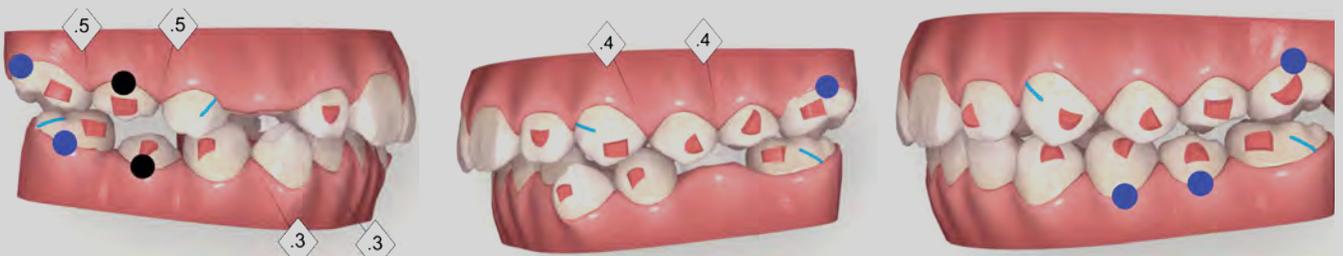


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Inside: Vaccine Mandates and Other Legislative Issues

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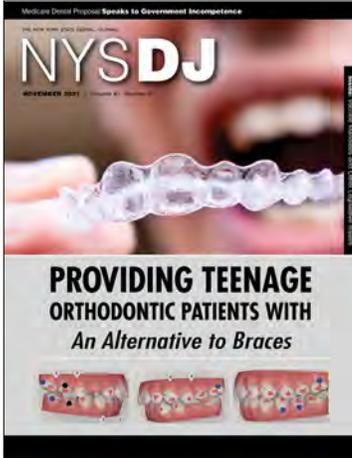
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Volume 87 **Number 6**

November **2021**



Cover: The number of teenage patients seeking orthodontic treatment has grown rapidly, but today's teen patient wants more esthetic alternatives to traditional fixed appliances.

- 2** Editorial
A flawed proposal
- 6** Attorney on Law
*You have questions.
We have answers.*
- 10** Association Activities
- 32** General News
- 37** Component News
- 45** Read, Learn, Earn
- 47** Classifieds
- 48** Index to Advertisers
- 52** Addendum

12 The Costly, Psychological Effect of Cybercrime

Robert McDermott

Four ways to beat cybercriminals at their own game.

14 Two-phase Treatment with a Growth Regulator and Clear Aligner Therapy of a Class II Adolescent Patient

Anderson T. Huang, D.D.S.; Darren Huang, D.D.S.

While technological developments in clear aligner therapy have allowed for the expansion of its application to the treatment of children and adolescents, there have been few studies to assess its efficacy. Case study of two-phase treatment of adolescent patient with growth regulator, high-pull headgear and clear aligner therapy attempts to address this deficit.

22 Congenital Epulis

Ryan D. Jelich, D.D.S.; Brian M. Will, D.D.S.; Scott M. Peters, D.D.S.

Uncommon, benign, soft-tissue lesion can cause serious respiratory and feeding problems in newborns. Recommended treatment is often surgical resection under local or general anesthesia. *Case report and literature review*

26 Piezosurgery: A Versatile Tool in Dental Therapeutics

Divya Khanna, B.D.S., M.D.S.; Nikita Dhingra, B.D.S., M.D.S.

Piezosurgery, based on the principle of ultrasonic transduction, obtained by piezoelectric ceramic contraction and expansion, has varied and wide-ranging applications in medicine and dentistry. Critical literature review emphasizes beneficial clinical and biological aspects of piezosurgery and its role in improved minimally invasive surgical outcomes.

Proposed Medicare Dental Benefits for all Seniors Epitomizes Peter Principle

ADA counterproposal exposes government program incompetence and inefficiency.

The Peter Principle theorizes that workers rise to their level of incompetence.¹ It reflects the tendency to promote employees based upon the employees' survival or apparent success in their current job, rather than on the skills required for the promoted position. The principle similarly applies to the federal government's role in the legislative proposal in Congress this year that, although recently modified, sought to expand Medicare to include dental benefits for all seniors. Like minimally competent employees promoted beyond their skill level, the government, as an entity, lacked the requisite knowledge and management capacity to successfully administer the proposed function.

What the Proposed Legislation Would Do

Medicare does not provide dental benefits, except under limited circumstances. As of 2019, 47% of Medicare beneficiaries lacked dental coverage. However, approximately half of seniors between the ages 65-80 either have dental insurance or can afford to self-pay.² The insurances primarily consist of privately offered Medicare Advantage plans with low premiums. At the opposite end of the spectrum, seniors with incomes at or below 133% of the federal poverty level (FPL), and without dental insurance, experienced the greatest increase in cost barriers to care over the past decade.³

The proposed legislation planned to add dental benefits to Medicare, along with vision and hearing coverage, for all seniors, regardless of need. While

the future of the dental and vision coverages remains uncertain at the time of this writing, dental beneficiaries included individuals aged 65 and over who already had insurance and those financially able to pay. In addition, it called for the government to administer the plan under existing Medicare Part B, which imposes the relative value unit system (RVU), a physician-oriented reimbursement system, and other administrative mandates traditionally applied to medical offices upon participating dentists.

ADA Counterproposal

The ADA countered with its own Medicare benefit proposal consistent with the ADA Elder Care Policy, to provide access to oral healthcare for low-income seniors without existing coverage who cannot afford to seek care. These populations typically suffer from a high incidence of oral disease, seek care in hospital emergency facilities and require costly medical care for related issues. The ADA structured its proposal upon intimate grassroots understanding of the delivery of dental care, with an eye toward the dwindling Medicare trust fund. The Congressional Budget Office has projected current Medicare program costs will exhaust the medical hospital insurance trust fund by 2024.⁴ Limiting benefits to the poorest seniors would help maintain the program's future financial viability. The ADA proposal exposes government administrative inefficiency and ignorance of the workings of a dental practice.

First, the ADA plan limited Medicare dental benefits to seniors with incomes of up to 300% of the

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FPL. The Kaiser Family Foundation estimated that the ADA proposal would cover approximately 47% of seniors, including those who do not currently visit a dentist because of financial inability. The ADA incorporated this means test to eliminate payment of redundant benefits from a depleted fund to the half of all seniors with insurance and ability to pay.

Second, the ADA recommended a separate reimbursement schedule, we can refer to as "Part T," in place of Medicare Part B. A new Medicare Part T would recognize that, in contrast to medical practices, dental practices perform most procedures immediately onsite, rather than refer them to a hospital. Part T would adopt CDT coding and payment parameters currently used in dental practices and reimburse consistent with the greater equipment and overhead costs of operating the typical dental surgical suite.

Third, Part T would also allow dentists to continue to manage claims submissions in their current manner and avoid the burdensome Part B mandates. Part T would not require dentists to utilize electronic health records (EHRs) or purchase new computer software to support the current physician requirements related to audits and reporting, and electronic verification of eligibility and benefits. The ADA recognized that, as of 2019, only 52% of dental practices had adopted electronic records.⁵ Protecting dentists from onerous Part B mandates alone would significantly increase the number of dentists willing and able to participate in the program.

Government Lack of Knowledge

Typically, government lacks sufficient knowledge and expertise to make competent decisions. The politicians who design government programs possess little understanding of the business, profession or environment they seek to manipulate. They fabricate top-down policies, often in a vacuum, without critical information on how things work in the real world.⁶

The federal government's 2014 mandate of the EHRs as a reimbursement requirement under Medicare and Medicaid, without adequate research into how it would affect healthcare practice, is a glaring example of government ignorance. Many practitioners complained that the EHR mandate initially harmed their practices, since the early versions of the EHR inhibited their ability to tailor questions and treatment to patients' needs. These EHRs also forced practitioners to focus on an electronic worksheet that often impeded critical thinking and medical investigation.⁷

Government mandates, based upon inadequate knowledge, invariably create unintended negative consequences. Disincentives to dentist participation in any plan decreases access to care. Inadequate reimbursements will force dentists to raise fees to other patients to compensate for the lost revenue, thus increasing the overall cost of care. Free government benefits for seniors with Medicare Advantage plans and those able to self-pay would incentivize these seniors to accept benefits they do not need. This would deny benefits to those in need and, as they drop their insurance, financially damage the efficiently performing privately administered Advantage plans. Oh, by the way, nothing in the legislation, other than dentists' professional integrity and ethical principles, supports or promotes the quality of the care.

Lack of Management Capacity

Government programs lack built-in accountability for failed policies and poor performance. Compulsory taxes provide the government with funding independent of, and not contingent upon, its performance. Unlike a private business, where ignorance and inefficiency lead to bankruptcy, government programs continue to receive financial support regardless of whether the program meets standards or the needs and desires of its benefit recipients. Importantly, to justify its existence, government creates the fiscal illusion that the costs of its programs are lower than they really are through the smoke and mirrors of hidden costs and excess borrowing. As the smoke clears, a staggering national debt looms over our fiscal future. Ultimately, government rewards inefficiency and lacks incentive to fix its failures.

Government administrative red tape further burdens efficiency. Tens of thousands of pages of cumbersome Medicare rules, regulations, guidelines, coding documentation and reporting mandates create overbearing transaction costs fraught with fraud, waste and abuse. The administrative complexity and sheer volume of the typical program legislation prompted a legislator to say, in reference to the 2010 Affordable Care Act, "We have to pass the bill to find out what is in it." This mindset epitomizes government's lack of incentive to get things right the first time.

Dentistry stands for access to dental care for low-income seniors, administered in a financially sustainable system. We cannot allow the Peter Principle to operate to the detriment of our senior patients and our profession. The federal government lacks the knowledge and skills to competently design and administer a dental benefit program for seniors. In the event Medicare dental benefits resurfaces in any form in future proposed legislation, the ADA must continue to spearhead support for a knowledgeable and accountable solution.

 D.D.S., J.D.

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Members Have Questions about Legislation

*NYSDA counsel responds to queries about vaccine mandates
and other laws affecting dental practices.*

Lance Plunkett, J.D., LL.M.

There are a few questions about new laws, both federal and state, which come up frequently that are worth setting straight.

Congress has enacted a “no-surprise billing law,” something New York State already had. But the federal law is broader than the state law. While the New York law was written to apply only to physicians and not to dentists, the federal law will apply to dentists who bill for dental services under medical insurance plans, but not to dentists who bill only under stand-alone dental insurance plans. In that instance, where billing occurs under a medical insurance plan, the federal law supersedes the New York law. Also, the federal law applies only when an out-of-network provider renders services in an in-network facility or when emergency services in a facility are provided by an out-of-network provider. Both situations narrow further when a dentist might actually be caught up in the federal law, because it does not apply to private office settings, only to facilities like hospitals or ambulatory surgical centers.

Regulations to implement the federal law are still being developed and will be in place when the federal law takes full effect on Jan. 1.

In New York State, dentists will need to pay attention to the federal requirements now when they are out-of-network and bill under a medical insurance plan for emergency services provided at a facility and when they are out-of-network and bill under a medical insurance plan for any services provided at an in-network facility.

Safety by Committee

The New York Health and Essential Rights (HERO) Act requires that employers with 10 or more employees form joint employer-employee safety committees as of this past Nov. 1. (If you have 10 or more employees, you should already have created such a safety committee in your office.) Some items to remember when creating this HERO Act safety committee:

- Two-thirds of the committee must be made up of non-supervisory employees.
- Non-supervisory employees and not employers select the employee committee members.
- Employers are forbidden from interfering with the employee selection process or retaliating against employees for participating in the committee process.

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Employee/Patient Vaccinations

Many questions come in about mandatory novel coronavirus (COVID-19) vaccinations for dental office employees. This is certainly legally permissible to require—but it is not without liability risks, and it has to be done carefully and correctly to avoid those risks. This is why NYSDA advises members to review the matter thoroughly with their attorneys. Matters to go over are:

- how to handle religious objections, objections based on employee disabilities and objections arising from medical contraindications;
- liability coverage for risks of adverse reactions to mandatory vaccinations;
- how to handle employee refusals to be vaccinated;
- how to handle employee privacy rights when an employer retains employee medical information and what can and cannot be asked of an employee regarding medical information or disclosed to others, such as patients;
- how to handle breakthrough infections should they occur for vaccinated employees.

Some members would prefer a government vaccination mandate, which would eliminate the risks of discretion in figuring out what to do. But, while the federal government is undertaking this for large employers, with 100 or more employees, and New York State has done so for institutional healthcare employers, it is highly unlikely that it will do so more broadly—and already, all of those efforts are mired in expensive litigation, though vaccine mandates have fared well in court so far.

Some questions, although fewer than for employees, come in about requiring patients to be vaccinated or tested for COVID-19. The issues here are even more complicated than for employees. First, it is perfectly acceptable to ask patients about their COVID-19 vaccination or testing status as part of obtaining a complete and accurate medical history for the patient. In fact, it might be a good practice to routinely ask vaccination status questions for all vaccinations as a regular part of taking medical history, just like asking about drug allergies or prior surgeries or disease states. Again, it is legally permissible to refuse treatment based on vaccination status in general, though it is not a common thing to do, but maybe not in New York State, where COVID-19 has been classified as a disability for disability benefits purposes. The federal government has not classified COVID-19 as a disability, and most infectious diseases are generally not considered disabilities.

Dentists will remember another disease that was classified as a disability—human immunodeficiency virus (HIV)—where turning away a patient based on a perception that the patient might have the disease, or does have the disease,

is prohibited as illegal discrimination against a disabled person. There aren't any court cases yet in New York to indicate how far the state would take its disability classification of COVID-19 and although the New York State Division of Human Rights prominently mentions COVID-19 as a potential source of prohibited racial and ethnic discrimination, it hasn't been quite so clear on whether COVID-19 will be treated exactly like HIV.

No doubt there is no dental office that wants to be the test case for this possible liability risk. Again, this is why NYSDA advises members to thoroughly review with their attorneys and their malpractice carriers the creation of any "no seeing patients who are not vaccinated or tested" rule. Even if legally doable for new patients, for existing patients there also arise issues of whether they are being abandoned or neglected if turned away from treatment that might be necessary—bringing into play malpractice and professional conduct concerns that need to be carefully considered.

One possible solution to consider is having patients seek medical clearance before treatment, similar to what would be done with an active tuberculosis patient or other similar situation. But, in any case, all of this should be reviewed in detail with a knowledgeable attorney and your malpractice insurer before making any decision on implementing such a policy. Knowing the liability risks in advance will help to prevent them from occurring.

Legislative Wish List

On the state legislative and regulatory front, there are a number of things being looked at by government, but there are no current proposals yet introduced. They include:

- eliminating the lead apron shielding requirements for dental patients as no longer necessary;
- eliminating the requirement of foreign dental graduates needing to take two additional years of dental education in an approved dental school in order to obtain a New York license;
- clarifying that dentists can perform all CLIA-waived tests under the New York State Department of Health Physician Office Laboratory Evaluation Program (POLEP);
- addressing backlogs in dental licensing when millions of dollars were appropriated for an efficient online licensing system to be created;
- whether dentistry and other health professions would be better regulated by the Department of Health than the State Education Department.

Dentistry Meets Medicare

On the federal legislative and regulatory front, the single biggest item under consideration is whether dentistry will be included in the Medicare program. Dentistry has an extremely limited intersection with Medicare now, mainly with Medicare Part C (Medicare Advantage, also known as Medicare managed care).

However, proposals are circulating to put dentistry under Medicare Part B, the main Medicare program for physician services.

The American Dental Association has put out many materials on this hot topic, but it certainly would be a huge change for states too. For one thing, it would heavily influence New York State's own longstanding proposal for a single-payer health plan that would include dentistry, a proposal currently being studied by multiple NYSDA councils from a substantive standpoint. That single-payer New York Health Plan legislative proposal has been discussed for a long time, but the political situation in New York has changed substantially enough to breathe more life into it than ever before.

It is always hard to predict where these things might go. Who would have thought that dentistry in Medicare would have developed so suddenly into a serious proposal after 50 years?

Luring Dentists Out of Retirement

Finally, Gov. Hochul has started to restore some of the expired Executive Orders from her predecessor. One of these, Executive Order #4, returns the waiver of licensing registration requirements for dentists such that retired dentists can come back into practice despite not being currently registered. This allows dentists to re-enter practice to help with the COVID-19 emergency without having to pay back registration fees or take catch-up continuing education coursework. It also allows them to help with COVID-19 vaccinations and testing, something federal law authorizes dentists to do.

It is not clear how many retired dentists or dentists who otherwise placed their registration in inactive status want to return to practice to help with COVID-19. There have been a few questions from members about this, but not enough to conclude that this is a major achievement. Nevertheless, every little bit has helped with battling COVID-19, and this is one more item in the arsenal. At least it gives retired dentists a choice.

Nobody can predict how long Executive Order #4 will remain in effect, but for now, everything old is new again. ✍

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.



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Association *Activities*

Stuart Segelnick Heads Dental Editors Organization



Stuart Segelnick

BROOKLYN periodontist Stuart Segelnick, D.D.S., M.S., was installed as president of the American Association of Dental Editors and Journalists at AADEJ's Annual Meeting in October in Las Vegas.

Dr. Segelnick is editor of the Second District Dental Society Bulletin, as well as the Bulletin of the Northeast Society of Periodontists. He has co-edited five books on dentistry and been recognized twice for excellence in journalism by the

International College of Dentists. He is also a winner of the NYSDA Bernard P. Tillis Award for editorial achievement.

Dr. Segelnick is adjunct clinical professor, Department of Periodontology and Implant Dentistry, New York University College of Dentistry.

Seventh District Names New Executive Director



Becky Herman

BECKY HERMAN, a recruitment and communications specialist with close to 20 years of experience in dental education and healthcare administration, is the new executive director of the Seventh District and Monroe County Dental societies.

Ms. Herman is only the third permanent ED of the Seventh District in the past 50 years. She is taking over from the interim ED, Dr. Andrew Vorrasi.

Ms. Herman brings to her position more than 25 years of experience in developing and implementing innovative strategies for successful recruitment, fundraising and communications programs. Nineteen of those years were in dental education and healthcare administration. Since 2015, she has served as director of recruitment and community outreach for New York University Langone dental medicine postdoctoral residency programs. In this role, she engaged and supported leadership, faculty, residents and staff within more than 100 dental program/health center sites across 27 states and the Caribbean. She joined Lutheran Medical Center (now NYU Langone Dental Medicine) in 2012 as its director of alumni relations and development to establish the vision and direction of philanthropic efforts for the department.

From 2007 to 2012, Ms. Herman was director of advancement for the Eastman Institute of Oral Health at the University of Rochester. In this role she led a comprehensive capital campaign, was responsible for the organization and implementation of high-end donor recognition and stewardship events, volunteer recruitment, budget oversight and strategic planning. She has served as a Board member and president for several nonprofit and educational organizations in the Rochester area.

Ms. Herman received her Master's Degree in Education and a Certificate in Dental Education from the University of the Pacific, following completion of a dental fellowship through the Academy for Advanced Learning (AAL) and the American Dental Education Association (ADEA).

Call for Nominations

THE NYSDA COUNCIL ON NOMINATIONS will meet on Monday, March 21, 2022, at 1 p.m. to make its selections for President-Elect, Vice President and Secretary-Treasurer of the Association in 2022.

Nominees for President-Elect must be members of the Ninth District Dental Association. Nominees for Vice President must be members of the Queens County Dental Society. Nominees for Secretary-Treasurer may be members of any NYSDA component.

Members wishing to submit nominations for any of these positions must do so no later than March 12, 2022. Nominations should be sent to Dr. Craig Ratner, Council on Nominations, NYSDA, 20 Corporate Woods Blvd., Suite 602, Albany, NY 12211.

Dental Foundation Approves Board

THE NEW YORK STATE DENTAL FOUNDATION has selected the following to lead the Foundation in 2022: G. Kirk Gleason, chairman; Michael Breault, vice chairman; Lawrence Volland, treasurer; Mark Feldman, secretary.

Named to positions on the Board were: Martin Dominger and Mario Silvestri (one-year terms); and Chad Gehani, Robert Peskin, Donald Tucker and Lawrence Volland (three-year terms).

Association *Activities*

In Memoriam

NEW YORK COUNTY

Irving Markowitz

New York University '55
210 Central Park South, #15D
New York, NY 10019
August 17, 2021

SECOND DISTRICT

Mark Fishman

New York University '71
206 Augusta Court
Roslyn, NY 11576
September 13, 2021

Leonard Weingarten

New York University '67
235 Pepperidge Road
Hewlett, NY 11557
June 10, 2020

FOURTH DISTRICT

Robert Westcott

University of Pennsylvania '57
84 Glenwood Avenue
Queensbury, NY 12804
September 2, 2021

SIXTH DISTRICT

Dennis DeStefano

University at Buffalo '76
RR 1, #110F
Equinunk, PA 18417
July 30, 2021

SEVENTH DISTRICT

Buddhi Shrestha

Foreign Dental School
760 Plank Road
Penfield, NY 14526
October 3, 2021

EIGHTH DISTRICT

Donald Galley

University at Buffalo '54
8 Litten Way
Greenville, SC 29615
October 3, 2021

Norman Mohl

University at Buffalo '56
5601 Dunrobin Drive, #5305
Sarasota, FL 34238
November 23, 2020

Mindy Paticoff-Weinman

University at Buffalo '81
60 Forestglen Drive
Williamsville, NY 14221
October 2, 2021

Michael Talluto

St. Louis University '59
3904 Seneca Street, Apt C
Buffalo, NY 14224
September 16, 2021

NINTH DISTRICT

Robert Hales

Georgetown University '71
1124 Main Street
Peekskill, NY 10566
August 20, 2021

Robert Prindle

University of Maryland '60
5435 Morse Road, #132
Columbus, OH 43230
January 24, 2020

Neal Riesner

University of Pennsylvania '55
5 Merlot Drive, #526
Highland, NY 12528
September 28, 2021

NASSAU COUNTY

Ralph Fleishman

Columbia University '71
13201 Aspenwood Drive
Plainview, NY 11803
August 23, 2021

SUFFOLK COUNTY

William Tinkler

New York University '54
18 Williams Avenue
Holtsville, NY 11742
July 7, 2021

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The Costly, Psychological Effect of Cybercrime

Four Ways to Beat Cybercriminals at their Own Game

Robert McDermott

NO ONE LIKES TO BE MANIPULATED, yet we are subjected to invasive tactics in our email to get us to click a link, give access to sensitive data or share confidential information. These aren't just spam emails. Cybercriminals are using an email approach called "social engineering," designed to feel and look familiar to quickly gain your trust.

Dental and medical practices are among the most vulnerable to these attacks. Protected health information (PHI) is a high-dollar commodity, selling for hundreds of dollars per record. Practices may also be crippled by cybercriminals, who hold your data for a high ransom.

Here's how cybercriminals socially engineer their attacks. They tend to gather information about your industry, your business and even your employees. Once they have enough information, they send out a targeted email campaign, called phishing. The email is just close enough to a real email that the recipient may trust its legitimacy and take a requested action, like opening an attachment or clicking a link.

Let's look at one specific example. In a phishing

attempt impersonating Amazon, cybercriminals claim a package was shipped to the wrong address and are requesting a call back to fix the issue. If you take action, those bad actors immediately work to steal money, compromise your data and, perhaps, cripple your practice operations.

Here are four ways you can quickly determine when email has been socially engineered to trick you.

1. Can you verify the sender? Does the name or email address look suspicious?

Notice the sender address on the left is similar to the actual "Amazon.com" address. Whether you've received a questionable email from an apparent colleague or friend, or an attempt like this one, you'll notice that the email address may closely resemble a known company or domain, but something is always amiss. The big differences include a slight altering of name or spelling, spacing or punctuation issues and/or omitting a few characters.



2. Look for generic greetings, incorrect spelling and poor grammar.

Dear Customer/Sir or Madam, this email is a trick. Well, they may not be that direct, but the “Dear Customer” or “Sir and Madam” types of greetings may be a tipoff. Most legit companies will insert your name in the greeting. In this phishing attempt, like most others, there are spacing issues in the body of the email, repetitive content and missing punctuation.



3. Be wary of unusual information.

Check out the delivery address. It says “San Antonio San Pedro,” which isn’t a real place. It’s good to ask yourself questions when something feels off. For instance, why would a known vendor share another person’s personal information with you?



4. Don't click the links.

In the case of the Amazon spoof, the links take you to Amazon, but not to your supposed order. The goal of this, and many phishing attacks, is to get you to call a phone number or click an attachment or often a link containing malware. The attack attempt here drives you to call them. That’s when they will likely ask you to verify credit card or bank account information. Clicking a link can install malicious bugs to steal your data, like PHI, or shut down your entire practice.

In addition to educating your staff to identify suspicious emails, make sure your practice is using a truly HIPAA-compliant secure email with multi-layered security, to prevent phishing attempts from even making it to your inbox. A high encryption level of 2048-bit and a built-in user verification process will make your practice email almost impossible for a cybercriminal to access.

Awareness, staff education and fully HIPAA-compliant email will keep your practice and patient information safe from those who stand to profit from an unintentional click of a link or phone call to a cybercriminal. //

Robert McDermott is president and CEO of iCoreConnect, a NYSDA-endorsed vendor that specializes in comprehensive, cloud-based software and technology services for dentists. NYSDA endorses iCoreExchange HIPAA-compliant email, which meets or exceeds every compliance and security requirement, and allows users to attach as many large files as they want to any single email. Members receive substantial discounts on both practices. They are welcome to check the service out at land.icoreconnect.com/NY03, or (888) 810-7706.

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Two-phase Treatment with a Growth Regulator and Clear Aligner Therapy of a Class II Adolescent Patient

Anderson T. Huang, D.D.S.; Darren Huang, D.D.S.

ABSTRACT

Technological developments in clear aligner therapy have allowed for the expansion of its application to the treatment of children and adolescents. Notably, in 2019, Align introduced “Invisalign First” to function as a modality for phase I therapy. However, few studies have assessed the efficacy of clear aligner therapy for the treatment of children and adolescents. To address this lack of evidence, we report in this case study the two-phase treatment of a Class II adolescent patient with a growth regulator, high-pull headgear, during phase I treatment and clear aligner therapy with Invisalign during phase II treatment. We describe the successful improvement to the patient’s dental, skeletal and soft tissues through both phases. We also detail the patterns of thinking and biomechanics involved in this novel approach towards two-phase clear aligner treatment for a Class II adolescent patient.

Since the early 1990s, the number of teenage patients seeking orthodontic treatment has grown rapidly. The American Association of Orthodontists (AAO) reports that nearly 4.3 million patients 17 years old and younger were treated in North America in 2016, an increase of 66% since 1989.^[1]

The last decade has also seen increasing demand among teens for more esthetic alternatives to traditional fixed appliances.^[2] Align Technology reported an increase in product sales, from 100,000 to over 235,000 between 2013 and 2017. In the last two years, the company’s volume of teenage patients grew faster than that of adults. Invisalign Teen, a modification of the original appliance, was introduced in 2008 as a means of expanding the capabilities of clear aligner therapy to the adolescent population.^[3] The features of the appliance included eruption compensation, compliance indicators and, more recently, precision wings for mandibular advancement in Class II treatment. In July 2019, Align introduced “Invisalign First,” another modification of its clear aligners, to function as phase I interceptive treatment for patients ages 6 to 10.

The efficacy of clear aligner therapy has been widely evaluated in adult populations, but few studies have considered its use in growing adolescents and those performed have been limited to assessments of the compliance indicators.^[4,5,6] A recent sys-

tematic review concluded that the Invisalign system is a viable alternative to traditional fixed appliances in the treatment of mild-to-moderate malocclusions in non-growing patients who do not require extraction.^[7] However, the authors observed that the viable data primarily included non-growing patients, most often with an average age of 30 years.^[8] This suggests a lack of information regarding the clinical performance of the Invisalign Teen appliance in the growing adolescent population.

In both clear aligner therapy and conventional therapy, the treatment of a growing patient presents a number of additional challenges compared to that of the nongrowing patient, such as the management of erupting permanent teeth, prediction of future growth, timing of intervention and the adequate application of growth modification. The capabilities of clear aligner therapy can be predictably expanded to growing patients through a number of strategies, including careful space management for erupting teeth and combination with growth regulators, such as the cervical headgear in Class II patients and the reverse-pull face-mask in Class III patients.

In light of the current lack of evidence, we will describe the two-phase management of an adolescent with Invisalign Teen and a growth regulator.

Diagnosis and Etiology

An 8.5-year-old female patient, V.Z., presented with a chief complaint of a large overjet. A review of the patient's medical and dental histories revealed no significant findings. The patient reported habits of nail biting and bruxism.

In our extraoral evaluation, our facial analysis showed a dolichofacial retrognathic convex facial profile with a weak chin projection, mentalis strain, an increased lower anterior facial height and a nasolabial angle more acute than normal (Figure 1). Both maxillary lips and mandibular lips were protrusive relative to the E-line (upper lip to E-line: 1 mm; lower lip to E-line: 1 mm). V.Z. also showed a 50% maxillary incisal display at full smile.

The initial intraoral evaluation revealed a severely increased overjet (6 mm) and severe overbite (6 mm), Class II end-on molar occlusion bilaterally, severe maxillary crowding (6 mm), severe mandibular crowding (6 mm) with a completely blocked-out mandibular left canine, retroclined maxillary incisors, and mandibular midline shifted 2 mm to the left of both the facial and maxillary midline (Figure 1).

The initial cephalometric analysis showed a Class II skeletal malocclusion (ANB: 7.7°; Wits appraisal: 2), with prognathic maxilla (SNA: 82.5°), retrognathic mandible (SNB: 74.8°) and increased mandibular plane angle (SN-MP: 37°; FH-MP: 28°). The maxillary incisors were retroclined (U1-SN: 95.6°) and over-extruded. The mandibular incisors were excessively proclined (IMPA: 99°) and over-extruded (Table 1, Figure 2). The mandibular arch exhibited a deep curve of Spee. The patient's cervical

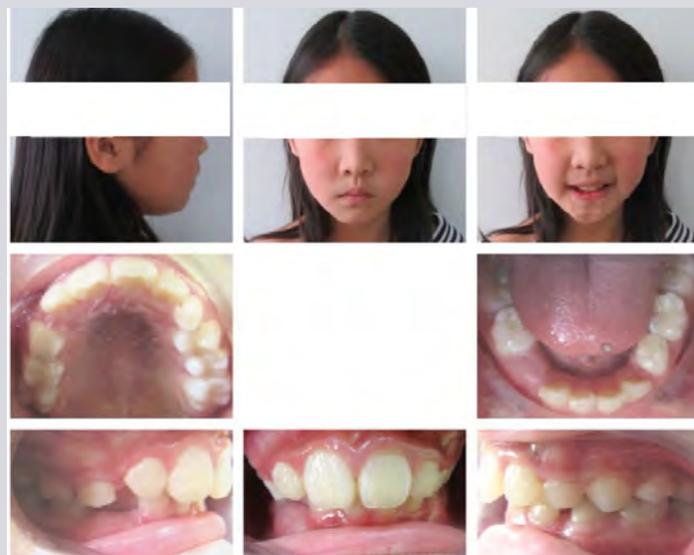


Figure 1. Pretreatment facial and intraoral photographs.

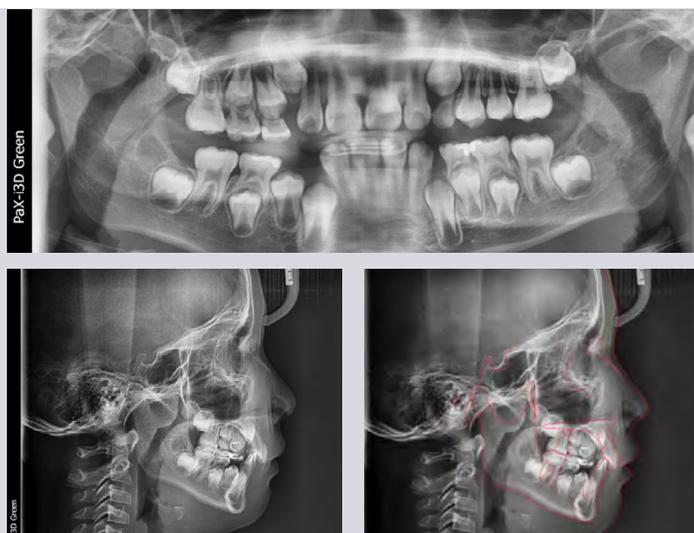


Figure 2. Pretreatment radiographs and cephalometric tracing.



Figure 3. Clincheck of initial course of aligners.

vertebral maturity index was 1. All second and third molars were still developing.

Treatment Objectives

In phase I treatment, our objectives were to: (1) retract the maxillary incisors to reduce the likelihood of incisal trauma; (2) relieve maxillary and mandibular crowding to create sufficient space for erupting permanent teeth; (3) restrain maxillary growth; (4) allow for normal mandibular growth; and (5) improve soft-tissue balance and esthetics.

In phase II treatment, our objectives were to: (1) create ideal overjet and overbite; (2) establish Class I canines and molars; (3) establish ideal occlusion; (4) create adequate eruption space for all permanent teeth, especially the mandibular left canine; and (5) optimize soft-tissue balance and esthetics.

Treatment Plan and Alternatives

In our phase I treatment, we planned to deliver a high-pull headgear and mandibular lip bumper. The high-pull headgear would restrain maxillary growth, maintain the sagittal position of the U6s, maintain the vertical position of the U6s to prevent exacerbation of the patient's hyperdivergence and create space for the erupting permanent teeth. The mandibular lip bumper would advance the mandibular incisors, expand both the intercanine and intermolar width, and slightly tip back the mandibular molars. The lip bumper would relieve mandibular crowding and create space for erupting permanent teeth.

We also considered an alternative treatment plan with serial extractions to improve maxillary and mandibular incisor inclina-



Figure 4. Intraoral photographs at 10 months into phase I treatment.

tions, alleviate maxillary and mandibular crowding, and control the patient's vertical growth tendency. In this alternative plan, phase I treatment would include a nance-transpalatal arch and lower lingual holding arch, with extractions of all primary canines and primary first molars, followed by extractions of all first premolars once they erupted. Ultimately, we decided against this extraction treatment plan, to preserve the patient's initial profile. Initially, the upper lip was in an esthetic position and did not require significant retraction. Likewise, the initial lower lip position was close to normal position and did not require significant retraction.

In our phase II treatment, we planned a course of clear aligner therapy with a refinement course, as necessary, to achieve an ideal functional occlusion. At the start of phase II, we had achieved Class I molars and adequate space for the eruption of all permanent maxillary teeth. Though space was gained in the mandibular arch from leeway space, tip back of the mandibular molars and forward movement of the mandibular incisors, there was still considerable crowding and inadequate space for the eruption of the mandibular left canine. At the start of phase II, both maxillary and mandibular incisors were retroclined and required torque for normalization.

To open the patient's deep bite, we employed the Invisalign G5 bite opening protocol, which includes bite ramps on the lingual surfaces of the maxillary incisors, extrusion of both maxillary and mandibular premolar segments, and intrusion of maxillary and mandibular incisors (Figure 3). We planned for the eruption of permanent teeth by maintaining space or creating adequate space, especially for the mandibular left canine. We planned for the retraction of the maxillary incisors into spaces created from phase I treatment and leeway and the advancement of the mandibular incisors in order to correct the residual overjet. We designed for stages of power ridges on both the maxillary and mandibular incisors. This would allow for the maintenance of maxillary incisor torque during retraction and supplement the advancement of the lower incisors. Class II precision cuts were added, though the maxillary right canine was not yet erupted, so the precision cut was placed on the maxillary right first premolar instead. We planned for very mild use of Class II elastics because we did not want to aggravate the patient's hyperdivergent tendency.

Treatment Progress

Treatment was initiated with delivery of the high-pull headgear. The mandibular lip bumper was delivered one month after that. Ten months from the start of treatment, the molar relationship had improved to Class I bilaterally (Figure 4). We observed spaces mesial to the maxillary first molars. The maxillary left canine had erupted normally, while adequate space had been created for eruption of the maxillary right canine. In the mandibular arch, we observed the uprighting of both mandibular molars and slight expansion in both the intercanine and intermolar regions. The



Figure 5. Intraoral photographs at 16 months into phase I treatment.

mandibular right first premolar had erupted normally, while the mandibular right canine was starting to erupt with adequate space. The mandibular left canine region was still crowded.

After 16 months of treatment, we observed more space created in the maxillary arch mesial to the maxillary molars and improved maxillary anterior alignment (Figure 5). Both molars were in super Class I relationships. The overjet had been reduced to 4 mm. In the lower arch, the mandibular right canine was erupting, though in buccoverision. While we had created additional eruption space for the mandibular left canine, we were concerned whether it was adequate. We decided that the leeway space provided by the exfoliation of the mandibular left second primary molar would be adequate for distalization of the mandibular left first premolar and creation of additional eruption space.

At this point, we concluded phase I treatment and delivered maxillary and mandibular Hawleys to preserve alignment and space for the eruption of permanent teeth. We placed V.Z. on a three-month recall schedule to monitor for the exfoliation of primary teeth and initiation of phase II.

At the start of phase II, all of the patient's remaining primary teeth had exfoliated. The patient received her first course of aligner therapy, which required 30 aligners with a two-week/aligner regimen and for a duration of slightly more than a year. V.Z. wore light Class II elastics (1/4 inch, 2 oz.) in the last three months of treatment.

After 13 months, at the conclusion of the first course of clear aligners, V.Z.'s deep bite had opened 2 mm and her overjet had been further reduced to 3 mm. The maxillary right second premolar had started to erupt, while the maxillary right canine still remained unerupted. In the mandibular arch, the mandibular right second premolar had started to erupt, while the mandibular left canine had also started to erupt, though in buccoverision. In the first course of clear aligners, we successfully distalized the mandibular left first premolar.

In the second Clincheck, we designed 21 aligners with a one-week/aligner regimen (Figure 6). We programmed the G5 protocol to level both the maxillary and mandibular curves of Spees and open the deep bite. We programmed for extrusion of maxillary and mandibular premolar segments and the intrusion of the maxillary and mandibular anterior segments. We preserved eruption spaces for the mandibular left second premolar and maxillary right canine. We further reduced the overjet by retracting the maxillary incisors, adding mild interproximal reduction in the maxillary posterior segments and advancing the mandibular incisors. We planned to perfect the posterior interdigitation by facilitating eruption of the premolar regions and shifted the mandibular midline to the right for coordination.

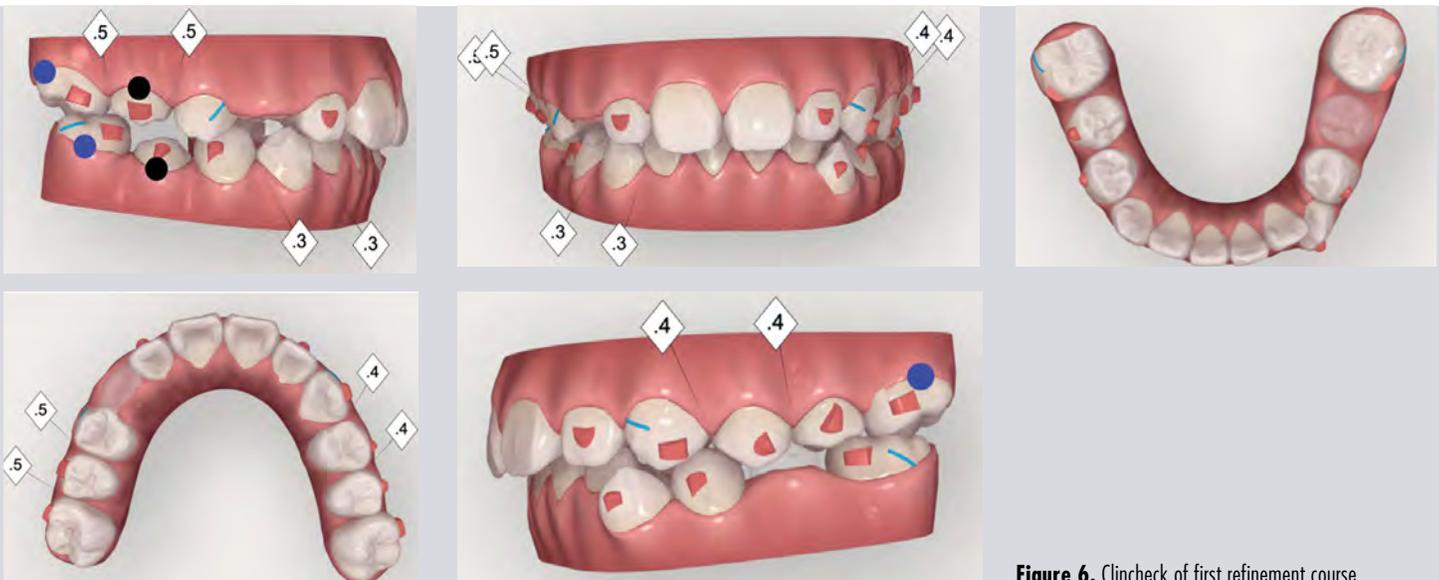


Figure 6. Clincheck of first refinement course.

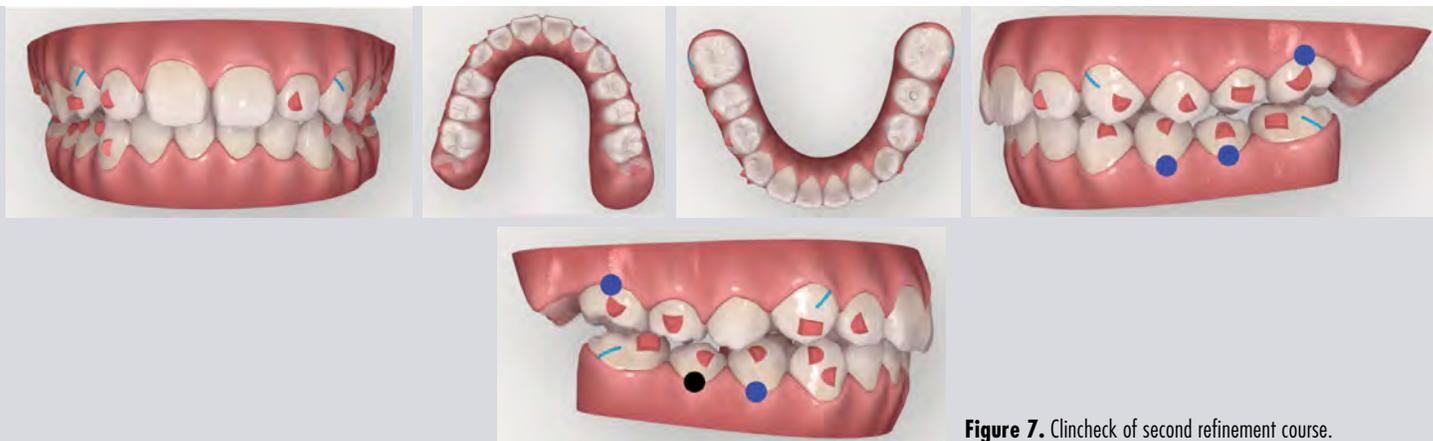


Figure 7. Clincheck of second refinement course.

The patient wore the second course of aligners for slightly more than five months, with two months of light Class II elastics wear. At the completion of the second course, the occlusion was further improved. All permanent teeth had erupted. The overjet had been significantly reduced to 2 mm, and the overbite had been opened to 2 mm. Both maxillary and mandibular curves of Spees had been levelled. The posterior interdigitation had improved from both natural eruption and extrusion of the premolar segments. The canines remained in slightly end-on Class II relationships. We designed a final short course of aligners for finishing and detailing to correct the canine relationships, perfect interdigitation, and achieve ideal overjet and overbite.

In the final course of aligners, we designed 11 aligners with a one-week/aligner regimen. We allowed for less than 1 mm of retraction of the maxillary incisors and less than 1 mm of advancement in the mandibular incisors. We programmed approximately 1 mm of additional intrusion for the maxillary

incisors and extrusion of the premolar regions to perfect interdigitation. During the course, the patient wore light Class II elastics for one month to achieve Class I canine and molar occlusion, bilaterally.

After 26 months, the appliances were debonded. Maxillary and mandibular Essix retainers were delivered for 14 hours/day wear during the first two years, followed by nighttime wear for long-term retention.

Treatment Results

We achieved a functional occlusion with ideal overjet and overbite (Figure 8). Canines and molars finished in Class I relationships, bilaterally. The facial profile was maintained because the upper lip position was maintained with adequate support and the lower lip position was also maintained relative to the E-line. The mentalis strain was alleviated and the convex profile was straightened from forward mandibular growth. The patient was satisfied with the outcome.

The post-treatment panoramic radiograph showed root parallelism in both arches, normally erupting second molars in all quadrants and developing third molars in all quadrants (Figure 9). There were no other abnormalities. The post-treatment cephalometric analysis and overall superimposition showed that the maxilla was restrained (Figures 9, 10). Our measures for vertical control were successful, as evidenced by the decrease in the mandibular plane angle and the lack of change in position of the mandible relative to the cranial base. Our measures also maintained the vertical positions of the maxillary and mandibular molars (Figure 10). The patient displayed both downward and forward growth, though predominately downward as expected from the patient's vertical growth pattern (Figure 10). The patient's lower anterior facial height relative to total facial height ratio was not increased (Table 1, Figure 9).

The maxillary incisors were advanced into the normal range (Table 1, Figures 9, 10). The mandibular incisors were slightly proclined, as expected in a nonextraction form of treatment and

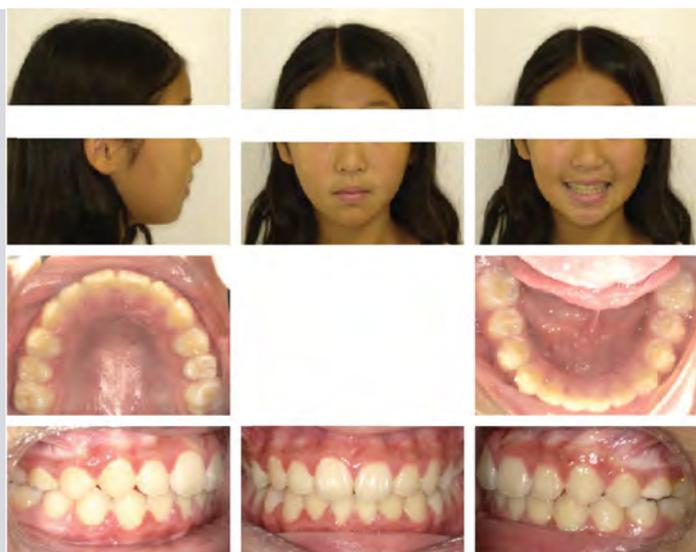


Figure 8. Post-treatment facial and intraoral photographs.

TABLE 1.
Cephalometric Pre-treatment and Post-treatment Summary

MEASUREMENT	NORM	INITIAL	FINAL
Skeletal			
SNA (°)	81.6	82.5	82
SNB (°)	79.1	74.8	75
ANB (°)	2.4	7.7	7
Ramal height (mm)	51.6	36	47
SN-MP (°)	33.0	37	35
FH-MP (°)	25	28	26
Facial height ratio	60.0	60.7	58
Dental			
U1-SN (°)	102.7	95.6	101
IMPA (°)	95.9	99	101
Wits appraisal (mm)	-2.7	2	1
Soft tissue			
U-lip to E line (mm)	-0.8mm	1mm	0
L-lip to E line (mm)	0.5mm	1mm	1

to compensate for the patient's severely vertical growth pattern (Table 1, Figures 9, 10).

Discussion

The etiology of V.Z.'s Class II malocclusion was primarily skeletal in nature and attributed to the prognathic maxilla and retrognathic mandible. We addressed the patient's skeletal dysplasia through growth modification with the high-pull headgear during phase I treatment. We were successful in restraining further maxillary growth, as evidenced by the cephalometric analysis and superimposition. In phase II treatment, we applied clear aligner therapy to a growing patient and were successful in creating an esthetic functional occlusion and improving the patient's facial esthetics.

During phase II treatment and the design of the Clincheck, we were presented with a number of challenges. The maxillary and mandibular incisors both required careful control of torque. Though clear aligners are effective in controlling posterior buccolingual inclination, they are not as effective in controlling

anterior torque.^[9,10] We enhanced the lingual root torque movement by adding stages of power ridges in both the maxillary and mandibular incisors. The power ridges aided in preventing overretraction of the maxillary incisors and labialization of the mandibular incisors.

The correction of deep overbites is also considered one of the limitations of clear aligner therapy.^[11,12] To alleviate the patient's deep overbite, we programmed for bite ramps on the lingual surfaces of the maxillary incisors to disocclude the posterior segments and allow for extrusion of the maxillary and mandibular premolar regions. We have observed that the addition of bite ramps on the lingual surfaces of the maxillary canines can also supplement disocclusion and bite opening in severely deep overbites. We programmed intrusion in the maxillary and mandibular incisors throughout all three courses of aligners. We were not able to extrude certain premolar regions in the first two courses because the patient was still in mixed dentition for much of phase II treatment.

Adequate eruption compensation for permanent teeth is a significant component in the application of clear aligner therapy to growing patients. For patient V.Z., the mandibular left canine required additional space for eruption. We programmed the adequate eruption compensation in a precise manner by incorporating a 6.1 mm pontic to represent the necessary space for the erupting permanent canine (Figure 11). For patients in the late mixed dentition, we advise the extraction of residual deciduous teeth prior to intraoral scanning and Clincheck development.

Another important consideration for growing patients is the adequate incorporation of mandibular growth into the Clincheck design. Clincheck software offers a "bite jump" to simulate large movements in the maxilla and mandible, including large anteroposterior movements, surgical movements and autorotation of the mandible. The "bite jump" can also be used to mimic mandibular growth in growing patients. However, we recommend judicious use of the "bite jump" because it can overestimate the extent of mandibular growth and result in large discrepancies between simulated and actual outcomes in occlusion. In the case of V. Z., though we predicted additional mandibular growth during



Figure 9. Post-treatment radiographs and cephalometric tracing.

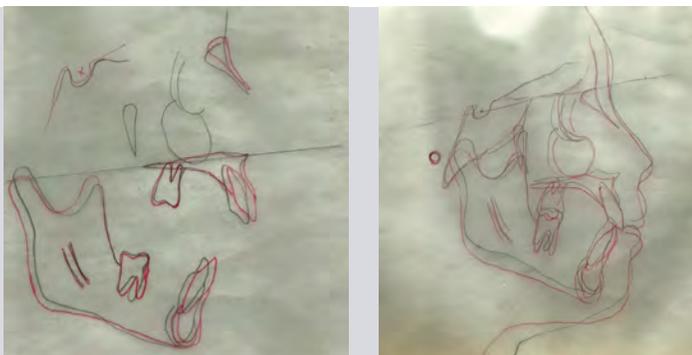


Figure 10. Overall, maxillary and mandibular superimpositions.

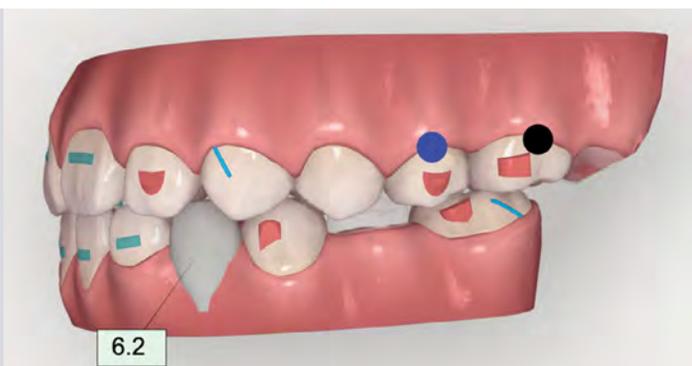


Figure 11. Planning of eruption space for left mandibular canine.

phase II treatment, we did not anticipate movement significant enough to warrant the incorporation of a “bite jump.”

The patient displayed an unfavorably vertical growth pattern throughout treatment. Nevertheless, we did not negatively affect facial esthetics, as evidenced by the final upper and lower lip positions relative to E-line and the final lower anterior facial height relative to total facial height ratio (Table 1). Though we implemented vertical control measures, it can be argued that we could have been more cautious by keeping molar bands on the maxillary molars for continued wear of the high-pull headgear during phase II clear aligner therapy.

In the future, clinicians might consider Invisalign First protocols as an alternative to traditional phase I orthopedic appliances for the treatment of skeletal dysplasias. For example, the Invisalign mandibular advancement feature offers repositioning of the mandible to theoretically facilitate mandibular growth for Class II patients in the mixed dentition. However, there remains limited study regarding the efficacy of Invisalign First, and it is not known whether Invisalign First can actually produce orthopedic effects.

Conclusion

In this case study, the patient’s occlusion and facial profile were both effectively improved. We demonstrated that a skeletal Class II growing patient in the mixed dentition could be successfully treated in a novel, two-phase manner with a growth regulator

to address the skeletal dysplasia and a subsequent phase of clear aligner therapy. //

Queries about this article can be sent to Dr. Darren Huang at dhl208@nyu.edu.

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Congenital Epulis

Report of a Case and Literature Review

Ryan D. Jelich, D.D.S.; Brian M. Will, D.D.S.; Scott M. Peters, D.D.S.

ABSTRACT

The congenital epulis (CE) is an uncommon, albeit benign, soft-tissue lesion in newborns. These tumors have a strong predilection for females, measure approximately 1 cm to 2 cm in diameter, and most commonly arise from the maxillary alveolar mucosa. Although the CE is a benign lesion, it can potentially impair both respiration and feeding, which can cause polyhydramnios prenatally or respiratory impairment postnatally. Recommended treatment is often surgical resection under local or general anesthesia, although, in some cases, the lesion may spontaneously regress.

First described by Neumann in 1871, the congenital epulis (CE), also known as Neumann tumor, is a rare, benign, soft-tissue tumor seen in newborns.^[1] Although the histogenesis of the CE is still not confirmed, it has been theorized that these tumors originate from either undifferentiated mesenchymal cells, pericytes, fibroblasts, epithelial cells, smooth muscle cells or nerve-related cells.^[2]

The CE occurs almost exclusively on the alveolar ridge, but there have been rare reports of tongue involvement.^[3] Approximately 80% to 90% of cases are seen in females, presenting as a solitary, smooth-surfaced polypoid nodule firmly attached by a narrow or broad base to the labial aspect of the dental ridge.^[4] Although rare, roughly 10% of cases present with multiple masses.^[5] Lesions are two- to three-times more likely to involve the maxil-

lary ridge as compared to the mandible; they are often seen in a non-midline position, usually in the canine-premolar region.

CEs may vary in size, and while they are most commonly 1 cm to 2 cm in diameter, lesions ranging from a few millimeters to 9 cm have been reported.^[4,7-9] The CE often does not continue to grow postnatally; however, it can cause issues postpartum, such as difficulty with feeding and respiration.^[10]

Microscopically, the CE resembles a granular cell tumor; however, there are structural and immunohistochemical differences that classify it as a separate entity. Recommended treatment is conservative surgical resection of the lesion under local or general anesthesia, although some cases may spontaneously regress.^[6-9]

The aim of this case report is to address the clinical presentation, histologic features and clinical management of congenital epulis.

Case Presentation

A 3-day-old female presented to the pediatric dental clinic at Columbia University Irving Medical Center; the patient's mother reported a 2 cm mass on the patient's anterior maxillary gingiva that was interfering with latching while feeding. The baby was born full term, at 6 pounds 8 ounces, by uncomplicated vaginal delivery and was otherwise healthy, with no known medical problems.

Clinical examination revealed a pink, firm, sessile mass of the anterior maxillary gingiva that measured 2 cm at its greatest width (Figure 1). Given the clinical presentation of the lesion, the differential diagnosis included a CE and a melanotic neuro-



Figure 1. Clinical photograph demonstrating pink, firm, sessile mass of anterior maxillary gingiva.

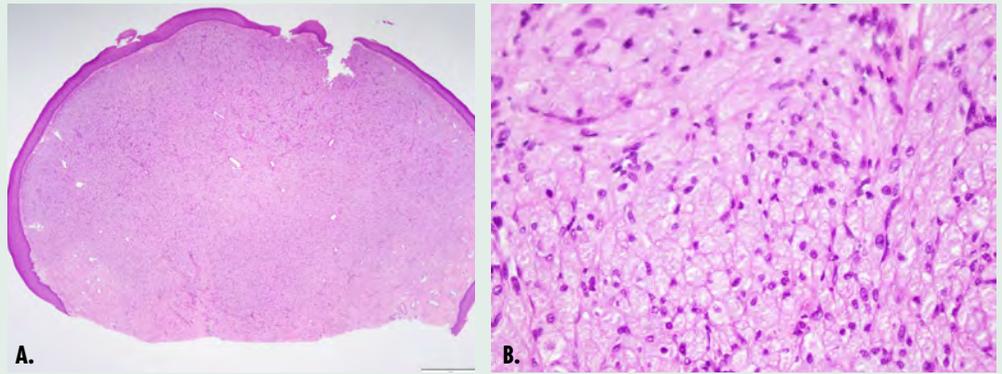


Figure 2. A. Low-power photomicrograph demonstrating thin epithelium with atrophic rete ridges overlying soft tissue infiltrated by tumor (H&E, x 20). **B.** On high-power magnification, tumor consists of large, rounded cells with abundant granular, eosinophilic cytoplasm and round-to-oval, lightly basophilic nuclei (H&E, x200).

ectodermal tumor of infancy (MNTI). A diagnosis of MNTI was considered less likely due to lack of bony involvement. The patient was referred to the Oral and Maxillofacial Surgery Department, where an excisional biopsy was performed. Histologic examination revealed soft tissue covered by thin epithelium, with atrophic rete ridges. Beneath the surface, there was a lesion consisting of large, rounded cells, with abundant granular, eosinophilic cytoplasm and round-to-oval, lightly basophilic nuclei (Figure 2).

Based on the patient's clinical presentation and the histopathologic findings, a diagnosis of congenital epulis (CE) was rendered. The patient returned for one-week follow-up, which showed a well-healing biopsy site, no evidence of recurrence and, reportedly, no further issues feeding.

Discussion

The CE is an uncommon soft-tissue tumor found almost exclusively on the anterior labial aspect of the alveolar ridges, usually just off of midline. The lesions frequently present at birth as a solitary mass arising from maxillary or mandibular gingiva, but multiple distinct lesions have been reported.^[5,11] Most CEs are found in females (8-10:1) as a 1 cm to 2 cm in diameter mass arising from a narrow stalk, pink/red in appearance.^[4] With larger sizes, the CE may interfere with feeding of the newborn, as the infant has difficulty latching.

CEs develop in utero, with the most rapid growth occurring during the third trimester of pregnancy, and cease growth after birth.^[4] Intrauterine images of the tumor can be obtained via ultrasonography (after the 25th week of intrauterine life) or magnetic

resonance (during the third trimester of pregnancy).^[6] The use of imaging helps narrow the differential diagnosis of the suspect oral masses. The sonograms can provide information as to the shape, location and number of masses, and help determine if the mass is distinct from other related oral and nearby nasal structures.

Additionally, information obtained from the MRI can help exclude other oral lesions, such as a hemangioma or teratoma. These imaging modalities also play a crucial role when deciding the method of delivery for the patient. Depending on the size, a CE can complicate normal vaginal delivery, making a cesarean section a necessary alternative.

The CE has a clinical and microscopic resemblance to the granular cell tumor (GCT) in adults, but the former has unique structural and immunohistochemical features that classify it as a separate entity. Both the CE and the GCT show large round cells, with basophilic nuclei and abundant granular cytoplasm; however, it differs in that the epithelium overlying a CE never shows pseudoepitheliomatous hyperplasia, and the tumor cells characteristically stain negative for S-100 protein with immunohistochemical analysis.^[2,11,12] In addition, the tumor cells in a CE stain negative for CD31, CD 34, CD68, laminin, NGFR/p75, inhibin-alpha, chromogranin, keratins, desmins, calponin and smooth muscle actin. This lack of positive staining further highlights the unknown lineage of the cells that comprise the CE.

Although the CE may resolve spontaneously in some cases, the treatment of choice is often prompt, conservative excision of the lesion under anesthesia. Removal of these tumors are especially indicated if the lesion interferes with respiration or swal-

lowing. If the risk of postnatal respiratory distress is high, the ex-utero intrapartum treatment procedure may be considered by the treating surgeons.^[10,13]

There are no reports of the lesion recurring following removal even in the event of incomplete excision.^[7,9] 

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Piezosurgery

A Versatile Tool in Dental Therapeutics

Divya Khanna, B.D.S., M.D.S.; Nikita Dhingra, B.D.S., M.D.S.

ABSTRACT

Dentistry has seen a lot of significant advancements over the past few decades and peizosurgery, introduced by Vercellotti, is one such novel technological innovation. It has varied applications in the field of medicine and dentistry, ranging from minor periodontal and maxillofacial surgical procedures to complex implants, bone harvesting, and plastic and reconstructive surgeries. It is based on the principle of ultrasonic transduction, obtained by piezoelectric ceramic contraction and expansion. It creates a low frequency, ultrasonic micro-vibration of 25-29 KHz, which is targeted to cut only mineralized tissue without damaging adjacent neurovascular soft tissues. Key clinical characteristics of piezosurgery include selective cutting, microprecision, maximum visibility and excellent tissue healing, which makes it a revolutionary and clinically relevant technology.

This meticulous critical literature review emphasizes the beneficial clinical and biological aspects of piezosurgery and its role in improved, minimally invasive surgical outcomes to benefit dental health in a holistic aspect.

Dental therapeutics have evolved in leaps and bounds in the last decade. A true technological revolution is the escalating role of a novel family of ultrasonic-powered piezoelectric devices in dentistry. Ultrasonic instruments have been used for many decades in periodontology to debride root surfaces and to de-granulate periodontal bone defects.^[1]

Piezosurgery is a cutting-edge technology not limited to the field of dental surgery but also used to treat complex, inter-disciplinary medical and dental problems. Piezoelectric devices find varied applications in almost all branches of dentistry, ranging from minor surgical procedures to complex implant and maxillofacial surgeries, as well as plastic and reconstructive surgeries.^[2]

Historically, the term piezo is derived from the Greek word *piezen*, which means to squeeze or press or pressure.^[3] The concept of piezoelectricity was first introduced in the late 19th century by French physicists and Nobel laureate Jean and Pierre Curie.^[4] It was Catuna in 1953 and Volkov and Shepeleva in 1974 who described the cutting of hard tissue with ultrasonic vibrations as the piezo-electric effect.^[5] Soon after that, Horton et al. described its usefulness in oral surgery procedures.^[6] In 1999, it was Tomaso Vercellotti who invented the new surgical technique and patented it as piezosurgery. The main technological advancement was the adaptation of ultrasound movement for bone cutting and its varied applications and clinical advantages in dentistry.^[7,8]

This critical literature review emphasizes the beneficial clinical and biological aspects of piezosurgery and how they outweigh the use of traditional/conventional instruments and contribute to overall improved surgical outcomes and dental health.

Principles of Piezosurgery

Pressure electrification is the basis of operation of all piezoelectric devices.^[3] When electric tension is applied across piezoelectric crystals, such as quartz, Rochelle salts and certain types of ceramics,^[1] they alternately contract and expand, thus producing ultrasonic vibrations.^[3,9] The charge that accumulates in these solid crystals in response to the mechanical stress creates piezoelectricity, which is a reversible phenomenon.^[9,10]

Even though ultrasonic waves are mechanical in nature, they can induce disorganization and fragmentation of different bodies. In dental surgery, the ultrasonic waves can allow segmentation of interface from solid to solid by means of distant vibrations and from solid to liquid by means of cavitation.^[8,10]

Power and precision are inversely proportional to each other. Thicker working tips would be required if power is increased, which, in turn, would lead to imprecise cuts, hence 5 watts of power is an ideal compromise between power and precision.^[9] The vertical vibration amplitude is adjustable in a range of 20 to 60 micrometers, and longitudinal vibration of the tip ranges from 40 to 200 micrometers.^[4,11] This allows for the constant and instantaneous adaptation of the power required, depending upon the resistance encountered by the tip.

Pressure exerted by piezosurgical instruments is also minimal in comparison to conventional microsaws and drills. Contact load of 150 grams is sufficient to produce the greatest depth cut.^[3] Ultrasonic tip vibrates at a controlled speed of 60 to 200 mm/sec, which is targeted to cut only mineralized tissue without damaging adjacent soft tissues.^[1,2,13] Frequencies above 50 kHz are only capable of cutting neurovascular tissues and other soft tissues.^[2,14]

In comparison to the macro-vibrations produced by conventional saws and drills during bone surgeries, the micro-vibrations produced by the piezosurgical instruments range from 25 to 29 kHz, modulated with a low frequency of 10-60 kHz to a highest frequency of 30 kHz, which makes a patient feel very comfortable during surgeries under local anesthesia.^[9,13]

Indications and Applications of Piezosurgery

In the field of medicine, piezosurgery is used extensively in cranial, otolaryngeal, maxillofacial, neurologic, spinal, traumatic, orthopedic and various plastic and reconstructive surgical procedures.^[3,14-19]

The dental applications and indications^[17,13,20] of piezosurgery can be categorized by different specialties.

- **Periodontics:** Piezosurgery can be used in various reconstructive, resective periodontal surgeries, crown-lengthening,

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hemisection, debridement of granulation tissue and routine scaling and root planing procedures.^[1,3,9,22]

- **Implantology:** Piezosurgery can be used in procedures such as implant site preparation, recontouring of alveolar crest and immediate implant placement after extraction.^[23,24] Special piezosurgery inserts developed for bone perforation have enabled the development of a new technique for ultrasonic implant site preparation (UISP). This greatly facilitates and simplifies the diagnosis and surgical decision-making process by exploiting differences in bone anatomy and in differential preparation of the cortical and cancellous bone. This is also known as differential implant site preparation technique (DISP).^[1,7,25,26]

Other uses include delicate and precise surgical interventions, like mental nerve and inferior alveolar nerve repositioning, alveolar ridge expansion, sinus lift augmentation procedures with atraumatic elevation of Schneiderian membrane, followed by successful grafting procedures.^[8,10,7,29]

- **Endodontics:** Retrograde endodontic surgeries, root amputation and apical resection can be done using piezosurgical techniques.^[3,7,21]
- **Orthodontics:** Some orthodontic surgical procedures, like corticotomy, osteotomy, surgical tooth exposure, orthognathic surgery and orthodontic microsurgery can be achieved efficiently with piezosurgery with minimum trauma to tissues.^[30-32]
- **Oral and Maxillofacial Surgery:** Piezosurgery can be used in minor surgeries, like dental extraction, as well as complex surgeries, like TMJ ankylosis and alveolar distraction osteogenesis.^[24,33,34] Piezosurgery is very effective in cases requiring extreme precision, like disimpaction of a tooth, enucleation of a cyst or tumor that is in close proximity to a neuro-vascular bundle, in sinus-lift procedures, jaw resection, ridge expansion or augmentation, bone harvesting, atraumatic dissection of sinus mucosa and dento-alveolar surgery.^[8,11,24,35-38]

Piezosurgical instruments are broadly classified under functional and clinical categories.^[1] The functional instrument classification includes sharp, smoothening and blunt piezosurgical instruments. Sharps include instruments used for cutting, like osteotomy and osteoplasty procedures; they are gold in color, have sharp tips and are made of nitride steel. Smoothening instruments have nitride titanium inserts, with diamond coating, with different granulometry to produce a smoothening action. They are also gold in color. The blunt or non-cutting inserts have rounded ends and are generally used to refine the cut and contact with soft tissue. They are steel-colored inserts.^[20]

Clinical Characteristics of Piezoelectric Devices

Among its many distinctive features, the key clinical characteristics of piezosurgery are selective cutting, microprecision, maximum visibility and excellent tissue healing.

Selective Cutting

Piezosurgery has extraordinary cutting properties, which is one of its main clinical advantages. The piezoelectric ultrasonic microvibrations are low frequency and selectively cut only hard tissue, sparing the soft tissues and preserving the integrity of blood vessels, neural bundles, sinus mucosa/membrane, even when they are in close proximity to the hard tissue, which may be the main operating site.^[1,7,10]

Microprecision

Piezosurgery cuts mineralized tissue with utmost precision, also known as micrometric cutting. There is minimal heat production; the process generates only microvibrations, which keeps the patient comfortable during surgeries under local anesthesia, thereby greatly improving patient compliance. The tactile sensitivity of the surgeon is also greatly improved due to minimal need for pressure application.^[3,9,13,14]

Maximum Visibility

Piezosurgery creates a blood-free surgical field, thereby providing a clear operating site with maximum visibility, hence leading to increased predictability of the procedure. This happens via the cavitation effect.

The term cavitation describes the process of vaporization, bubble formation and subsequent implosion into many fractions of its original size, which occurs due to a decrease in pressure as a result of ultrasonic vibration. When pressure increases, the voids implode and can generate an intense shockwave.^[1,35] The slight hydropneumatic pressure applied maintains bone temperature, washes away debris, regulates haemostasis and clears the field by the bursting of water bubbles. This causes erosion and cleaning of the osseous crest, hence, increasing visibility and ease of operation.^[1,22]

In addition, cavitation also illustrates an anti-bacterial property attributed to the fragmentation of the bacterial cell wall, leading to elimination of bacteria, toxins, dead cells and debris, thereby creating a clean physiological environment for healing.

Excellent Tissue Healing

The literature is replete with clinical studies invariably depicting better healing characteristics with piezosurgery. There are reports of reduced surgical stress, trauma to the tissue, reduced heat production, soft-tissue protection, reduced chances of sinus membrane perforations and damage to neurovascular tissue. Postoperative healing after piezoelectric bone surgery is characterized by minimal swelling, reduced bleeding and reduced morbidity.^[8,18,22,39]

Biological and Histological Effects of Piezoelectric Devices

Vercellotti et al., in 2001 and 2003, conducted histological and micro-topographic studies to make an immediate postoperative comparison of the bone surface where piezosurgery was used. The

cut bone surface presented with live osteocytes with no sign of cellular suffering or damage. The bone surface showed no sign of any lesion on the mineralized tissue; no pigmentation and no imperfections were noted. [8,18,40,41]

Histomorphometric study reveals that sites treated with piezosurgery have higher reported concentrations of BMP 4, cytokines and growth factors. [9,10,22]

Levels of BMP 4 were 18.5-times higher at 7 days, 15-times higher at 14 days, with increased anti-inflammatory cytokines-IL 10 and increased TGF β2. Surgical sites with conventional drills reported increased levels of proinflammatory mediators TNF α, IL 1β. [1,9,42] This can explain the faster and improved healing outcomes with piezosurgery.

Pros and Cons of Piezoelectrical Devices

Piezosurgery offers a multitude of proven advantages over traditional surgical methods. These include: precise and selective bone cutting; effective and faster healing; minimally invasive surgical intervention; reduced postoperative pain and swelling, leading to improved patient compliance; favorable osseous response; protection of vital structures, like inferior alveolar nerve, Schneiderian membrane; maintains asepsis due to sterile water usage and effect

of cavitation, leading to bacterial cell wall lysis, bloodless field and improved visibility of operating site; improved tactile sensitivity; reduced risk of surgically induced soft-tissue air emphysema; minimal noise production; reduced traumatic stress; and indicated for use in pediatric and medically compromised cases.

Limitations of piezosurgery include the substantial initial investment and the increased operating time required for bone preparation, in some cases based on the expertise of the surgeon. [1] Use of piezoelectric devices offer a plethora of benefits, but its use on patients with pacemakers is generally discouraged. Although there is no empirical evidence of the effects of currently used piezosurgery on pacemaker activity in vitro, nevertheless, its use is currently considered controversial. [9,43]

Discussion

Evidence-based decision-making, along with the latest technological advancements, such as the use of dental lasers, microsurgery, cone beam tomography and the WAND, have already made dentistry a leader in medical field technological innovation. [44] With the above inventions, we have entered a world of painless dentistry.

In recent times, even though a great deal of scientific research focuses on development of newer products for bone regeneration,

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stem cells and tissue engineering, the importance of using appropriate armamentarium for minimal surgical trauma for optimal bone healing and regeneration should be top priority and cannot be overlooked.

The predictability, grades of precision and success of any surgical treatment modality in dentistry largely depends upon the armamentarium design and technique used.^[10,36,39] The quantity and quality of hard-tissue removal greatly determines the postoperative outcome of any dental surgical intervention.^[44]

Erikson et al., in 1984, published a report stating that if temperatures greater than 47 degrees Celsius persist for one minute due to contact of rotating tools, local bone necrosis occurs as the result of injury sustained by the cells. Harder et al., in 2009, reported that critical temperature rises only when the irrigation volume is as low as 20 ml/minute.^[45] Vercellotti et al., in his 2005 research, concluded that the heat produced by piezosurgery is reduced, resulting in vital osteocytes in the cut bone areas, with no sign of cellular suffering or damage.^[22,46]

Yaman et al., in 2013, reported on a comparative animal study using piezosurgery and traditional instruments, said neo-osteogenesis was proven to be consistently more active in cases where piezoelectric instruments were used. Increased bone formation and a greater density of peri-implant osteoblasts were also reported in a histomorphometric study.^[1,10]

Landis et al., in 2008, conducted a study wherein 50 patients underwent orthognathic surgery by piezo osteotomes, while 86 control cases were subjected to conventional saws and chisels. He concluded that there was reduced blood loss, decreased inferior alveolar nerve injuries in surgeries by piezoelectric instruments and that the time utilized for surgery was comparable in both techniques.^[30]

In a series of 100 consecutive cases, Wallace et al. reported the Schneiderian membrane perforation rate in sinus lift augmentation grafting procedures was reduced to a mere 7% with piezosurgery, as compared to 30% with rotary instruments.^[36] Various studies with similar beneficial results have been reported in literature, favoring the use of piezosurgery over conventional tools.^[8,47]

There is always a learning curve and time required for any new surgical technique or device to be mastered. An important feature of the piezoelectric device is its good manageability, which makes it easy for a well-trained surgeon to create straight osteotomy cuts and limits or eliminates the need for any learning period.

Conclusion

A new appreciation for the effectiveness of piezosurgery has the potential to redefine the concept of minimally invasive surgery in the field of periodontology and oral maxillofacial surgery. Piezoelectric devices, with their inherent precision and intraoperative safety measures, seem to be a best evidence-based alternative to conventional bone surgery instruments.

Nevertheless, further research and clinically planned randomized controlled trials need to be conducted to determine the full scope of piezoelectric devices in dentistry. *///*

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Dr. Khanna



Dr. Dhingra

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Veteran John Hansen was one of 25 veterans to receive free care at St. Charles Hospital in November. Administering care were resident Travis Mackey, D.D.S., left, and hygienist James Caldrony, R.D.H.

Veterans Benefit from Free Care

THE STEPHEN B. GOLD DENTAL CLINIC at St. Charles Hospital in Port Jefferson, in what has become a tradition, hosted “Give Vets a Smile Day” on Nov. 3, an event devoted to offering veterans free dental services. The clinic credits the tireless efforts of the its coordinator, dental assistants, hygienists, residents and several local dentists who generously donated their time with its ability to treat 25 veterans and provide them with much-needed, extensive dental care.

A grant from the Mother Cabrini Foundation made it possible for St. Charles to host this event twice this year.

Dr. Zambon to Retire as Dean of UB Dental School

JOSEPH J. ZAMBON, D.D.S., PH.D., SUNY Distinguished Teaching Professor of Periodontics and Endodontics and dean of the School of Dental Medicine, announced that he will retire from UB, effective Jan. 5.

A UB faculty member since 1982 and an internationally recognized authority on periodontal pathogens, Dr. Zambon was appointed dean of the School of Dental Medicine in 2016, after serving as interim dean for one year.

He led the school in creating and implementing a new strategic plan focused on growing research capacity; providing transformative educational opportunities; improving clinic operations; recruiting excellent and diverse faculty, staff and students; and enhancing the school’s visibility. Under his leadership, the school has significantly increased federal grant proposals and expenditures. And despite increasing competition for the very best students, the school has attracted the highest number of applicants in its history.

The success has earned the School of Dental Medicine recognition as one of the nation’s top dental schools, including being ranked No. 8 in the nation and No. 9 worldwide in the highly influential 2020 Annual Ranking of World Universities.

In the coming weeks, an interim dean of the School of Dental Medicine will be named as the university plans for a national search for the next dean.

University at Buffalo School of Dental Medicine

Fri, May 13, 2022, 9am-4pm
Annual RDH Symposium (AM) **Oral Pathology/Assessment Process**
(PM) **Cultural Competence in Dentistry**, Sherri M Lukes, RDH
Tuition \$125, CE HRS: 6

Fri, June 3, 2022, 9am-4pm
John J. Cunat annual lecture
It’s Been a Long Two Years – Updates in Orthodontics
Special guest, Glenn T. Sameshima, DDS, PhD
UB Dental Alumni \$235, Nonmember Dentist \$275, Team Member \$95, CE HRS: 6

Thur-Fri, June 30-July 1, 2022, Chautauqua, NY
Sebastian G. Ciancio 42nd Chautauqua Dental Congress
Complete program to be announced.
New Schedule: CDE Lectures Thur 9am-12pm & 1-4pm, Fri 9am-12pm
Dentist \$245, Team Member \$135, CE HRS: 12

ACDE Webinar Series via Zoom (1-2 hrs / \$49-69)
Fri, Jan 14 Adhesive Materials and Techniques
Mon, Jan 24 Static Computer Assisted Implant Surgery
Sat, Jan 29 Variants of Normal Anatomy Simulating Disease
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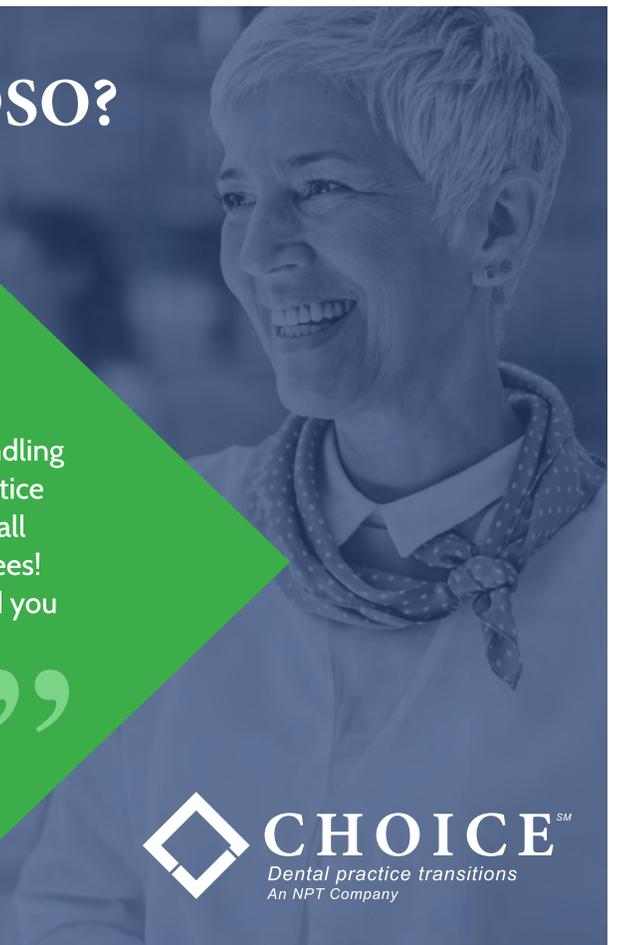
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Oral Surgeons Meet in Nashville



Officials from the New York State Society of Oral & Maxillofacial Surgeons (NYSSOMS) gather at the Annual Meeting of the American Association of Oral & Maxillofacial Surgeons (AAOMS) in Nashville, TN, this fall. They are, from left, Glen Donnarumma, Edward Miller, Timothy Fallon, Victor Nannini, Joseph Fantuzzo, David Todd and Timothy Kelling. Dr. Nannini completed his year as immediate past president of AAOMS at the meeting.



NYSSOMS Executive Director Michael Herrmann, right, with plaque awarding him Honorary Fellowship in AAOMS. He is joined by AAOMS Immediate Past President Victor Nannini.

Heartburn Drugs may have Unexpected Benefits on Periodontal Disease

THE USE OF HEARTBURN MEDICATION is associated with decreased severity of periodontal disease, according to a recent University at Buffalo study.

The research found that patients who used proton pump inhibitors (PPIs) were more likely to have smaller probing depths in the gums.

The findings, published last month in *Clinical and Experimental Dental Research*, may be linked to the side effects of PPIs, which include changes in bone metabolism and in the gut microbiome, says lead investigator Lisa M. Yerke, D.D.S., clinical assistant professor in the Department of Periodontics and Endodontics at the UB School of Dental Medicine.

"PPIs could potentially be used in combination with other periodontal treatments; however, additional studies are needed to understand the underlying mechanisms behind the role PPIs play in reducing the severity of periodontitis," Dr. Yerke says.

Additional investigators include first author and UB alumnus Bhavneet Chawla and Robert E. Cohen, D.D.S., Ph.D., professor of periodontics and endodontics in the UB School of Dental Medicine.

The study sought to determine whether a relationship exists between PPI use and periodontal disease. The researchers analyzed clinical data from more than 1,000 periodontitis patients either using or not using PPIs. Probing depths were used as an indicator of periodontitis severity.

Only 14% of teeth from patients who used PPIs had probing depths of 6 millimeters or more, compared to 24% of teeth from patients who did not use the medication. And 27% of teeth from patients using PPIs had probing depths of 5 millimeters or more, compared to 40% of teeth from non-PPI users, according to the study.

The researchers theorized that PPIs' ability to alter bone metabolism or the gut microbiome, as well as potentially impact periodontal microorganisms, may help lessen the severity of gum disease.

Additional studies are under development to determine if this relationship can be found in other populations of patients with periodontal disease, and to learn to what extent the relationship can be directly attributed to PPIs, Dr. Yerke says.

AUTHOR'S GUIDELINES

THE NEW YORK STATE DENTAL JOURNAL

AIMS AND SCOPE

The New York State Dental Journal is a peer-reviewed journal which publishes original research, scientific reviews and case reports in all areas of the oral health sciences, clinical dental practice and dental practice-related social, political, practice management, ethical and legal commentary. *The Journal* strives to be of interest to dental clinicians, educators, researchers, residents and students.

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AUTHOR'S GUIDELINES

THE NEW YORK STATE DENTAL JOURNAL

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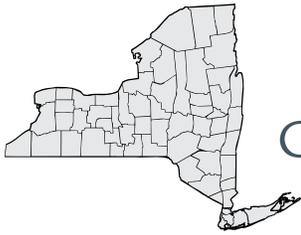
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Component NEWS

EIGHTH DISTRICT Members Get Educated

Kevin Hanley, D.D.S.

The Grapevine Banquet Center in Depew was the site of the Eighth District's all-day fall seminar. Dr. Ron Kaminer presented "A Week in the Life of a Restorative Dentist: Direct and Indirect Restorative Dentistry." Dr. Kaminer simplified every aspect of restorative dentistry, from diagnostics, to direct and indirect restorative dentistry, to communication skills and a productive hygiene department. Participants learned the essentials of a successful dental practice, essentials they were able to bring back to their practices and implement immediately. The day was informative and fun-filled, and participants earned 7 hours of MCE.

"Infection Control for the Dental Team" was the topic of discussion on Sept. 30, when the Eighth District sponsored an evening lecture at Templeton Terrace, located on the waterfront in downtown Buffalo. Dr. Terrence Thines presented the three-hour course. Participants earned 3 hours of MCE and fulfilled their four-year requirement for infection control.

The Buffalo Niagara Dental Meeting was back this year after being cancelled last year due to the pandemic. This in-person meeting took place Nov. 3-5 at the Buffalo Niagara Convention Center. Speakers from around the country discussed a myriad of topics, all related to dentistry and the dental team. On Thursday evening, Nov. 4, the Remember When party was held. The reunion dinner dance, celebrating five-year reunion classes, took place the following evening. This meeting is always a great way to get outstanding continuing education,

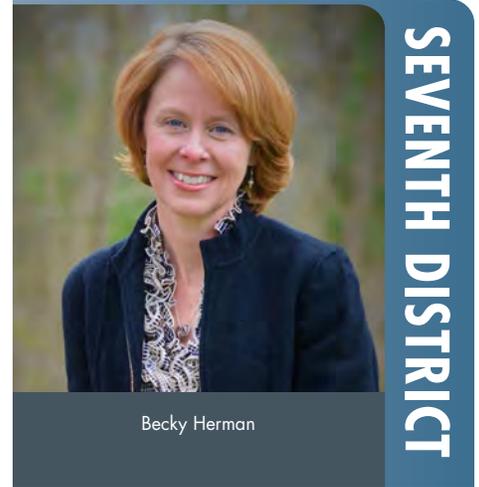
interact with exhibitors and catch up with classmates and friends.

On Nov. 12, the Eighth District presented the Rick Fink Memorial Lecture, an all-day seminar devoted to "Actions and Algorithms for Medical Emergencies: How to Save a Life (Including Your Own)." The presentation by Dr. Daniel Pompa took place at Salvatore's Italian Garden in Depew. Dr. Pompa reviewed up-to-the-minute actions for dealing with medical emergencies, while challenging preconceived or outdated ideas. Attendees learned simple, non-invasive, critical tests that can reduce overall risks. Clearly delineated indications for emergency drug use and proper dosages were discussed, as well as how to assemble and maintain an ideal emergency drug kit. Attendees earned 7 hours of MCE. This lecture is held in memory of Dr. Rick Fink, a past president of the Eighth District, who died in 2007. Dr. Fink championed continuing education in the district, knowing the importance of it in the professional development of dentists and dental personnel.

Christmas is Coming

The Eighth District is once again sponsoring a Children's Holiday Party at the Brookfield Country Club in Clarence. This year, the party will take place on Saturday, Dec. 4. It is rumored that Santa will be in attendance, with gifts for all the young partygoers.

This party is always a big hit with members and their children. It's great to have it back on the schedule after last year's scaled-down function due to the pandemic.



Becky Herman

SEVENTH DISTRICT New Executive Director at Helm

H. Bradley Davidson, D.D.S.

It is with great pleasure that we announce that Becky Herman joined the Seventh District Dental Society and Monroe County Dental Society as our new executive director on Oct. 25. She rose to the top of an extensive list of candidates and was the unanimous choice of both the search committee and the Board of Directors.

Ms. Herman is only the third permanent ED of the Seventh District in the past 50 years, so we are eager to work with her as we begin this new era. She replaces our own Dr. Andrew Vorrasi, who graciously came out of retirement to serve as interim ED while the search process was underway. Following a long, effective and certainly consequential career at the local, state and national levels, Dr. Vorrasi found yet another way to use his unique skills to the benefit of his colleagues. We will forever appreciate his dedication and his wit and wisdom.

Ms. Herman brings more than 25 years of experience in developing and implementing innovative strategies for successful recruitment, fundraising and communications programs. Nineteen of those years were in dental education and healthcare administration. Since 2015, she has served as director of recruitment and community outreach for NYU Langone Dental Medicine Postdoctoral Residency Programs. In this role, she engaged and supported lead-

Seventh District *cont.*

ership, faculty, residents and staff within more than 100 dental program/health center sites across 27 states and the Caribbean. She joined Lutheran Medical Center (now NYU Langone Dental Medicine) in 2012 as its director of alumni relations and development to establish the vision and direction of philanthropic efforts for the department.

From 2007 to 2012, Ms. Herman was director of advancement for the Eastman Institute of Oral Health at the University of Rochester. In this role she led a comprehensive capital campaign, was responsible for the organization and implementation of high-end donor recognition and stewardship events, volunteer recruitment, budget oversight and strategic planning. She has served as a Board member and president for several nonprofit and educational organizations in the Rochester area.

Ms. Herman received her Master's Degree in Education and a Certificate in Dental Education from the University of the Pacific, following completion of a dental fellowship through the Academy for Advanced Learning (AAL) and the American Dental Education Association (ADEA).

"As executive director, I aim to raise awareness and be a strong advocate to educate others about the important role of organized dentistry at the local, state and national levels. Through regular communication, events, web presence and social media activity, I want the SDDS and MCDS to be seen as key resources for the dental community," Ms. Herman said.

FIFTH DISTRICT Big News

Janice Pliszczak, D.D.S., M.S., M.B.A.

Because there hasn't been a dental hygiene school in the Fifth District in a few years, it's a pleasure to be able to announce that Mo-

hawk Valley Community College (MVCC) has agreed to pursue starting a dental hygiene program at its Rome campus. The college is hoping to enroll its first class of 30 students in the fall of 2023, pending approvals from SUNY, NYSED and CODA.

The clinic is expected to have 24 operatories, with state-of-the-art laboratories, radiology and sterilization.

Many thanks to those involved so far. We know there's a lot of work ahead.

Speed Dating

The annual Speed Dating (Networking) event took place Oct. 19 at the Brae Lock Inn in Cazenovia. There were 12 residents and 16 hiring offices participating, along with 3 vendors, who provided information on practice loans, accounting, and retirement planning. Many thanks to our New Dentist Chair James Wanamaker, and our three residency program directors—Patrick Smith, Matt Hall and Evelyn Salgado—who helped plan the event. We hope that some successful matches were made.

Continuing Education

Although we have webinars available on demand, we are excited to be offering lectures in person again. On Friday, Nov. 19, Dr. Timothy Bizga presented "The Nuts and Bolts of Implant Dentistry" at the Embassy Suites at Destiny USA in Syracuse.

The winter seminar will be held on Friday, Jan. 21, at the Embassy Suites at Destiny USA as well, and will feature Dr. Susan McMahon speaking on "A New Generation for Cosmetic Dentistry: Delivering the

Selfie Ready Smile for Teenagers and Young Adults" and "Broken Front Teeth...You Need to Fix it Now! Be Prepared for When that Phone Call Comes."

The spring seminar will be held on Friday, May 6, at the Hampton Inn in Cazenovia and will feature Dr. Todd Snyder's presentation, "The Art of Esthetics and Occlusion."

Conference Making a Comeback

We are excited for the return of the Central New York Dental Conference (CNYDC) in the fall of 2022. On Thursday, Sept. 22, Dr. Terry Thines will present the mandated infection control course and Dr. Michael Ragan will present the Fortress Risk Management Course. On Friday, Sept. 23, Dr. Gordon Christensen will present "The Christensen Bottom Line 2022," and Dr. Brian Novy will lecture on "Offensive Dentistry & Nobody Caries."

Information and registration on all courses can be found at 5dds.org.

NASSAU COUNTY Good to See Everyone Again

Fall is in full swing; the air is cooler; and the colorful foliage is falling to the ground. It's been an active season here at NCDS, with several in-person events back on the calendar for the first time in 18 months. Our Board of Directors met in person on Sept. 13, and it was a welcome sight to finally have us gathered together to discuss issues face-to-face.



On Sept. 18, we held our first-ever shredding and recycling event. Not only could members bring their old charts to be shredded, they were also able to bring their old X-ray films and electronic devices to be properly destroyed and recycled. The event was a great success, with over 5,000 pounds of electronics recycled! We thank our event sponsors, MLMIC and Garfield Refining, for helping us provide this service to our members free-of-charge.

Then, on Oct. 4, we had our General Membership Meeting in-person at the Jericho Terrace in Mineola. We were concerned about how well-attended it would be, but it was a great success, with over 150 attendees and 13 sponsors. Our members enjoyed a nice dinner, interacted with our many sponsors, and heard a lecture, delivered by Dr. Donald Tanenbaum, on “Orofacial Pain and TMD Insights.” The evening was capped off with a raffle drawing for several prizes.

Our next General Membership Meeting took place on Nov. 8 and included an “Oral Pathology Update,” by Dr. Steven Roth.

Also in November, our women’s dental conference, “Scrubs and Stilettos,” which we co-host with the Suffolk County Dental Society, was in-person and at a new venue, The Heritage Club at the Bethpage Golf Course. Dr. Kathy Hung was our keynote speaker, and we honored Dr. Deborah Weisfuse for her many accomplishments. The event included breakfast, raffles and 12 different roundtable topics for attendees to choose from.

Please visit our website, www.nassaudental.org, to view the many course offerings. For the near future, all courses are being offered as virtual only. This was partially planned due to the uncertainty of COVID but, mainly, because our headquarters is scheduled to undergo a complete renovation. We will be reconfiguring the entire floor plan to allow for expansion of our meeting room by almost 50 percent, so that when courses are given in person, more members will be able to attend.

Gala to Honor Two Presidents

And, finally, SAVE THE DATE! Jan. 22 is our President’s Installation Gala at the Crest Hollow Country Club in Woodbury. This year, we are honoring our incoming president, Dr. Joseph Brofsky, as well as



Lending a hand at September recycling event are, from left, Scott Tredwell, Joseph Brofsky, Kathy Leibowitz, Steve Akseizer, Charlie Hanna, Grace Korpi-Hanna.



General Membership Meeting attendees hear from lecturer Dr. Donald Tanenbaum.



President Howard Baylarian welcomes General Membership Meeting sponsors Attorney Alan Stein and Linda Zalkin, Henry Schein Practice Transitions.

Nassau County *cont.*

our 2021 president, Dr. Howard Baylarian, since his installation was held virtually due to COVID. Please check your email and our website for more information.



Happy golfers include, from left, Tony Makrides, Jason Geise, Dr. Al Granger, Dr. Peter Pruden.



Members, significant others, family gather at Jason's Vineyard to honor NCDS's 2021 officers.

SUFFOLK COUNTY Golf Outing

Steven Feigelson, D.D.S.

SCDS's 21st annual golf outing on Sept. 24 was a happy event. The society thanks all of the outing's sponsors: Heartland Dental, Straumann, MLMIC, Henry Schein, Neodent, Premier Endodontics, Joseph Schwan, Fuoco Group, Dr. Peter Pruden, Dr. Steven Blonder, Dr. Zack Faber and Stony Brook Hilton Garden Inn.

A huge thank you also to the volunteers who worked the event and to the SCDS Golf Committee, without whose efforts such an undertaking would not be possible.

And congratulations to our "A" flight winning foursome, with a score of 12 under par; our "B" flight winners at 6 under par; and our "C" flight winners at 1 under par. There were impressive wins also in the categories of longest drives ladies and men, as well as closest to the pin and in the putting competition. Lots of other prizes were given out.



NYSDA Caucus members at ADA House meeting in Las Vegas are, from left, SCDS Executive Director Bill Panzarino, Trustee Guenter Jonke, ADA First Vice President Maria Maranga, Ivan Vazquez, SCDS President Patricia Hanlon, NYSDA President Kevin Henner, ADA Trustee Paul Leary, Craig Smith, Martin Domingar, Trustee Paul Markowitz. Absent from photo is Claudia Mahon-Vazquez

Officers' Celebration

SCDS gathered Sept. 26 at Jason's Vineyard to celebrate its 2021 officers. About 45 people were in attendance and enjoyed wood-fired brick oven pizza, wine, beer, beverages and desserts.

Live CE is Back

On Sept. 29, we welcomed Dr. Anne Koch to resume our live seminar series. It was a great success. Her presentation was followed on Nov. 3 by one given by Dr. Howard Glazer. We are closing out this year's program on Dec. 1 with a presentation by Dr. Adamo Notarantonio.

ADA House of Delegates/ SmileCon

SCDS was well represented at a very productive House of Delegates meeting in Las Vegas in October, which this year included SmileCon 2021. At that meeting, Dr. Maria Maranga was installed as ADA 1st Vice President and Dr. Paul Leary announced he was a candidate for ADA President-Elect. NYSDA President Kevin Henner presided over the NYSDA Caucus.

Don't Miss a Thing

Like/follow us on social media, as we continue to make a significant effort to better communicate and connect with our members in methods that more easily integrate with their lifestyle. You can find us on Facebook, Twitter, Instagram, LinkedIn and, even, Spotify, in addition to our traditional www.SuffolkDental.Org presence.

FOURTH DISTRICT New Dentists Go Live

Rachel Hargaves, D.D.S.

The Fourth District held its first live new dentist meeting of 2021 Sept. 16 at the Active Ingredient Brewery in Malta. It was a perfect late summer evening for the gathering, which attracted 31 dentists intent on catching up on the past year and a half.

The program included the introduction of new dentist specialists in the area, with each of them answering a question about his or her specialty. There were several dentists in attendance who were brand new



Fourth District was well-represented at ADA House meeting in Las Vegas by, from left, Robert Berls, Fred Wetzel, Wayne Harrison, Loren Baim, Adrienne Kofkosz, NYSDA President-Elect James Galati.

to the district and the meeting provided a great chance for the more seasoned new dentists to get to the know the new arrivals. The event was generously sponsored by MLMIC, financial consultant Jose Segura, and accounting firm Sinopoli & Sinopoli.

It was such a nice opportunity to reconnect with colleagues that many stayed past the event to continue chatting. The Fourth District looks forward to having another live event in early spring.

SECOND DISTRICT GNYDM is Back to Form

Alyson Buchalter, D.M.D.

The Greater New York Dental Meeting is BACK! Last year, COVID-19 disrupted many of our normal routines. This included the 2020 GNYDM, which was forced to go virtual. It was as successful as a virtual experience could be, but it did not come close to replicating the fun and camaraderie we have grown to love and expect at our live GNYDM.

For that reason and many others, the Second District Dental Society, along with our NYCDS partners, is very excited to host the 97th annual Greater New York Dental Meeting live at the Jacob Javits Center in New York City, Nov. 26-Dec. 1. It will feature over 200 in-person CE courses, including over 50 hands-on workshops.

As meeting-goers have come to expect, a varied and extensive education program is being offered. Starting with the Friday morning esthetics program and continuing

through an exciting Wednesday afternoon curriculum, attendees will be able to choose from among a large number of presentations by world-renown clinicians. And, as in the past, a variety of specialty meetings is planned, including the World Implant Expo, Global Orthodontic Conference, Pediatric Dentistry Summit and Woman Dentist Leadership Conference. These should prove to be of interest to specialists and general practitioners alike.

As is customary, registration is free, along with entry to the exhibit floor and many education opportunities. To ensure a safe and fun experience, everyone attending the meeting must be fully vaccinated, and masks will be required. COVID-related



Well-wishers join Executive Director Bernard Hackett, second from left, as he celebrates 40 years of service. They are, from left, Gabriel Ariola, Dianne Gounardes, Sari Rosenwein.

Second District *cont.*

restrictions may be updated as dictated by New York State and New York City.

SDDS Salutes its Executive Director

In other, but no less exciting news, the SDDS proudly congratulates our very own executive director, Bernard Hackett, who is celebrating his 40th anniversary guiding our component. To say the SDDS is lucky to have his advice and direction is an understatement. Thank you, Bernie, for all you do for the SDDS.

NINTH DISTRICT Online Education Still being Offered

Olga Lombo-Sguerra, D.D.S.

Nearing the end of another year and still navigating this pandemic, we have learned to be open and flexible. We recently converted our fall CE courses to webinars to accommodate continuing hesitancy about in-person events. CPR courses, offered through the American Heart Association, also have an online education module, followed by the hands-on-skills-assessment portion in-person at 9th District headquarters.

Venturing Out for General Meetings

We were excited to host to our second in-person General Meeting on Nov. 17 at the Westchester Country Club in Rye. Following up on the success of our September General Meeting, which was held at the Crowne Plaza Hotel in Suffern, we experienced an even larger showing to close out this year's general membership meetings. Dr. A. Ross Kerr presented "Oral Sexually Transmitted Diseases and Oral Cancer."



Among members attending September General Meeting are Michael Korzen and Gina Prokosch-Cook.



Seen at September General Meeting. Standing, from left, President Roberto Rodriguez, President-Elect Stephen Ossien. Seated, from left, Program Chair Bharat Joshi, lecturer Paul Zhivago, Secretary-Treasurer Duraid Sahawneh.

Attendees received 7 MCE credits, while catching up with friends, colleagues and our supportive vendors.

One On, One Off

With the expectation that COVID numbers will continue to decline, reducing in-person hesitancy, we are planning a student event at Touro on Dec. 9. We will partner with Head Start programs in the district to provide much needed oral healthcare to underserved communities. But we have postponed our annual Frills and Drills

event until April 6. These two events grow each year and showcase the support our members provide each other and the community at large.

As always, keep an eye on your inbox for the latest information on upcoming events and webinars, or check out the 9th District website for more details and/or to register for courses.

Read All About It

Our digital November Bulletin is now available and, as always, contains relevant information for our members. We are grateful to our contributors, advertisers and sponsors for their continuing support and welcome any comments and ideas for upcoming issues.

We encourage members to reach out to headquarters with any questions or concerns that arise. We're here for you.

NEW YORK COUNTY Exploring the World of DSOs

Mina C. Kim, D.D.S.

Spurred on by the rise of dental service organizations (DSOs), NYCDS created a task force to explore the DSO model and to provide accurate and relevant information to members. Special thanks to the task force members for the time and energy they devoted to this project. They are: Board member Robert Sorin, who served as chair; President Lois Jackson; Past President



"DSOs: Facts Not Fiction" part 1 panelists are, clockwise from lower left: Moderator Joseph McManus, senior associate dean of admissions, Columbia University College of Dental Medicine, associate professor of dental medicine at CUIMC, Section of Growth and Development, Division of Pediatric Dentistry; David Goodman, managing partner, L.B. Goodman & CO.; Mark Epstein, president, Epstein Practice Brokerage; Bill Barrett, CEO, Mandelbaum Salsburg, P.C.; Chelsea Fosse, senior health policy analyst, ADA Health Policy Institute.

James Jacobs; Joseph McManus, Columbia University College of Dental Medicine; and Chelsea Fosse, ADA Health Policy Institute.

After two years of research and planning, the task force developed a two-part series, "DSOs: Facts Not Fiction," to provide insight into the world of DSOs from a variety of perspectives. The first program on Oct. 6 had a panel of professionals explore DSOs from the viewpoint of potential employees, practice owners seeking to sell to a DSO and the current marketplace. In the second program, on Oct. 20, several DSO executives shared information about their particular DSO, and attendees were able to directly connect with them.

September General Membership Meeting

NYCDS was honored to have 2020-21 ADA President Daniel J. Klemmedson, D.D.S., M.D., address its members on Sept. 13. Dr. Klemmedson focused on the most pressing issue at this time for dentists nationally, that is, a proposal to expand Medicare to include dental benefits. He shared some of the legislative details and explained that the ADA is seeking adoption of a plan that would allow dental providers to provide high-quality care yet sustain their ability to provide that care.

We were also pleased to have New York State Sen. Andrew Gounardes take time from his schedule to share his thoughts on the current environment in Albany. Sen. Gounardes is the sponsor of legislation clarifying the scope of practice of dentistry. The bill is intended to remove unnecessarily confusing language and to simplify the basic definition of dental practice in the same way it is simplified for medical and veterinary practices.

The evening's educational program on risk management and dental ethics was led by NYSDA President Kevin Henner. Dr. Henner was chair of the Suffolk County Ethics Committee, the NYSDA Council on Ethics and the ADA Council on Ethics, By-laws and Judicial Affairs. He is also an ethics and risk management instructor and lecturer at Stony Brook University School of Dental Medicine.

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New York County *cont.*

November General Membership Meeting

NYSDA President-Elect James Galati, D.D.S., provided the opening remarks at the Nov. 1 General Membership Meeting. Several individuals were honored at the meeting. James Hudson, D.M.D., received the Mark Mintzer Award for Service in honor of his humanitarian work establishing World of Smiles, a nonprofit dental clinic in the Dominican Republic and for educational opportunities that benefitted NYCDS members and the New York City community. And certificates of recognition were given to Howard Lieb, D.M.D., for his support of organized dentistry and many years of volunteer work with the Greater New York Dental Meeting, and to Maxine Feinberg, D.D.S., in recognition of her support and encouragement of women in dentistry.

The featured honoree was Donald R. Tanenbaum, D.D.S., M.P.H., recipient of the 2021 Henry Spindel Award, which recognizes individual(s) or an organization that have made significant contributions to the advancement of dentistry. Dr. Tanenbaum received the award for pioneering research and extensive teaching in the fields of TMJ, pain management and airway health. His lecture that evening was entitled “Orofacial Pain and TMD Insights: Strategies to Help Patients Feel Better, and Understanding Why at Times We Fail.”

The slate of officers to serve in 2022 along with President Ioanna Mentzelopoulou, D.D.S., was approved. It includes: President-Elect Mina Kim, D.D.S.; Vice President Suchie Chawla, D.D.S., M.D.; Secretary Vera Tang, D.D.S.; and Treasurer Andrew Deutch, D.D.S.

Be Sure to Attend the GNYDM

Dentists, lecturers and exhibitors are eager to meet again in-person at the Greater New York Dental Meeting, the largest dental meeting in the U.S., taking place at the Jacob Javits Center in New York City Nov. 26-Dec. 1. Don't miss out on the many seminars, hands-on workshops, essay and scientific poster sessions planned, featuring hundreds of the world's most respected educators. As an added bonus, there are more than six hours of free continuing education offered daily.

As in past years, there will be a hall full of exhibitors ready to demonstrate their latest products and services. The 2021 GNYDM is a fully vaccinated event—proof of vaccination is required. Visit www.gnydm.com to learn more and to register to attend—for free!

Continuing Education

NYCDS will continue to offer virtual continuing education, with daytime and evening webinars to fit your schedule. Webinars are presented without charge for ADA members. In-person meetings are scheduled for 2022.

NYCDS is pleased to partner with Henry Schein Dental to present the eight-part “Road to Recovery” practice management series. Many practices still may not be performing the way they were pre-pandemic. This important webinar series is designed to help dentists flourish once again. Each webinar can stand on its own; the series will be presented through February 2022.

The ACD Mentoring Lecture Program sponsored by NYCDS returned in September with another series of webinars on diverse topics for residents and new dentists. Upcoming webinars include “The Diagnosis and Treatment of Fractured Teeth” and “Management of Apprehensive Dental Patients.” The ACD Mentoring Lecture Program has gained local recognition, with Metropolitan New York hospitals helping dental residents satisfy their ADA CODA requirements for ethics and practice management.

Visit www.nycdentalsociety.org for the latest courses and registration information.



ADA President Daniel J. Klemmedson.



Donald R. Tanenbaum, Henry Spindel Awardee.



NEW YORK COUNTY

James Hudson, Mark Mintzer Award Recipient.

Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn three (3) home study credits, approved by the New York State Dental Foundation, by properly answering 30 True or False questions, all of which are based on articles that appear in this issue.

The quiz can be completed only online. Readers can access it, make payment and submit by logging on [here](#).

All those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for CE members.

Quiz questions are provided here for you to preview. For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Foundation, visit www.nysdentalfoundation.org/course-catalog.html/

Two-phase Treatment with a Growth Regulator and Clear Aligner Therapy of a Class II Adolescent Patient—

Page 14-20

1. One of the purposes of this paper is to assess the efficacy of clear aligner therapy for the treatment of children and adolescents.
 T or F
2. The number of teenage patients being treated orthodontically has been decreasing.
 T or F
3. The orthodontic treatment of a growing patient has challenges, such as erupting permanent teeth.
 T or F



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Read, Learn and Earn

continued

4. The clinical patient was treated with two-phase management, which included Invisalign Teen and a growth regulator.
 T or F
5. The clinical patient possessed a Class III skeletal malocclusion.
 T or F
6. Patient treatment was initiated with delivery of the high-pull headgear.
 T or F
7. Treatment results produced canines and molars that finished in Class I relationships, bilaterally.
 T or F
8. The correction of deep overbite is not considered a limitation of clear aligner therapy.
 T or F
9. Adequate eruption compensation for permanent teeth is a significant component in the application of clear aligner therapy for growing patients.
 T or F
10. The clinicians advise that patients in late mixed dentition have their deciduous teeth extracted prior to intraoral scanning.
 T or F

Congenital Epulis—Page 22-24

1. The congenital epulis (CE) is a malignant lesion.
 T or F
2. CEs have a strong predilection for females.
 T or F
3. CEs may sometimes spontaneously regress.
 T or F
4. The histogenesis of a CE is confirmed to originate from muscle cells only.
 T or F
5. CEs mainly involve the mandible.
 T or F
6. Microscopically, a CE generally resembles a granular cell tumor.
 T or F
7. If not treated, a CE may interfere with feeding of newborns.
 T or F
8. A CE may complicate a normal vaginal delivery.
 T or F
9. The treatment of choice of a CE should be prompt, with conservative excision of the lesion under anesthesia.
 T or F
10. There are many reports of a CE recurring following removal.
 T or F

Piezosurgery—Page 26-31

1. Piezosurgery is based on the principle of ultrasonic transduction obtained by piezoelectric ceramic contraction and expansion.
 T or F
2. Piezosurgery uses high-frequency, ultrasonic micro-vibrations to cut only mineralized tissue.
 T or F
3. Piezosurgery usually produces excellent tissue healing.
 T or F
4. Piezosurgery is also used in plastic and reconstructive surgery.
 T or F
5. Pressure electrification is the basis of operation of all piezoelectric devices.
 T or F
6. Ultrasonic waves are mechanical in nature.
 T or F
7. Pressure exerted by piezosurgical instruments is greater in comparison to conventional microsaws and drills.
 T or F
8. Piezosurgery is very effective in cases requiring extreme precision.
 T or F
9. Postoperative healing after piezoelectric bone surgery is characterized by minimal swelling.
 T or F
10. The author recommends further research and controlled studies to determine the full scope of piezoelectric devices in dentistry.
 T or F

FOR SALE

SUFFOLK COUNTY: North Shore. Four-op, 1,200-square-foot general practice in desirable location. Mostly PPO. 1,500 active patients; referring out most specialist procedures. Easy Dental software. Contact: Scott Firestone at (516) 459-9258; or email: scott.firestone@henryschein.com.

WHITE PLAINS: Practice for sale in prime location in central White Plains professional building. Long-established general practice with great reputation. PPO/FFS. Spacious office, approximately 1,500 square feet, with four ops, large waiting room, supply/sterilization room, large lab, break room, private office with private bathroom. Updated, modern equipment and all new IT. Periodontist places implants and will stay with new owner. Eight years remaining on lease. Rent includes utilities. Free parking on premises. Tenant dentist will remain or vacate to suit your needs. Present owner works 2-3 days/week and retiring. Great opportunity for growth. Very reasonably priced. Contact: pfar9466@gmail.com; or email: (914) 391-8075.

WESTCHESTER COUNTY: Mount Kisco. 1,000-square-foot dental office in great central location across from hospital. 3 ops; PPO/FFS. Gross reflects general, cosmetic and restorative procedures. Endo, perio and oral surgery referred out. Practice open 2 days/week. Please email if interested: mleone-reneeds@hotmail.com.

ELMIRA: Live and work in bucolic setting. No more time wasted commuting. Practice and office building for sale. Six ops in well-established, successful FFS general practice. Retiring after 40 years. For details, contact seller by email: ajs101@gmail.com.

ROCHESTER: Established general practice for sale. Interested buyers can either purchase patient list or patient list with building and equipment. Located on main street with off-street parking. Equipped with 3 ops, workroom, waiting room and office. Fully computerized, with Easy Dental. Second half of building is tenant rental. Can be redesigned as needed. Seller will remain for smooth transition. Contact: btd99@aol.com.

CENTRAL NEW YORK: New to market. Well-established implant-centric practice just outside downtown in one of region's most desirable communities. Gorgeous freestanding building; real estate also for sale. Current doctor interested in buy-out or partnership. 3 fully equipped operatories. Collections nearly \$900K, and seller's discretionary earnings are \$330K. 2,350 active patients and 10 new patients/month. To learn more about this longstanding prosthodontic practice, including exact location, please contact Sam Schoenecker with Professional Transition Strategies by email: sam@professionaltransition.com; or phone: (719) 694-8320. We look forward to speaking with you.

BRONX: Newly renovated, 31-year-old practice. Running well; owner retiring. Three ops, digital X-rays, lab, sterilization room, nitrous oxide. Very good

Online Rates for 60-day posting of 150 words or less: Members: \$100—can include photo/image online. Non-Members: \$150 + \$40 fee for online photo. Corporate/Business Ads: \$200 + \$40 fee for photo/image/logo. Classifieds will also appear in print during months when Journal is mailed: Jan, March, April, July and Sept.

setup; must see. No Medicaid, no HMO, no DMO. Only good insurance and private pay. Call for details (718) 862-9232.

CENTRAL PARK SOUTH: Oral Surgery practice for sale. Transition to ownership of premier Oral Surgery practice. 4 operatories with windows facing Central Park. Prime, exclusive medical condominium building on Central Park South. Established dentoalveolar surgery practice since 2001 with large patient database, complete medical equipment and website. Long-term lease of professional space of approximately 900 square feet included. Current oral surgeon retiring. Office-based practice includes dentoalveolar surgery, bone grafting, ridge augmentation, sinus floor augmentation, dental implants, wisdom teeth and IV general anesthesia. Pristine office in prime location. Tremendous growth potential. Please inquire by email: nycentralparksouth@gmail.com.

BROOME COUNTY: Busy, well-established practice with very limited competition in area available for immediate purchase. Six well-equipped operatories, digital X-ray, pan, updated computer system and excellent staff. Easy transition to new owner. Gross revenue \$600K on 4-day work week. Practice alone appraised at \$411K. Real estate available. No reasonable offer refused. Contact cncnl@aol.com; or text: (607) 768-3810.

BUFFALO: Periodontal practice. Ownership opportunity. If you've been searching for ideal partnership opportunity in Western NY, look no further. Busy periodontal practice has two locations with over 2,100 active patients. With 40-50 new patients per month, you'll be busy from day one. Current doctors seek 50/50 partner or to hire an associate to help with increase in patient load. Nine operatories across both locations and collections of \$2.25M. Adjusted EBITDA \$480K with seller's discretionary earnings of \$980K. To learn more about this busy perio practice, please contact Sam Schoenecker with Professional Transition Strategies by email: sam@professionaltransition.com; or phone: (719) 694-8320.

SYRACUSE: Long-established general practice for sale. Modern facility with 5 ops, digital radiography, Panorex and Picasso laser. Profitable, with room for growth. Easy access along well-traveled route. Seller will retire after short transition period. Please contact Dave Kasper by email: dave@jimkasper.com; or call (603) 381-4392.

SYRACUSE: Very nice 4-op dental practice for sale by owner. Newly renovated; equipment older but kept in great condition. Ideal for satellite or first office. Practice was 2-3/day office: Tues, Wed and Thurs. Currently open just Thursday and booked out 2-3 months. Great production and collections. Seller will stay as long as needed for surgical procedures, i.e., implants, oral surgery and perio surgery. Contact: syrdenaire@gmail.com; or text to: (607) 752-4376.

QUEENS: Douglaston/Little Neck area general dental practice for sale. 3 ops, FFS/PPO. \$2,100/month rent with very favorable lease available. Doctor retiring. Referring out all specialties. Average gross past 3 years \$275K on 2 days/week. Contact: es101sm118@gmail.com.

FINGER LAKES REGION: Dental practice with three locations across region for sale. Practice sees great number of patients with little competition. Current doctor also interested in bringing on associate and exploring path to partnership. Either route would be considered, as seller would like to continue to practice long term. Each location approximately an hour apart, located in free-standing or office buildings. Real estate for two locations for sale. Each location has at least four operatories, while one practice has 7 ops, for total of 15 plumbed operatories. Collections of \$1.4M & EBITDA \$140K. To learn more, contact Sam Schoenecker with Professional Transition Strategies by email: Sam@professionaltransition.com; or give us a call: (719) 694-8320. We look forward to speaking with you!

GREATER ALBANY AREA: Established practice growing for past 40 years with only 1 doctor. Very efficiently run and highly profitable with \$1.4M revenue with extremely low overhead of less than 40%. Four fully equipped ops, loyal customer base and highly experienced staff. Office manager has been part of practice for over 35 years. Solely focused on PPO/FFS with no Medicaid. High potential for growth as doctor works only 4 days/week with no marketing. Contact for details: albpracticeforsale@gmail.com.

ROCHESTER: New to market. Incredibly well-established periodontal practice for sale. Current doctor has practiced in community and cared for patients for 40 years. Ready to retire. Open to staying on and mentoring incoming dentist if desired. Pristine new office with 4 operatories and brand new equipment replaced within last two years. Enjoy benefits of new practice with added bonus of existing patient base. Collections of \$865K and SDE of \$250K. 1,000 active patients. To learn more, please contact Sam Schoenecker with Professional Transition Strategies by email: sam@professionaltransition.com; or call (719) 694-8320. We look forward to speaking with you! <https://professionaltransition.com/properties-list/greater-rochester-ny-periodontal-practice-for-sale/>

INDEX TO ADVERTISERS

Accounting for Dentistry	13 & 27
Alan Stein, Esq	11
Choice Transitions.....	33
DDS Match.....	4
DentsEerv	21
Epstein Practice Brokers	31
First Republic	Cover III
iCore Connect.....	24
Jacobson Goldberg & Kulb	11
Leary Campaign.....	9
MLMIC.....	Cover IV
NSS.....	29
NYSDA Renewal.....	5
NYSSOMS.....	25
The Smilist.....	Cover II
UB Continuing Education.....	32

WEST ESSEX, NJ: Well-established general practice for sale in desirable West Essex, NJ. Current doctor practiced in community for 35 years and seeks transition that leads to retirement. Four operatories, with significant expansion opportunity into adjacent space of retail condo. Collections \$880K and EBTIDA (TTM) \$270K. Retail condo real estate for sale. 100% FFS practice. To learn more about this gorgeous and longstanding practice, please contact Sam Schoenecker with Professional Transition Strategies: sam@professionaltransition.com; or give us a call: (719) 694-8320. We look forward to speaking with you.

BRONX: Great family neighborhood in highly desirable area. Strong PPO/FFS private practice, features 3 ops in 900-square-foot condo. Real estate also available. Seller refers Endo, Pedo, Oral Surgery, Perio and implant placement. Room to grow adding days and procedures. Strong hygiene program. Contact Henry Schein Professional Practice Transition Sales Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY1874.

WATERTOWN: Class act office in best location near Fort Drum off main highway with high visibility in active small strip mall. Doctor moving out of state. Gross revenue \$445K working 3.5 days. Three ops, Eaglesoft, Planmeca digital pan, all A-Dec chairs and cabinetry, including sterilization center. Only 9 years old. Contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2484.

CICERO: Well-established general practice in community's fastest growing suburb. Located in busy plaza with 1,460 square feet. Walking distance to area's largest high school creating potential for significant growth. Four ADec ops, sterilization center, new digital pan, Dentrix software and Dexis sensors. Doctor refers out most specialty procedures. Healthy new patient flow and patient base; accepting mix of insurances plus FFS. Gross just under \$700K. Contact Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY1677.

WATERTOWN AREA: General practice with \$500K revenue. Digital, walk-in ready with nice equipment, located in standalone building which is for sale with two (2) apartments with private entry. Contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY1421.

WOLCOTT: Great rural lifestyle with fully modernized, up-to-date, high-tech general practice. Revenue \$850K on 3 days/week. One hour from Rochester and Syracuse. Standalone converted 2,500-square-foot residence has real estate for sale. Two full-time hygienists, four ops, mostly all ADec, new Sirona CBCT, Eaglesoft, Schick sensors, CEREC scanner and milling machine. 50% FFS and 50% indemnity plans with, 8-10 new patients/month. Consideration for associate with

buy-in agreement. Contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call: (315) 430-0643. #NY2692.

NASSAU COUNTY: North Shore. Well-established practice in desirable community with 4 ops, digital X-ray and Easy Dental in 1,200 square feet. Open 39 hours/week; referring out most specialty procedures. 85% PPO and 15% FFS. Well-trained, experienced staff of 6 available for transition. Fourteen new patients/month with no outside marketing and 1,800 loyal patients. Nice post-COVID production rebound. Seller will remain available for smooth transition. Contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY1854.

DUTCHESS COUNTY: Well-established GP in desirable growth community. Established 47 years, practice has loyal patient base and located in professional building with ample free parking and main street visibility. 1,000-square-foot office. Seller owns real estate and willing to continue long-term lease. Four treatment rooms, digital X-ray, intraoral cameras, laser unit and Eaglesoft. Most specialty procedures referred. \$613K revenue can quickly grow by adding days and procedures. Contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2390.

LIVERPOOL: North Syracuse. Six ops with Pelton Crane and X-ray room with pan, Dexis and ScanX. Insurance practice. Professional building with parking; working 4 days/week. Contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY250.

KINGSTON: Biological/holistic, high-producing FFS practice that is mercury safe. About 2 hours from NYC and minutes from Woodstock. Revenue of \$1.5M. Five ops; standalone building also for sale. Great systems keep A/R low; open 5 days/week. Equipment 6 years old, includes Ozone generators, IQ air operatory filtration, Dentrix and Dexis. Paperless office. 1,600 patients. Perio associate one day/week. Doctor will stay if needed. 15 new patients/month, dedicated staff. Contact Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: Donna.bambrick@henryschein.com. #NY2560.

GATEWAY TO FINGER LAKES: The world has changed. Why not practice safely in Chemung County with low COVID-19 profile. We test all dental patients at nearby hospital before procedures. Longstanding; original owner; three years average collection — \$255K. Open 4 mornings/week and 10 months/year. Excellent growth potential. 4 ops, low overhead and cost of living. Area is gateway to Finger Lakes region, only five hours from New York City; great family living, hunting, fishing, hiking and skiing. For details contact Donna Bambrick by phone: (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY220.

WEST ISLIP: Rare opportunity to purchase well-established general practice in highly desirable area of Suffolk County. Freestanding, home-style office on town's main street, very close to major hospital and medical offices. Equipped with five treatment rooms and one additional plumbed, along with intraoral camera and digital X-rays. Seller willing to sell real estate. Averages 36 hours/week and utilizes fee-for-service and insurance plans. Specialties referred out. Contact Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2483.

AUBURN: Productive, growing practice in quaint CNY community. Outright sale or available for Associate leading to buy in. Located in village proper with \$700K revenue. Dental office occupies 3,200 square feet of 5,530 square feet with four ops and one plumbed, not equipped. Large patient base and referring out many specialty procedures. Real estate also for sale with rental apartment that brings additional revenue. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2624.

BRONX: 7-year new facility with 1,400 square feet of office space and 4 fully equipped operatories. Turnkey; ground-floor. Completely digital and constructed in accordance with newest technologies. Starting January 2020, office open 5 days/week with steady flow of new and existing patients. Closed March through May 2020 due to pandemic but recovered beautifully. Rent very reasonable for area at \$2,025/month. 3 digital Gendex X-ray machines and digital Vatech panorex. Contact Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2678.

MADISON COUNTY: Absolutely stunning general practice with modern six-operator practice; plumbed for future 7th op. Gross revenue ranges from \$1.2 to \$1.5M for last 3 years. Equipped with 3D pan, nitrous oxide, lasers, intraoral cameras, computers and smart TVs in each op. Reception has movie theater room and video game room for entertainment. 90% fee-for-service. Located on high-visibility main street, across from busy shopping plaza. Located in highly desirable lake community that boasts fishing, swimming, boating and sailing. Winter ski hill also operates in quaint town. School system top rated in state. Practice situated in 3,500-square-foot freestanding building with large parking lot and available for purchase or lease. Truly rare, one-of-a-kind opportunity. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2711.

ADIRONDACKS: Experience beauty of the outdoors. Busy general practice with 6 ops. Productive, strong practice and most procedures kept in-house. Dentrrix, Pan and new digital scanner. Building also for sale. For

details contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2640.

CAPITAL DISTRICT: Growing community close to downtown Albany, on bus line, near major highways leading to NYC. Modern-feel office with four ops, Dentrrix Ascend, Dexis, Pan, Diode laser and more. Two full-time hygienists, along with valued team working 4-day workweek, with systems in place and excellent collection policies. No HMOs or State insurance. Excellent opportunity for any dental entrepreneur. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com or call: (315) 430-0643. #NY2712.

SOUTHERN OSWEGO: Excellent GP opportunity. for sale or associate buy in. Growing community 15 minutes north of Syracuse. Minutes from main highway. 4 fully equipped, up-to-date ops; new cabinetry, and countertops. All equipment under 10 years old. Paperless, with Dentrrix, Dexis, Digital Pan, intraoral cameras and CariVu. Open 3.5 days/week with 5 days of hygiene. 3-year average revenue \$833K. Great staff will be staying. Standalone building with rental apartments also offered for sale or lease. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643 or email: donna.bambrick@henryschein.com. #NY1541.

NEW HARTFORD: Turnkey, attractive general practice in growing community of New Hartford. 4 ops plus 1 additional. Open 4 days/week, with one FT hygienist. Eaglesoft, laser, Cerec, and digital pan. On main bus route; high-traffic road with corner lot. 1,800-square-foot building also for sale. Room to expand. FFS; no state insurance. Patient base of 1,100 and revenue of \$620K. Doctor will remain for 3 years if needed. For details contact Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1950.

NASSAU COUNTY: 5 ops in newly remodeled 1,600-square-foot suite in busy downtown area of diverse, urban community. Dentrrix, digital X-rays and Intraoral camera. 50 new patients/month and open 35 hours/week. PPO, Medicaid and some FFS and HMO. Specialties referred out. For details contact Henry Schein Professional Practice Transition Sales Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2598.

BETWEEN UTICA AND SYRACUSE: Well-established GP transitioning to retirement. 5-op productive practice with current average revenues of \$750K. 60% FFS on 4-day workweek. Real estate for sale. 4,000 square feet in standalone building. Refers out all endo & ortho. Trios 3 color scanner, Amann Girrbach CAD/CAM unit, laser, cone beam and Open Dental management software. Great staff, with full-time hygienist. Located in stable community. For details contact Transition Sales Consultant

Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2755.

GENESE COUNTY: Well-established, profitable GP in medical campus near stores and restaurants. 6 ops; digital; ADec, Cerec, sensors, laser, IO cameras and 3D Imaging. Paperless, with updated computers. Very strong FFS patient base with new patient flow. Real estate for sale or lease. Turnkey practice positioned for growth. For details contact Brian Whalen by email: brian.whelen@henryschein.com; or call: (800) 262-4119 x13. #NY2762.

GARDEN CITY: Beautiful 4-op, 1,799-square-foot practice. located in large, multi-tenant professional building. Over 45 years of goodwill, with top-end equipment, Dentrrix Software, digital X-ray and Pan. Active patient count 2,800; working 25 hours/week. Room for growth as most specialties referred out. 2019 gross = \$374K. 35% FFS and 65% insurance-based practice. Take over long-established practice with huge growth potential. For details contact Henry Schein Professional Practice Transition Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2772.

NASSAU COUNTY: General practice for sale. 1,100-square-foot freestanding, bright office features three (3) fully equipped and updated treatment rooms and one plumbed room for additional expansion. Digital X-Ray, intraoral cameras, panoramic X-ray, and Carestream Software, with workstations throughout practice. Plans feature 75% PPO, along with FFS. Real estate sold with practice. For details contact Henry Schein Professional Practice Transition Sales Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2780.

SYRACUSE: Medicaid general practice with three-year average revenue of \$770K and growing. 4 ops with room to expand. Located in standalone building with bus stop outside and plenty of parking. Totally digital, Dentrrix, Dexis. Great patient base with high new patient count/month. Refers out major procedures and implants. The standalone building for sale or lease. Great opportunity. For details contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2800.

UTICA SUBURB: 5 ops, designer ADec cabinetry and equipment. Carestream sensors, intraoral cameras, digital Carestream scanner, Nomad handheld X-ray unit; Isolite units built into delivery systems. Strong hygiene program with trained, committed staff. Main street location, walkable to restaurants, surrounded by businesses. Real estate for sale at reasonable price. Four-day workweek. Highly productive; no insurance participation but assists patients with reimbursement. For details contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2810.

NASSAU COUNTY: Well-established GP office for sale in desirable area. Large, 1,630-square-foot space with 3 ops and 1 additional plumbed with cabinets. Seller retiring but will do an introduction transition for determined time frame to be discussed. PPO/FFS practice for past 30 years. Most difficult specialty treatment referred out so growth opportunity is huge. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2848.

BROOKLYN: 2-operator general practice in Mill Basin. Very busy practice. All new computers utilizing Dentrix software. Loyal staff will stay on with new owner. PPO practice. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2903.

STATEN ISLAND: Wonderful family practice in well-designed, 2-op office with 3rd op plumbed. Digital X-rays, intraoral camera and Dentrix. Beautiful 3,700-square-foot property for sale with a two-story 1,800-square-foot office and patient-friendly, open-air area. High visibility neighborhood with easy access off main highway. Mix of FFS/PPO with gross of \$287K on 28 hours/week. Great potential for more days with additional procedures kept in-house. Contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY311.

NORTHERN NASSAU COUNTY: Long-established GP practice in most desirable neighborhood of North Shore. Fully computerized office, including Cone Beam and 4 modern operatories. Over 1,100 active patients; combination of FFS and better PPO. Gross revenues consistently over \$1 million on 3.5-day workweek. All specialty work referred out. Over \$250K in hygiene revenue with 8 hygiene days per week. Will not be on market for long. Contact ira@paragon.us.com; or call (516) 318-3900 for information. Listing Code: NYANIRHE.

NORTHEAST QUEENS: Long-established GP practice located in finest area of Queens on main avenue with street visibility. Consistent revenues of over \$750K. Over 1,700 active patients (mostly PPO). No capitation, no Medicaid. Fully computerized office, digital X-ray system, 4 modern operatories. Long-time staff willing to stay on to assist with transfer of patient pool. Real estate available in addition to practice. Please contact ira@paragon.us.com; or call (516) 318-9000 for more information. Listing code: NYONIRWO.

CAYUGA COUNTY: Long-established FFS general practice with revenues close to \$900K on 3.5-day workweek. Over 1,200 active patients and close to 20 new patients/month. No Medicaid, capitation or PPO plans. Modern office fully computerized, including Conebeam, CEREC. Doctor willing to stay on for extended term to ensure transfer of patient population. Live in beautiful Finger Lake region and earn an exceptional living. Please contact ira@paragon.us.com; or call (516) 318-3900 for more information. Listing Code: NYCKIRKA.

NORTHEAST QUEENS: Long-established general practice. Three-year average revenue of \$470K. Fully computerized office, including digital X-rays. Close to 700 active patients; mostly better PPO's with 16 new patients/month. Great potential in stable neighborhood with street visibility. Please contact ira@paragon.us.com; or call (516) 318.3900 for more information. Listing Code: NYTZIRHE.

FOR RENT

GRAND CENTRAL AREA: Madison Avenue. Dental ops for rent. State-of-the-art office with FFS practice has 1-2 operatories available full time or part time. Private office is option. Perfect for someone who needs to move their practice and wants to feel at home. Looking for GP or endodontist with good references. Please call (914) 806-1122; or email: lsarettdds@aol.com.

SCARSDALE: Eastchester. Office for rent 1-5 days/week. 2 operatories plus 1 unfurnished. Conventional-style office with low rent. Negotiable. Call (914) 777-8218; email: shunzo3@live.com.

MANHATTAN: Murray Hill. Space available in established, friendly dental practice off Park Avenue. One op with shared reception area, WiFi and utilities. First floor of luxury doorman building in desirable location at 35 East 35th Street. Call (212) 532-0690; or email: parkavedentistry@gmail.com.

MIDTOWN MANHATTAN: Beautiful, new, large-windowed dental operatories for rent. Pelton Crane equipment, massage chairs, private office and front desk space. Doorman; warm environment. Best location — 46th Street and Madison Avenue. Please call (212) 371-1999; or email: karenijt@aol.com.

WHITE PLAINS: Modern, state-of-the-art operatories available in large office with reception. Available FT/PT; turnkey. Rent includes digital radiology with Panorex, equipment, Nitrous, all disposables. Start-up or phase down. Need a satellite or more space? Upgrade or downsize. Please call (914) 290-6545; or email: broadwayda@gmail.com.

MIDTOWN MANHATTAN: Facing Central Park South. Fully digital dental office including i-Cat for lease. Great opportunity to be on your own. State-of-the-art décor, newly renovated, modern office and equipment, handicap access. Near all public transportation. Available immediately, full time or part time. To schedule appointment, please email: perioimplantbythepark@gmail.com; or call: (917) 679-6013.

WHITE PLAINS: Dental operatory for rent in modern and beautiful 4-chair office with Pan and cephalometric units. Free parking in center of White Plains. Very accessible to public transportation (Metro North and buses). Open to rental by specialist or GP. Rent negotiable. Email inquiries to: 21eh1997@gmail.com.

BRONX: Co-op City. Beautiful, running dental office for rent. Two fully equipped ops, digital X-ray, computer, labs and sterilization room. Option to purchase. Call (718) 862-9232.

BROOKLYN: Sheepshead Bay/Avenue V. Modern dental office for rent. Approximately 1,800 square feet of prime storefront location. Large reception/front desk area; 5 plumbed operatories; private doctor's office; large staff lounge and laboratory space. Can be expanded to 3,600 square feet. Long lease with comfortable terms available. Call landlord directly at (516) 593-0962; or email: fordcoyle@optonline.net.

SERVICES

TAXES: Your office, business or personal. Specialty dentists. Personable CPA. Call Stuart A. Sinclair, CPA, at (516) 935-2086. Visit our website: www.dentaxsolutions.com. Offices located at 1120 Old Country Rd., Plainview, NY 11803.

DENTAL LEGAL SERVICES: Whether it be a dentist purchasing or selling dental practice, buying, selling, or leasing office space, employment matters, partnership agreements or litigation, the Law Office of Alan C. Stein, PC, will zealously advocate for your rights. With over 25 years of legal experience in dental transactions, the Law Office of Alan C. Stein can handle the most complex of dental transactions to the most basic. "I'm not just married to a dentist. . . . I live dentistry!" Zoom and in-person appointments available. Offices in Woodbury & Southampton, NY. Call the most trusted law firm for dentists today for your free consultation: (516) 932-1800 Find us online at: www.dentalattorney.net.

OPPORTUNITIES AVAILABLE

WHITE PLAINS: Well-established, busy and growing practice in White Plains is looking for enthusiastic, skilled and experienced general dentist with excellent communication skills and affable personality to join our dental team with potential for partnership. Senior dentist retiring and we are acquiring his patients. One to two days to start. Candidate must be proficient in comprehensive treatment planning, operative dentistry, endodontics and routine crown & bridge dentistry and implant restorations. Inquiries to: 21eh1997@gmail.com.

SYRACUSE: Well-established practice seeks associate. Nine-chair practice with four hygienists and 5,000 active patients. Plenty of dentistry available. To discuss the opportunity, please call or email Dr. Teluk at (847) 650-4177; or email: telukdds@hotmail.com.

FINGER LAKES REGION: Dental practice with three locations across region. Practice sees great number of patients with little competition. Current doctor interested in bringing on associate and exploring path to partnership. Either route would be considered, as seller would like to continue practicing long term. Each location approximately an hour apart, located in freestanding or office buildings. Real estate for two locations for sale. Each location has at least four operatories, while one practice has 7 ops, for total of 15 plumbed operatories. Collections of \$1.4M & EBITDA \$140K. To learn more, contact Sam Schoenecker with Professional Transition Strategies by email: Sam@professionaltransition.com; or give us a call: (719) 694.8320. We look forward to speaking with you!

ORLEANS COUNTY: Silsby Dental is extraordinary, comprehensive and growing general dentistry practice in search of associate to join our team. Looking for team member to provide the highest level of quality dentistry to each of our valued patients. Ideal candidate is highly motivated, shares our values for quality care, engages in honest dialogue with our patients, is committed to continued education and embraces our friendly, team-oriented atmosphere. Our office has fully remodeled operatories and state-of-the-art technology,

including CBCT, fully digital imaging and scheduling, online patient tools and more. At Silsby Dental, you would start off as associate, with partnership opportunity, as you grow within practice. Please reply with resume and cover letter via email to Heidi Silsby at: silsbyfamilydental@gmail.com.

ROCKEFELLER CENTER: Three-operator FFS general/periodio/prostho practice in prestigious Rockefeller Center. On 18th floor, with unobstructed views of skating rink and Christmas tree. 630 Fifth Avenue is center of New York City and known throughout world. Long-established office with loyal patient base and constant stream of new patients due to five-star web presence. Seeking experienced Associate dentist who will join very special practice and assume ownership and care of patients after short introductory period. Owner leaving New York and motivated to transition practice to right individual. General office could also easily transition to specialty office for perio/prostho or implant dentistry. Modern and fully digital office with ADEc chairs, digital X-ray, piezosurgery, implant surgery, Nd:YAG laser and paperless front desk. Favorable long-term lease. Seller highly motivated. For details, please contact: spe3@mac.com.

BUFFALO: Periodontal practice. Ownership opportunity. If you've been searching for ideal partnership opportunity in Western NY, look no further. Busy periodontal practice has two locations with over 2,100 active patients. With 40-50 new patients per month, you'll be busy from day one. Current doctors seek 50/50 partner or to hire an associate to help with increase in patient load. Nine operatories across both locations and collections of \$2.25M. Adjusted EBITDA \$480K, with seller's discretionary earnings of \$980K. To learn more about this busy perio practice, please contact Sam Schoenecker with Professional Transition Strategies by email: sam@professionaltransition.com; or phone: (719) 694-8320.

AUBURN: Productive growing practice in quaint CNY community. Outright sale or available for Associate leading to buy in. Located in village proper with \$700K revenue. Dental office occupies 3,200 square feet of 5,530 square feet, with four ops and one plumbed, not equipped. Large patient base and referring out many specialty procedures. Real estate also for sale with rental apartment that brings additional revenue. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2624.

The New York State Dental Foundation

Improving the Oral Health of all New Yorkers

Ways to Give

Online : www.nysdentalfoundation.org

Phone: Please contact Rebecca at (800) 255-2100

Mail: Mail checks to Development, NYSDF, 20 Corporate Woods Blvd., Suite 602, Albany, NY 12211

Planned Giving: Your broker can assist you in making a long-term impact on oral health and outreach;

see <http://nysdf.mylegacygift.org/>



Once Upon a Time in Brooklyn



Before being elected New York City Mayor, Eric Adams was Brooklyn Borough President. And it was in that capacity, in June 2016, that he addressed the NYSDA House of Delegates, meeting at the Brooklyn Marriott, and presented outgoing President David Miller with a citation.

Pictured with Adams following his address are, from left: Andrew Gounardes, former counsel to Adams, now NYS Senator; Speaker of the House Steven Gounardes; Mr. Adams; Dr. Miller; incoming President Richard Andolina; Immediate Past President John Liang; President-Elect Lawrence Busino; Secretary-Treasurer Mark Weinberger; Executive Director Mark Feldman.

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