The GAGD

Summer 2006

Explorer

Dedicated to the Concerns of General Dentists in Georgia
Official Publication of the Georgia Academy of General Dentistry

WOW! In This Issue –

Exciting Tailgate and Learn Weekend Planned

Drs. Findley and Ward Featured

Our Annual Tailgate and Learn Weekend will be held September 15-16 in Athens. The University of Georgia will be hosting the University of Alabama-Birmingham at Sanford Stadium. Two excellent course offerings for the general practitioner have been scheduled for a total of 9 CE credit hours. On Friday, Dr. Carl Findley will be presenting three in-depth topics including "The Mandibular Bar/ Overdenture, An Overview of Implant Prosthetic Surgical Dentistry-Laminate" and "The Osteotome Technique for Treating Posterior Maxilla Cases." These courses will be held at the Center for Continuing Education on the UGA campus and a continental breakfast and luncheon will be served. On Saturday morning Dr. Robert Ward's course on sleep disorder diagnosis and treatment entitled "Sleeping Beauty vs. Phantom of the Night: What Happens When the Sandman Comes" will be held at Dr. Stanley Satterfield's office on Prince Ave. A pre-course continental breakfast and a late morning Tailgate BBQ Lunch will be

Carl E. Findley, Jr., DMD, MAGD

Robert B. Ward, Jr., DDS

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AGD Board of Trustees Appoints Executive Director

Christie Tarantino AGD Executive Director

The Academy of General Dentistry's (AGD) Board of Trustees recently announced that Christie Tarantino, CAE, will serve as the AGD's new executive director. Tarantino will lead all of the management responsibilities for the AGD, a professional association of more than 35,000 general dentists dedicated to staying up-to-date in the profession through continuing education.

"We're working hard to advance the value and excellence of general dentistry," says AGD President Bruce A. Burton, DMD, MAGD, ABGD. "We are confident that Christie will help the AGD move forward, and we are happy and honored that she has accepted this position."

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Dr. Kois, Massad and Koch Headline Annual Meeting

The 2007 Georgia Academy of General Dentistry Annual Meeting, featuring an ALL-STAR cast of CE speakers, will be held January 19th and 20th at the Cobb Galleria in Atlanta.

John C. Kois, DMD

Joseph J. Massad, DDS

On Friday, Dr. Joe Massad's course, "Dentistry For The Baby Boomers: New Impression Techniques and Physiological Zoning of Tooth Placement," will examine a new, innovative impression technique in detail. Learn the most reliable technique in dentistry today. Also on Friday, Dr. Kenneth Koch's multimedia lecture course, "Precision-based Endodontics" will demystify endodontics by covering everything from bulletproof

Kenneth A. Koch, DMD

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President's Message

Greetings From Below the "Gnat Line"

Robin Wise, DDS
President

I hope you are all having a good summer. I was having dinner recently with a physician friend of mine who was bemoaning the sad state of affairs in his profession. He talked of how he was basically working for the insurance companies–long hours and relatively low pay. His fees were being set for him and his patients were being told what kind of treatment they needed, who could do it, and how much they should be charged. He talked of how he wasn't sure whether or not he would be inclined to encourage his young children to pursue a career in medicine. I thought later how fortunate we are in dentistry where the fee for service model of dental care delivery still works. But, we must be vigilant. We must support those in organized dentistry who are advocates for us, and we must take an active role whether it be in the halls of our legislative bodies or the board rooms of third party carriers. There are those who would love to have us in their pockets also.

One of the core values put forth by our National Academy is "Advocacy for the General Dentist." You do have someone in your corner with the AGD. Your Academy also has taken as a major initiative in its AGD2010 Strategic Plan whose goals briefly are:

1. AGD will be recognized as the voice of general dentistry.

2. Membership will be valued and sought after by all members of the general dentistry community committed to excellence.

3. The public and the profession will recognize the value of the Academy of General Dentistry and its members' commitment to excellence.

4. AGD will be synonymous with excellence in CE.

5. AGD will be operating more efficiently and cost effectively with engaged capable volunteers at every level.

That's where you can take an active part. Come be a volunteer with us in your state constituency. Those who have come before us have set a high standard and we need to continue in their footsteps to take Georgia AGD to the next level. With your help, we can achieve this goal.

And speaking of excellence in CE…this Sept 15th and 16th you have a wonderful opportunity for two excellent courses in Athens, GA. Read all the details in this issue of *the Explorer*. I can't say enough about our speakers, Carl Findley and Bob Ward. I hope to see you then.

Yours for better dentistry,

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Executive Director: from page 1

"I am committed to helping the AGD implement the objectives of its strategic plan as well as building a stronger association to provide our members with more benefits," says Tarantino.

Tarantino brings more than 13 years of management experience in administration, operations, marketing, membership services, chapter relations, and volunteer development to the AGD. She most recently served as the AGD"s interim executive director, as well as vice president of operations. Prior to the AGD, Tarantino served as associate vice president, member relations, for the Professional Convention Management Association (PCMA) in Chicago, where her responsibilities included oversight of member recruitment, retention programs, chapter relations, and volunteerism activities.

Tarantino holds membership in the American Society of Association Executives (ASAE), the Professional Convention Management Association (PCMA), and the Association Forum of Chicagoland.

She holds a bachelor's degree in political science, as well as a master's degree in public administration with a concentration in human resources management, from Auburn University in Alabama. In 2002, she earned the designation of certified association executive (CAE) from the ASAE.

Thanks to our Annual Corporate Sponsor!

Dentsply Caulk

The generosity of Dentsply Caulk allows the GAGD to bring the highest quality continuing education programs throughout the year at reasonable cost.

Football Weekend: from page 1

provided for those attending the game or beginning the drive home. Whether a football fan or not, Athens is an exciting place to be on game weekends. Fall is in the air. This is a great opportunity to earn CE, socialize with old friends or new acquaintances and see the DAWGS "between the hedges." Tickets are limited to 4 per doctor attending the course.

A block of rooms has been reserved at the Athen's Comfort Inn 706-227-9700. Give them reference #172673.

The Marriott Courtyard at 706-369-7000 still had rooms at this printing. Hope to see you there!

Editor's Message

Unlike English or Biology There is No "Life 102"

Gary E. Stough, DMD
Editor

Several recent articles in mainstream dental publications, including *AGD Impact*, have addressed issues concerning the unpreparedness of most dentists to meet the real world head-on upon leaving dental school. New dentists are not prepared for the stresses involved in managing a dental practice and a number eventually end up in counseling and/or in need of substance abuse programs.

It is difficult enough for dental schools to teach students adequate dentistry in four years to safely unleash them upon the world. There simply is not enough time or resources to teach dental students how to hire and fire staff, handle grievance procedures, manage the business facets of running a dental practice, make wise financial decisions or balance practice, family and community commitments. Most dentists go to high school, college and dental school and are suddenly a DOCTOR. Doctors are supposed to be wise and all-knowing, but for most the 'real life' working experience is limited to part-time jobs during school; hardly adequate 'real life' preparation. CE courses on cosmetics, endodontics, implants and so on are important but what is learned can not be maximized if the emotional, physical and mental states of the dentist are out of sync.

Most dentists are hesitant to ask for help when it is needed. Is it the perception of weakness by others if they do so? It is about time the national organizations address such issues openly and seriously. It has not been a priority in the past. Older dentists who have learned from experience and the school of 'hard knocks' need to mentor younger dentists and help them avoid as many pitfalls as possible. Younger dentists need to forget false pride and tap into the resources older dentists can offer. It is all about the journey. Burning rubber looks and sounds cool but it puts wear and tear on the vehicle and that vehicle is us.

We are a profession but we are also a brotherhood and need to be supportive of one another. Organized dentistry offers numerous opportunities for dentists to interact, form friendships and find necessary support. For those needing more specific help the GDA has an excellent Wellness Program in place. Call Jane Walter (404)376-5987 or Email her jwgda@aol.com. Assistance is confidential.

Bleaching Children's Teeth: Questions and Answers

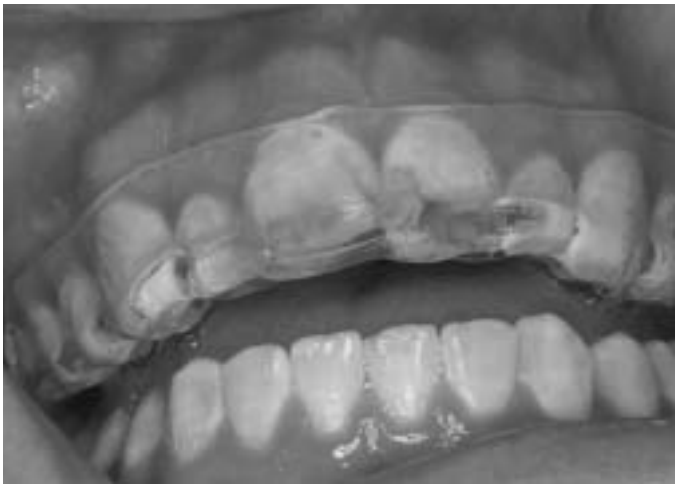
by Dr. Van B. Haywood, Professor, MCG School of Dentistry

I am often asked if I bleach children's teeth. This question arises because some of the bleaching product manufacturer's instructions cite ages below which they recommend not to bleach. In fact I do bleach children's teeth, especially in the 10-14 age range and older. Not all children are concerned about discolorations on their teeth. However, if the child is self-conscious about their teeth and smile, they may not properly develop good social interactions or confidence in their personality. Bleaching should be performed if the child is having social/personal problems, not just because the parents want their child's teeth to be whiter. Since compliance is an important component in this bleaching technique, whitening the teeth should be the desire of the child. It is especially important in our culture to have attractive teeth during teenage years, so this age group is especially interested in bleaching. Bleaching is often the sequel to orthodontic treatment, and even can be accomplished using the orthodontic positioner rather than a bleaching tray.

Are there concerns for the young tooth? Although there has been concern expressed about the large pulp chambers and sensitivity, I have not seen any problems associated with this age group. It may be due to the large apices and considerably good blood flow that accompanies this age. We know that peroxide goes through the enamel and dentin to the pulp in 5-15 minutes, which is apparently the cause for sensitivity. However, possibly the good blood supply and resiliency of children allows sensitivity not to be a problem. We at MCG have published several papers showing the use of potassium nitrate containing products (such as Sensodyne toothpaste), either as a pre-brushing for two weeks, or as a 10-30 minute application in the tray, can alleviate sensitivity in most patients should that occur.

How young can the child be for bleaching? Typically the youth would have permanent teeth, which places them in the 10-14 year old range. Since the primary teeth are called "milk teeth," they are usually very white and not a problem. We have reported one case of bleaching the primary teeth of a four-year-old darkened by trauma. Trauma has been the only indication for primary teeth bleaching, and should only be done if all other reasons for discoloration are eliminated (abscessed teeth, caries, resorption, etc.). Bleaching is certainly easier, more esthetic and more cost effective than bonding or placing stainless steel crowns with esthetic facings for the short life of the primary tooth. Bleaching is more indicated in the mixed dentition stage. Although teeth may still be erupting, orthodontists have indicated that wearing of the tray will not impede eruption in the short time needed to bleach. However, it is best not to have a tray seated on gingival areas where a tooth is almost ready to suddenly erupt. The youngest children with permanent teeth I have bleached have been 10 years of age. The indication usually was for brown stains from fluorosis. I have bleached my three children's teeth when they were in their teenage years.

Dr. Van B. Haywood



What about safety to the child from swallowing the product? The questions of safety to the young child have been answered in literature prior to bleaching, as well as current literature. Prior to bleaching and even today, 10% carbamide peroxide is used in new born infants, 10 drops in their throat every two hours for 7-8 days, to treat candidias or thrush. Urea peroxide was also used in 1800's to stop caries in children with pitted teeth. Several papers cite the use of 10% carbamide peroxide as a rinse, in the form of Glyoxide, in orthodontic patients during three years treatment to prevent white spot lesions. We at MCG are currently pursuing this option of oral hygiene for the orthodontic patient with tray application of carbamide or hydrogen peroxide. The CP material appears the most favorable at this time.

What does the ADA seal offer? The strongest position for safety is that of the American Dental Association's seal of approval. To obtain the seal, the company must demonstrate both laboratory and clinical safety through a series of stringent safety studies, as well as show the product works and lasts at least six months in two clinical double blind studies. Although the ADA is discontinuing the seal program in 2006 for dental products used in the office, they will retain the seal for products that are either sold over the counter, or taken home from the dental office for home application. This includes home bleaching kits and fluorides. At this time, four bleaching materials have the ADA seal: Rembrandt by DenMat (which has been recently acquired by Johnson & Johnson), Platinum by Colgate Oral Pharmaceuticals, Opalescence by Ultradent Products Inc. and NiteWhite by Discus Dental. Some of these products are no longer available to the dentist in the form that the safety data was generated, so we will have to wait to see who in the new

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File Breakage in Endo

Prevention is the Best Medicine

by Arthur "Kit" Weathers, Jr. DDS

I just hung up the phone after talking with a dentist who was very concerned about file breakage. He had broken seven rotary files in the past three years, and he wanted to know if that number was excessive.

I suggested that most of the files he had broken were probably in the mesial roots of lower molars; they were most likely not the first files used in the canals and most, if not all, of the teeth were probably still functioning asymptomatically.

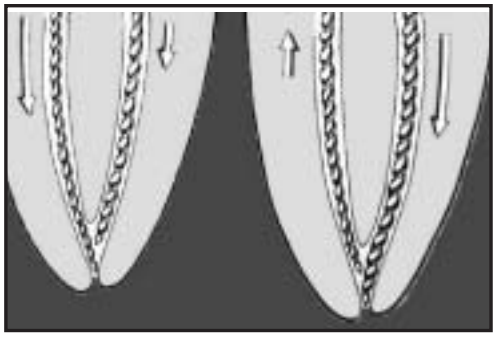
"Are you psychic?" he asked. "The last file I separated was in tooth #19, and most of the others were also in lower first molars. And all of the teeth are still functioning normally."

"I'm not psychic," I replied, "but I did have an uncle who was both psychic and telepathic, so we called him a psychopath."

I was kidding of course, but the conditions that routinely lead to file breakage are so predictable, I often appear to be a mind reader when I quickly diagnose them over the phone.

This doctor's questions reminded me that now might be a good time to review the most common reasons for the untimely separation of rotary files. The following suggestions apply to all rotary filing techniques:

Beware the Mesial Roots of Lower Molars



Any time two canals join, the possibility of file separation is increased. This situation occurs almost half the time in the mesial roots of lower first and second molars, and these teeth represent the most likely sites of file breakage. (Mesiobuccal roots of maxillary molars and lower anteriors containing two canals can also be candidates for file separation.)

Fortunately, awareness of why these teeth are more prone to "grab" and hang onto file tips makes avoiding problems relatively easy.

First, we must determine if the two canals join, and at what level they come together. Insert a hand file to working length in each canal. If the canals join, only one of the files will go to length at a time. If one of the files stops short, withdraw the second file that is blocking the juncture, and the first file should go to length.

Preparing the straighter of the two canals usually presents no problem, but if the file in the second canal is deflected around the turn, it can bind as you force it to length. Don't do that!

Once you have determined where the canals join, prepare the straighter of the two canals (usually the mesiolingual) to length, and don't go beyond the junction in the other canal. Incidentally, two canals with a common apex can occur in the distal roots of lower molars, so be aware of that possibility.

Inadequate Lubrication

All rotary instruments cut easier in the presence of lubrication. Just ask any machinist about the importance of flooding the cutting area with oil when drilling through metal.

Arthur "Kit" Weathers, Jr. DDS

I inject KY jelly in the pulp chamber to lubricate rotary files as they are inserted in the canals. You can also use RC Prep, Glide or other such lubricants, but KY jelly is inexpensive, contains chlorhexidine gluconate as it's main active ingredient, and is water soluble, so it flushes easily from the canal.

This article is about preventing file breakage so I've only mentioned lubrication. You should, however, keep in mind the importance of irrigation, dissolving tissue with solutions such as sodium hypochlorite, and removing the smear layer with materials such as EDTA. A convenient way to deliver sterile irrigation solutions to the canal is with the product pictured below, called Singles, from the EndoSolutions Company. These single-use, 1.0 ml sterile pipettes simplify the delivery of medicaments to the canal.

Proper Handpiece Selection

Please do not attempt to use rotary files in a slow-speed handpiece, simply

"backing off" the rheostat. Speed fluctuations can be very hard on rotary nickel titanium files. For years, I used a 20,000-rpm air-driven slowspeed combined with a 64:1 reduction angle to achieve

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Bleaching: from page 4

seal program retains the seal. However, it is safe to say those concentrations of 10% carbamide peroxide are the most well researched products on the market, and would be safe for youth and children. Only 10% CP products have ever had the ADA seal, and the bulk of research in the world is on 10% CP.

What type of tray design do you use? Typically an alginate impression is taken, and a cast generated in a horseshoe shape. Many articles and bleaching companies have information on the fabrication of the tray, with various design features. I believe the non-scalloped, no reservoir tray design is the most desirable, since this design provides a better seal against the gingiva to retain the material in the tray, and uses less material per application. Since it has been shown that reservoirs are not needed to bleach teeth, this design is also the most comfortable to wear and the easiest to fabricate. Additionally, I use a "boil and form" tray design available only to the dental profession when the discoloration is isolated to the front two or four teeth. This is especially helpful in the mixed dentition stage, since any tray will no longer fit in six months or less due to loss or primary teeth and eruption of permanent teeth. MCG did the early research on these in-office boil and form trays. Originally a two-ply tray, they evolved into a thin facial, thick lingual tray. The cost is roughly $1.40 per tray, and they can be bought in bulk lots of 1,000 (Sure Firt-Ultra Thin Tray 10135-OT) from oraltech.com.

What reasons would you have to bleach a young person's teeth? There are several areas of discoloration for children's teeth. The first to consider is the child who is born with yellow teeth. Children whose teeth are more yellow than normal are often teased about not brushing, or called "butter teeth." For this child, the use of nightguard vital bleaching can easily remove the yellow coloration in a matter of days or weeks. A second area for consideration is white or brown discolorations, which are often associated with high fluoride ingestion.

What about using microabrasion? Many dentists are more often familiar with abrasion techniques for white or brown discolorations. Abrasion techniques pre-date the recent home bleaching era. The most popular abrasion technique is called microabrasion, as made popular by Dr. Ted Croll. Microabrasion involves the softening and removal of the enamel with hydrochloric acid and pumice. The teeth are isolated with a rubber dam, and a special geared-down handpiece is used. Microabrasion is not bleaching, but the removal of enamel along with the surface defect. Twelve to 26 microns of enamel are removed per five-second application.

What is macroabrasion? There is also the sister abrasion technique called macroabrasion. Macroabrasion uses rotary instruments for enamel removal. As described by Dr. Harald Heymann, this can involve the use of a carbide bur in a high speed handpiece, followed by polishing with composite finishing disks and polishing points or pastes. We published a paper showing the sof-flex disk (black and three blue) by 3M, followed by composite polishing instruments such as Enhance points and diamond polishing pastes work well on enamel, especially when a rubber dam is not easily applied for microabration.

However, the advent of the nightguard vital bleaching has offered a more conservative option to be considered first in certain areas. If the enamel surface is intact and hard, then nightguard vital bleaching should be the first choice for brown discolorations, or minor white areas. This whitening technique avoids the removal of the fluoride rich enamel layer, does not alter the line angles or shape of the tooth, and still leaves the abrasion technique as an option should it be required.

What response can be expected from brown discolorations? Brown discolorations can be removed approximately 80% of the time. One case report took 4-6 weeks to remove an isolated brown discoloration on a central incisor. This brown discoloration has remained absent for seven years with no further treatment. Most other brown areas are showing similar patterns. Only a few brown areas have required re-treatment in 1-3 years.

How different is bleaching the white discolorations? White discolorations behave entirely different. The white cannot be removed, but the background is lightened to make the white spot less noticeable.

If the white area is a single isolated spot or a few spotty areas, then it is better to bleach first to lighten the background of the tooth, rather than try microabrasion. Often this bleaching may make the white areas less noticeable, and no further treatment is needed. White spots do not actually disappear, but the background gets lighter to make them less noticeable. Sometimes the original white spots gets more noticeable during the first few days of bleaching (called the "splotchy stage"), but generally revert back to their original color after stopping the treatment. This temporary lightening of white spot is due to the differently formed portions of enamel which are responding to the carbamide peroxide faster.

Do you use microabrasion before or after bleaching? If there is an unsightly, rough, white, poorly-formed discoloration covering the entire tooth surface, then microabrasion may be the first treatment of choice for smoothness. However, generally the teeth are more yellow after the white surface is removed, and the bleaching technique may be still required after the abrasion. Hence I generally bleach first, then consider abrasion techniques.

If the white spots are still a distraction after bleaching has been completed, then micro or macro abrasion can be performed. However, the abrasion techniques should be done with the explanation to the parents that if the isolated defect gets worse sub-surface, the defect may have to be aggressively removed and the defect covered with a composite restoration. By bleaching first, the color for the composite can be properly selected the day the abrasion is used. Bonding or abrasion should be delayed for two weeks after bleaching, for the shade to stabilize and for the bond strengths to reach the original level. There is a 25% reduction in the bond strength of composite to etched enamel if applied immediately after any type of bleaching.

Files: from page 5

approximately 300 rpm. The trick was always to run the handpiece at maximum speed. Now, I use an electric handpiece, which is quieter, lighter and better balanced with a more precise adjustable speed control. Best of all, this handpiece costs very little more than the air driven. The only drawback to the electric handpiece is the separate foot switch.

I do not use a torque control handpiece at this time, but as this technology improves, I may add that feature to my armamentarium. The current generation of torque controlled handpieces do not have enough settings to account for every size, shape and design of rotary file, and even if they did, adequate studies have not been done to determine the amount of stress that can safely be applied to each and every file.

While we are discussing handpieces, don't overlook the importance of using a sonic handpiece for increased irrigation efficiency, and even more importantly, reduced stress on your rotary files.

I firmly believe that every dentist should use a sonic handpiece in conjunction with rotary nickel titanium preparation. Whenever your rotary file does not easily go to place, use a #15 sonic file (I like Shaper Sonic or Rispi-Sonic files from Medidenta) to loosen things up and prevent stressing rotary instruments.

Keep Things Moving

Rotary files are designed to drill a precise-sized hole, and continuing to go in and out after they have reached apical length is counterproductive. Make certain the file is rotating as you enter the canal, slowly advance a millimeter at a time, and as soon as you reach the working length, withdraw and proceed with the next size file.

Good Access is Essential

If you obtain unimpeded access into the canals, you will greatly simplify your canal preparation. Good access means you can close one eye and see all of the canals without having to move your head or the dental mirror.

If you use a crown-down approach and eliminate undercuts, preparation will be a breeze.

Let the Files do the Work

How much apical pressure can be safely applied to rotary files? A good rule of thumb is to push no harder than it takes to cut the first millimeter. If you get to a point that you must press harder, go to the next size file. Light pressure is the watchword. Let the files do the work as you slowly advance to the working length.

Discard Files Frequently

Finally, do not over-stress rotary instruments! Rotating an instrument in a curved canal has the same effect as repeatedly bending a coat hanger back and forth – in both cases the metal will eventually break. The coat hanger will break sooner, but you can dramatically reduce the possibility of separating rotary endo files by following the manufacturer's recommendation to use each instrument only one time.

Definitely throw rotary files out after a single use if you observe any unwinding of the file flutes. (Unwinding is sometimes preceded by a slight "clicking" or chattering of the file as the tip repeatedly gets stuck and breaks free, and you should stop and carefully inspect the file if you hear that noise.)

If the file has received minimal stress, many dentists elect to reuse rotary instruments, but if you do so, please do not use them on more than four or five canals (not teeth) to prevent dulling and weakening that may lead to breakage.

If you follow the rules outlined in this article, you don't have to be a mind reader to realize that you may never have to worry about file breakage again.

Bleaching: from page 6

How effective is bleaching of the single dark tooth? Another familiar situation to the general dentist is the child who has a single dark tooth which may still be vital, usually resulting from trauma. The brown discoloration of the tooth is a result of the iron pigments in the blood which have been aspirated into the dentinal tubules. This single brown discolored tooth is very responsive to nightguard vital bleaching, and should be considered the first and best treatment of choice . The dentist may either elect to only try to change the one tooth, or may involve all the teeth in the arch.

If only one dark tooth is to be treated, the tray is fabricated, and the tray material covering the teeth on either side of the dark one is removed. Then the bleaching material is placed only on the dark tooth.

If the other teeth are somewhat yellow and need bleaching in addition to the single dark tooth, or if the remaining teeth are already very white, then the typical bleaching tray is fabricated. During the typical bleaching process, all teeth go to a certain level of whiteness, and then they do not change any further. What this level of whiteness is to be varies from patient to patient, and cannot be predicted. However, when one tooth is darker, treatment can be continued on that tooth after the other teeth are no longer changing color. The dark tooth will eventually match the other teeth, or be very close. When the other teeth are already very white, the child merely places the bleaching material in the space for the dark tooth only. Marking that tooth on the tray with an indelible marker is helpful.

What is your summary? Nightguard vital bleaching using a 10% carbamide peroxide in a non-scalloped, no-reservoir custom fitted tray is one of the safest procedures available to dentistry. When indicated in children and youth, NGVB is an excellent treatment choice for discolored teeth.

Premier Educational Opportunities at AGD2006DENVER

The AGD is working with several premier educational partners to offer incredible continuing education (CE) opportunities to AGD members at a special rate. Reserve your place now at the AGD's Annual Meeting in Denver, August 2-6! Our participation courses fill up quickly. And, don't forget that your meeting registration fee is waived if you sign up for 21 or more participation hours.

Register by mail or online at agd2006denver.org.

Dr. Katie Renee Chandler Recipient of AGD Dental Award

Katie Renee Chandler, a recent graduate of the Medical College of Georgia School of Dentistry, has received the AGD's 2006 Senior Student Dental Award in Georgia. This award was established to recognize senior dental students from each dental school in the United States and Puerto Rico who exhibit potential for becoming outstanding general dentists. These recipients are selected following stringent guidelines established by the AGD's Board of Trustees. Dr. Chandler is a native of Tyrone, Georgia and will be practicing in the state.

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GAGD Presents MasterTrack IV

The Georgia AGD is gearing up for its next MasterTrack program to start early 2008. The MasterTrack is a series of continuing education courses designed to provide dentists with the appropriate number of participation credits required for the Mastership Award (MAGD) provided they have already earned their Fellowship (FAGD). Participants in the MasterTrack course commit to attend courses four weekends per year for five years. Dentists who complete the Georgia MasterTrack will earn over 600 hours of continuing education with over 450 participation hours.

Fellows in the AGD often find that it is difficult to obtain all of the required participation courses needed for the Mastership. Difficulties include locating the participation course for each required subject, travel arrangements to the course, and the usually high cost of attendance at such a participation course. The format of the Georgia MasterTrack makes acquiring these difficult to find participation courses easier and more affordable.

The continuing education offered by the Georgia MasterTrack is of the highest quality. Instructors from all over the world are brought in to Atlanta to lecture and guide participants in each modality. While a lot of knowledge is gained from the lectures and participation courses, many participants find they also learn a lot from the high calibre dentists who tend to take the courses. MasterTrack participants continue through the series of courses together as a class building lifelong friendships and associates. The camaraderie that develops within the class is what makes this format so unique and what makes the MasterTrack experience so valuable.

It is not required that participants be Fellows in the Academy to be a part of the MasterTrack course. In fact, several of the current MasterTrack III (MSIII) participants had not achieved Fellowship prior to the start of the class in 2004. The MasterTrack is an excellent vehicle to attain Fellowship hours, however, at this point the hours a pre-fellow uses towards Fellowship may not count towards Mastership. Currently, once a dentist earns the required 500 hours of continuing education needed for Fellowship, he or she has to then earn 600 additional hours of continuing education for Mastership. The Mastership guidelines are more specific regarding the types of courses needed for the award. The Georgia MasterTrack program contains all of the specific courses.

Fascinating Financial Facts

by D. B. Stough

The price of a barrel of oil hit its highest point ever on an inflation-adjusted basis on February 1981. In the 12 months following that peak oil price, the S&P 500 was down 14%. In the 5 years following that peak oil price, the S&P 500 was up73% or 11.6% compounded per year. From 4/30/05 to 4/30/06 the price of a barrel of oil increased 44.6%. Inflation in the nation over the same period was up 3.4%. The cost of energy, a subset of the overall inflation total, was up 17.8%. Your energy cost can be unexpectedly increased even though your consumption does not increase.

On May 1, 2006 the government reported that the trust fund backing the payment of Social Security benefits, worth $1.66 trillion as of 12/31/05, will be gone in 2040. A zero trust fund does not mean the payment of Social Security benefits would also go to zero, but rather would drop to 74% of their original promised level. Can we count on Social Security in retirement? It is more prudent not to count on Social Security, and to prepare for the unexpected spikes in living costs on our own.

What ever you feel you would need to fund your retirement years you should increase by 50%. Considering the likely decrease in Medicare Health coverage, increases in taxes, and inflation most of us will fall short of our desired retirement lifestyle.

Countdown to the Implementation of National Provider Identifiers (NPIs)

Less than a year remains for health care providers to obtain their National Provider Identifiers (NPIs). Administered by the Centers for Medicare & Medicaid Services (CMS), the NPI is a ten-digit, unique, numeric identifier that does not expire or change for a health care provider.

After May 23, 2007, an NPI will be required on all electronic claims. If you have not already, obtain your NPI by visiting https://nppes.cms.hhs.gov to apply online or to download a paper application.

Annual Meeting: from page 1

diagnosis to precision obturation.

Saturday's presentations include Dr. John Kois' course entitled "Interdisciplinary Treatment Planning I: Diagnostically Driven," which examines a comprehensive treatment approach and long term strategy for treatment planning. His philosophy includes the practice identity/image, data collection, personality profiles, decision process/ assessment and case presentation.

A morning hands-on endodontics course, limited to 30 doctors, will be offered. This course provides participants an opportunity to use precision-based techniques to machine a preparation and obturate canals utilizing the latest "Real World" technology. Time will be dedicated to preventing separation of rotary files. Digital radiography and ultrasonics will be available to course participants.

More course and registration information will be forthcoming. Sign up early for these outstanding CE offerings. A block of special GAGD accommodation rates are available for those from out of town.

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