

**american
academy
of
gold foil
operators**

Gold Leaf

March 2009

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Executive Council

2009 – Dr. Rick Nash
2010 – Dr. Marc Tollefson
2011- Dr. Janet Zinter

DISTINGUISHED MEMBER AWARD PRESENTATION



Dr. Hoard presented DM Award

Good evening.
It is indeed an honor to have been asked to present the distinguished member award of the AAGFO. Tonight's recipient, Dr. Richard Hoard, graduated from dental school at

Loyola of Chicago in 1972. In 1973, he received a Masters in Public Health from UC Davis. This experience obviously had a great impact on Rick, teaching him that caries cannot be prevented or treated by the efficacious application of statistical surveys. Much to our good fortune, he opted instead to pursue a career in dental education that emphasized the application of skills rather than surveys. Rick's teaching career in operative dentistry at UCLA was highlighted by his being chosen by his students as their Outstanding Clinical Professor in nine consecutive years.

Rick's predecessor as chairman of Operative Dentistry at UCLA, Dr. Bob Wolcott, encouraged him to become active in both the AAGFO and the AOD, which he did with a passion and dedication that remains vibrant even after his retirement from teaching in 2005. In addition to having served as president of our academy, he was also selected for the Outstanding Clinician award.

Rick and I shared the experience of first hearing Dr. Tucker speak in Chicago in 1979. That lecture sparked something in both of us. Rick shortly thereafter went off to UBC to take Dick's week-long inlay course. Under his relentless insistence, I followed suit, and I know that both of our lives have been inalterably influenced for the better by that decision.

Dr. Tucker shared with me just this morning that at the first meeting of the handful of Tucker Study Clubs at Silverado, it was Rick who made the motion to incorporate the various groups into the Tucker Academy, and to be certain that the momentum was not lost, he nearly single-handedly took on the arrangements for the second meeting at Napa valley. As they say, "The rest is history."

Rick's dedication to the pursuit of excellence in operative dentistry fuels his undying loyalty and support for this academy. He truly is a distinguished member.

I can't let him get by without sharing a story. Besides dentistry, Rick has other passions, among which is driving sports cars. In 1992, he and Kathy travelled across the country to help us celebrate the 30th anniversary of the Hollenback-Medina study club. Driving a rental car from the airport to the resort, Rick crested a hilltop directly into the radar trap of the local constabulary. I think the speed recorded still stands as a record in Hot Springs, Virginia. For this particular offense, a court appearance was mandatory. When the judge announced the fine and slammed down the gavel, Kathy, who had been quietly and patiently waiting in her seat suddenly exploded. "That's ridiculous!!! I'm not paying that much!!!" I think it must have been the pathetic, helpless look on Rick's face that finally convinced her to relent. Had she not, Rick might still be living under an unpleasant form of managed care in Hot springs, Virginia.

Ladies and gentlemen, it gives me great pleasure to present the Distinguished Member Award of the AGFO to a true servant of the academy, and a dear friend, Dr. Rick Hoard.

Craig Bridgeman, DMD November 15, 2008

The Scottsdale Center For Dentistry

Dr. Gordon Christensen

Dr. Christensen feels through his research, the longevity of gold is superior when used but that E4d and Cerec CAD/CAM products can approximate gold. He feels that root form endosseous implants need to be used more and more by general practitioners. Using statistics from Glidewell Laboratories who process 2 million units per year, there is a trend away from traditional PFM restorations in favor of Zirconia. Unfortunately 77% nickel alloy is used in the United States for copings. It is imperative that dentists explain treatment alternatives to patients. Also, the advantages/disadvantages, cost, and risk of treatment as well as risk of no treatment are imperative. He charges our academy with keeping our essential leadership for quality.

Interdisciplinary Treatment Planning Guidelines for 2009

Dr. Terry Tanaka

Dr. Tanaka is a Navy trained prosthodontist who believes that many of the problems facing restorative dentists today require interdisciplinary knowledge. Though there is a tremendous push for evidence-based treatment protocols, roughly less than 6% of restorative dentistry is evidence-based. Recommended readings include: *Critical Thinking* by D. Burnette, *Temporomandibular Disorders* by J Okeson, *Contemporary Orthodontics* by Proffitt, and *Facial and Dental Treatment Planning*. A history of occlusal scheme philosophies includes 1945-1955 bilateral balanced occlusion, 1955-1975 canine guidance concept (Stuart, Stallard, Thomas), 1975-1978 elimination of CR-ICP slides which recur following oral rehabilitation, 1978-present CR and CO are the same... and, as far as appropriate articulators..." You don't need a fully adjustable articulator, only a fully adjustable mind" – Parmeijer AARD. Patient adaptation to an occlusal scheme is paramount. "Those that can adapt to stresses of life are called survivors, those that can't are called patients". According to Posselt, Okesen and Tanaka CR to ICP slides are present in over 90% of

patients. Only 6-7% of temporomandibular disorders actually require treatment. Protective muscle co-contraction, mechanoreception and vibrotaction are processed through afferent and efferent pathways as related to parafunction. Endodontically, the pulp is 2x more capable of proprioception than the PDL hence endodontically treated teeth are not as capable of providing feedback inhibition. Of the three medical origins of pain (vascular, neurogenic and musculoskeletal), musculoskeletal is responsible for 95% of dental pain via muscle co-contraction. Usually the focus is outside the oral cavity. Prosthetically, when evaluating Campers and Frankfurt horizontal occlusal planes, it is important to remember that the plane is not dictated in a frontal plane by the interpupillary line but rather parallel with the floor from a sagittal perspective. The **central pattern generator** protects the teeth during the day but not at night during sleep periods. Because of this the average 185# interocclusal molar force may increase by a factor of 6x to over 1100#s during sleep periods. Because of this, the treating practitioner should always consider including a protective hard splint to protect the anterior dentition from eccentric nighttime forces. Hard acrylic splints are better than soft splints and mandibular is better than maxillary. Because of convergence or referred pain, providers should consider placing post-treatment endodontic patients on Neurontin. Based on Hilton's Law, the same innervation for joint, muscle and integument in the area around the TMJ allows the use of ethyl chloride refrigerant as a deprogrammer. We were cautioned against using EndoIce as it is too potent for the task and may result in skin dehiscence or sloughing. Bruxing is a CNS problem. Other CNS problems include cerebral palsy and Parkinson's disease. We were cautioned to beware of Lucia jigs or other anterior-only deprogrammers as these can cause abnormal loading of the joint if used indiscriminately. Pharmacologic management can include 10 mg Flexeril qd HS with a six week course. Another book recommended includes Dr. Richard Roblee's *Interdisciplinary Treatment*. Dr. Larry Andrews' Six Keys of Occlusion was referenced. Dr. Andrews speaks on the 'stolarization' of the upper first molar in three planes of space as the key tooth to setting the arch. Finally as a clinical pearl we were advised to use red wax prior to pouring impressions to help prevent tears and preservation of the impression for a second pour.

Contemporary Ceramic Materials 2008

Dr. Terry Donovan

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There were three different systems discussed for **patient needs**. Porcelain fused to metal (PFM) is good for 90% of patients, and is still the restoration of choice universally. IPS Empress for maximum esthetics and Zirconia in the middle ground. For porcelain butt margins shoulder should be ~1.2 mm and smooth as well as 90 degrees. Strength is comparable with porcelain butt margin with cutback of 1 mm. The Winter-Geller modification with increased cutbacks of 2mm and even 3 mm unnecessarily sacrifices strength. Good intrinsic color with minimal oxides and less opaque maskers is noted with alloys like Jel-O (85% Au and 7% Pt). This coping is not especially strong so should be used only for single anterior units. Olympia 53% Au and 38% Pd is used on posterior bridge work. The more abundant oxides require heavier opaques, thus sacrificing esthetics. Unfortunately to contain costs, base metal alloys are being used more and more. They are truly unsatisfactory materials. 22% of female patients are allergic to Ni, probably from pierced ear posts; however, 10% of male patients also exhibit this (and this number is increasing). There is an undue casting shrinkage of 2.4%, which is 2x that of the noble metals. Laboratories tend to overcompensate for this with water:powder ratio adjustments in the die stone but the overall result is a fit like "boots on a rooster".

The Schärer Criteria for success in castings: There must be 95% success at 5 years. Many all-ceramic restorations are poor. There is a need for light transmission (PJC and IPS are best) as well as intrinsic coloration. An esthetic crown continuum might look like: 6.5 PFM < 7.6 Al/Zirconium < 10.0 IPS Empress... and lifespan is just the reverse. Use a nightguard to protect your work!! For IPS, there is a 97% success for centrals and laterals at 5 years. This drops to 92% for cuspids. IPS is not good for bridge work. There is a 75% failure rate at 5 years (n=309). You must use a dual cure resin cement at insertion. Recommend follow ups at one and two weeks to ensure no gingival inflammation from flash of cement. In discussing Zirconia crowns, it was pointed out that all ceramics fail because of defect propagation. Zirconia exhibits transformational toughening. In this process,

when a defect starts to occur, the stresses result in conversion of the tetrahedral form to the monoclinic form. The monoclinic form exhibits >abrasion for these restorations! You may however use conventional ZnPO₄ cements.

Zirconia chips easily. The lab needs to augment the wax pattern with a wax knife for better support. If there is no support the material is far less stable.

A philosophy regarding new materials should include:

1. wait for clinical evidence (3 year data minimum). Lab studies are useless.
2. ask the experts
3. understand the system (eg: luting protocol, ideal prep)
4. proceed with caution

Restorative materials for Class V lesions should include the following strategies:

Increase salivary flow, decrease *S. mutans*, remineralize the tooth, and should include a caries risk assessment. For high risk patients in the initial two week phase: perform mutan Strep analysis with ATP indicator system Carifree, perform caries control with temp with Fuji 9 and use Chlorhexidene rinse with Prevident 5000 dry mouth. Patient compliance increases with objective testing criteria like Carifree. Consider pharmacologic assist with pilocarpine to increase salivary flow rate. Use Xylitol mints and gum and for those with poor dexterity recommend automated toothbrush.

Preventive protocol: includes Fl- varnish q 3 months (eg: Duraphat), Fl- toothpaste (eg: Control Rx) 3x per day, Xylitol gum (Ice Cubes by Hershey) after meals (p.c.), and MI Paste (amorphous calcium phosphate). Other related products: www.dentist.net.

Fl- release continuum: Silicate Cement > RMGI > GI > compomer > composite resin.

Most Fl- release is in the first 24 to 48 hours. Materials can be recharged with 3x/day exposures. Vitremer is a good material but must use exact powder:liquid ratio. KetacNano is good also but must wait 40-45 seconds after mixing to handle and manipulate. The final modality of Class V management included subepithelial CT grafting in the fashion of E.P. Allen, periodontist.

AAGFO Board Meeting Minutes

November 12, 2008

1PM --- Westin Kierland Resort, Scottsdale, AZ

MINUTES OF THE COUNCIL MEETING

Present at the meeting- Andy McKibbin, Bob Keene, Rick Nash, Joe Newell, Ed Kardong, Marc Tollefson-councilors, Barry Evans, Clyde Roggenkamp, Tim Carlson, Kevin Matis, Joan Matis, David Bridgeman.

Absent and excused councilor- Henry St. Germain.
Attending later in the meeting: Bruce Small and other Tucker Academy members not identified.

- I. President Andy McKibbin called the council to order and welcomed Marc Tollefson, the new council member.

Minutes of Previous Board Meeting of February 20, 2008 were approved as printed in the September 2008 issue of the Gold Leaf.

- II. **Secretary – Treasure’s Report** - Was approved as printed and distributed.

- III. Annual Meeting Reports-
Clinical Sessions - Henry St. Germain -2008 clinical- written report was noted. The Canadian operators will be operating at a local dental office and their procedures photographed and shown during the critique on Saturday afternoon.

Scientific Sessions – Ed Kardong- speakers were all taken care of by the Phoenix club #6 and they are Terry Tanaka and Terry Donovan who will speak at the Mercer Center on Friday.

- IV. COMMITTEE REPORTS

Education & Clinical Seminars – Andy McKibbin reported that RD Tucker was working on some clinical videos for use and possible distribution to students at our annual meetings. We discussed the teaching of gold foil and locations where courses were being taught. Clyde mentioned that at Loma Linda he was

teaching courses regularly. Ron Harris stated that he and Jim Verneti had taught several at Northwestern. Joe Newell is currently teaching an elective at the University of Pennsylvania.

Literature & Research – Marty Anderson- had nothing to report

Nominating Committee – Scott Barrett – Janet Zinter is the current nominee for councilor 2011. [On Friday the business meeting was called to approve her selection. The vote was unanimous - Approved Janet Zinter as the 2011 Councilor for installation in absentia at this meeting.] David Thorburn’s committee will be submitting three names at the Mid Winter council meeting.

Constitution & Bylaws – Barry Evans – submitted a written report regarding several editing changes that were needed. Given that the JOD is now handling the meeting CEU credits and other housekeeping details requiring updating the constitution, action will be postponed until the mid-winter council meeting.

Inter-Academy Liaison – Andy McKibbin – Expressed his pleasure regarding the first joint meeting with the RV Tucker Academy of Study Clubs. Future consideration for joint meetings will be reviewed following this meeting. If we are to have another joint meeting we would need to make a formal presentation in February 2009 for a second joint meeting in 2011/12 in Philadelphia. Bob and Joe will research the feasibility of working with the University of Pennsylvania. They should report back as soon as possible regarding which year would work best for the school. Perhaps 2011 would be a better year since Joe Newell will be in his presidential year.

Distinguished Member – Mike Cochran – Rick Hoard will be presented at this meeting. Allan Osborn's committee will submit their nominations for 2009 in February.

Outstanding Clinician –David Bridgeman– Margaret Webb is the 2008 Outstanding Clinician awardee. Dan Saucy's committee will submit the nominations at the 2009 Mid-Winter council meeting.

Annual Meeting Facilitator - Ron Harris was excused, but was present and reported on the hotel selection [Hilton University of Florida Conference Center rooms \$129.00 per night] in Gainesville, FL for the October 28-31, 2009 meeting. The clinical session will be Friday morning. Two lectures Friday and Saturday AM. Joe Newell is also working with the contacts in Florida. The contacts have been Boyd Robinson and Mac Young regarding involving the dental school and setting up the Master's Class. We will need to coordinate this since there has been some shifting at the dental school. Ron and Laverne are working on the social program for that meeting. They will explore doing a 'dine around' using some funny money issued by us for use at various restaurants. Andy McKibbin suggested that we hold a lecture entitled the Medina Memorial Lecture. We discussed the matter of how to increase the members who attend the annual meeting. Council members were encouraged to either sponsor new people or bring a buddy and/or those who are in each of our own study clubs. FYI - flying into Jacksonville, FL makes the travel to Gainesville 1 hour and 34 minutes [71 miles] vs. Orlando Airport which is 2 hours and 14 minutes [128 miles] just in case you find it cheaper to fly into JAX.

V. **Report of the Journal** – Tim Carlson – Due to the fact that there are now three academies supporting the JOD those members representing each academy will number five members from each academy. That being the case the officers- President, President Elect, Vice President, Sect/Treas and the senior councilor will be designated as members of the JOD corporation. Barry Evans will need to incorporate this change into our constitution revisions to be presented in February 2009.

Tim Carlson discussed matters related to changes that are needed in the constitution of the Journal since the RV Tucker Academy of Study Clubs who are now sponsoring the JOD. A vote of those members of the corporation is needed to go on record in support of the change to the bylaws.

ACTION: It was moved and seconded that the AAGFO members of the JOD corporation voted in the affirmative to make the necessary changes in the corporation bylaws. The document needed by Tim was signed and delivered to Tim.

The vote for the selection of the new editor will be this coming February. Jeff Platt has been selected. He is from U. of Indiana and is the Ralph Phillips Chair of Dental Materials. That meeting will be held at 530P on Wednesday February 25, 2009.

Tim shared copies of the upgraded Operative Journal bylaws for our review. A copy will be given to Barry Evans.

VI. **Web Page Report** – Scott Barrett – nothing to report- just keep him posted. Rich Brinker will be submitting the Gold Leaf in .pdf format for inclusion in our website each issue.

VII. **Gold Leaf Report** – Rick Brinker – The issues are being well done. We should try to have our issues sent to the membership following the annual meeting and in mid July prior to our next annual meeting.

VIII. **Old Business**

AGD / CERP accreditation- It was with great pleasure and appreciation that we are now covered through the JOD for accreditation at our meetings. Kevin Matis arranged it through the ADA that the JOD will be the accreditation organization for the AOD, the AAGFO and the RVTASC. We will have to pay \$1 per meeting attendee per year and then \$1.50 per requested CEU certificate. Each organization, under this system, will have to do all the paper work and send it to Kevin. Kevin and Joan Matis also distributed copies of the complete digital CD of all issues of the Journal of the AAGFO as a gift to council members. Thank you Kevin and Joan.

IX. **New Business**

Andy requested a study of this joint meeting's outcome. Bob, Ed and Andy will make this evaluation and report back to the council.

AOD ANNUAL TABLE CLINIC- Rick Nash is making a new display and was authorized to spend up to \$300.00 to achieve that. He has asked for photographs.

X. **Other Business** – declining membership

A discussion ensued regarding our drop in membership. We are now at 218 members from approximately 250 five years ago. No real solution was arrived at, but it was clear that we need to reach the young students or new dentists with enthusiasm and a fire in our bellies to wake up the profession to the value of using gold clinically. Also pointed out was our need to stimulate fellow study club members.

FOOD FOR THOUGHT - Our organization has in fact been the birthing organization for the AOD and the JOD. Perhaps it is time for the parent to step aside.

David Bridgeman reminded us that years ago Mike Cochran had offered the possibility that the AAGFO would form the Operative Arm of the AOD working to promote excellence in clinical dentistry using ALL materials. Those who participated would/could travel to dental schools and offer clinical experience to supplement the faculty in their clinical operation.

We also discussed the fact that there are a large number of our own members who have remained Associate members for far too long a time

ACTION: Council members, David Bridgeman, and Clyde Roggenkamp will call associate members to determine if they are in a study club and if they have operated before that club. If they can verify that, then we will move their designation to active.

In the future, we might need to make sure that full membership status will occur only when they have either operated at an annual meeting or at a study club before an active AAGFO member. Once this is confirmed, they would receive a membership certificate. This later step was not confirmed and may require further consideration.

Meeting adjourned at 445P

Dick's Corner

(see insert)

A common problem we see when first preparing the standard Ferrier Class V is not adequately paralleling the occlusal plane with the diamond disc. If the tooth is tipped or mesially inclined, care should be taken to not parallel the incisal/occlusal aspect of the individual tooth but to refer to the whole plane of occlusion, otherwise the preparation looks like it is 'running downhill'.



A harpist adds enchantment to a gala evening



A kilted Kierland Scot



Andy with his alter ego



At the hoedown



Barry's gang



Bruce and friend



Dan resting easy



Dick, look out for that buffalo



Dr. Dave sidles up to the bar



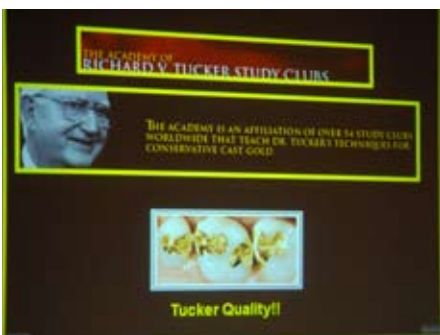
Drs. Tucker and McKibbin share the stage



Drs. Tucker and Stevenson well deserved accolades



Drs. Tucker and Thorburn in a lighter moment



Honoring Dr. Richard V. Tucker



Look out OK corral



Mark keeps HI supplied



Our host



Our Leader



Our mentors



Rick supervising



Robbie and Uncle



Sharing the moment



The hardest working duo at the meeting



The Scottsdale classroom



The watering hole



UCLA duo wax clinical



Tim at the bar



Dr. Umeda pins Dr. Kanamori

Dental Dam of Necessity

At times the supply chain results in a low inventory of consumables, like rubber dam. An easily fabricated alternative:



fig. 1



fig. 2



fig. 3



fig. 4