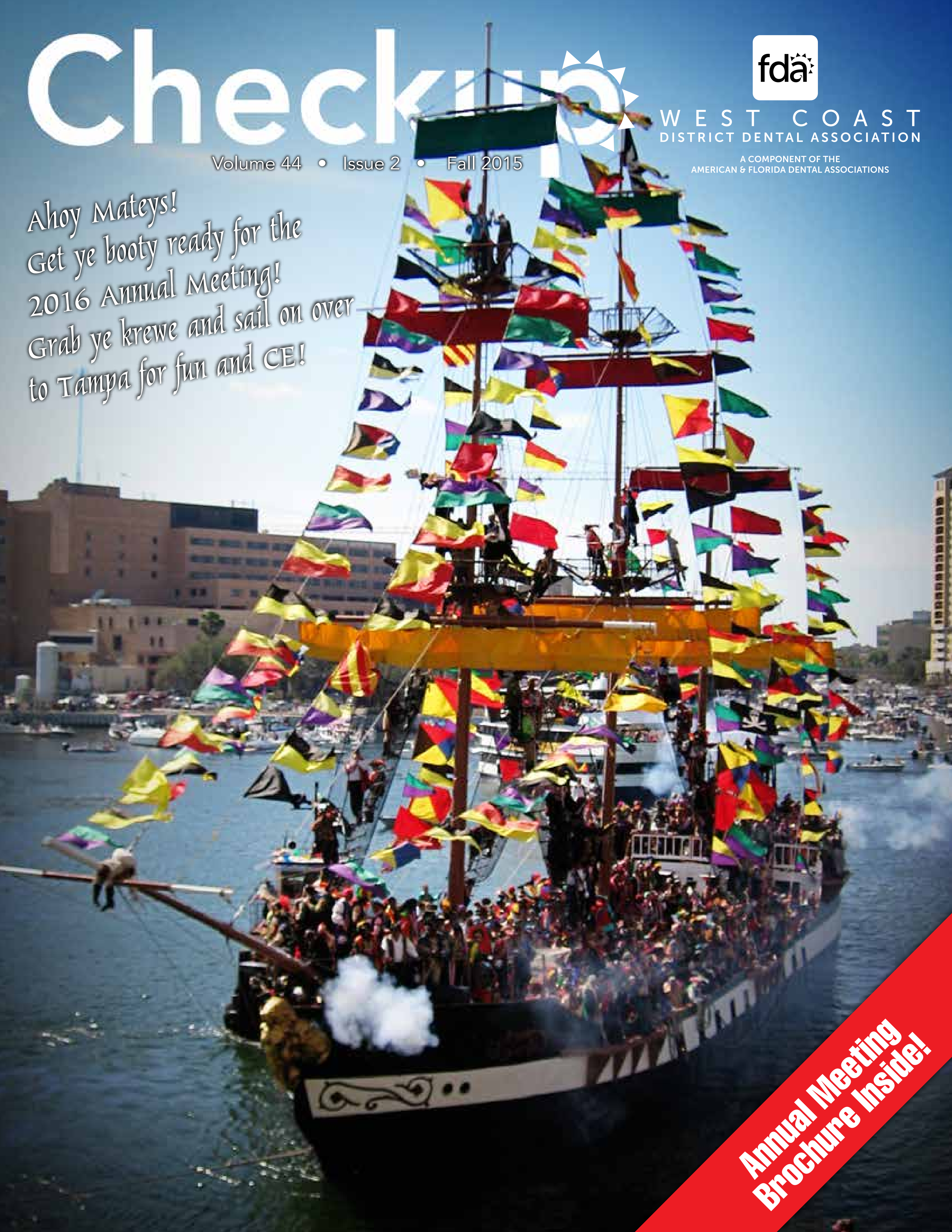
Checkup
Volume 44 • Issue 2 • Fall 2015
fda
WEST COAST
DISTRICT DENTAL ASSOCIATION
A COMPONENT OF THE
AMERICAN & FLORIDA DENTAL ASSOCIATIONS
Ahoy Mateys!
Get ye booty ready for the
2016 Annual Meeting!
Grab ye krewe and sail on over
to Tampa for fun and CE!
Annual Meeting
Brochure Inside!

President's Message

Christopher M. Bulnes, DMD

I would like to thank everyone for their continued membership at the tripartite. I am truly blessed to serve as your WCDDA President for 2015-2016. As a result of your continued membership, a direct relationship exists between our success as an association and the success of your practice.

Recently, I attended the FDA's Board of Trustees meeting in Winter Park and listened to a lecture given by David Preble, DDS, J.D. David is the Vice President of the ADA's Practice Institute. The Practice Institute provides input on various programs, products and services to help ADA members better operate their dental practices. It also promotes the interests of the dental profession on health care finance, health outcomes and informatics. David shared a great deal of statistical findings related to adult and pediatric utilization of dental care. The study found that pediatric utilization is trending towards an increase (47.6%), while adult utilization is trending downward (35.4%). This is an alarming figure when you digest it…….7 out of 10 adults WITH dental insurance will NOT visit the dentist. Why??? That is a huge piece of the population pie we are missing as a profession. I am here to share with you, that the leadership we have at the national, state, and component levels is well aware of this issue and we are working together to get the downward trend turned right side up. I welcome each MEMBER to visit the Practice Institute at www.ada.org. You will find a plethora of resources and benefits for you and your staff to utilize that will improve your practice.

If you are passionate about a particular area of organized dentistry and would like to volunteer, I encourage you to contact the West Coast office, provide your contact information and area of interest or simply complete and return the Connection Card enclosed in this newsletter. It's that simple. There are so many opportunities available. Rest assured, once we receive your information you WILL receive communication from a WCDDA Officer to discuss your passion and area of expertise so we can place you in the proper community of organized dentistry that best fits you.

Finally, please come and enjoy the WCDDA's 94th Annual Meeting on February 19, 2016 at the University of South Florida's Center for Advanced Medical Learning and Simulation (CAMLS) in Downtown Tampa. The WCDDA Program Committee has secured two exceptional speakers to connect the entire dental team at a state-of-the-art facility. Please visit www.wcdental.org for more information and to register.

In closing, I am humbled to serve such a great organization and if ever you have a question, please do not hesitate to reach out to me. I can be reached at (813) 259-9000 or by emailing trimile26@gmail.com.

With Purpose,

Christopher M. Bulnes, DMD
President
West Coast District Dental Association

INSIDE THIS ISSUE

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2015 Summer Meeting Highlights

To view more meeting photos, visit http://wcddaphotoalbums.shutterfly.com/.

(L:R) Dr. Rick Rodriguez, **Dr. Chris Ross**, **Dr. Carey Bonham** and **Dr. Bob Klement**

Special thanks to **Dr. Chris Bulnes**, **Dr. Chris Ross and Dr. Bob Klement** for organizing these events.

Officer Planning Session (L: R) **Dr. Terry Buckenheimer**, Drew Eason, **Dr. Natalie Carr-Bustillo**, **Dr. Hugh Wunderlich**, **Dr. Bob Churney**, **Dr. Melissa Grimaudo**, **Dr. Steve Zuknick**, **Dr. Chris Bulnes**, **Dr. Paul Palo**, **Dr. Fred Grassin**, **Dr. Oscar Menedez**, **Dr. Craig Oldham**, **JP** and **Dr. Rudy Liddell**.

WCDDA Elected Officers 2015-2016
(L: R) **Dr. Fred Grassin**, **Dr. Craig Oldham**, **Dr. Oscar Menendez**, **Dr. Natalie Carr-Bustillo**, **Dr. Melissa Grimaudo**, **Dr. Chris Bulnes** and future WCDDA officer, Callie Grimaudo.

Cigars and Cordials
(L: R) **Dr. Sebastian Castellano**, **Dr. Gregory Langston**, **Dr. Rudy Liddell**, **Dr. Matt Waite**, **Dr. Oscar Menendez** and **Dr. Zack Kalarickal**

(L: R) **Dr. Fred Grassin**, **Dr. Chris Bulnes** and **Dr. Terry Buckenheimer**

Dr. Oldham and his beautiful daughters!
(L: R) Evelyn, Grace, **Dr. Craig Oldham,** Ellen and Olivia

5K FUN RUN RESULTS:

Krissy Gear 20.24
Dr. Carey Bonham 20.25
Greg May 24.30
Dr. Robert Gear 24.40
Autumn Stalf 24.57
Dr. Amy Bonham 25.50
Dr. Trevor Hamm 25.54
Alexandra Rogers 31.30
Drew Eason 31.38
Dr. Craig Oldham 31.38
Dr. Linda May 49.52
Arlene Venezia 50.02

5K Participants

GOLF TOURNAMENT RESULTS:

1st Place	**Dr. James Hansen** **Dr. Scott Johnson** **Dr. Tod Fawcett** **Dr. James Carazola**
2nd Place	**Dr. Chris Bulnes** Christian Bulnes Dr. Michael Newton Jacob Newton
3rd Place	**Dr. Stephen Belcher** **Dr. William Aughton** **Dr. Larry Lieberman** **Dr. Chris Page**

Closest to the Pin
Dr. Steve Belcher 9'8",
Dr. Terry Buckenheimer 17'5",
Dr. Larry Lieberman 5'5" and
Dr. Chris Page 5'5"

The winner for the 2 nights, 3 days at The Ritz Carlton, Naples and 9 hours of CE, August 5-7, 2016 is **Dr. Robert Klement** of Bradenton. Thank you to everyone who entered this raffle by registering for the 2016 Annual Meeting early! Congratulations to Dr. Klement!

View a short video of all the Photo Scavenger Hunt entries from the 2015 Summer Meeting!
https://www.youtube.com/watch?t=6&v=Ztalm_IRAnc

If you missed this fun and successful meeting, be sure to join the WCDDA on August 5-7, 2016 for more quality CE and memorable moments. Rooms sell out fast so register today! Visit http://www/wcdental.org/2016ritz.pdf to download the reservation form. To reserve Club Level rooms, contact the WCDDA office at (813) 654-2500 or Kelsey@wcdental.org. Don't miss out on more great times at The Ritz-Carlton!

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WCDDA Members

Congratulations to the following members for their continued commitment! The year 2015 marks their major milestone in supporting organized dentistry.

25 Years

Dr. Edmond Allison
Dr. Kenneth Bass
Dr. Harley Bellack
Dr. Charles Bennett
Dr. Robert Bousquet
Dr. Neil Brodsky
Dr. Maite Casanova
Dr. Jeffrey Chirillo
Dr. Caryn Davis
Dr. Charles Davis
Dr. Gregory Dyer
Dr. Walter Griggs
Dr. Michael Guokas
Dr. Steven Hewett
Dr. Michael Hughes
Dr. Gregory Imhoff
Dr. Mohammad Iranmanesh
Dr. Thomas Jacobs
Dr. George Kazakos
Dr. Qayyum Khambaty
Dr. Michael Kirsch
Dr. Douglas Koch
Dr. Barbara Morgan
Dr. Belkis Musalen
Dr. Gayle Obermayr
Dr. John Paul
Dr. Stephen Perez
Dr. Kerry Robson
Dr. Haychell Saraydar
Dr. Mary Schmitt
Dr. Jeff Scott
Dr. Pamela Spigarelli
Dr. Joseph Spoto
Dr. Sherwood Tucker
Dr David Walker

35 Years

Dr. Steven Boe
Dr. Richard Edwards
Dr. Earle Edwards
Dr. Charles Ford
Dr. Joel Garblik
Dr. Ronald Kobernick
Dr. Stephen Page
Dr. Charles Tomeo
Dr. Susilendra Vijay

50 Years

Dr. James Bass
Dr. Richard Bolvin
Dr Teddy Brown
Dr. Nick Faklis
Dr. Gerald Francati
Dr. Michael Gilliland
Dr. Kenneth Hall
Dr. James Hayslett
Dr. L. Linebaugh
Dr. John McGaughey
Dr. Curtis Moore
Dr. Robert Paprocki
Dr. Karl Pardee
Dr. William Schmidt
Dr. Robert Sheffield
Dr. James Steele

60 Years

Dr. Lon Muncy
Dr. Charles Phillips
Dr. Florentino Priede
Dr. Milton Wood
Dr. David Wright

Life Members

Dr. Gerard Barna
Dr. Larry Butler
Dr. Paul Duryea
Dr. Burton Golub
Dr. Burton Golumbic
Dr. Frank Kaman
Dr. Kenneth Martin
Dr. Robert Mather
Dr. Craig Mayer
Dr. Douglas Milsap
Dr. Stephen Morris
Dr. John Penny
Dr. James Pyle
Dr. Harley Richards
Dr. Earl Schandle
Dr. Ann Setkowicz
Dr. Jay Shartzer
Dr. Glenn Sheumaker
Dr. Richard Steinberg
Dr. Neal Stubbs
Dr. George Whiteside

New Members

Dr. Christiana Ajmo, Dunedin
Dr. Reem Akel, Spring Hill
Dr. James Allor, Tampa
Dr. Payal Arora, Riverview
Dr. Kellie Bateman, Lake Placid
Dr. Anthony Benza, Naples
Dr. Yosuel Blanco Sanchez, Brandon
Dr. Amir Boules, Largo
Dr. Margaret Bressler, Seminole
Dr. Aaron Broderick, Fort Myers
Dr. Troy Brown, Bradenton
Dr. Mendee Bull-Ligon, Saint Petersburg
Dr. Jessica Capellan, Belleair Bluffs
Dr. Adam Cheslock, Clearwater
Dr. Ralph Ciasullo, Bradenton
Dr. Lori Conrad, Bradenton
Dr. Manijeh D'Amelio, Naples
Dr. Nicole Decambra, Tampa
Dr. Darlene Desinor, Port Charlotte
Dr. Matthew Dockus, Largo
Dr. Sara El-Sherbini, Largo
Dr. Tamer Eshra, Bonita Springs
Dr. Christopher Fitzgerald, Tampa
Dr. Michael Foley, Lutz
Dr. Steven Frey, Fort Myers
Dr. Richard Furman, Sarasota
Dr. Arezou Garmestani, Lakeland
Dr. Genevieve Garris, Bonita Springs
Dr. Thomas Gilton, Tampa
Dr. Phillip Goff, Port Richie
Dr. Victor Grasso, Ave Maria
Dr. Alexandra Griffin, Tierra Verde
Dr. Danielle Grimes, Tampa
Dr. Elena Gutu, Bradenton
Dr. Ulises Guzman, Tampa
Dr. Jonathan Hale, Zephyrhills
Dr. Terry Hamblen, Largo
Dr. Trevor Hamm, Lehigh Acres
Dr. Hanny Hamoui, Brooksville
Dr. Lawrence Harkins, Palm Harbor
Dr. Luz Hernandez, Wesley Chapel
Dr. Michael Hess, Riverview
Dr. Ann Ho, Saint Petersburg
Dr. Noah Honig, Tampa
Dr. Lakshmi Immadi, Valrico
Dr. Zahida Iqbal, Oldsmar
Dr. Robyn Jenkins, Clearwater
Dr. Eric Jensen, Spring Hill
Dr. Rajiv Kalra, Tampa
Dr. Shalini Kamodia, Seminole
Dr. Elena Kan, Lakeland
Dr. Sonal Kapoor, Tampa
Dr. David Kellogg, Land O Lakes
Dr. Christopher Kersey, Auburndale
Dr. Noel Keyzer, Bradenton
Dr. Danielle Kissel, Saint Petersburg
Dr. Matthew Kruszewski, Clearwater
Dr. Filadelfo Larios, Naples
Dr. Casey Lynn, Naples
Dr. Amrita Marajh Selz, Belleair Bluffs
Dr. Alexander Marrero-Plasencia, Wesley Chapel
Dr. Zunith Martinez, Tampa
Dr. John McAninch, Sarasota
Dr. Erica McFarland, Lutz
Dr. Loryn Merrill, Brooksville
Dr. Annissa Michael, Lakeland
Dr. Ashley Millstein, Lakeland
Dr. Lora Moak, Punta Gorda
Dr. Chelsea Monteleone, Tampa
Dr. Harvey Mossak, Brandon
Dr. Sonja Munoz Latorre, Bradenton
Dr. Thuy Nguyen, Brandon
Dr. An Nguyen, Winter Haven
Dr. James Nguyen, Tampa
Dr. Cong Nguyen, Brandon
Dr. Eunice Nieves, Tampa
Dr. Rushi Patel, Crystal River
Dr. Asha Patel, Tampa
Dr. Sherlin Paul, Tampa
Dr. Jennifer Paulmino, Largo
Dr. Tierney Pettinato, Tampa
Dr. Rachael Phillips, Lakeland
Dr. David Pielak, Palm Harbor
Dr. Brittany Pierpont, Lakeland
Dr. Gordon Pocialik, Fort Myers
Dr. Michael Powell, Saint Petersburg
Dr. Robert Powless, Tampa
Dr. Era Pyakurel, Tampa
Dr. Fadi Raffoul, Tampa
Dr. Stevy Raju, Seffner

(continued on page 5)

New Members (cont'd)

Dr. Evelyn Ramirez-Lee, Naples
Dr. Amaurys Ramirez-Torres, Hudson
Dr. Saimon Ramos, Seminole
Dr. Emily Relkin, Saint Petersburg
Dr. Jeremy Robbins, Valrico
Dr. Michael Rodriguez, Cape Coral
Dr. Samuel Rosenfeld, Sarasota
Dr. Kurush Savabi, Lutz
Dr. Sara Sheffield, Tampa
Dr. Ronak Shukla, Saint Petersburg
Dr. Marina Shurova, Saint Petersburg
Dr. Egle Skruodyte, Land O Lakes
Dr. Sara Spear, Tampa
Dr. Gabriele Spinuso, Saint Petersburg
Dr. Douglas Stilian, Tampa
Dr. Yoan Suarez Zayas, Lakeland
Dr. David Tarnowski, Pinellas Park
Dr. Ashley Tate, Palm Harbor
Dr. Barrett Tindell, Tampa
Dr. Katie Tulipano, Saint Petersburg
Dr. Frank Vascimini, Homosassa
Dr. Thuy Vazquez, Clearwater
Dr. Srividya Vulugundam, Tampa
Dr. Jason Watts, Cape Coral
Dr. Timothy Whaley, Saint Petersburg
Dr. Allen Williams, Winter Haven
Dr. Trevor Williams, Tampa
Dr. Courtney Worlinsky, Clearwater
Dr. Ali Yazback, Naples

In Memoriam

We are deeply saddened by the death of our colleagues.

Norman Castellano, DMD of Tampa – July 15, 2015 • **James E. Dillard, DDS** of Brooksville – April 17, 2015
Alan M. Marder, DMD of Naples – March 18, 2015 • **D. Kenneth Morrow, Jr, DMD** of Seminole - August 15, 2015
John R. Pelton, DMD of Sarasota – September 12, 2015 • **Richard K. Suttell, DDS** of Seminole – April 19, 2015
Maurice M. Weaver, DDS of Lake Wales – June 21, 2015 • **Kamal N. Zakhari, DDS** of South Pasadena – April 21, 2015

A contribution has been made to the WCDDA Fund in their memory. If you would like to make a contribution, please make your check payable to the Florida Dental Health Foundation, indicate WCDDA Fund in the memo and mail to: Florida Dental Association, Attn: Foundation, 1111 East Tennessee Street. Tallahassee, Florida, 32308-6914.

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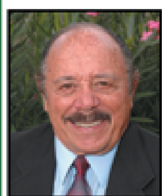
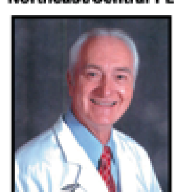
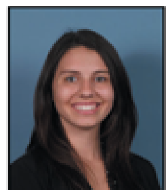

Dr. Marshall Berger Broward County

Dr. Alex Cardounel Southeast FL

Dr. Tony Hodge Treasure Coast

Dr. Carlton Schwartz Northwest, FL

Dr. Chip Kilcourse Central FL

Sandy Harris Associate Placement

Greg Jones Real Estate Sale & Leasing

Samantha Corritore Executive Secretary

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View all the benefits of being a member by visiting http://www.floridadental.org/members/member-resource/benefits.

For more information about membership and how to join, call (800) 260-5277 or visit www.wcdental.org or www.floridadental.org.

Becoming a member has never been easier! Join today! Call (813) 654-2500 or e-mail kelsey@wcdental.org.

Advocacy: FDA and ADA lobbyists actively monitor issues and bills that affect dentistry. Visit www.ada.org/advocacy.aspx to view other important issues currently impacting dentistry.

Peer Review: You often can avoid costly legal fees and malpractice suits by using this free service available only to members.

ADA "Find a Dentist" Feature: The online tool, www.mouthhealthy.org promotes your practice by allowing you to keep your profile up to date and making it easy for potential patients to locate your practice.

FDA Services: Provides a wide range of insurance at affordable rates. Individual/Group Health, Professional Liability, Term Life, Workers Compensation, Disability, Malpractice, Auto and Pension plans are available. Reduce risk and increase productivity for yourself and employees, contact Rick D'Angelo at (813) 475-6948 or rick.dangelo@fdaservices.com.

Crown Savings: FDA Services has researched and vetted business solutions so members can take advantage of exclusive deals and discounts offered through the Crown Savings program. Members who participate will save time, money and hassle, putting the focus back on patient care. Visit http://www.fdaservices.com/crownsavings/.

Legal Resources: Legal questions and answers are an educational service of the Florida Dental Association (FDA) for members only. They have been prepared by FDA legal staff based on years of experience.

Contract Analysis: The American Dental Association (ADA) Contract Analysis Service analyzes third-party managed-care contracts to inform you in clear language about the provisions of the contracts so you can make informed decisions about the implications of participation.

Leadership Opportunities: Your input at the local level is vital for dentistry today and in the future. To get involved, complete the enclosed Connection Card and return to the WCDDA Office or for more information, email wc.dental@gte.net.

ADA/FDA/WCDDA Websites and Social Media: Information right at your finger tips, visit www.ada.org, www.floridadental.org and www.wcdental.org to access important information on laws, rules, and continuing education and employment opportunities. "Like" the WCDDA, FDA and ADA on Facebook to connect with colleagues. Follow on Twitter @AmerDentalAssn, @ADAMouthHealthy, @ADANews and @FDADental for instant news. The ADA has created a blog for new dentists, visit http://newdentistblog.ada.org/.

Continuing Education Programs/Annual Meetings/Affiliate Meetings: Each association hosts annual meetings and monthly meetings that provide high quality continuing education to members and their staff at a significantly reduced rate. WCDDA's Annual Winter and Summer Meetings, WCDDA Affiliate Meetings, Florida Dental Convention (FDC) and the ADA's Annual Session.

Free Florida and HIPAA Compliance Forms: Free HIPAA forms are available to all members. Visit http://www.floridadental.org/members/member-resource

Free Online CE: Members receive up to 30 hours of FREE online CE courses at www.floridadental.org.

CE Broker Tracking: Continuing education attendance records are uploaded to www.CEbroker.com for each member who attends a meeting of the FDA, WCDDA and its affiliates.

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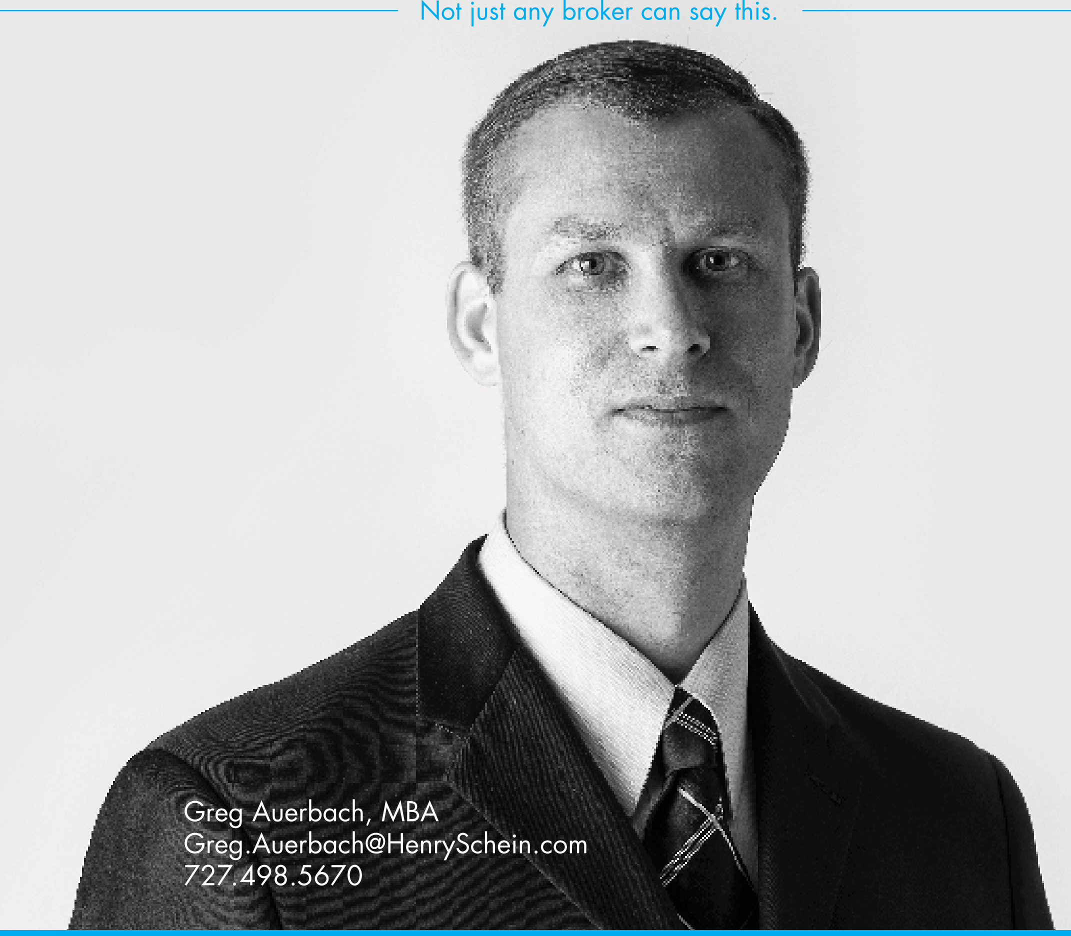

And, not just any broker has this said about him.

"Greg made a very complicated process understandable – always ready to answer any questions or concerns. I truly felt he was my advocate and made the whole experience pain free (important in business as well as dentistry)."

– Greg Dickinson, DDS –
Sarasota

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Association Business - Official Calls

Award Nominations are being accepted for the following:

Distinguished Service Award: This award is given to a member for outstanding service toward the dental profession and the West Coast District Dental Association.

Dan Bertoch Leadership Award: This award is given to a young dentist who has proven leadership skills.

Affiliate of the Year Award: This is given to an affiliate that has contributed the most towards improving the WCDDA by increasing membership numbers, having the most volunteers, and supporting the ideas, activities and meetings of the WCDDA.

Accepting Leadership Nominations:
The WCDDA is accepting written nominations for WCDDA Secretary. This is the entry level for the WCDDA leadership ladder. Any WCDDA member may be nominated. The Nominating Committee will review the names and make recommendations to the Executive Cabinet. Please forward written nominations to the WCDDA Executive Cabinet prior to March 4, 2016.

Please submit award nominations to the WCDDA office by Dec. 1, 2015.

Awards will be presented in conjunction with the WCDDA's Annual Meeting on February 19, 2016

Official Calls
There will be a caucus of the West Coast District Dental Association's Delegation on Tuesday, January 19, 2016 at 6:00 p.m. via conference call. There will be twelve sites throughout the West Coast district.

The West Coast District Dental Association will hold a breakfast caucus in conjunction with the Florida Dental Association's House of Delegates meeting Saturday, January 23, 2016 at 7:00 a.m. at the Tampa Airport Marriott.

Dr. Craig Oldham
WCDDA Secretary

Mark Your Calendar 2015-2016

Event	Date
America's Dental Meeting, Washington, DC	November 5-10, 2015
ADA New Dentist Conference, Washington, DC	November 5-8, 2015
Florida Board of Dentistry Meeting, Orlando Marriott Lake Mary	November 20, 2015
Dentists & Divots, Top Golf, Tampa, FL	January 14, 2016
FDA HOD Meeting, Tampa Airport Marriott	January 22-23, 2016
Dentists' Day on the Hill, Tallahassee, FL	February 2, 2016
WCDDA Presidential Reception	February 18, 2016
WCDDA Annual Meeting, CAMLS, Tampa	**February 19, 2016**
WCDDA Post Meeting Mixer, Hattrick's Tampa, FL	February 19, 2016
End of the Biennium	February 28, 2016
WCDDA President's Trip, Napa Valley, CA	April 6-10, 2016
Florida Mission of Mercy (FLA-MOM), Jacksonville, FL	April 22-23, 2016
WCDDA Executive Cabinet Meeting, Brandon, FL	May 13, 2016
Florida Dental Convention, Orlando, FL	June 16-18, 2016
WCDDA Summer Meeting, Naples	**August 5 - 7, 2016**

WCDDA Fund & Memorial Grant

The **WCDDA Fund** supports access to care events and clinics, accredited dental programs and dental health education in thirteen counties. By supporting local events and education, the association is able to impact various important missions and support the profession.

The WCDDA would like to thank the following for their donations towards our successful raffle event held in conjunction with the summer meeting in Naples!

Dr. Chris Bulnes
Dr. Bob Churney
Dr. Paul Miller
Crest & Oral-B
Hillsborough Community College
Lee County Dental Society
Philips Oral Healthcare
Shamrock Dental, Co.
Southern Dental Refining
The Gravelle Group, Morgan Stanley
Upper Pinellas County Dental Association

Dan Bertoch Memorial Grant: Dr. Dan Bertoch devoted much time to advocacy for the dental profession. It is in his spirit that a Memorial Fund in Dan's name has been established to provide funding for a first-time attendee to Dentists' Day on the Hill in Tallahassee on February 2, 2016. The grant can be used towards transportation to and from Tallahassee and accommodations at the host hotel.

To apply for the Dan Bertoch Memorial Grant or questions regarding the WCDDA Fund, contact the WCDDA Office at (813) 654-2500 or email: wc.dental@gte.net.

What The PAC!

Dr. Langston

The political adage, "No man's life, liberty or property are safe while the Legislature is in session," holds as true today as it did in the 1866 New York court case from which it originates.

Our future is not only determined by what we do in our practices, but by the legislatures in Tallahassee and Washington. If not for organized dentistry, our practices today would be much different. Organized dentistry has fought against unfair legislation with onerous consequences – ergonomics rules, certain provisions of HIPAA, non-covered services, independent hygiene practice. The list goes on and on. Look at the strides in fluoridation to see the power of legislative influence. How is that influence gained? It is gained by forming relationships with our legislators who are in fact, our neighbors, our friends, our fellow dentists, members of our churches and civic organizations.

As a state political action committee (PAC), funds raised to go to candidates who support our vision. We won't support just anyone. They must meet the following criteria of having:

- the support of local dentists
- legislative potential
- accessibility to organized dentistry
- a favorable health care philosophy
- support by other organizations and individuals

In the last election cycle, 19 of 20 candidates supported by the FDAPAC were elected – Democrats and Republicans. Remember, we are not Democrats or Republicans, we are the TOOTH PARTY! The American Dental Political Action Committee (ADPAC) is the voice of over 150,000 dentists united on behalf of dentistry supporting federal office candidates who work to:

- support dentistry
- protect your business
- advance oral health
- empower our members
- inspire congress to act

How can each of us help? By contributing to both FDAPAC and ADPAC. When? On our dues statements (insist that your office manager show you your statement this year and add FDAPAC and ADPAC support to your dues). Dues statements will come out in November but contributions can be given or increased any time.

Join the Tooth Party today!

FDAPAC Century Club . . . . $150.00 +
FDAPAC Capital Hill Club $500.00
FDAPAC Capital Step Club . . . . . . $25.00 minimum

ADPAC Membership $50.00
ADPAC Capital Club. $250.00
ADPAC Club Elite. $500.00
ADPAC Diamond Elite $1,000.00

I think there are three kinds of people:

- Those that MAKE THINGS HAPPEN
- Those that WATCH THINGS HAPPEN and
- Those who say "WHAT THE HECK HAPPENED?"

Let's not join our medical colleagues who wonder what happened. LET US MAKE THINGS HAPPEN! Help our voices be heard in Tallahassee and Washington! Give to FDAPAC and ADPAC for the TOOTH PARTY! For more information or contribution forms, contact the FDA Governmental Affairs Office at (850) 224-1089 or (800) 326-0051.

Dr. Gregory Langston

Important Information

ADA Announces Student Loan Refinancing Offer
The ADA News reports the ADA announced "an exclusive endorsement of Darien Rowayton Bank, known as DRB that allows ADA members an opportunity to refinance existing federal and private student loans at a lower rate." According to the ADA, the partnership with DRB could help ADA members save "tens of thousands of dollars, on average, in interest." In a press release on Business Wire (9/10), the ADA said that the student loan refinancing offer "is one of the many resources that the ADA provides to new dentists," adding that "the ADA endorsement not only gives ADA members access to one of the lowest student loan refinance lenders in the country, but the ADA has also secured from DRB preferential interest rates for its members who qualify." Dentistry IQ (9/10) reports that "the endorsement is effective immediately" and available only for ADA member dentists. More information is available at http://student.drbank.com.

Board of Dentistry Change to CE Requirements
The Board of Dentistry has made a change to the CE requirements for dentists who hold an active sedation permit. Rule 64B5-14.004(6) has been updated to state: All dentists who hold an active sedation permit of any level must complete 4 hours of continuing education in airway management and 4 hours of continuing education in medical emergencies every 4 years from the last date the dentist took the continuing education course. The 4 hours in airway management must include 2 hours didactic training in providing dentistry on sedated patients with compromised airways and 2 hours must include hands-on training in airway management of sedated patients. This new requirement must be completed by the end of the next license period, Feb. 28, 2018. Please note, the 4 hours in airway management must be completed in person. You will see these subject areas available when adding new courses to the system. The previous subject areas that were required for conscious sedation will still be available but will now only award general CE hours. If you have questions about adding these new courses to your provider account or wish to make changes to an existing course, please contact our support center at 877-434-6323. If you have questions about course content, please contact Cindy Ritter at the Florida Board of Dentistry, Cynthia.Ritter@flhealth.gov or 850-245-4463.

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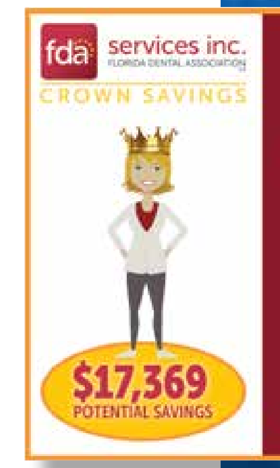

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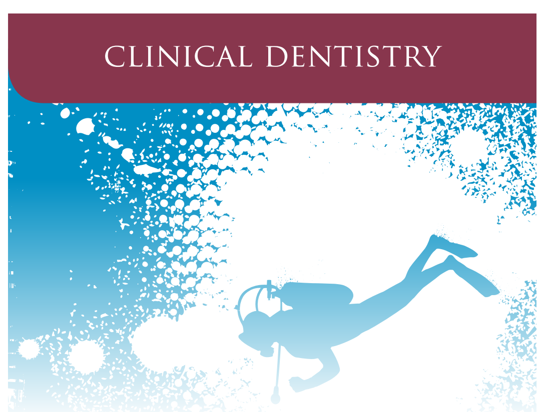

Originally printed in the New York State Dental Journal, April 2015, pp 22-26, Barotrauma, Tooth under Pressure, Drs. Kumar, Kumar, John and Patel. Reprinted with permission.
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Barotrauma
Tooth under Pressure

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ABSTRACT

With the growing number of air passengers, flight attendants, leisure pilots, as well as military and airline pilots, dentists may encounter physiological and pathological phenomena precipitated by high altitude. With the introduction of the self-contained breathing apparatus (SCUBA), many of these manifestations caused by changes in atmospheric pressure were reported in association with diving as well. Limited literature exists on this subject. Hence, this article aims to review literature concerning the classification, etiology and manifestations of barodontalgia, as well as important clinical considerations for its management.

Barodontalgia, which affects air crew and aircraft passengers, as well as underwater divers, is pain or injury affecting teeth due to changes in pressure gradients.[1] It has been reported also as a consequence of air bag rupture and the high pressure air inhaled by the car driver during an accident.[2] It is sustained from the failure to equalize the pressure of an air-containing cavity to that of the surrounding environment.

In general, barotrauma is defined as pressure-induced damage that can occur at both high and low pressures. Changes in ambient pressure, for example, during flying, diving or hyperbaric oxygen therapy, can lead to barotrauma. Flying and diving are usually associated with different types of pressure changes. During commercial flights, for example, aircraft personnel are exposed to only minor pressure differences, but this exposure lasts for a relatively long period of time.

By contrast, military and aerobatic pilots are subjected to rapid pressure changes and strong acceleration forces. As a result of the higher density of the surrounding medium, divers are exposed to very high ambient pressures. Compared with aircraft personnel, however, the duration of exposure is usually short. Depending upon diving depth and technique, there are considerable differences in the breathing gases used. This causes further physiological and metabolic changes in the human body, in addition to changes in ambient pressure.[3]

Etiology

Barodontalgia is a symptom rather than a pathological condition and in most cases reflects a flare-up of pre-existing oral disease; hence, most common oral pathologies have been reported as possible sources of barodontalgia.[4,5,6]

The chief prerequisite for toothache at high altitude is the presence of some pre-existing pathological disturbance of the pulp. The environmental changes associated with high altitudes may cause an exacerbation of symptoms. High altitude environment does not affect a normal pulp.

From an analysis of more than 1,000 case histories by the army/air force dental research group,[6] toothaches at altitude were grouped into the following three categories on the basis of clinical findings:

Group I: Pain in teeth with irreparable damage to the pulp. Clinical findings included pulp destruction and periapical lesions. Treatment includes root canal therapy or extraction.

Group II: Pain in teeth with a reversible disturbance of the pulp. These could be attributed to recently done fillings, defective fillings, recurrent caries and hypersensitive dentin. They respond to restorative treatment or do not recur after a few flights.

Group III: Pain referred to the teeth from aerosinusitis, aerootitis, or unerupted or partially erupted third molars.[6]

Barodontalgia affects 11.9% of divers and 11.0% of military air crews, with a rate of 5 episodes/1,000 flight-years. Upper and lower dentitions were affected equally in flight, but more upper than lower dentitions were affected in diving. The most prevalent etiologic pathologies for in-flight dental pain were faulty dental restorations (including dental barotrauma) and dental caries without pulp involvement (29.2%), necrotic pulp/periapical inflammation (27.8%), vital pulp pathology (13.9%), recent dental treatment or "postoperative barodontalgia"(11.1%). Barosinusitis was the main cause of pain in 9.7% of the cases.[4,7]

Barodontalgia was most prevalent in the third decade of life and showed no gender preference

Classification

Barodontalgia is subgrouped into direct (dental-induced) and indirect (nondental-induced) pain. The currently accepted classification of direct barodontalgia consists of four classes according to pulpal/periapical conditions and symptoms.[4,8,9]

Strohaver[10] has advocated the differentiation of barodontalgia into direct and indirect types. In the direct type, reduced atmospheric pressure contributes to a direct effect on a given tooth. In the indirect type, dental pain is secondary to stimulation of the superior alveolar nerves by a maxillary barosinusitis.

Direct barodontalgia is generally manifested by moderate-to-severe pain, which usually develops during ascent, is well localized, and the patient can frequently identify the involved tooth. Indirect barodontalgia is a dull, poorly defined pain that generally involves the posterior maxillary teeth and develops during descent. If pain occurs during descent, indirect barodontalgia attributable to barosinusitis should be suspected. If indirect barodontalgia is diagnosed, the patient should be referred to a medical practitioner or an ear, nose and throat specialist for treatment.[11,12]

Pathology

The pathology of barotrauma is directly related to Boyle's law, which states, if temperature remains constant, the volume of a fixed mass of an ideal gas is inversely proportional to the pressure of the gas. As pressure increases, the volume of a confined gas decreases. Specifically, as a person descends deeper and deeper below the water surface, pressure exerted on the diver by the water increases and reduces the volume of gases in enclosed spaces such as teeth and sinuses.

TABLE 1
Classification of Direct (dental-induced) Barodontalgia[4]

Class	Pathology Features
1.	Irreversible pulpitis: Sharp transient (momentary) pain on ascent.
2.	Reversible pulpitis: Dull throbbing pain on ascent.
3.	Necrotic pulp: Dull throbbing pain on descent.
4.	Periapical pathology: Severe persistent pain (on ascent/descent).

The same law applies if a person climbs to high altitudes (in flight); in this case, outside pressure decreases, permitting the volume of gases to increase.[1,14,15] Pain during ascent can indicate the presence of a disease of vital pulp tissue (pulpitis). Pain during descent can be indicative of pulp necrosis or facial barotraumas.[3,15]

Pathogenesis

There was no published research regarding the pathogenesis of barodontalgia in the past decade. Some theories exist, but most were offered in the first half of the 20th century.[4] Kollmann[5] refers to three important hypotheses to explain this phenomenon: expansion of trapped air bubbles under a root filling or against dentin that activates nociceptors; stimulation of nociceptors in the maxillary sinuses, with pain referred to the teeth; and stimulation of nerve endings in a chronically inflamed pulp.[1] He strongly supports the last two hypotheses and states, for the latter, that histologic evidence shows that chronic pulpal inflammation can still be present even when a thin dentin layer covers the pulp—for example, as in a deep cavity preparation.[1] Yet the pathogenesis of this unique dental pain remains occult.

Diagnosis

Certain generalities have been established to help with the diagnosis of direct barodontalgia. Posterior teeth are more frequently involved than anterior teeth, while maxillary teeth are affected more often than mandibular teeth. Teeth with amalgam restorations are more likely to be involved than unrestored teeth; and recently restored teeth are particularly susceptible. Examination of a patient complaining of barodontalgia should include an estimation of the age of restorations in the suspected area, exploration for caries or defective restorations, percussion of any suspected tooth, the patient's response to the application of electrical stimulation and/or cold and heat, and radiographic examination.[11,16,17] Appropriate radiographs of the suspected teeth should be obtained, with the understanding that a negative radiograph does not rule out pulpitis.[16]

Barodontalgia has been found to occur during diving in teeth with carious lesions, or where there are periapical lesions, periodontal abscesses, maxillary sinus congestion and recently crowned teeth.

Strohaver has recommended that diving drills be restricted for 48 to 72 hours to allow time for the dental pulp to "quiet down" or stabilize. Overall, regular dental examinations are essential for divers. And any dental problem that might predispose to barodontalgia should be corrected to prevent the development of symptoms.[11]

Exposure to reduced barometric pressure is evidently a precipitating factor, with disease of the pulp a probable cause. Ferjentsik et al.[8] stated that normal pulp tissue would not produce pressure-associated pain, regardless of whether restorations or caries were present. However, Hodges[19] has reported that dental pain could be produced in apparently healthy teeth when the atmospheric pressure was increased to a level corresponding to a depth of three atmospheres.

The clinician has to discover the offending tooth, which could be any tooth with an existing restoration or with endodontic treatment (often clinically acceptable) and/or adjacent anatomical structures (e.g., maxillary sinus). The clinician usually cannot reproduce the pain trigger (i.e., barometric pressure change) in ordinary dental facilities and, even in a diagnostic altitude chamber simulation, sometimes it is impossible to reproduce the pain.

Discussion

The first description of pressure-related disease was written by Paul Bert in 1978, when he noted symptoms of Caisson disease in bridge workers who, after finishing their shifts and returning to the surface, presented with dizzy spells, difficulty in breathing and pain of the abdomen and joints.[2]

During World War II, as aircraft began to fly at altitudes greater than 25,000 feet, the number of dental emergency visits by flight crewmen increased.[20] The name of this dental pain was given the prefix "aero" (i.e., aerodontalgia) and was reported for the first time as an in-flight physiologic and pathologic phenomenon at the beginning of the 20th century. In the 1940s, with the appearance of SCUBA, many in-flight manifestations caused by barometric changes were found to be associated with diving as well. Consequently, the prefix was changed to "baro," a broader, more appropriate term, barodontalgia. In the diving environment, this pain is commonly called "tooth squeeze."

Barodontalgia, which affects air crews and aircraft passengers, as well as underwater divers, is pain or injury affecting teeth due to changes in pressure gradients.[1,14,22] The prevalence of barodontalgia was 1% to 3% of all military flights and was ranked fifth for in-flight physiological complaints of U.S. pilots and third as a causative factor of premature landing.[6,20,23] Barodontalgia was reported to occur during flying at altitudes of 600m to 1500m and during diving at depths of 10m to 25m.[3,15] It is well known that as one rises in the atmosphere, air density and pressure fall. The drop in pressure is such that at 6,000 meters, the air pressure is around half that at sea level. At about 10,000 meters, it is a quarter of its sea level value.[2]

TABLE 2
Dental-Related (Direct) Versus Non–Dental-Related (Indirect) Barodontalgia[1,13]

Characteristic	Pulp disease-induced (direct) barodontalgia	Periapical disease-induced (direct) barodontalgia	Facial barotrauma-induced (indirect) barodontalgia
Cause	Pulp disease	Periapical disease	Barosinusitis, barotitis media
Appearance	During ascent Pain usually ceases during descent at the appearance-level	Periapical periodontitis: usually at high altitude (38,000 ft) during ascent or descent	During descent Pain usually continues on ground
Symptoms	Nonreversible pulpitis: sudden sharp penetrating pain, reversible pulpitis or necrotic pulp: dull beating pain	Continuous intense or dull beating pain, swelling	Dental pain in maxillary molar or premolar region
Dental History	Recent dental work, Recent dental thermal sensitivity (eg, during hot or cold drinking)	Recent dental percussion sensitivity (e.g., during eating)	Present upper respiratory infection Past sinusitis illness
Clinical Findings	Extensive dental caries lesion or (defective) restoration, Acute pain upon cold (40° C) test	Extensive caries lesions or (defective) restoration, Acute pain upon percussion test	Pain on sinus palpation Pain upon acute change in head position
Radiological Findings	Pulpal caries lesions Restoration close to pulp chamber	Pulpal caries lesions Restoration close to pulp chamber Periapical radiolucency Inadequate endodontic obturation	Opacity (fluid) on maxillary sinus image

The physical properties of the gas mixture used during deep sea diving may also contribute to barodontalgia. In scuba tanks, oxygen's natural diluent gas, nitrogen, is replaced by helium, resulting in a gas of lower viscosity. This gas can enter tissues, including teeth, and can sometimes become trapped in closed spaces, such as the pulp chamber and root canal. There are two mechanisms by which gases can be trapped in spaces: if there is a space between a tooth and its restoration, gas may be forced into it during an increase in pressure; and dissolved gas may diffuse from tissues into spaces as pressure decreases. Consistent with Boyle's Law, trapped gas will expand and the resulting stress may cause tooth fracture.[1] Calder and Ramsey studied tooth fracture at high altitude and have coined the term "odontecrexis" (Greek for tooth explosion) to describe this physical disruption of teeth with leaking restorations due to barometric pressure change.[24]

Clinically, people affected by barodontalgia were found to have one or more of the following: acute or chronic periapical infection; caries; deep restorations; residual dental cysts; sinusitis; and a history of recent surgery.[1,12] The latter is of particular concern for people wearing oxygen regulators when diving, using self-contained underwater breathing apparatus (scuba) or when wearing oxygen masks during high performance aircraft flights, due to the risk of air being pushed into the tissues. Sinusitis may also contribute to barodontalgia, although it may not be related to any tooth pathology.[1]

Kennebeck et al.[6] have suggested that decreased atmospheric pressure plays a role in the development of apical lesions and in the dissemination of focal infection. Hence, apical periodontitis due to necrosis of the dental pulp tissue can also be considered a causative pathology of the pain.[21] In the literature,[15] pulpitis with periapical inflammation or after dental restoration is reported to be the most common cause of barodontalgia.

Ear-nose-throat disorders account for more than 50% of cases of flying-associated diseases. The middle ear is the most common structure to be subjected to barotrauma, whenever the Eustachian tube is functionally impaired because of mucosal congestion or edema. Symptoms may include clogging of the ear, ear pain, dizziness, tinnitus and hemorrhage. The paranasal sinuses may also be affected if the sinus orifices are occluded.

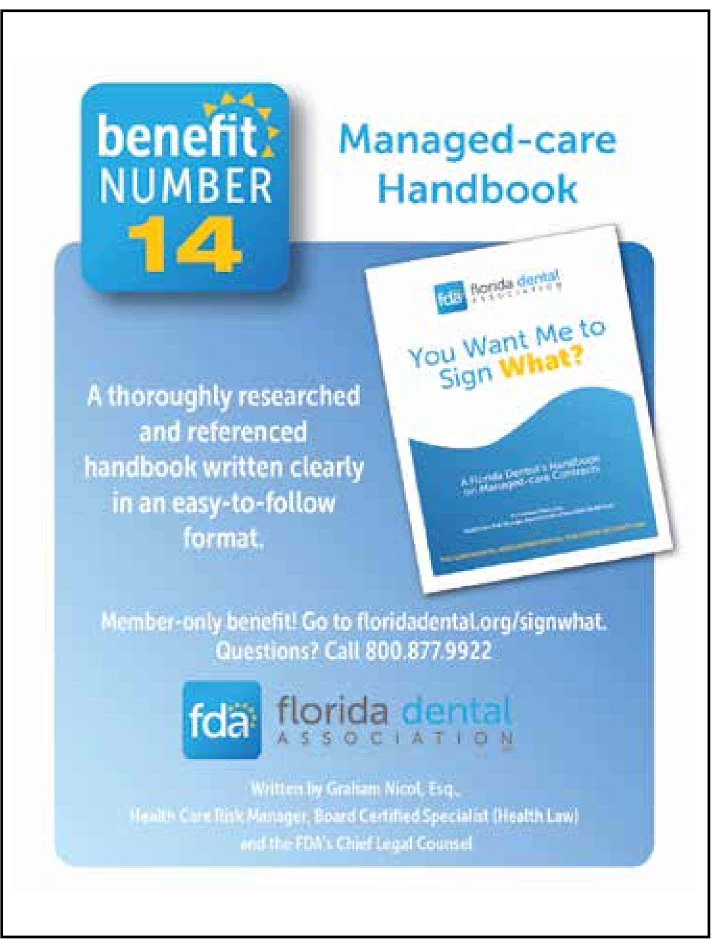
The Fédération Dentaire Internationale (FDI) has classified barodontalgia into four groups according to its signs and symptoms. From moderate to severe, they are: acute pulpitis; chronic pulpitis; necrosis of the pulp; and periapical abscess or a cyst. The FDI also recommends an annual checkup for divers, submariners and pilots, with oral hygiene instructions from dentists.[1,7]

Prevention

Periodic oral and dental examinations, including periapical radiographs and vitality tests, are recommended for the prevention of barodontalgia in high-risk populations (e.g., aircrews, divers). In addition, screening panoramic radiographs are recommended for these populations at three- to five-year intervals.[1,17] When dealing with patients involved in diving or aviation, clinicians should pay close attention to areas of dentin exposure, caries, fractured cusps, periapical pathology, defective (fractured or cracked) restorations, restorations with poor retention, secondary carious lesions and signs of attrition.[1,13,14,15,18]

Retrospective studies showed that most patients with clinical manifestations of barodontalgia had carious lesions or defective restorations extending into the dentin.[6] The clinical implication of this finding is that patients who have carious lesions or who have undergone dental treatment, including the exposure of dentin, for example, during prosthetic tooth preparation, should avoid exposure to pressure changes until definitive treatment is completed.[15]

As a rule, individuals should undergo a thorough dental examination before being exposed to pressure changes. Treatment must include the restoration of all carious lesions, the removal of all defective restorations and the management of inflammation. Vitality testing of all teeth is required for the detection and treatment of asymptomatic pulp necrosis.[3] Dentists should advise patients to avoid exposure to pressure changes until all necessary surgical, conservative and prosthetic procedures have been completed.[15]



Based on the results of the study conducted by Khanna,[11] dental surgeons should consider cementing fixed prosthetics with resin cements for patients who are exposed to marked variations in environmental pressure, such as divers and submariners during escape drills.

The placement of a zinc oxide eugenol (ZOE) base was found to prevent barodontalgia when reversible pulpitis was the underlying cause. This is attributed to the well-known sedative effects of zinc-oxide eugenol.[1,7,22]

Rossi dictates the grounding of military aircrews from the time of diagnosing the need for endodontic treatment until completion of treatment. He recommends against direct pulp capping in the military aircrew patient and for pulpectomy and endodontic treatment in all caries management in which exposure of the pulp chamber is evident or suspected.[1,4,7,13]

Stoetzer et al. suggest that warm gutta-percha obturation techniques are preferred to cold lateral condensation or warm carrier-based Resilon obturation techniques in the endodontic treatment of patients such as professional divers or parachutists, who are often exposed to changes in atmospheric pressure.[25]

Temporary flight restriction (grounding) after dental and surgical procedures is still a powerful tool for prevention of postoperative barodontalgia.[13]

Recommendations

Although barodontalgia is not common, it should not be dismissed as unimportant, as it can pose a serious safety risk to divers, submariners, pilots and airline passengers. It may be prevented by regular dental examinations, with adequate attention paid to existing dental restorations. The flight population would be better served by a more comprehensive understanding of the issues and awareness of the limitations of our current knowledge base.

Patients should not dive or fly in non-pressurized cabins within 24 hours of dental treatment requiring aesthetic or seven days following surgical treatment.[1] A subject of aviation dentistry needs to be incorporated into the dental curriculum. Continuing dental education programs should be conducted to educate dental and healthcare professionals about the prevalence, diagnosis and treatment of barodontalgia.

Summary

The article presented here reviews available literature regarding barodontalgia. Although it may seem that barodontalgia was almost neglected in dental education and research in the second half of the 20th century, reports appearing during the past decade were gathered to draw an updated image of this pain entity. The efforts of more researchers, educators and clinicians are needed for further enhancement of theoretical, as well as practical, knowledge of barodontalgia.

Queries about this article can be sent to Dr. Satheesh Kumar at drkssk@gmail.com.

REFERENCES

1. Robichaud R, McNally ME. Barodontalgia as a differential diagnosis: symptoms and findings. J Can Dent Assoc 2005;71(1):39–42.
2. Macaluso GM, Galli C. Flight associated inferior alveolar nerve paresthesia: a case report. Oral Surg Oral Med Oral Path Oral Radiol Endod 2005;99:165-7.
3. Stoetzer M, Kuehlhorn C, Ruecker M, Ziebolz D, Nils Claudius Gellrich NC, von See C. Pathophysiology of Barodontalgia: A Case Report and Review of the Literature. Case Reports in Dentistry Volume 2012, Article ID 453415.
4. Zadik Y. Barodontalgia: what have we learned in the past decade? Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2010;109:e65-e69.
5. Kollmann W. Incidence and possible causes of dental pain during simulated high altitude flights. J Endod 1993;19(3):154–9.
6. Kennebeck R, Knudtzon KF, Goldhush AA. Symposium on problems of aviation dentistry. JADA 1946;33(13):827-844.
7. Gaur TK, Shrivastava TV. Barodontalgia: a clinical entity. J Oral Health Comm Dent 2012;6(1)18-20.
8. Ferjentsik E, Aker F. Barodontalgia: a system of classification. Military Medicine 1982;147(4):299–304.
9. Ingle JI, Dudley HG. Differential diagnosis and treatment of dental pain. In: Ingle JI, Bakland LK, editors. Endodontics. 4th ed. Baltimore: Williams and Wilkins; 1994, p. 444.
10. Strohaver RA. Aerodontalgia: dental pain during flight. Med Serv Dig 1972;23:35-41.
11. Khanna A. Crown cementing strategy for naval divers. MJAFI 2010;66:46-49.
12. Rauch JW. Barodontalgia: dental pain related to ambient pressure change. Gen Dent 1985;33:313.
13. Zadik Y. Aviation dentistry: current concepts and practice. Br D J 2009;206(1):11-16.
14. Kieser J, Holborow D. The prevention and management of oral barotrauma. NZ Dent J 1997;93(414):114–6.
15. Zadik Y., Barodontalgia. J Endodontics 2009; 359(4):481–485.
16. Rauch JW. Barodontalgia: dental pain related to ambient pressure change. Gen Dent 1985;33:313.
17. Zadik Y, Einy S. Aviation dentistry. In: Goldstein L, editor. Aviation Medicine. Tel Aviv: Israeli Ministry of Defense 2006, p. 197-208.
18. Senia ES, Cunningham KW, Marx RE. The diagnostic dilemma of barodontalgia: report of two cases. Oral Surg Oral Med Oral Pathol 1985;60:212–7.
19. Hodges FR. Barodontalgia at 12,000 feet. J Am Dent Assoc1978 97:66-73.
20. Rai B, Kaur J. The history and importance of aeronautic dentistry. J Oral Science 2011;53(2):143-146.
21. Zadik Y. Barodontalgia due to odontogenic inflammation in the jawbone. Aviat Space Environ Med 2006;77:864–6.
22. Holowatyj R. Barodontalgia among flyers: a review of seven cases. J Can Dent Assoc 1996; 62(7):578–84.
23. Zadik Y, Chapnik L, Goldstein L. In-flight barodontalgia: analysis of 29 cases in military. Aircrew Aviation, Space, and Environmental Medicine 2007;78(6).
24. Zadik Y, Einy S, Pokroy R, Dayan Yb, Goldstein L. Dental fractures on acute exposure to high altitude. Aviat Space Environ Med 2006;77:654-7.
25. Stoetzer M, Ruecker M, Koch A, Ziebolz D, Kokem¨uller H, Kaempf C, Gellrich NC, von See C. In Vitro Effects of External Pressure Changes on the Sealing Ability under Simulated Diving Conditions. ISRN Dentistry Volume 2012, Article ID 418609, 5 pages.

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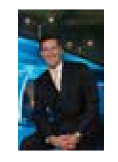

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