

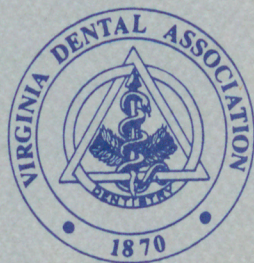
Virginia Dental Journal

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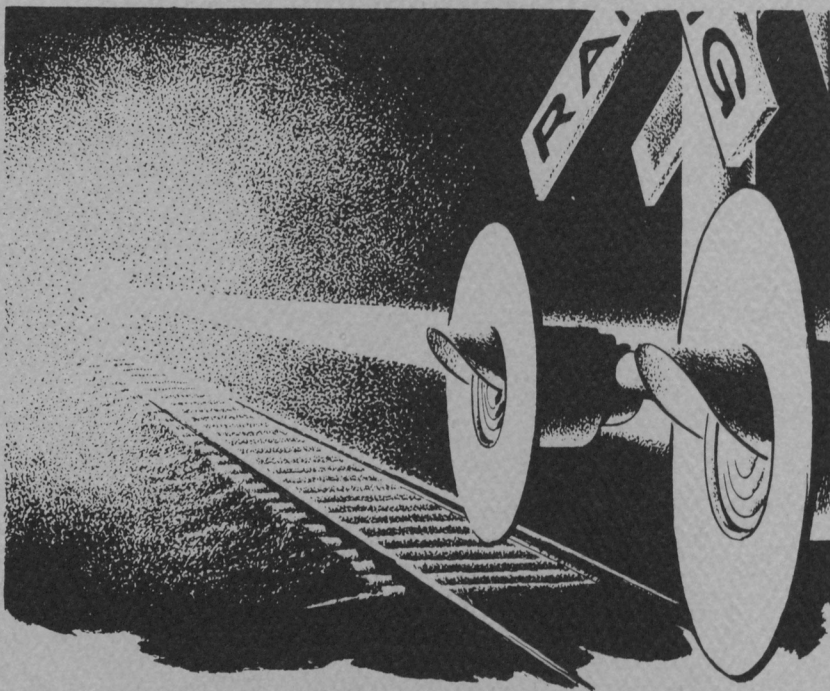
Program
118th Annual Meeting
Executive Council Report
Component News



Volume 64

July-September, 1987

Number 3



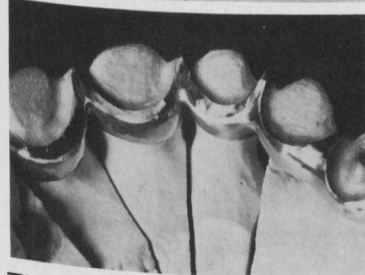
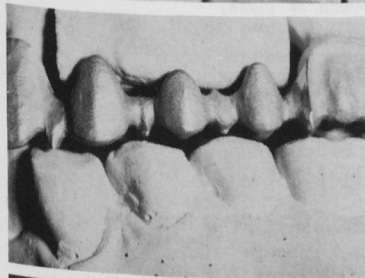
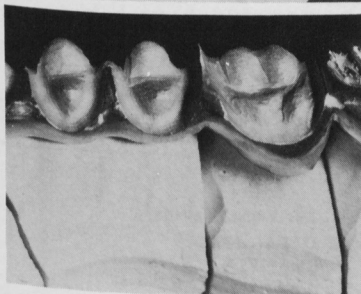
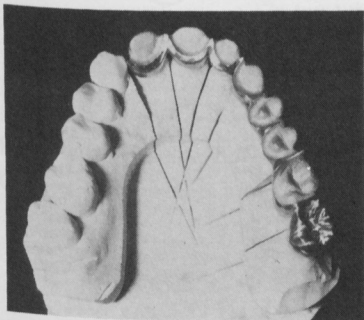
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ADA DELEGATION

to the 128th Annual ADA Session, October 10-15, 1987, Las Vegas, Nevada

DELEGATES

J. Wilson Ames, Jr. (1989)
 Harry L. Hodges (1987)
 Arnold M. Hoffman (1989)
 Wallace L. Huff (1989)
 Bennett A. Malbon (1988)
 Virgil H. Marshall (1987)
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Speaker, House of Delegates

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Virginia Dental Journal



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Volume 64

July-September, 1987

Number 3

CONTENTS

	Page
Annual Meeting Program	4-27
Editorial	28
New Horizons in Periodontal Probing and Data Management	31
AIDS and the Dentists	35
Calendar of Events	39
American Fund for Dental Health Virginia Chairman	40
Report of VDA Executive Council Meeting	42
Component News	44
VDA 1988 Proposed Budget	48
VDA 1986 Financial Audit	50
Awards and Announcements	51

COVER

The Crystal Gateway Marriott Hotel, Arlington, Virginia
site of the 118th Annual Meeting of the
Virginia Dental Association

The Virginia Dental Journal (ISSN 0049 6472) is published quarterly (Jan.-March, April-June, July-Sept., Oct.-Dec.) by the Virginia Dental Association at the Corporate Centre, 5002 Monument Avenue, Suite 101, P. O. Box 6906, Richmond, Virginia 23230-0906, Telephone 804/358-4927.

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**GREETINGS
FROM THE
PRESIDENT
AMERICAN DENTAL
ASSOCIATION**

JOSEPH A. DEVINE, D.D.S.
Cheyenne, Wyoming

On behalf of the officers and trustees of the American Dental Association, I bring you greetings and best wishes for a successful 118th Annual Meeting.

The Virginia Dental Association has a long history of contribution to the profession of dentistry—a history I know you will advance at this important session.

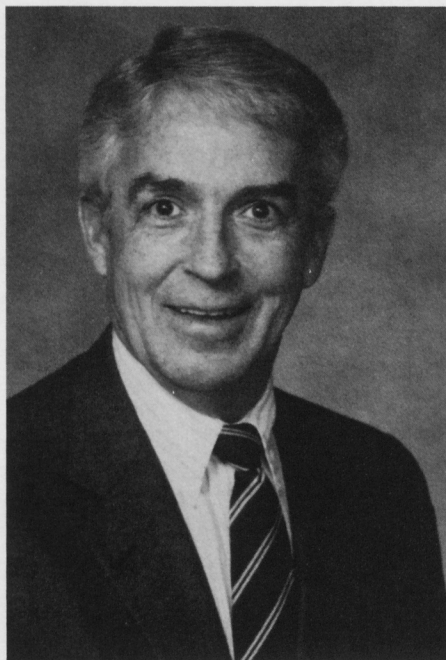
I know that you will come to this meeting with a spirit of true collegiality, with a thirst for knowledge, and with dynamic ideas. These are the qualities that have made our profession such a great one.

I hope also that you will give special consideration to the importance of professionalism and ethics at your meeting. A variety of external forces are challenging these concepts as never before. Only a renewal of our commitment to professionalism and ethics can overcome these challenges. Nothing else can do the job.

In closing, I would like to reiterate what has become my theme for this year: "If you want to be treated like a doctor, you have to behave like a doctor." Behaving like doctors is what your fine annual meeting is all about. I encourage you to bring more of your colleagues into the fold of organized dentistry, both for their benefit and the benefit of our great profession.

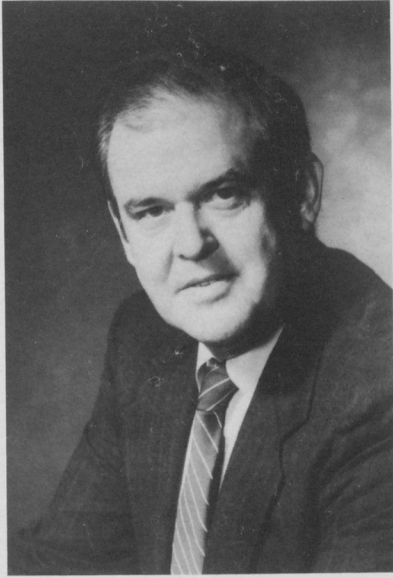
Again, best wishes for a successful meeting.

**GREETINGS
FROM THE
PRESIDENT
VIRGINIA DENTAL
ASSOCIATION**



EDWARD H. RADCLIFFE, D.D.S.
Richmond, Virginia

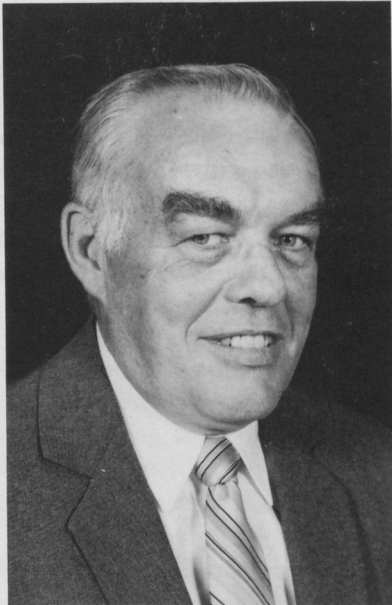
I invite you to join your colleagues for a very stimulating 118th Annual State Meeting. The Annual Meeting Committee has arranged scientific programs, table clinics and commercial exhibits to increase our knowledge and skills; tours of our nation's capitol and outstanding social activities will add to our pleasure and our business sessions deserve your interest and participation. Dr. Joe Devine, an outstanding ADA President, and other ADA dignitaries, will be on hand to visit with us and share their broad knowledge of dental activities throughout the country. Our Northern Virginia Hosts have planned a meeting that has something of interest to all dentists and their families. Doris and I look forward to seeing you in Arlington on September 17th.



JAMES H. GAINES, D.M.D.
Greenville, South Carolina

**TRUSTEE
SIXTEENTH DISTRICT
AMERICAN DENTAL
ASSOCIATION**

Dr. Gaines will report to the VDA
Annual Membership Meeting



CLARK B. BROWN, D.D.S.
Springfield, Virginia

**PRESIDENT
ELECT
VIRGINIA
DENTAL
ASSOCIATION**

ANNUAL MEETING CHAIRMAN

The Northern Virginia Dental Society extends a cordial welcome to the members of the Virginia Dental Association and their guests attending the 118th Annual Meeting. The largest convention hotel in our State stands ready to accommodate you and your family in every way possible. The outstanding programs, exhibits, and social events reflect the diligent efforts of our Annual Meeting Committee. The region abounds with cultural, historical, and entertainment opportunities. We hope your stay in our area will be both productive and enjoyable!



HAROLD J. BARRETT, JR., D.D.S.
Falls Church, Virginia

1987 ANNUAL MEETING COMMITTEE

<i>General Chairman</i>	Dr. Harold J. Barrett, Jr.
<i>Program Chairman</i>	Dr. William H. Allison
<i>Publicity Chairman</i>	Dr. David C. Anderson
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<i>Dental Assistants Chairman</i>	Ms. Linda Flores
<i>Dental Hygienists Chairman</i>	Ms. Donna D. Kirley
<i>VDA Auxiliary Chairman</i>	Mrs. Edward H. Radcliffe

GENERAL INFORMATION

REGISTRATION: The Registration Desk in the Ballroom Foyer will be open from 1:00 p.m. to 5:00 p.m. on Thursday, 8:30 a.m. to 5:00 p.m. on Friday and Saturday, and 8:30 a.m. to 12 Noon on Sunday, September 17-20. *Be sure to get your tickets for all functions upon your arrival. Reservations are limited.*

Those who may register for the 118th Annual Meeting: (1) All active, life, retired, associate and honorary members of the VDA in good standing for the year 1987; (2) All members of the ADA in good standing for the year 1987; (3) Wives of dentists and members of the Auxiliary to the VDA; (4) Members of the Virginia Dental Assistants Association; (5) Members of the Virginia Dental Hygienists' Association; (6) Members of the Virginia State Dental Laboratories Association; (7) Representatives of registered exhibitors; and (8) Special guests invited by the Association.

OPENING SESSION: The *Opening Session* of the 118th Annual Meeting will be held *Friday, September 18, at 9:00 a.m. in the Arlington Ballroom.* An impressive opening will be presented by a Military Ceremonial Color Guard and Dr. Joseph A. Devine, President of the American Dental Association, will be the keynote speaker. The *VDA House of Delegates* will be in session to hear an address by Dr. Edward H. Radcliffe, President of the Virginia Dental Association, and Dr. Clark B. Brown, President-Elect of the Virginia Dental Association.

COMMERCIAL EXHIBITS: The 1987 Commercial Exhibits will be officially opened *at 8:30 on Friday, September 18.* These exhibits are an important feature of the scientific program and offer an excellent cross section of dental products and services. We are proud of the many excellent exhibits and *urge each member to visit the exhibits often on Friday and Saturday from 8:30 a.m. to 6:00 p.m.*

SCIENTIFIC PROGRAMS: Dr. Preston D. Miller, Jr. and Dr. R. P. Desjardins, nationally prominent clinicians, will present programs on Friday, September 18, and Saturday, September 19. These programs have been scheduled to avoid conflicts with other meetings. Topics will be "Is Periodontal Surgery Radical?" by Dr. Miller, and "Tissue Integrated Prosthesis-Indications and Applications" by Dr. Desjardins. Read the detailed information in the Scientific Clinicians section and make every effort to attend these outstanding programs.

FORUM WITH ADA LEADERS: On Saturday, September 19, between 10:00-11:00 a.m., Dr. Joseph A. Devine, ADA President, Dr. James H. Gaines, ADA Sixteenth District Trustee, and Dr. William W. Allen, Director, ADA

Washington Office, will be available for an Open for Opinion in the Jackson Room. Doctors Devine, Gaines and Allen cordially invite you to stop by to discuss dental issues. We encourage you to get to know your ADA leaders and welcome them to Virginia.

VDA MEMBERSHIP LUNCHEON: We urge all of our members and guests to join us to hear Dr. Louis W. Hodges, Washington and Lee University, discuss Professional Ethics at the VDA Membership Luncheon at *11:45 a.m., Saturday, September 19, in Salon III, Arlington, Ballroom.*

VDA HOUSE OF DELEGATES: The first meeting of the House of Delegates will be in conjunction with the Opening Session. Reference Committee Hearings will begin at *9:00 a.m., Saturday, September 19,* on all resolutions to be considered by the House of Delegates. VDA members are encouraged to attend these hearings and to participate in the discussion. The Business Meeting of the House of Delegates will begin immediately following the VDA Membership Meeting, *Sunday, September 20, in Salon III Arlington Ballroom.* Plan to attend these important sessions of your House of Delegates.

VDA PRESIDENTIAL SOCIAL HOUR, BANQUET AND ENTERTAINMENT: Our Presidential Banquet honoring Dr. and Mrs. Edward H. Radcliffe will be on Saturday, September 19, beginning with a social hour at 7:00 p.m. followed by dinner at 8:00 p.m. in the Arlington Ballroom. Music will be provided by the Stereo Strings. Following dinner a Military Entertainment Unit will perform. Be sure to purchase your tickets at the Registration Desk when you arrive. This will be a truly gala evening to honor our President and his lovely wife Doris, President of the VDA Auxiliary.

INTERDENOMINATIONAL WORSHIP SERVICE: A special prayer breakfast will be held on *Sunday morning beginning at 8:00 a.m. in Salon I, Arlington Ballroom.* Everyone is invited to attend.

VDA MEMBERSHIP MEETING: The Annual Membership Meeting of the Virginia Dental Association will be at *9:00 a.m., Sunday, September 20, in Salon IV, Arlington Ballroom,* for the election of Officers, Councilors, ADA Delegates, presentation of Certificates, Installation of Component and State Officers, and a report by Dr. James H. Gaines, ADA Sixteenth District Trustee. This meeting is open to all members of the Virginia Dental Association.

AUXILIARY ACTIVITIES: The Auxiliary to the Virginia Dental Association has scheduled an interesting program for wives and guests. On Friday a Metro Ride and tour of "Helga" by Andrew Wyeth at the National Gallery of Art; and shopping at the Georgetown Park Shopping Center. On Saturday, the

AVDA Luncheon will feature a Fashion Show; Linda Miles, of Dental Dynamics, Inc., who will speak on "Think Like a Winner—Be a Winner"; Business Meeting; and Installation of Officers. Two interesting tours have been planned for Saturday afternoon to the Anderson House, completed in 1905, an example of the great residences of a bygone day, and a guided tour of Embassy Row. On Friday, Saturday, and Sunday, there will be a Continental Breakfast in the Hospitality Suite, Room 1870.

VDA OFFICE AND PRESS ROOM: The VDA Office and Press Room will be in Room 301. Anyone needing assistance may come to the Information Desk where help will be available.

MEETING OF ALLIED GROUPS: The following dental organizations will hold meetings in conjunction with the VDA Annual Session. Please check Program for time and location of meeting.

- Academy of General Dentistry
- American College of Dentists, Virginia Section
- Auxiliary to the Virginia Dental Association
- International College of Dentists, Virginia Section
- MCV Alumni Association
- Pierre Fauchard Academy
- Virginia Academy of Endodontists
- Virginia Board of Dentistry
- Virginia Dental Assistants Association
- Virginia Dental Association Fellows
- Virginia Dental Hygienists' Association
- Virginia State Dental Laboratories Association

Program

118th ANNUAL MEETING

VIRGINIA DENTAL ASSOCIATION

Crystal Gateway Marriott, Arlington, Virginia

THURSDAY, SEPTEMBER 17, 1987

- 8:00 a.m.-9:00 p.m.
VIRGINIA BOARD OF DENTISTRY Alexandria Room
- 1:00 p.m.-5:00 p.m.
REGISTRATION AND TICKET SALES Ballroom Foyer
- 2:00 p.m.-5:00 p.m.
EXECUTIVE COUNCIL MEETING Lee Room

FRIDAY, SEPTEMBER 18, 1987

- 8:00 a.m.-9:00 a.m.
ACADEMY OF GENERAL DENTISTRY
BREAKFAST MEETING Salon I, Arlington
- 8:00 a.m.-5:00 p.m.
VIRGINIA BOARD OF DENTISTRY Alexandria Room
- 8:30 a.m.-5:00 p.m.
REGISTRATION AND TICKET SALES Ballroom Foyer
- 8:30 a.m.-6:00 p.m.
OPENING OF COMMERCIAL EXHIBITS Grand Ballroom
- 9:00 a.m.-11:00 a.m.
OPENING SESSION, HOUSE OF DELEGATES,
VIRGINIA DENTAL ASSOCIATION Arlington Ballroom
Open to Everyone
 Dr. Edward H. Radcliffe, President, presiding
 Invocation

Advance of The Colors and Pledge of Allegiance

Welcome

Introduction of Distinguished Guests Dr. Edward H. Radcliffe

Address by President, American Dental Association . . Dr. Joseph A. Devine

Memorial Service Dr. J. Wilson Ames, Jr.

HOUSE OF DELEGATES

Dr. Stephen L. Bissell, Speaker, presiding

Report of Committee on Credentials

Address by President, Virginia

Dental Association Dr. Edward H. Radcliffe

Address by President-Elect, Virginia

Dental Association Dr. Clark B. Brown

Referrals of Reports and Resolutions Dr. Stephen L. Bissell

11:45 a.m.-1:30 p.m.

VDA FELLOWS' LUNCHEON Salon I, Arlington

2:00 p.m.-5:00 p.m.

SCIENTIFIC SESSION Salon IV, Arlington

Clinician, Dr. Preston D. Miller, Jr.—“Is Periodontal Surgery Radical?”

5:00 p.m.-6:30 p.m.

MCV ALUMNI SOCIAL HOUR Salon II, Arlington

6:00 p.m.

AMERICAN COLLEGE OF DENTISTS, VIRGINIA SECTION,

MEETING Salon IV, Arlington

Followed by Champagne Tour of Washington Monuments

6:30 p.m.-10:00 p.m.

CHAMPAGNE TOUR OF WASHINGTON MONUMENTS AT

DUSK ON DOUBLE-DECKER BUS—RECEPTION AT

DEMOCRATIC WOMENS CLUB

(\$35.00 per person)

8:30 p.m.

OPEN AA MEETING Madison Room

SATURDAY, SEPTEMBER 19, 1987

8:00 a.m.-9:00 a.m.

INTERNATIONAL COLLEGE OF DENTISTS, VIRGINIA SECTION,

BREAKFAST MEETING Salon II, Arlington

8:00 a.m.-9:00 a.m.
PIERRE FAUCHARD ACADEMY COFFEE HOURMadison Room

8:30 a.m.-5:00 p.m.
REGISTRATION AND TICKET SALESBallroom Foyer

8:30 a.m.-6:00 p.m.
COMMERCIAL EXHIBITSGrand Ballroom

9:00 a.m.-11:00 a.m.
REFERENCE COMMITTEE HEARINGSJefferson and Lee Rooms

9:00 a.m.-1:00 p.m.
**VIRGINIA STATE DENTAL LABORATORIES
ASSOCIATION**McLean Room

10:00 a.m.-11:00 a.m.
OPEN FOR OPINION WITH ADA REPRESENTATIVES . . .Jackson Room

10:00 a.m.-11:30 a.m.
TABLE CLINICSSalon IV, Arlington

11:00 a.m.-12 Noon
DELTA DENTAL PLAN OF VIRGINIASalon VI, Arlington

11:30 a.m.-2:00 p.m.
VDA AUXILIARY LUNCHEON AND FASHION SHOW . Salon II, Arlington
Speaker: Linda Miles

11:45 a.m.-1:30 p.m.
VDA MEMBERSHIP LUNCHEON
Speaker: Dr. Louis W. Hodges—"Professional Ethics"
(\$12.00 per person)Salon III, Arlington

2:00 p.m.-5:00 p.m.
SCIENTIFIC SESSIONSalon IV, Arlington
Clinician, Dr. R. P. Desjardins—"Tissue Integrated
Prosthesis-Indications and Applications"

2:00 p.m.-5:00 p.m.
VIRGINIA ACADEMY OF ENDODONTISTSLee Room
Speaker, Captain M. Lamar Hicks, U.S.N.—"Radiographic
Interpretation in Endodontics"

7:00 p.m.

**PRESIDENTIAL SOCIAL HOUR, BANQUET AND ENTERTAINMENT
HONORING DR. AND MRS. EDWARD H.**

RADCLIFFEArlington Ballroom
(\$40.00 per person)

Dinner Music by the Stereo Strings. Entertainment following
Dinner by a Military Entertainment Unit.

SUNDAY, SEPTEMBER 20, 1987

8:00 a.m.-9:00 a.m.

PRAYER BREAKFAST (\$8.00 per person)Salon I, Arlington

8:30 a.m.-12 Noon

REGISTRATIONBallroom Foyer

9:00 a.m.

ANNUAL MEMBERSHIP MEETING OF THE

VIRGINIA DENTAL ASSOCIATIONSalon IV, Arlington

Report of Sixteenth District Trustee—Dr. James H. Gaines

Presentation of Certificate

Election of Officers

Installation of State and Component Officers

Immediately Following Membership Meeting

BUSINESS SESSION, HOUSE OF DELEGATES,

VIRGINIA DENTAL ASSOCIATIONSalon III, Arlington

Immediately Following Business Session

EXECUTIVE COUNCIL MEETINGLee Room

IN MEMORIAM

It is with sincere regret that we report the deaths of the following members of the Virginia Dental Association and wish to convey our deepest sympathy to their families and friends.

Dr. Henry Lee Cannaday (Component 8)	Front Royal
Dr. James Clarke Davis (Component 7)	Winchester
Dr. Anthony Mealy DeMuth (Component 3)	Farmville
Dr. Victor Rudesindo Golderos, Jr. (Component 4)	Richmond
Dr. Thomas Edward Martin (Component 7)	Mount Jackson
Dr. Jesse Cabell Overbey (Component 1)	Norfolk
Dr. Woodrow Wilson Poss (Component 8)	Gordonsville
Dr. Leon A. Reid (Component 4)	Richmond
Dr. William Henry Traynham, Jr. (Component 2)	Hampton
Dr. Julius Buel Weems (Component 4)	Ashland

SLATE OF OFFICERS FOR 1987-1988

President-Elect	Dr. Stephen L. Bissell
Secretary-Treasurer	Dr. Leslie S. Webb, Jr.
(2 Years—1987-1989)	
Members-at-Large, Executive Council	Dr. Charles L. Smith, Jr.
(2 Years—1987-1989)	Dr. David A. Whiston
ADA Delegates	Dr. William H. Allison
(3 Years—1988, 1989, 1990)	Dr. Virgil H. Marshall
	Dr. Emanuel W. Michaels
	Dr. Douglas C. Wendt
ADA Alternate Delegates	Dr. Daniel E. Grabeel
(2 Years—1988-1989)	Dr. Ronald L. Tankersley
	Dr. Lindsay M. Hunt, Jr.

SCIENTIFIC CLINICIANS

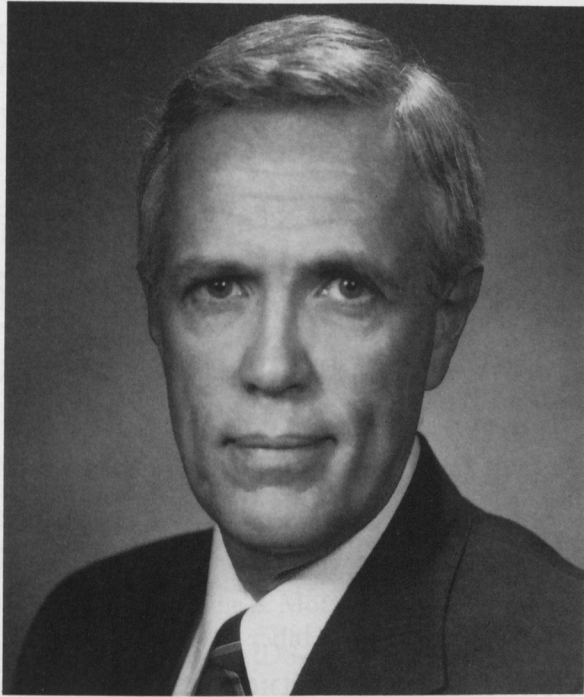


Preston D. Miller, Jr., D.D.S.

FRIDAY

2:00 p.m., Arlington Ballroom
"Is Periodontal Surgery Radical?"

Although the pendulum in Periodontal treatment seems to be swinging from surgical to non-surgical therapy, surgical advancements make previously unattainable treatment goals a routine achievement. Surgical techniques to predictably obtain root coverage in areas of gingival recession will be discussed as well as criteria for case selection for surgical treatment by the general practitioner. Dr. Miller is a graduate of Davidson College and received his D.D.S. Degree from the Medical College of Virginia School of Dentistry. He did his specialty training in Periodontics at the University of Alabama. He has served as faculty member at the University of Tennessee College of Dentistry for a number of years and currently holds the rank of Clinical Professor. He has engaged in clinical research in the field of mucogingival surgery both in animals and humans. He was the first to present the free soft tissue autograft (free gingival graft) as a predictable procedure for obtaining root coverage. Presently, he is working on a technique to increase the versatility of the laterally positioned pedicle graft and on a surgical technique for papillae reconstruction.



Ronald P. Desjardins, D.M.D.

SATURDAY

2:00 p.m., Arlington Ballroom

“Tissue Integrated Prosthesis-Indications and Applications”

Osseointegration has brought an extensive renewal of interest in concepts of dental implants. The tissue integrated prosthesis is now widely used in clinical practices where dental implants had previously been avoided. This presentation will include a discussion of the patient examination factors to note when considering a tissue integrated prosthesis, a description of the basic techniques used in fabrication of these prostheses, and a discussion of the application of the concept in fixed prosthodontics, removable prosthodontics, and maxillofacial prosthetics.

Dr. Desjardins attended Tufts University and received the D.M.D. degree from Tufts University School of Medicine in 1962. He completed his graduate education in prosthodontics and maxillofacial prosthetics at the Mayo Graduate School of Medicine and holds a M.S.D. degree from the University of Minnesota. He is a Diplomate of the American Board of Prosthodontics and is also Program Director for the Advanced Education Program in Prosthodontics at the Mayo Graduate School of Medicine.

TABLE CLINICS

SATURDAY, SEPTEMBER 19, 1987

10:00 a.m.-11:30 a.m.

SALON IV, ARLINGTON BALLROOM

- QUICK REMOVAL OF PERMANENTLY CEMENTED POSTERIOR CROWNS—Dr. Joseph M. Kline
- ADVANCES IN NONSURGICAL PERIODONTAL THERAPY—Dr. Shelton Holen
- EXPEDIENT INTERIM COMPLETE DENTURE TECHNIQUE—Dr. Craig Pearce
- TWO METHODS FOR FABRICATION OF INTERIM RESTORATIONS—Dr. Dwight Bagley
- A FIXED PARTIAL DENTURE SOLDERING TECHNIQUE—Dr. Stephen Hannon
- LICHEN PLANUS—LCdr. Michael Huber
- TRUE AND FALSE PERIAPICAL RADIOPACITIES—LCdr. Lee Richardson
- SPLINTING FOR INTENTIONAL REPLANTS—Lt. Kevin A. Keating
- PREPARATION AND USE OF EUCAPERCHA—LCdr. Mark S. DeNunzio
- RADIOGRAPHIC TECHNIQUES FOR DIFFICULT SITUATIONS—LCdr. Stephen B. Haas
- CALCIUM HYDROXIDE PLACEMENT TECHNIQUES—LCdr. Paul A. Lindauer
- ALTERNATIVE MANDIBULAR ANESTHESIA—LCdr. Alfred J. Certosimo
- MAKE YOUR OWN PIN SETTER—LCdr. Lance L. Forsythe
- USE OF THE CARIDEX SYSTEM—Lt. Nancy C. Griffee
- TREATMENT OF COMMON ORAL LESIONS—LCdr. Andre C. Santos
- PHYSIOLOGIC MONOFILAMENT SPLINT—Cdr. J. W. Hutter
- TECHNIQUES FOR FABRICATION OF OPEN FACED STAINLESS STEEL CROWNS—LCdr. Darryl L. Taylor
- AMALGAM PIN RETENTION—LCdr. Rod M. Rogge

- TREATMENT OF DRY SOCKETS—Lt. David L. Hobbs
- VERTICAL EXTRUSION OF ENDODONTICALLY TREATED TEETH
—LCdr. Michael J. Tenenbaum
- LECTIN MEDIATED ADHERENCE OF ACTINOMYCES VISCOSUS IN
THE ORAL CAVITY—W. Randal Brigham Moorman
- ORTHODONTICS AND ORAL SURGERY—A COMBINATION THAT
WORKS—Robert J. Perreault
- LIQUID CARRIES REMOVAL—AN ALTERNATIVE FOR THE DEN-
TIST AND THE PATIENT—Peter M. Virga
- DIAGNOSING TEMPOROMANDIBULAR JOINT DISORDERS USING
MRI (MAGNETIC RESONANCE IMAGING) TECHNIQUE—William
D. Welker
- CARRIES-RISK EFFECT OF ANTIMICROBIAL THERAPY AND DIE-
TARY MODIFICATION—H. Peter Abdou
- THE TOOTHBRUSH—IS IT A SOURCE OF BACTERIAL INFECTION
OR REINFECTION?—Dianne S. Morse
- DENTAL PREVENTION OF AIDS—Dr. Marilyn Fuller
- DIRECT/INDIRECT PROVISIONAL RESTORATIONS — Dr. Thomas
Forgeng

COMMERCIAL EXHIBITS

Exhibits will be opened at 8:30 a.m. to 6:00 p.m., Friday and Saturday, September 18 and 19. Be sure to visit this outstanding array of interesting products and services for dentists. These manufacturers, dealers, laboratories, and other organizations are represented by highly qualified people.

FIRM NAME

A-dec, Inc., Newberg, Oregon
AIR TECHNIQUES INC., Hicksville, New York
AMERICAN DENTAL SUPPLY CORP., Falls Church, Virginia
Andrews Professional Wear, Inc., Mocksville, North Carolina
Barry Auster Dental Products, Mt. Freedom, New Jersey
Paul Banditt Inc., Freehold, New Jersey
BELK EAST, Inc., Charlotte, North Carolina
Block Drug Company, Inc., Jersey City, New Jersey
Blue Cross & Blue Shield of Va., Richmond, Virginia
Brasseler USA Inc., Savannah, Georgia
Burdette Dental Lab, Birmingham, Alabama
John O. Butler Co., Chicago, Illinois
Capitol Dental Supply, Rockville, Maryland
Colgate-Hoyt Laboratories, Canton, Massachusetts
COLTENE, INC. USA, Carlsbad, California
COMP-U-DENT, Car-Dan Industries, Inc., Baltimore, Maryland
Creative Dental Ceramics Inc., Norcross, Georgia
Delta Dental Plan of Virginia, Roanoke, Virginia
Den-Mat Corp., Santa Maria, California
DEN-TAL-EZ, INC., Valley Forge, Pennsylvania
Dental Plan, Inc., Garland, Texas
Dental Power, Chevy Chase, Maryland
Dentsply/York Division, York, Pennsylvania
Designs for Vision, Richmond, Virginia
Doral Refining Corp., Freeport, New York
DURO-TEST CORP., North Bergen, New Jersey
Environmental Physics of Va., Inc., Richmond, Virginia
Garfield Refining Co., Philadelphia, Pennsylvania
Gendex Corp., Milwaukee, Wisconsin
HealthCare Office Software Solutions, Inc., Woodstock, Virginia
Healthco International, Alexandria, Virginia
Innovative Systems, Inc., Fairfax, Virginia
Johnson & Johnson, East Windsor, New Jersey
Johnson-Miller Dental Lab., Arlington, Virginia
Kessie Benefit Consultants, Inc., Falls Church, Virginia

The Medical Protective Co., Ft. Wayne, Indiana
Medidenta International Inc., Woodside, New York
Mid-Atlantic Dental Sales, Inc., Cherry Hill, New Jersey
Midwest, Des Plaines, Illinois
MONY Financial Services, Richmond, Virginia
J. Morita USA, Inc., Culver City, California
Omnii International, Gravette, Arkansas
Oral-B Laboratories, Redwood City, California
Patterson Dental Co., Richmond, Virginia
Pelton & Crane Company, Charlotte, North Carolina
Perfecto Products Mfg., Inc., Atlanta, Georgia
POH Inc. (Oral Health Prods.), Tulsa, Oklahoma
Premier Dental Prods. Co., Norristown, Pennsylvania
The Proctor & Gamble Dist. Co., Cincinnati, Ohio
Quality Craft Dental Studio, Chamblee, Georgia
SABRA VA, Virginia Beach, Virginia
Sandoz Pharmaceuticals, East Hanover, New Jersey
Saunders Dental Lab., Inc., Roanoke, Virginia
Scherer Laboratories, Inc., Dallas, Texas
Shofu Dental Corporation, Menlo Park, California
Siemens Medical Systems, Charlotte, North Carolina
Softdent, Baltimore, Maryland
Solid Value Co., Griffin, Georgia
SouthEast Medical Computer Systems, Durham, North Carolina
Sturgis Lab., Atlanta, Georgia
Suter Associates, Inc., Arlington, Virginia
Suzy-Dental/Driver-Harris, Little Ferry, New Jersey
3M-Dental Prods., St. Paul, Minnesota
Tincher Dental Laboratory, South Charleston, West Virginia
Turnkey Computer Systems, Raleigh, North Carolina
VanR/Cadco/C. Craig, Los Angeles, California
Vident, Baldwin Park, California

ACKNOWLEDGMENT is hereby made to Eli Lilly and Company for contribution in the amount of \$300.00 toward expenses of our Scientific Program.

PROGRAM
AUXILIARY TO THE
VIRGINIA DENTAL ASSOCIATION

(All wives and guests are welcome)



MRS. EDWARD H. RADCLIFFE
 Richmond, Virginia
PRESIDENT

THURSDAY, SEPTEMBER 17, 1987

1:00 p.m.-5:00 p.m. Registration—Ballroom Foyer

FRIDAY, SEPTEMBER 18, 1987

8:30 a.m.-5:00 p.m. Registration—Ballroom Foyer

8:30 a.m.-10:00 a.m. Continental Breakfast

Hospitality Suite Room 1870

10:00 a.m. AVDA Budget Committee Meeting

Hospitality Suite Room 1870

12 Noon Metro ride and tour of "Helga"

by Andrew Wyeth at the Na-

tional Gallery of Art.

(Free passes, limit 30)

12:30 p.m.-1:30 p.m. Shopping—Rides to and from

Georgetown Park Shopping

Center. Rides leaving both

times, returning at 3:00 p.m.

and 4:00 p.m. (No charge)

2:30 p.m. AVDA Board of Directors

Meeting

Hospitality Suite Room 1870

6:30 p.m. Champagne Tour of Washing-

ton Monuments at Dusk on

Double-Decker Bus—Reception

at Democratic Womens Club

SATURDAY, SEPTEMBER 19, 1987

- 8:30 a.m.-5:00 p.m. Registration—Ballroom Foyer
9:00 a.m.-10:30 a.m. Continental Breakfast
Hospitality Suite Room 1870
11:00 a.m.-11:30 a.m. AVDA Cocktails(Prior to Luncheon
Hospitality Suite Room 1870
11:30 a.m. AVDA Luncheon — Salon II, Arlington Ballroom
Fashion Show
Speaker—Linda Miles, Dental Dynamics, Inc. "Think Like a Winner—Be a Winner"
Business Meeting—Installation of Officers
(\$15.00 per person)
2:00 p.m. Tours (1) Anderson House—well known landmark and an example of the great residences of a bygone day. House completed in 1905; and (2) Riding and walking (1 block) tour of Embassy Row. Our guide will regale us with antidotes about the outrageous personalities associated with this magnificent area. (\$8.00 per person, limit 45)
7:00 p.m. VDA Presidential Social Hour, Banquet and Entertainment honoring Dr. and Mrs. Edward H. Radcliffe — Arlington Ballroom

SUNDAY, SEPTEMBER 20, 1987

- 8:00 a.m.-9:00 a.m. VDA Prayer Breakfast—Salon I, Arlington
9:30 a.m.-10:30 a.m. Continental Breakfast
Hospitality Suite Room 1870

NOTE: Advance reservation forms will be required for "Helga" and the Embassy Row Tour. They will be included in the next Auxiliary Newsletter. Both tours will meet in the main Lobby across from entrance.



MRS. WILLIAM R. PARKS
Newport News, Virginia
PRESIDENT-ELECT

VIRGINIA DENTAL ASSISTANTS ASSOCIATION, INC.

39th Annual Session

September 17-20, 1987

Radisson Hotel, Alexandria, Virginia



JOYCE L. BAYSE, C.D.A.

Richmond, Virginia

PRESIDENT

THURSDAY, SEPTEMBER 17, 1987

4:00-4:30 p.m. Registration
4:30-7:30 p.m. Pre-Convention Board Meeting
—Beech A&B

FRIDAY, SEPTEMBER 18, 1987

8:00-9:00 a.m. Registration
8:45-12:00 Noon First House of Delegates—
Plaza Ballroom
12:00-1:30 p.m. Lunch and Learn with VDHA
—Dogwood Room
12:00-2:00 p.m. Registration
2:00-3:00 p.m. ADAA Forum with 3rd District
Trustee Jeanne Maybaum, CDA
—Plaza Ballroom
3:00-5:00 p.m. Reference Committee Meetings
—Plaza Ballroom
5:00-6:00 p.m. Old Dominion University Den-
tal Hygiene, Dental Assisting
Alumni Chapter Reception—
VDHA Hospitality Suite

SATURDAY, SEPTEMBER 19, 1987

8:00-9:00 a.m. Registration
8:00-8:30 a.m. Balloting
9:00-11:30 a.m. Educational Session
Linda L. Miles, C.S.P.—
Amphitheater
11:00 a.m.-12:00 Noon Registration
11:45 a.m.-1:30 p.m. Past Presidents Luncheon—
Walnut Room
2:00-6:00 p.m. Time allotted to visit the ex-
hibits or attend VDA, VDHA
continuing education
6:00-7:30 p.m. Presidents Social—VDAA
President Suite
7:30 p.m. Banquet—Walnut Room

SUNDAY, SEPTEMBER 20, 1987

8:00-9:00 a.m. Registration
7:45-9:00 a.m. Past Presidents' Council
Prayer Breakfast
Dr. Dwight Newman speaking
on "The Dental Practice Act"—
Walnut Room
9:15-11:00 a.m. Second House of Delegates—
Plaza Ballroom
Installation
11:00 a.m.-12:00 Noon Post Convention Board
Meeting—Plaza Ballroom

VIRGINIA DENTAL HYGIENISTS' ASSOCIATION

1987 ANNUAL SESSION

MARC RADISSON HOTEL

Alexandria, Virginia

September 17-20, 1987



PEGGY A. WEAVER, R.D.H.

McLean

PRESIDENT

THURSDAY, SEPTEMBER 17, 1987

7:30-8:00 p.m. Registration
8:00 p.m. Executive Board Meeting—Golden Ash Room

FRIDAY, SEPTEMBER 18, 1987

8:00 a.m.-12 Noon Registration
8:30-9:30 a.m. Delegates Briefing—Beech Room
9:30-10:30 a.m. Opening Session (includes Keynote Speaker)—Beech
10:30-12 Noon 1st House of Delegates—Beech Room
12:00-1:30 p.m. Lunch and Learn with VDAA—Dogwood Room
12:00-2:00 p.m. Marketplace—in room or lobby outside
1:30-2:00 p.m. Reference Committee Chair Orientation—Beech Room
2:00-4:00 p.m. Reference Committee Hearings—Beech Room
4:00-5:00 p.m. Reference Committee Meetings (in Executive Session)
5:00 p.m. VHy-Pac Meeting
5:00-6:00 p.m. Old Dominion University Alumni Reception—Hospitality Suite

SATURDAY, SEPTEMBER 19, 1987

8:00 a.m.-2:00 p.m.	Registration
7:30-8:15 a.m.	Continental Breakfast—Hospitality Suite
8:30 a.m.-12 Noon	Continuing Education—Amphitheatre
12:00-1:00 p.m.	Luncheon
12:00-2:00 p.m.	Table Clinics—Lobby Level Foyer
1:00-1:30 p.m.	Candidate's Forum—Amphitheatre
1:00-1:45 p.m.	Marketplace—Lobby Level Foyer
2:00-5:00 p.m.	Continuing Education—Amphitheatre
7:00-10:00 p.m.	President's Reception and Banquet—Dogwood Room

SUNDAY, SEPTEMBER 20, 1987

8:30 a.m.-10:00 a.m.	Continental Breakfast and Caucus—Hospitality Suite (receive Reference Committee reports at breakfast then retire to private rooms for Caucus)
10:00 a.m.-12 Noon	2nd House of Delegates—Beech Room
12:00-2:00 p.m.	Installation (luncheon and 3rd HOD)—Dogwood Room
2:00-3:00 p.m.	Administrative Council meeting—Golden Ash Room
3:00-5:00 p.m.	Executive Board Meeting—Golden Ash Room

Commercial Exhibits are open 8:30-6:00 Friday and Saturday at the Marriott Crystal Gateway Hotel

EDITORIAL

About four years ago, I recall a senior dental student complaining about the reception he received from the neighborhood dentists when he visited them to inquire about opening an office nearby. At a recent dental meeting, I had occasion to listen to this same young man complain about all the new dentists moving into "his area" to practice. I believe that is called changing your perspective.

Obviously, changing one's perspective comes primarily with understanding. My own view is that general practitioners and specialists might need to change their perspectives about each other—just a bit. Like our young dentist, perhaps the key is understanding.

It might be helpful to begin by discussing one of our most sensitive topics: Mutual Care of the Patient—in other words, the referral process. The sharing of the patient's care between or among members of a profession is admittedly difficult. Different preferences of treatment invariably develop, even among competent, conscientious therapists. A tolerance for other points of view and an appreciation of each other's problems clearly is helpful.

Although reasons for referring a patient to a specialist differ among general practitioners, it is probably appropriate to list at least a few of these reasons.

1. Different levels of competence: It appears logical that someone with formal training and who limits his or her practice to one specific discipline should have more skill and knowledge in that field than I do and that my patient could thereby benefit.

2. Sharing of responsibilities: In this age of litigation, this component of referral has assumed increasing importance.

3. Consultation: In my view, the orchestrating of treatment should be developed by all therapists involved and should not be dictated by one or the other. There are multiple advantages to sitting down and evolving a treatment plan together; not only does the patient benefit, but the knowledge of both specialist and general practitioner is enhanced.

4. Patient confidence: Consultation with a supportive specialist is often reassuring to a dubious patient and may well reinforce the prosthetic or restorative suggestions offered by the referring practitioner.

In order to allow the specialist to support the general practitioner's treatment plan and to avoid interpersonal problems, my view is that the general practitioner should let the specialist know, in writing, what his or her treatment preference might be, what problems might be foreseen, and what has happened in the past. Although some general practitioners prefer otherwise, I believe that the specialist should consult with the general practitioner *before* any comprehensive treatment plan is presented to the patient. Any subsequent referrals of the patient to any other dentist (specialist or general practitioner) should *only* be upon consultation with the original referring practitioner.

In my judgment, support on the part of the specialist for the referring general practitioner should extend beyond treatment planning. The specialist who is concerned about the reputation of the family dentist will often compliment that dentist's caring concern for quality in front of the patient. The same can surely be expected of the dentist who receives a patient back from a specialist.

The specialists whom I know bend over backwards to help general practitioners, especially when we have patients in acute pain or when we need a specialist to get us out of trouble. Often, they do this at some inconvenience to themselves. To call upon a specialist *only* in these instances is, in my opinion, unfair. A relationship between a specialist and a general practitioner should be both mutually supportive and ongoing.

To help avoid any confusion and irritation on the part of the patient, any x-rays that the general practitioner might have should be sent to the specialist's office before the referred patient arrives. Bite wings or panoramic x-rays might not be adequate diagnostic aids, especially in periodontal disease. In these instances, recent (within one year) periapical x-rays are best. Often times, it is helpful for the general practitioner to inform the patient ahead of time that the specialist might find it necessary to take some additional films.

Regardless of any preference I might have as a referring general practitioner, a specialist is both morally and legally obligated to examine the patient's entire dentition. For example, if I refer a patient to a periodontist for a problem that exists at one particular site, I inform the patient that I prefer the periodontist to examine the entire dentition.

If I refer a patient to a specialist (and I prefer to transfer confidence by giving one name only and not three or four), and I inform the specialist of the referral, I like to receive some communication as to whether that patient ever went to the specialist or not. Otherwise, patients may get "lost". I also enjoy written status reports and a letter letting me know when treatment has been completed, the prognosis of teeth or of the total case, etc. I also strongly prefer to be informed of any problems that may have developed during treatment. If a patient had a "dry socket", severe pain or hemorrhage after a procedure or required extra visits to accomplish treatment objectives, I am unable to support the specialist to a complaining patient unless I know what's going on.

Two additional points related specifically to the general practitioner/periodontist interface:

1. The primary reason most referring dentists prefer not to have all recalls done by the periodontist's office is not loss of income from the recall, but rather loss of potential referral for the general practitioner. The viability of a practice depends upon existing patients referring new patients. If the general practitioner never sees the existing patient, that source of new patients is lost. Therefore, my opinion is that recall visits should alternate between the offices of the general practitioner and the periodontist.

2. Patients are perceptive; if one therapist's office spends an hour with thor-

ough root planing and scaling and another office spends only 15 or 20 minutes, patients may elect to confine their recall visits to the first office. Although this obviously places that dentist in a very awkward position, it may be well to recall that that decision may be a patient decision and not that of the therapist.

More than occasionally, each of us is confronted with treatment performed by a colleague (specialist or general practitioner) that may not meet our own standards. Admittedly, these situations are most trying as it is difficult at best to deal with an already irritated patient or an instance of flagrant abuse. However, to initiate problems by demeaning a prior therapist without very good reason may be unprofessional as well as imprudent. I suspect that even the most gracious among us has inadvertently, and perhaps unnecessarily, raised questions in a previously satisfied patient's mind. Thoughtful and judicial conversation is certainly to be encouraged for all of us, especially when speaking with new patients.

Finally, it should be obvious that these comments are most relevant if a decision has already been made to refer a patient to a specialist. Almost always, such a decision rests with the general practitioner and the patient. The complexity of the case, the training, the ability and knowledge of the general practitioner and the preference of the patient are among the factors affecting that decision. Moreover, we must accept that we, as general practitioners, are to be judged by "specialist" standards. The precept of being judged by what the average general practitioner in the community would do therapeutically is no longer valid. Assuming that the patient receives competent and appropriate care, has been fully informed of all the aspects of the case and is comfortable with being treated by a general practitioner, it may not be proper for anyone to question the right of another to treat.

Richard D. Wilson, DDS

These comments have been taken from a number of columns previously published by the author in the American Academy of Periodontology Newsletter and are published here with the permission of that Academy.

New Horizons in Periodontal Probing and Data Management

by Alan G. Sardin D.D.S., M.S.*

The periodontal probe is almost universally used for the evaluation of patients with gingivitis and periodontitis. It is presently used for both the assessment of pocket (sulcus) depth and the amount of connective tissue destruction which has occurred during periods of active disease. In the former instance the measurement is made from the coronal height of the gingiva to the point at which resistance to further penetration of the probe is detected. Since the position of the gingiva relative to the tooth surface can vary for many reasons, pocket measurements alone are insufficient to determine the state of periodontal attachment levels over time. Inflammatory gingival enlargements, hyperplastic disorders of the gingiva, gingival recession and variation in gingival adherence to the tooth surface must be taken into account if assessment of attachment loss is the goal of periodontal evaluation. True attachment loss can be defined as the degradation or disruption of connective tissue fiber attachment to the root cementum and only when the probe is used to determine the distance from the cemento-enamel junction to the most coronal level of connective tissue fiber attachment to root cementum can it be measured. Clinical attachment levels and changes thereof are most commonly measured by deter-

mining the distance between the cemento-enamel junction and the point at which the probe meets resistance to further penetration.

There are several potential sources of error when making these assessments. These are:

a. variations in probing force employed by the examiner at different times, in different areas of the mouth and for different surfaces of the same tooth.^{1,2,3}

b. variations in the angulation of probe relative to the long axis of the tooth and probe location between assessments.²

c. dimensional variations in the diameter and in depth increment markings of the probes employed from one examination to the next.

d. variations in the ability to precisely read the probe markings in varying areas of the oral cavity.⁴

e. identification of the cemento-enamel junction when it is located subgingivally.

f. obliteration of the cemento-enamel junction secondary to caries, abrasion, erosion, restorations, crown margins, etc.

g. variation of probe penetrability relative to the degree of inflammation present in the periodontal tissues.^{3,5-11}

Some of these error sources can be readily controlled. Variations in probe diameter and depth increment markings can be managed within a single practice facility by careful attention to the type and quality of the instru-

*Dr. Sarbin is Assistant Professor in the Department of Periodontics, Virginia Commonwealth University, School of Dentistry, Richmond, VA.

ments used. Procuring the same style probe from a single manufacturer will usually assure uniformity of probe dimensions. However, to be entirely confident that this source of error is minimized, measurement of each new instrument's dimensions with calipers under magnification is advisable. Instruments which vary significantly in diameter and/or depth increment markings from those already in use should be returned to the manufacturer for replacement if they cannot be accurately modified by the practitioner. When cemento-enamel junction location is impaired, changes in clinical attachment levels can be determined by measurement from some fixed reference point on the tooth (i.e. restoration margin) or by fabrication of a stent which not only provides a fixed reference point from which to measure, but allows grooving to direct the angulation of the probe relative to the long axis of the tooth. The latter is used quite often in longitudinal clinical studies.¹² While use of stents in clinical practice may not be routinely indicated, they have the ability to aid the practitioner in the management of patients who have demonstrated periodontal attachment loss in the past to such an extent that they are considered to be "at risk".

The other sources of error present more severe obstacles to the clinician. To more fully appreciate these difficulties a brief review of the literature is in order.

A question which has been asked by numerous investigators is, "Where does the probe stop?". Several investigators have designed and introduced pressure sensitive and pressure con-

trolled periodontal probes for use in subsequent research projects aimed at answering this question. These have included varying designs employing piezo-electric pressure sensors¹³, a pneumatically driven cylinder/piston apparatus¹⁴, coil spring configurations⁹, leaf spring arrangements¹⁵, and a constant force spring wound on two cylinders in reverse winding mode.¹⁴ All of these devices have drawbacks as related to regular use in clinical practice. A recent development in this area which may overcome the shortcomings of previous designs and lead to the use of a constant force probe in clinical practice has been described by Gibbs et al.¹⁷ They have combined the technology of a constant force probe with digital electronic readout and computer data storage capabilities. Accuracy of this device is reported to be within ± 0.1 mm over a 10 mm range.

Studies attempting to define where the probe stops using manual, pressure sensitive and controlled force probes have been helpful in this area. Armitage, Svanberg and Loe⁹ studied the penetration of the periodontal probe in Beagle dogs with healthy gingiva, experimentally induced gingivitis and periodontitis, histologically. Probes stopped approximately 0.4mm coronal to the apical extent of the junctional epithelium in the healthy specimens. In gingivitis the probes penetrated just short of the apical extent of the junctional epithelium. The periodontitis specimens demonstrated probe penetration into the connective tissue apical to the junctional epithelium. They concluded that probing is not a precise method to determine

connective tissue attachment levels, and that probe penetration is significantly influenced by the degree of inflammation in the periodontal tissues. In a human histologic study of pockets deeper than four millimeters, Magnusson and Listgarten⁵ found probe penetration into the connective tissue approximately 0.3 mm apical to the junctional epithelium. Using light probing pressure (25 grams), Polson et al¹⁸ found the probe tip penetration to remain 0.25 mm coronal to the apical extent of the junctional epithelium in healthy human tissues. All specimens revealed probe tip penetration apical to the most coronal cells of the junctional epithelium (mean = 0.70 mm). Comparing treated to untreated deep pockets in ten patients using approximately 50 grams of probing pressure, Fowler et al⁹ demonstrated that the probe routinely remained coronal to the apical extent of the junctional epithelium after treatment by scaling and root planing but penetrated into the connective tissue subjacent to the junctional epithelium in untreated specimens. Using monkeys with experimentally induced gingivitis and periodontitis, Hancock and Wirthlin⁶ had conclusions consistent with the previously described studies.

Durwin and co-workers¹⁹ clearly demonstrated that variations in probing force significantly effect pocket depth and attachment level evaluations following periodontal therapy. Magnusson et al²⁰, using the probe described by Gibbs et al¹⁷, were able to significantly reduce measurement error to a range of 0.1 to 0.25mm.

Application of the above described research findings to the clinical prac-

tice of treatment of the periodontal patient is further enhanced by the development of computer software by Williams and Best²¹ and Williams, Best and Burmeister²². This tool offers the capability of comparing site-specific measurements over time and to call the clinician's attention to any changes which have occurred. In combination with very accurate electronically controlled probes it will be possible to detect very small attachment level changes much earlier than is possible with manual techniques. Although the use of these very sophisticated assessment methods is presently somewhat limited to the clinical research community, it seems only a matter of time until the routine use of computer managed, electronically generated clinical data will be the order of the day in the modern dental practice.

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AIDS AND THE DENTISTS

by Dr. James C. Burns and Dr. Hope Guthrie*

Recently, an article appearing in JADA concerned itself with dentists' attitudes, knowledge, and behavior towards AIDS. The results raised questions about the treatment of AIDS patients. These questions are probably even more important in light of the recent newspaper accounts of a dentist contracting AIDS by "neglecting to wear gloves while treating patients."¹ The JADA study involved a random sample of California dentists and two findings were of particular importance. First, three-fourths of the dentists surveyed were reluctant to treat patients with AIDS and nearly all stated that they would refer such individuals. Second, most were not using proper infection control measures set out by the Center for Disease Control (CDC). The conclusions were that dentists need a greater understanding of infection control with respect to AIDS. "The goal of this education would be to enable all dentists to provide safe and effective care to all who need it."²

The CDC states there are 28,000 cases of AIDS in the U.S., while others estimate as many as 2 million. Since AIDS frequently presents with lesions in or near the mouth, the dentist may

often be the first to diagnose the condition. The purpose of this paper is to provide a brief over-view of AIDS, to identify its oral appearances and to reference a dental treatment protocol for managing AIDS patients.

AIDS is characterized by opportunistic infections and by malignant diseases. The human T-cell lymphotropic virus III (HTLV-III), also called human immunodeficiency virus (HIV), has been recognized as the cause. The clinical manifestations appear related to infection with this virus and its effect on immune dysfunction.³ In the late cases, there is a persistent quantitative and functional depression of the T-4 lymphocyte subset (Helper cells) and an associated B-cell hyperactivity. In healthy patients the ratio of T-helper cells to T-suppressor cells is 70% T-helpers/30% T-suppressors, and in the AIDS patients this ratio is decreased or even inverted.⁴ Consequently, CDC defines AIDS as a defect in cell mediated immunity occurring in a person with no known cause for diminished resistance to that disease. The milder, less specific forms of HTLV-III infections include: (1) AIDS-Related Complex (ARC) — immunosuppression, oral candidiasis and a variety of other non-life threatening fungal, viral and bacterial infections, and (2) Persistent Generalized Lymphadenopathy (PGL) persistent, unexplained lymph node enlargement in several of the extralingual lymph node groups.

*Dr. James C. Burns, D.D.S., Ph.D., is an Associate Professor and Chairman, Department of Oral Pathology, MCV School of Dentistry, Richmond, VA 23298.

Dr. Hope Guthrie, D.D.S., was a Senior Dental Student and winner of the Rudin Essay Contest, MCV Class of 1987, presently in Private Practice.

AIDS is found most commonly in high-risk groups including homosexual males, heterosexual contacts of a person who has AIDS, recipients of blood transfusions and drug abusers who share needles. HTLV-III virus has been isolated in semen, saliva, breast milk, urine, body fluids; however, the epidemiologic evidence has implicated only blood and semen in transmission. It should be noted that AIDS is not transmitted by casual contact or by airborne spread which would be of concern to household members and health care workers.

Oral health care personnel are in an excellent position to identify AIDS patients. More than 95% of the patients with AIDS, ARC and PGL are reported to have cervical lymphadenopathy, oral Kaposi's sarcoma or oral candidiasis.³ Additionally, there is "Hairy Leukoplakia" on the lateral border of the tongue in male homosexuals who later will develop AIDS.⁴

Although Kaposi's sarcoma appears to be the predominant malignancy in AIDS patients, other cancers including lymphoma and oral squamous cell carcinoma are also found. However, oral Kaposi's sarcoma is virtually pathognomonic of AIDS in males 25-44 years of age.³ In a study by L. R. Eversole, et. al., Kaposi's sarcoma has been shown, using immunoperoxidase factor VIII endothelial marker, to be a malignant vascular neoplasm with multiple site distribution. Reports indicate that 38% of AIDS subjects have these vascular neoplastic lesions.⁴ They appear as reddish or purple nodules which may vary in size from a few millimeters to a centimeter or more in diameter. They are usually

tender and painful. The lesions are located primarily on the palate and gingiva. Microscopically, they show slit-like vascular channels with interposed fascicles of spindle cells with mild to moderate pleomorphism.

The lymphomas can be either of the undifferentiated non-Hodgkins type or of the Burkitt's type. Non-Hodgkins lymphomas involve the lymph nodes of the head and neck as well as extranodal organs and tissues. The oral lesions are characterized by swellings which may grow rapidly and ulcerate. They can be large, fungating, necrotic, and foul smelling. When underlying bone is involved, tooth mobility and pain may develop. In contrast to most non-Hodgkins lymphomas, Burkitt's lymphoma involves primarily extranodal tissues. It is generally a rapidly growing tumor mass of the jaw destroying the bone and loosening teeth. Rarely, squamous cell carcinoma can be found in AIDS patients.

Currently, the diagnosis of AIDS is a clinical one, generally based on a severe opportunistic infection suggestive of a defect in cell-mediated immunity, or on the finding of an unusual malignant process in a previously healthy person, or both. Many patients with AIDS have a prodromal period with symptoms that dentists should learn to look for.³ This spectrum of symptoms includes:

1. Pyrexia — 100-104°F, chills and night sweats.
2. Lymphadenopathy — unexplained, general, cervical.
3. Weight loss — as much as 50 pounds over 12 months.

4. Chronic diarrhea — 12 to 16 months duration.
5. Malaise.
6. Leukopenia — WBC 2,500 - 4,000.

The signs and symptoms of AIDS dealt with in this paper have significance to dentists and the dental practice. It is believed that AIDS requires a high dose of inoculum to produce the disease since a major breakout has not been seen in the general community or amongst hospital workers.⁶ However, the June 1, 1987 issue of the ADA News related three isolated health care workers who contracted "occupationally related AIDS" and urged all dentists "to adopt barrier protections".⁷ The following are recommendations derived from CDC and the UESF Task Force on AIDS:⁶

1. Use separate operatory, isolated from other parts of the office. Surfaces should be washed with 1/10 dilution of 5.25% sodium hypochloride solution.
2. Surgical field isolation should be used to limit the spread of aerosols.
3. All personnel should wear gowns, gloves, masks and safety glasses.
4. Needles and syringes should be disposable and placed in a puncture-resistant container.
5. All human material, not used for biopsy, and soiled articles should be placed in an infectious waste container for disposal.
6. Biopsy specimens should be placed in a 10% formaldehyde solution in a vial brought from outside to the operatory and held by a gloved assistant. Extracted teeth to be used

for research should be gas-sterilized or stored several days in 10% formaldehyde before use.

7. Upon completion of treatment all instruments should be taken outside by a gloved person to be sterilized first, then washed and resterilized for future use.

8. Gloves, masks, should be removed in the operatory and deposited in a double bag, labeled infectious waste.

9. Hands should be washed before leaving the operatory.

10. Records should be kept outside operatory.

Since it is not possible to identify those who are asymptomatic AIDS patients or who are vulnerable to opportunistic infections it is very critical to establish high standards of cleanliness and sterile technique *for all patients*.

Finally, all health care workers must realize the potential lethality of AIDS. Although the mortality rates for cases diagnosed in 1984 were reported at 40% to 60%, mortality may reach 80% to 100% as time passes. The high mortality is attributed to the chronic opportunistic infections, lack of response to antibiotic therapy, and the inability to treat the malignant diseases associated with these patients. Moreover, inadequate resources and limited patient survival have slowed down the research for cures for this disease. Hopefully, progress will be made in developing a cure for AIDS; but, in the interim, we must be able to protect our patients and ourselves while providing safe and effective care to all who need it.

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Dr. Berton M. Rudin practiced dentistry in Alexandria, Virginia, for many years. In March of 1974, Dr. Rudin passed away as the result of Hodgkins Disease and in memory of Dr. Rudin the family established a Memorial Fund which supports this Essay Contest.

INFECTION CONTROL PROCEDURES

The American Dental Association Council on Dental Therapeutics recommends the following infection control procedures be used routinely to minimize the risk of transmitting AIDS and other infectious diseases from patients to dental personnel or from patient to patient through the dental office.

- gloves should be worn in treating all patients;
- masks should be worn to protect oral and nasal mucosa from splatter of blood and saliva;
- eyes should be protected with some type of covering to protect from splatter of blood and saliva;
- sterilization methods known to kill all life forms should be used on dental instruments. These include steam autoclave, dry heat oven, chemical vapor sterilizers and chemical sterilants;
- attention should be given to cleanup of instruments and surfaces in the operatory. This includes scrubbing with detergent solutions and wiping down surfaces with iodine or chlorine (diluted household bleach) solutions; and
- contaminated disposable materials should be handled carefully and discarded in plastic bags to minimize human contact. Sharp items such as needles and scalpel blades should be contained in puncture-resistant containers prior to disposal in the plastic bags.

Studies from CDC report that clothing exposed to the AIDS virus may be safely used after a normal laundry cycle. A high temperature (60 to 70 degrees centigrade) wash cycle with normal bleach concentration, followed by machine drying (100 degrees centigrade or more) would be preferable if clothing is visibly soiled with blood or other body fluids. Dry cleaning and steam pressing will also kill the AIDS virus, according to these studies.

CALENDAR OF EVENTS

(Mark your calendar now for these future meetings)

VIRGINIA DENTAL ASSOCIATION 118th ANNUAL MEETING

September 17-20, 1987, Crystal Gateway Marriott, Arlington

AMERICAN DENTAL ASSOCIATION 128th ANNUAL MEETING

October 10-15, 1987, Las Vegas, Nevada

VIRGINIA DENTAL ASSOCIATION LEADERSHIP CONFERENCE

November 6-8, 1987, Boar's Head Inn, Charlottesville

VIRGINIA DENTAL ASSOCIATION COMMITTEE MEETINGS

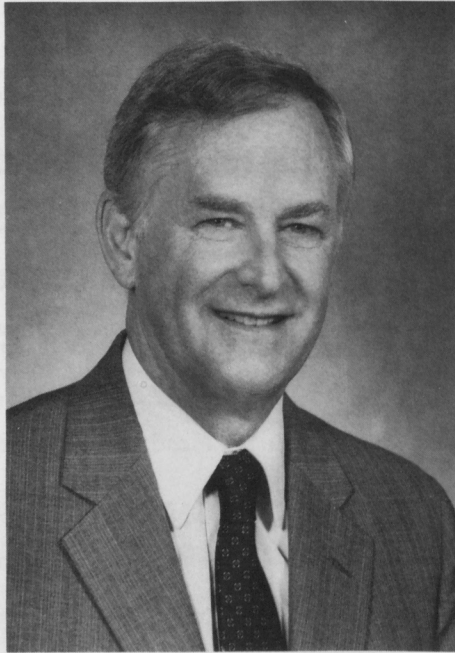
January 29-31, 1988, Hyatt Hotel, Richmond

THE 3 P's

Relief became a possibility when I finally admitted to myself that alcohol had control of my life. Relief became a probability when I asked for help and found that I was not unique; others suffered from alcohol or drug abuse too. More enlightenment, these others were receiving, and to my amazement, giving help! Once I learned that I was not alone, and that with support, I could regain control, relief became positive—a new way of life!

V.D.A. CARING DENTIST

1-800-552-3886



DR. J. WILLIAM GOERING NAMED VIRGINIA CHAIRMAN FOR AMERICAN FUND FOR DENTAL HEALTH FUND-RAISING CAMPAIGN

Dr. J. William Goering of McLean, VA, has been named the state chairman for the 1987 National Dentist Fund-raising Campaign now being conducted by The American Fund for Dental Health. The appointment was announced by National Chairman Dr. Edward Furstman.

This year's campaign has set a goal of \$480,000 to support the many projects and programs of the Fund. Dr. Goering will be seeking volunteers to solicit donations to the Fund through December when the campaign concludes.

Money raised in the campaign supports programs aimed at increasing access to and enhancing the quality of dental care, accelerating the development of new technology, and maintaining quality dental education.

Last year, contributors from the state of Virginia played a big role in helping the Fund achieve its objectives. Those listed on the following page helped fund AFDH projects that have led to the formation of a treatment network for fearful dental patients, an analysis of consumers who respond to dental advertising, and a study of children at high risk for dental caries. Most recently, the Fund began supporting a project designed to decrease the dental practitioner's health risk in caring for AIDS patients.

Those who donated to the prestigious giving clubs of the American Fund for Dental Health are listed below:

1986 HONOR ROLL

VIRGINIA

CENTURY CLUB II

\$200 - \$499

Harry Lyons
Bennett A. Malbon
Robert L. Mason
Robert M. Rubin
Earle W. Strickland

CENTURY CLUB

\$100 - \$199

Joe M. Adair
Omer J. Campbell
Norman K. Coleman
William D. Covington
Wallace W. Edens
Robert T. Edwards
Harold Fagan
Michael V. Farr
Robert F. Freeman
Phillip W. Handy
S. Robert Howell
Thomas M. Johnson
Donald G. Levitin
Virgil H. Marshall
Kenneth W. Morris
Dwight W. Newman, Jr.
Paul T. Olenyn
James R. Schroeder
Albert P. Solomon
Robert B. Steadman
Douglas C. Wendt



REPORT OF EXECUTIVE COUNCIL MEETING

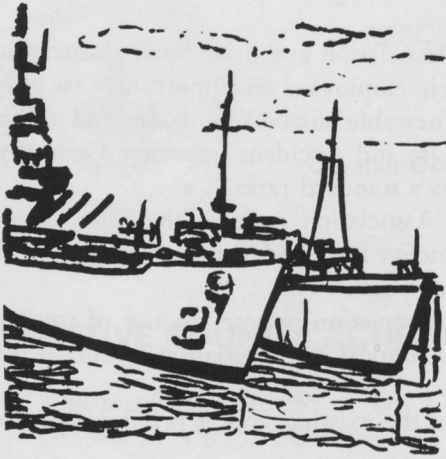
May 31, 1987

Cavalier Oceanfront Hotel, Virginia Beach, Virginia

EXECUTIVE COUNCIL ACTIONS IN BRIEF . . .

1. *Approved* appointment of Dr. Charles L. Smith, Jr. and Dr. Daniel E. Grabeel as Alternate Delegates to the ADA House of Delegates for 1987.
2. *Approved* reemployment of Mrs. Pat K. Watkins as Executive Director; Mr. John P. Ackerly, III as VDA Legal Counsel; and the auditing firm of McGladrey, Hendrickson and Pullen; and the appointment of Dr. Richard D. Wilson as Editor of the *Virginia Dental Journal*.
3. *Approved* contribution from the Virginia Dental Association to the American Fund for Dental Health of \$300.
4. *Approved* that VDA Annual Meetings be held as follows: September 21-24, 1989—Richmond Marriott Hotel, Richmond and September 13-16, 1990—Omni International Hotel, Norfolk.
5. *Approved* slate of officers to be presented to the membership at the VDA Annual Meeting.
6. *Approved* that the reimbursement for the Virginia Delegation to the ADA Annual Meeting be increased to \$1,500 per Delegate and Alternate Delegate and that the disbursement be made as follows: Air Fare—16th District Caucus \$200; ADA Meeting—\$300; and \$110 per diem for 9 days.
7. *Approved* that the Virginia Dental Association purchase a new automobile.
8. *Referred* to the Fiscal Affairs Reference Committee with recommendation to adopt, the Proposed Budget for 1988.
9. *Referred* proposed Bylaws amendments to the VDA House of Delegates with recommendation to adopt.
10. *Approved* encouraging each Component Society President to appoint any Component VDA committee member to their local corresponding committee as an ex officio member, if that member is not currently on the component committee.
11. *Approved* purchasing Chemical Dependency Slide Set from the American Dental Association and have it available to be used by Component Societies around the State.
12. *Approved* Contract between the Caring Dentists Committee and the Virginia Board of Dentistry.

13. *Approved* removing moratorium on providing financial assistance to dental auxiliaries.
14. *Approved* that the Virginia Dental Association authorize Suter Associates, Inc. to offer VDA members and their employees an opportunity to purchase non-cancellable guaranteed renewable disability income and office overhead insurance from Provident Life and Accident Insurance Company at a 15% discount from the Company's standard rates.
15. *Approved* that the Virginia Dental Association endorse the Blue Cross-Blue Shield Prime Alternatives I Benefits Plan and Prime Alternatives II Benefits Plan for the 1987-1988 fiscal year.
16. *Approved* that the Virginia Dental Association oppose the use of smokeless tobacco in any form and that we support any legislation to curtail the use thereof.
17. *Approved* that no change be made in the existing voting privileges of the Virginia Board of Dentistry members.
18. *Approved* support for change in the dental laws proposed by MCV School of Dentistry regarding licenses to teach dentistry.
19. *Referred* to the Constitution and Bylaws Committee recommended Bylaws amendment regarding membership on the Peer Review and Patient Relations Committee.
20. *Received as information* report of the Cancer and Hospital Dental Service Committee.
21. *Received as information* report of the Dental Health and Public Information Committee.
22. *Received as information* report of the Institutional Affairs Committee.
23. *Received as information* report of the Journal Staff.
24. *Received as information* report of the Dental Care Programs Committee.
25. *Received as information* report of the Dental Delivery for the Special Needs Patient Committee.
26. *Received as information* report of the Executive Director.
27. *Received as information* report from MCV School of Dentistry by Dr. Lindsay M. Hunt, Jr., Dean.
28. *Received as information* report of the Division of Dental Health, Virginia State Health Department, by Dr. Joseph M. Doherty, Director.



COMPONENT I

TIDEWATER DENTAL ASSOCIATION

Lawrence N. Cash

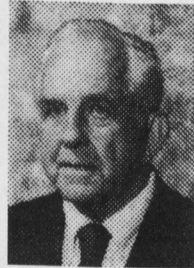
Associate Editor

New Officers to be voted on at Component I's Annual Meeting on August 19, 1987 are:

President-Elect, R. Leroy Howell; Recording Secretary, Jerry C. Clarke; Treasurer, Daura Christopher Hamlin; and Executive Councilor, Arnold M. Hoffman.

Bernard I. (Barry) Einhorn will be sworn in as President. Barry has some exciting programs coming up during his administration.

The Fall Meeting will be held on October 16, 1987 at the Norfolk Airport Hilton Hotel. The speaker will be Charles Sorenson, Ph.D., whose topic will be "What Dentistry Has to Learn From the Behavioral Sciences." He will discuss (1) staff selection and development. (2) Management of Talent for Excellence. (3) Behavioral approach to internal marketing. Make plans now to attend.

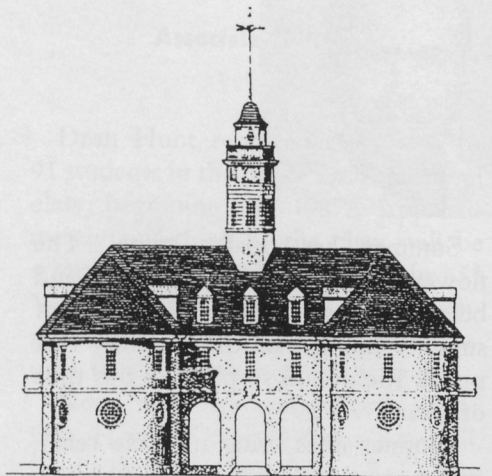


There weren't many dry eyes at a recent surprise retirement party for Jack O'Keefe. Jack's staff and family surprised him completely when suddenly friends and patients started to arrive on his last day of work. They had come to celebrate his retirement after 57 years of active practice. Jack greeted three generations of patients with hugs and kisses and did a lot of reminiscing. Jack is best known for his work in the Norfolk Little Theatre and his devotion to Dentistry. He served as T.D.A. President in 1944 and has remained active ever since. Jack O'Keefe will not be practicing dentistry officially but I am sure he will be popping into his old office regularly to be sure things are running smoothly.

COMPONENT II PENINSULA DENTAL SOCIETY

Dr. Paul K. Hartmann

Associate Editor



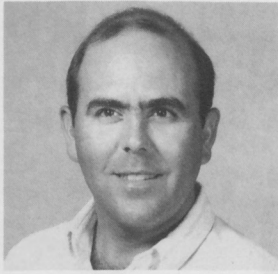
Springtime on the Peninsula reminds us all why we live and work here. Thousands of tourists agree.

The Peninsula Society again was invited to the Tri-Service Meeting at Fort Monroe to hear about recent advances in composite restorative materials by Dr. Barksdale of Creighton University (Research Director). It was worthwhile information to help sort out all the promotional literature claims on composite materials.

Our most recent meeting was held in Williamsburg (nicest place in the

world) to hear all our standing committee reports. Dr. Lisa Hunter was again singled out for all her hard work in our most successful Dental Health Fair yet. Dr. Richard Barnes was selected to Fellowship in the VDA, and it was announced that Dr. Ron Tankersley was elected to the American College of Dentists.

The Peninsula Society now has its summer break for more individualized pursuits. We will meet again in September. Thanks go to past editor Dr. Richard Barnes for the many years of hard labor.



COMPONENT IV
RICHMOND DENTAL SOCIETY

Carl O. Atkins, Jr.
Associate Editor

Summer has finally come! The flowers of spring have left us and been replaced with the lush green of summer, along with the humidity that makes Richmond so pleasant this time of year.

Summer does bring us some relief, from meetings that is. The hectic schedule of fall, winter and spring gives way to the relaxed pace of summer. Why even the Richmond Dental Society takes the season off! Not, however before some very interesting programs and elections.

In April a Virginia Dental Association sponsored program "The Changing Face of Periodontics" was presented by Dr. William C. Hurt. The program at our regular monthly meeting was "New Horizons in Adult and Pediatric Sedation" presented by Dr. Robert L. Campbell.

The program for the regular monthly meeting in May was "Problems Arising During and Following Root Canal Therapy" presented by Dr. Richard J. Lieb. May is also the month for elections. Dr. James R. Lance was elected President, Dr. Joseph M. Doherty was elected Secretary, Dr. Richard H. Wood was elected Treasurer and Dr. Leslie S. Webb was elected to the VDA Executive Council. Also congratulations to all those elected as delegates and alternates to the Virginia Dental Association House

of Delegates and to various committees too numerous to mention here. This meeting also marked the end of Dr. Kent G. Palcanis term as our President. He is leaving to take a faculty position at the University of Alabama at Birmingham. His leaving creates several voids in committees usually filled by the Past President. Dr. W. Baxter Perkinson has graciously agreed to extend his services in this capacity for another year. The Executive Council of the Virginia Dental Association met on May 29-31 at the Cavalier Hotel Oceanfront in Virginia Beach with just the right blend of meetings with plenty of sun and fun. Now that's what I call a meeting!

September will bring a resumption of our monthly meetings. The first fall meeting of the Richmond Dental Society will be held on September 10, 1987. Dr. Lindsay Hunt will be the featured speaker and our new officers will be installed at this time. The Virginia Dental Association annual meeting will also be held during the month of September (17-20) at the Crystal Gateway Marriott Hotel.

The speaker at our October meeting will be Dr. Harlan Schufeldt presenting a program that should interest everyone, "Now that the Implant Is in What Do You Do?". I'm sure this will be one of our best attended meetings.

COMPONENT V

PIEDMONT DENTAL SOCIETY

Cleve H. Porter, Jr.

Associate Editor

The Spring meeting of the Piedmont Dental Society was held May 1, 1987 at the Roanoke Sheraton. The program was presented by Dr. Clifford D. Fox, who spoke on Management of Occlusal Problems. The Society voted to contribute \$1,000.00 to the M.C.V. Endowment Fund and \$50.00 to the M.C.V. Clinic Days.

The Fall meeting of the Piedmont Dental Society will be held on Friday, October 30, 1987. Dr. James Burns will speak on Infectious Diseases and Dr. Mark Lehman will speak on Dental Pharmacology. The Spring meeting will be held on Friday, May 6, 1988 in conjunction with the Roanoke Valley Dental Society. Linda Miles will present the program on Dental Management. Please mark off these days on your appointment book.

Dr. H. Marvin Midkiff was presented with a plaque in honor and appreciation for his service to the Society as a Councilor on the Executive Council of the Virginia Dental Association.

The Society was honored to have in attendance VDA President Edward H. Radcliffe, President-Elect Clark B. Brown, Secretary-Treasurer French H. Moore, Jr., Executive Director, Mrs. Pat K. Watkins, and Dean Lindsay M. Hunt, Jr. Mrs. Watkins reported on the 169th Virginia General Assembly session. Two items concerning dentistry were placement of a \$300,000.00 limit on punitive damages in malpractice suits and removal of dentist's exemption from jury duty.

Dean Hunt reported there will be 91 students in the MCV Dental School class beginning in 1987. Approximately one-third of the class will be women students. There will be 53 Virginia resident students and 38 non-resident students. The school will return to the summer clinic program.

New members announced were: Drs. Harry Fleming, Amy Rockhill, Fred Donikowski, John Robinson, Kyle Fitzgerald—Roanoke; Dr. Seth Anderson—Appomattox; Dr. Sherman Smock—Lynchburg.

The VDA 118th Annual Meeting will be held September 17-20, 1987 in Arlington. P.D.S. Delegates selected were: Drs. Bruce Nussbaum, Robert McClanahan, Bernard Smith, Cleve Porter, James Muehleck, Greg Gendron, Richard Poe, C. B. Strange, Elbert Osborne, Duane Burnett, Fulton Neal, and E. M. O'Keefe. Alternate delegates: W. H. Frazier, George Vaughan, William Stokes, James Morgan, Robert Bielawski, Marvin Midkiff, Albert Payne, Hugh Lee, Randolph Dickey, William W. Martin, Richard Lynch, and Amy Rockhill.

Mr. Bob Brown, Western Regional Manager of BC/BS Insurance Company spoke to the Lynchburg Dental Society on June 2, 1987. Other local societies might want to consider this program to possibly help with the many problems with BC/BS dental insurance.

Have a great summer!

VIRGINIA DENTAL ASSOCIATION

Approved by Executive Council, May 31, 1987

1988 BUDGET

Income:

1. State Dues	\$300,000	
2. <i>Journal</i> Advertising	8,000	
3. Interest and Dividends	20,000	
4. Other Income	500	\$328,500

Expenditures:

1. Committee Expense	\$ 16,400	
2. Contributions, Dues and Fees	2,600	
3. Office Expense	51,500	
4. Salaries, Wages and Fees	129,000	
5. Travel and Expense Allowance	52,350	
6. <i>Journal</i> Expense	35,200	
7. Statewide Continuing Education Program	33,280	
8. Annual Session	2,000	322,330

Income over Expenditures

\$ 6,170

Operating Expense:

<i>1. Committee Expense</i>		
Caring Dentists	\$ 2,500	
Dental Care Programs	500	
Dental Delivery for the Special Needs Patient	500	
Dental Health and Public Information	1,000	
Dental Trade and Laboratory Relations	200	
Executive Council	500	
Insurance	500	
Legislative	4,000	
Professionalism	1,200	
Other Committees, Conferences and Meetings	5,000	
Executive Council Discretionary Fund	500	\$ 16,400
<i>2. Contributions, Dues and Fees</i>		
ADA 16th District Dues	\$ 1,500	
Professional Associations	600	
Virginia Council on Health	500	2,600
<i>3. Office Expense</i>		
Insurance and Taxes	\$ 6,000	
Depreciation of Office Equipment	5,000	
Maintenance of Equipment	2,500	
Postage and Mailing Permits	7,000	

Printing and Office Supplies	5,000	
Office Rent	17,700	
Telephone	7,500	
Other Office Expense	800	51,500
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4. <i>Salaries, Wages and Fees</i>		
Executive Director and Clerical	\$ 95,000	
Employee Benefits and Retirement	18,000	
Social Security Employer Taxes	8,000	
Professional Fees: Legal	14,000	
Accounting	3,500	
Special Accounting Services	500	
Transfer to <i>Journal Expense</i>	(10,000)	129,000
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5. <i>Travel and Expense Allowance</i>		
Delegates to ADA Meeting	\$ 13,500	
Alternate Delegates to ADA Meeting	13,500	
ADA Annual Meeting Expense	2,500	
President	5,000	
President-Elect	2,750	
Secretary-Treasurer	3,500	
Executive Director	6,500	
Immediate Past President	500	
Chairman and Vice Chairman, Executive Council ..	1,100	
Automobile Expense	1,500	
Automobile Depreciation	2,000	52,350
<hr/>		
6. <i>Journal Expense</i>		
American Association of Dental Editors	\$ 100	
Editor's Expense	1,000	
Printing	24,000	
Other <i>Journal Expense</i>	100	
Transfer from Salaries, Wages and Fees	10,000	35,200
<hr/>		
7. <i>Statewide Continuing Education Program</i>		33,280
8. <i>Annual Session</i>		2,000
		<hr/>
<i>Total Expenditures</i>		<u><u>\$322,330</u></u>

VIRGINIA DENTAL ASSOCIATION 1986 FINANCIAL AUDIT

ASSETS

<i>Cash on Deposit:</i>			
Checking Account	\$ 19,852		
Savings Account	40,265		\$ 60,117
<i>Investments:</i>			
Certificates of Deposit			150,000
<i>Prepaid Expense:</i>			
ADA Marketing Program			1,258
<i>Equipment:</i>			
Office Furniture, Fixtures and Automobile	\$ 48,267		
Less Accumulated Depreciation	37,187		11,080
			\$222,455

LIABILITIES

<i>Accounts Payable:</i>			
ADA Dues 1987	\$ 293		
VDA Dues 1987	25,288		
Deferred Compensation	10,370		
ADA Marketing Program	3,070		\$ 39,021
<i>Fund Equity:</i>			
Balance, January 1, 1986	\$149,533		
Income over Expenditures	33,901		183,434
			\$222,455

INCOME AND EXPENSES 1986

<i>Income:</i>			
Virginia Dental Association Dues	\$295,630		
Journal Advertising	6,019		
Current Assets Interest Income	10,779		
Other Income	2,635		
Investments Interest Income	12,699		\$327,762
<i>Expenditures:</i>			
Committee Expense	\$ 13,279		
Contributions, Dues and Fees	3,925		
Office Expense	44,964		
Salaries, Wages and Fees	132,650		
Travel and Expense Allowance	39,493		
Journal Expense	35,239		
Statewide Continuing Education Program	24,794		
Annual Meeting	(484)		293,860
<i>Income over Expenditures</i>			\$ 33,902

DENTIST RECEIVES RECOGNITION AWARD

Dr. Timothy Elmer Russell has received the prestigious American Dental Association (ADA) Dentist Recognition Award.

This honor is granted exclusively to ADA members who have earned at least 300 hours of continuing dental education credits in accordance with the standards and criteria adopted by the ADA's House of Delegates.

According to Dr. Joseph A. Devine, ADA president, "The objective of continuing education is to improve the knowledge, skills and ability of the individual dentist to deliver the highest quality of service to the public and the profession.

"Continuing dental education strengthens the habits of critical inquiry and balanced judgment that are characteristics of a professional. By participating in continuing education activities, the dentist gains additional knowledge and maintains contact with skilled colleagues."

Dr. Russell practices General Dentistry in Alexandria, Virginia. He is a member of the Northern Virginia Dental Society and the Virginia Dental Association.

ANNOUNCEMENT

The 44th Annual Meeting of The American Institute of Oral Biology will convene October 23-27, 1987 (Friday-Tuesday), at the Spa Hotel in Palm Springs, California. The Institute brings together during its Annual Seminar a group of eminent authorities in the regimen of Oral Biology as is pertinent to the modern practice of Dentistry.

For further information and application forms, please write to Executive Secretary, P. O. Box 481, South Laguna, California 92677.

GREATER NEW YORK DENTAL MEETING EXPECTS RECORD 1987 ATTENDANCE

More than 35,000 dentists and other dental health professionals will attend the 1987 Greater New York Dental Meeting in New York City November 28-December 3.

For further information, contact The Greater New York Dental Meeting at 1700 Broadway, 4th Floor, New York, NY, (212) 581-6611.

PIERRE FAUCHARD ACADEMY

The Pierre Fauchard Academy is an international honorary dental organization which counts among its objectives the exchange of scientific knowledge, the fostering of high scientific and professional standards and the encouragement of dental students to seek salutary career goals.

The Academy accepts members by invitation only and has sections in every state and in most foreign nations. Internationally, the Academy works with the World Health Organization, especially in Third World Countries, to elevate oral health through financial and manpower support. In this country, the Academy aids dental schools with scholarships and student awards. The Virginia Chapter has traditionally sponsored a monetary award for the winner of MCV's Annual Clinic Day. We then bring the winner to the State Meeting so that he or she might present the information to our members at our Annual Breakfast. One purpose of sustaining a representative membership is to allow us to award an annual scholarship to a third-year dental student based upon need, leadership and academic performance, with need being primary.

One of the benefits of membership is Dental Abstracts, the official publication of the Academy. This excellent journal (72 pages) is published by the A.D.A. and abstracts articles in every dental subject from clinical, front office and academic topics to research items and is mailed quarterly to every Pierre Fauchard member.

VIRGINIA DENTIST ELECTED DIRECTOR OF NATIONAL DENTAL BOARD

Dr. William E. Bernier, Associate Clinical Professor of Endodontics at the Medical College of Virginia, has been elected a Director of the American Board of Endodontics (ABE). The ABE, sponsored by the American Association of Endodontist, is the certifying agency for the dental specialty of endodontics.

Dr. Bernier maintains a private practice in Falls Church and Alexandria, has been active in the Association for many years. Previously, he has served as a member of several committees including Honors and Awards, Career Counseling, and Constitution and Bylaws. He is also a member of the American Dental Association, the Virginia Dental Association, for which he is a delegate, the Research Society of Sigma Xi, the Fairfax County Dental Society and the Alexandria Dental Society.

Dr. Bernier's honors include fellowship in the American College of Dentists and in the International College of Dentists, and Diplomate status from the American Board of Endodontics.

PERKINSON WINS MCV DENTAL ALUMNUS OF THE YEAR AWARD

Dr. W. Baxter Perkinson, Jr. was awarded the Harry Lyons Outstanding Dental Alumnus of the Year Award during the luncheon at Dental Alumni HOMECOMING '87 that was held at the Richmond Marriott on April 4. This award is named for Dr. Harry Lyons, Dean Emeritus of the School of Dentistry. The recipient was presented with a pewter bowl, and his name is engraved on a plaque which hangs in the alumni house. This is the first time that this award has been given.

The award is based upon a mix of the following criteria. The recipient must be a graduate of MCV/VCU's School of Dentistry, a supporter of both the school and the Alumni Association, and an outstanding contributor to the profession. Additionally, the nominee should show evidence in, and recognition by, professional and/or civic organizations.

Baxter graduated from MCV's School of Dentistry in 1970 and has engaged in the private practice of dentistry in Richmond for the past 17 years. He has become highly successful as a lecturer in continuing education and has presented programs for many dental schools as well as for state and national dental organizations.

Also, Baxter is a superb watercolorist. He gave the dental school a series of his watercolors which have been reproduced for sale. The proceeds go to the Office of Continuing Dental Education.

Last year, Baxter was president of the Richmond Dental Society. He also has participated in various committee assignments of the Virginia Dental Association.

Congratulations are extended to this outstanding member of the dental profession.

AMERICAN ACADEMY OF PERIODONTOLOGY

The American Academy of Periodontology will hold its 1987 Annual Meeting in Denver, Colorado this year, October 21-24. The Hyatt Hotel and Marriott Hotel-City Center will be co-headquarters for the sessions.

Attendance at the meeting earns hour-for-hour membership maintenance credit for members of the Academy of General Dentistry. Nonmember dentists, graduate students and hygienists are welcome but are required to pay a registration fee (undergraduates admitted without charge). Meeting brochures and registration forms are available from: The American Academy of Periodontology, 211 E. Chicago, Suite 1400, Chicago, IL 60611.

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Part I - "Centric Relation: A New Look At An
Old Concept"

Frank V. Celenza

Clinical application in the science of occlusion. Concepts of
mandibular motion and recording for single unit restorations to
full reconstruction will be explored and simplified for daily use.

Part II - "The Integration of Periodontics and
Orthodontics for Better Prosthetic
Dentistry"

Dr. Frank Celenza, Jr.

New treatment modalities using a combined perio-ortho approach,
including forced eruptions for clinical crown lengthening and
the utilization of tooth movement to alter osseous topography.

Part III - "Developing a Philosophy of Restorative
Dentistry Which Maximizes Current New
Treatment Modalities"

Today's restorative dentist should be knowledgeable and be able
to utilize all the various technical and specialty developments
available to him/her. Tooth preparation with regard to marginal
placement and different clinical settings will be discussed with
regard to Dicor crowns, post and core build-ups and osseointegration
applications for partially edentulous situations.

Date: Wednesday, October 21, 1987

Time: 9:00-5:00

Cost: \$125- Dentists
(prior to September 15)

\$150- Dentists
(after September 15)

\$95- Staff

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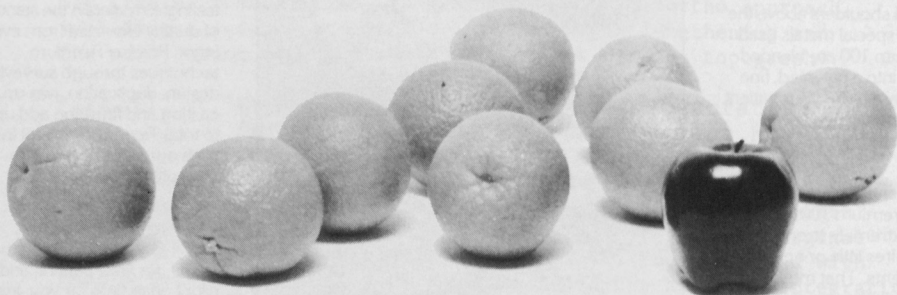
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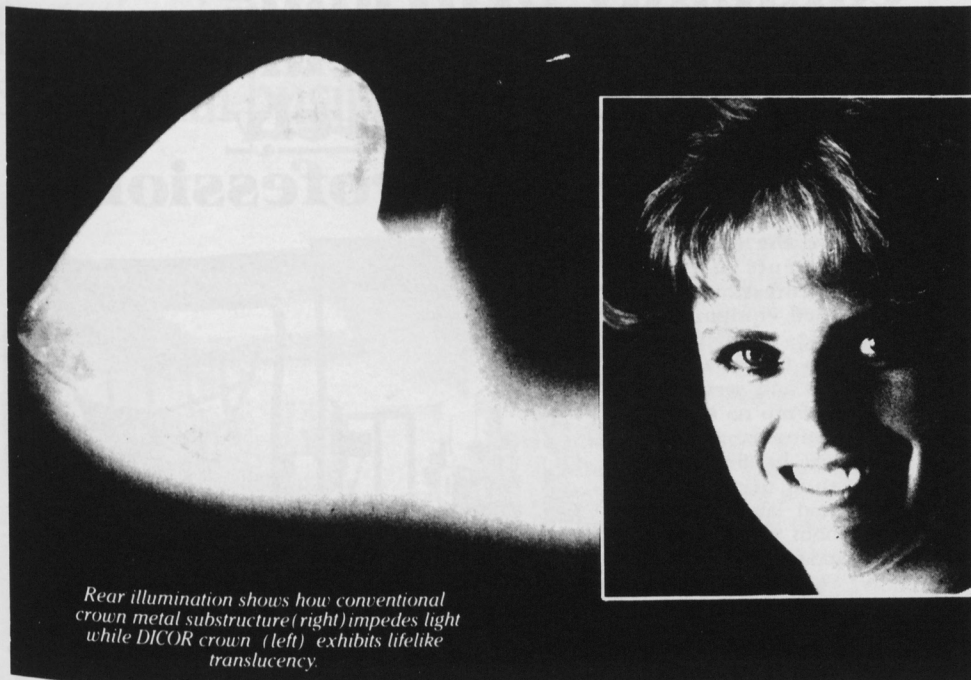


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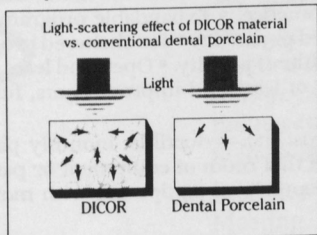
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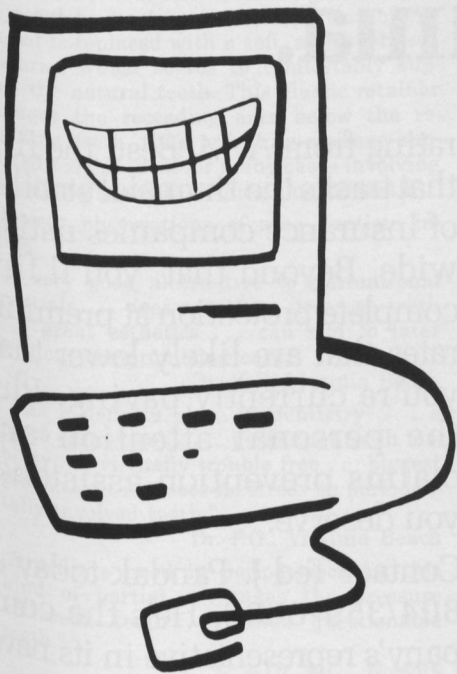
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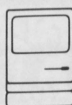
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PROGRESS REPORT NO. 1

"Virginia Partial"[®] Enters 2nd Year of Field Research!

For the past year a select list of area dentists have been involved in placing The Virginia Partial[®], the revolutionary invention created at The Denture Lab. This progress report will bring you up to date on observations made thus far.

An overview of the innovation may be appropriate here: The partial consists of a hard acrylic base with buccal and lingual flanges. Adjacent to existing teeth, a portion of the buccal is replaced with a soft, silicone-based material which serves to comfortably support the natural teeth. This elastic retainer engages the receding area below the remaining teeth, thus providing a tissue supported partial ideal for many cases involving periodontally weak or questionable teeth.

Recent observations of area dentists include:

• "A very good alternative to conventional partials . . . does not place stress on teeth . . . great esthetics . . . can add to later without compromising case."

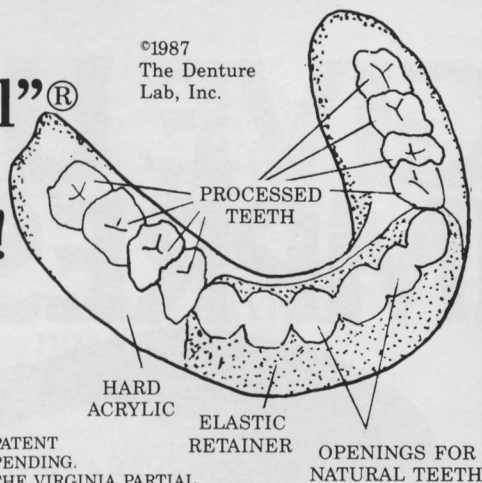
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• "Has a definite place in dentistry . . . a place cosmetically . . . perfect for tooth mobility . . . virtually trouble free . . . biggest plus is that it places no stress on periodontally involved teeth."

—Dr. F.G., Virginia Beach

• "A definite need in periodontics for this kind of partial . . . takes the pressure off weak teeth . . . saves questionable teeth."

—Dr. A.G., Norfolk



The tissue born structure provides a soft, thin and very comfortable partial which greatly eliminates stress on existing teeth. Additionally, this remarkable appliance permits slight movement of the denture while chewing which also reduces stress.

For the right application, The Virginia Partial[®], has been found to be an excellent alternative to both dentures with clasps and precision attachments. The consequent elimination of unsightly metal adds significant emphasis on esthetic benefits.

Within the past year of field research, the appliance has shown remarkable strength and durability, and patients are delighted with the lower cost. Also, many standard wrought wire partials can easily be converted into The Virginia Partial[®].

If you would like to join your fellow practitioners in experiencing this exciting innovation, please call Bill Willits, CDT or Tommy Schmitt, CDT at The Denture Lab today. We will keep you posted on further developments in our next progress report.

Statements by area dentists do not constitute an endorsement of The Virginia Partial.[®]

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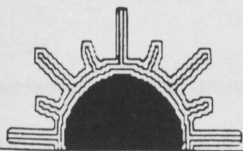
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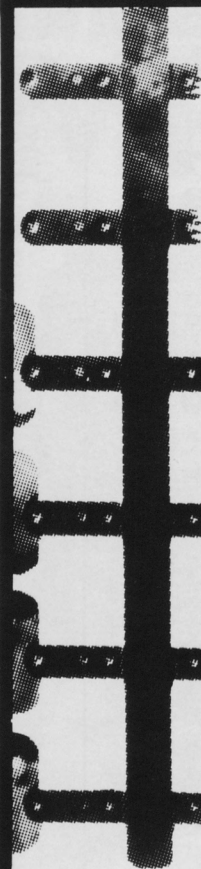
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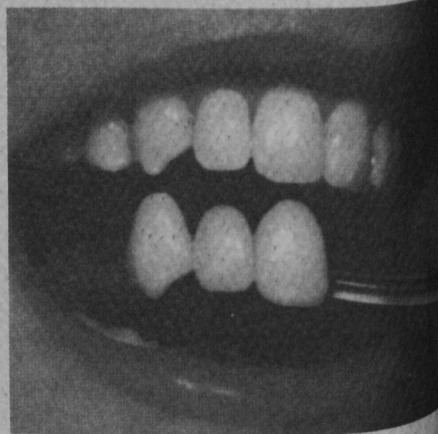
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