPE for the staff and are CDC COVID-19 compliant. Requirements: - X-ray certified in the state of Virginia - Proficient in Dentrix and Dexis - Current CPR - Current OSHA  
**Contact:** Jeymy Machado 540-720-8630  
[normagdds@gmail.com](mailto:normagdds@gmail.com)

#### **7407 - Dental Hygienist**

##### *Stafford*

Our TEAM is incomplete... We are looking for an outstanding Dental Hygienist to provide exceptional care to our patients. We offer superior quality treatment to our patients, and we need a Dental Hygienist who will carry this philosophy into their position with us. MUST: 1+ years' experience as a Dental Hygienist Active VA License as a Dental Hygienist CPR Certification Experience with Dentrix dental software Experience with iTero Experience with digital X-rays Experience with diagnosing periodontal disease Experience giving local anesthesia is a plus but not necessary Knowledge of OSHA and HIPAA regulations Is a PLUS (English & Spanish) Positive Attitude  
**Contact:** Norma 703-587-1293  
[normagdds@gmail.com](mailto:normagdds@gmail.com)

#### **7436 - Part-Time Dental Office Staff**

##### *Arlington - National Landing*

Established dental practice is looking for a highly personable, motivated part-time front office representative. We focus on providing the best possible patient experience therefore candidates MUST have excellent verbal and written communications skills. This fast-paced environment requires a high level of organization and multitasking. Responsibilities include \* greeting and welcoming patients as they enter the office creating a great first impression \*

answering phones \* utilizing Dentimax for patient scheduling and records \* scheduling appointments for multiple providers \* filing insurance claims and following up on outstanding claims \* verification of benefits and explanation of coverage \* posting of insurance and patient payments \* processing account receivables.  
**Contact:** [richard.gruntz.dds@gmail.com](mailto:richard.gruntz.dds@gmail.com)

#### **7449 - Registered Dental Hygienist**

##### *Henrico*

We are looking for a FT or PT Dental Hygienist to join our amazing team. We are a one doctor and one hygienist office. Our office is open Monday-Thursday 8-5 and Friday 8-1. Flexible days and hours are available. Candidate must be a team player that is friendly, confident, compassionate, reliable and always wearing a smile. We value the skills and expertise a RDH brings to our office and their importance in the overall treatment of our patients. Must be a graduate of an accredited school of dental hygiene and have a RDH license.  
**Contact:** Dr. Jennifer T. Rose 804-285-8290  
[drjennifertrose@gmail.com](mailto:drjennifertrose@gmail.com)

#### **7459 - Registered Dental Hygienist**

##### *Harrisonburg*

We are growing our dental hygiene department and are looking for the right person to join our team. We are an upbeat and energetic general practice that strives for excellence in patient care. We offer experienced hygienists who can mentor a new graduate along with monthly hygiene meetings. Days of work and compensation are negotiable. We are open to hiring the right person to start in our office prior to licensure.  
**Contact:** Dabney Vaccaro 540-433-2800  
[dabney.ellen@gmail.com](mailto:dabney.ellen@gmail.com)

#### **7471 - Dental Hygienist**

##### *Hopewell/Chester/Colonial Heights*

Seeking an experienced part time or full time dental hygienist to join our established but growing practice. Candidates must have a positive attitude, be a team player, friendly, confident, reliable and provide exceptional care to our patients. Experience with applying sealants & fluorides, assessing oral

health conditions and utilizing appropriate cleaning techniques are a must. Competitive salary, flexible schedule plus bonuses!

**Contact:** Denise 804-843-7145  
[dentalemployment2021@yahoo.com](mailto:dentalemployment2021@yahoo.com)

#### **7472 - Dental Front Desk**

##### *Montpelier*

Willing to train new candidates, ones that recently completed a dental program or welcome experienced dental professionals to our practice. Candidates must have strong communication skills with patients, staff & doctors, motivated team member, pay attention to detail & a self-starter. A great personality & positive attitude are highly desired. Hours are M-Th 8:15-5:30 & F 8-3  
Job duties include: Excellent phone & communication skills Great customer service Answer incoming calls Check In/Check Out Review patient's account and submit dental claims Confirm appointments and keep schedule productive Present treatment plans and discuss financial agreements Verify insurance Benefits include paid time off and holiday pay. Salary based on experience  
**Contact:** Denise 804-843-7145  
[dentalemployment2021@yahoo.com](mailto:dentalemployment2021@yahoo.com)

#### **7473 - Dental Office Coordinator**

##### *Williamsburg*

Busy dental office seeks full time office coordinator. Applicants must be a team player, energetic & possess a positive attitude. Attention to detail & the drive to help our office grow are a must. Previous front office experience in an insurance based dental office is required. We are looking to fill this position immediately. General duties of the office coordinator: Ability to multitask & work independently or with others Knowledge in general dentistry Answer incoming calls & schedule appointments Ability to fill schedules Confirm appointments Insurance verification Explain treatment plans to patient Prepare payment plans & present to patient Process insurance claims Post insurance and patient payments Competitive salary/Benefits package  
**Contact:** Denise 804-843-7145  
[dentalemployment2021@yahoo.com](mailto:dentalemployment2021@yahoo.com)



### 7479 - Dental Hygienist

Hampton

LICENSED DENTAL HYGIENIST needed ASAP to join our fabulous and growing team. DENTAL EXPERIENCE REQUIRED. Duties include but are not limited to; taking x-rays, periodontal charting, going over the patient's medical history, examine patients for signs of oral diseases, such as gingivitis, and provide preventive care, including oral hygiene. Also educate patients about oral health. Full time and Part time evening hours available. Compensation depends on experience. Applicants must possess the ability to work in a progressive environment.

**Contact:** Regina 757-838-5999  
[familydentistry11@yahoo.com](mailto:familydentistry11@yahoo.com)



## Products

### 7421 - CBCT and Radiology Reporting Service

Richmond

[www.omfradiologist.com](http://www.omfradiologist.com) is a Cone Beam CT and dental radiology interpretation service of Dr. Aniket Jadhav. He is a Board Certified Oral & Maxillofacial Radiologist with over 10 years of experience in the field and offers structured radiology reports to overcome diagnostic challenges. CBCT scans provide 3D information of the maxillofacial skeleton and often possess diagnostic challenges due to the time-consuming nature of the review process. Save your chair side time and minimize liability risk by referring CBCT cases for full volume review. Dr. Jadhav will work personally with you for your diagnostic needs. To partner with OMF radiologist for CBCT reporting.

**Contact:** Dr. Aniket Jadhav  
904-302-4852 or 804-899-8181  
[contact@omfradiologist.com](mailto:contact@omfradiologist.com)



## Office Space: Sale/Lease

### 7215 - Dental/Orthodontic Office Condominium for Sale

Manassas

Beautifully built out 1,700 sq. ft. office. Excellent, centralized location with easy access to Rt. 66. Turnkey operation for primary or satellite office. New equipment including state of the art 3D digital Pan/Ceph unit. Currently set up for orthodontic practice with five chairs and plumbed for two additional. Office could be transitioned to treat patients for a general practitioner or specialist of any type with some minor modifications. All furniture, equipment, and supplies are negotiable for sale, as well as the real estate. This is a great opportunity for a quick practice start!

**Contact:** [toothuniverse@gmail.com](mailto:toothuniverse@gmail.com)

### 7444 - Tysons Corner Practice for Sale

Vienna

This GP has an exceptional location, with easy highway access, main roads located close by and is located in a beautiful professional building that will surely impress your patients. The office is 1,868 sq. ft. with 5 ops, digital equipment and everything is in excellent condition. The practice has a mixture of 20% FFS and 80% PPO patients and collected \$480K in 2021. With this location and some fresh energy, this opportunity could easily become a hugely profitable practice.

**Contact:** Meghan 859-913-0242  
[meghanmp82@hotmail.com](mailto:meghanmp82@hotmail.com)

### 7460 - Office Space for Lease

Fairfax

Looking for a right dentist to share a fully equipped 2,000 sq. feet office in Fairfax. Convenient location with plenty of free parking in front of the building. Great opportunity for a young or retiring dentist. Possibility of the future buy-out.

**Contact:** 571-460-6785

### 7464 - Turnkey Dental Office in Downtown Washington, DC

Washington, DC

SAVE HUGE MONEY, TIME, AND HEADACHES! Totally built out and fully equipped dental office two blocks from the White House in a nice medical building very near two subway lines. This is a perfect location for a new dentist, or a specialist and is an instant startup. This office has windows all along the length of the office. Fantastic insurances from the IMF, World Bank, FDIC, Federal Reserve, AFL-CIO, etc. Please email the below and leave a phone number and we will contact you.

**Contact:** Linday 703-751-6147  
[blackhorseink@cs.com](mailto:blackhorseink@cs.com)

### 7469 - Dental Office

Charlottesville

Efficiency in Dental Care delivery is more critical than ever. I have an equipped 5 treatment room, 1,500 sq ft dental office ready to go for \$340,000, or rent as is for \$2,600.

**Contact:** Alan Bream 434-242-1848  
[alan.bream@gmail.com](mailto:alan.bream@gmail.com)

### 7478 - Office Space for Sale/Lease

Arlington

Office space for sale. John Marshall Bldg. 1540 sq ft. IT ready. Multiple dental practitioners in the building. Free parking. Prefer to sell but will entertain lease and lease/sell options.

**Contact:** Travis Patterson 703-201-6125  
[drtp24@aol.com](mailto:drtp24@aol.com)

## Virginia Dental Journal Correction - Volume 99, Number 1, page 32

Column 1 should read as follows:

"Mr. Rutkowski stated the rule: a valid DEA license is not necessary to write a prescription for antibiotics."

The digital issue has been updated.

We regret causing any inconvenience to our readers.

## Put the pliers down, let the pros do their job.

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”

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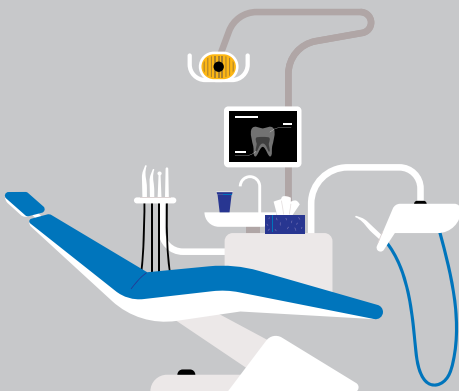


Virginia Dental Association  
3460 Mayland Ct., Ste. 110  
Richmond, VA 23233



## Peer Reviewed Members-Only Benefits

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abyde.com | 800-594-0883 x1

**ACG Wealth Management**

acgworldwide.com/vda | 800-231-6409

**ADA Visa Credit Card from U.S. Bank**

adavisa.com/36991  
888-327-2265 ext 36991

**Bank of America Practice Solutions**

bankofamerica.com | 800-497-6067

**Best Card**

BestCardTeam.com | 877-739-3952

**CareCredit**

carecredit.com/dental | 866-246-9227

**Dominion Payroll**

empower.dominionpayroll.com/vda  
804-355-3430 ext. 118

**iCoreConnect**

land.iCoreConnect.com/VA15  
888-810-7706

**Professional Protector Plan (PPP)**

protectorplan.com | 800-683-6353

**ProSites**

prosites.com/vda | 888-932-3644

**RK Tongue, Co., Inc.**

rktongue.com | 800-683-6353

**Solmetex**

solmetex.com | 800-216-5505

**The Dentists Supply Company**

tdsc.com/virginia | 888-253-1223

**TSI**

tsico.com/virginia-dental | 703-556-3424

