

## President's Message

Greetings! I would like to extend a warm welcome to those of you who are new to the Pinellas County Dental Association and a welcome back to all of those returning this year. I hope that each of you enjoyed a summer filled with relaxation, new experiences, family and friends. I would like to thank everyone who attended the officer installation party on August 25th at Nova 535. I think we all had a mesmerizing time.

I would first like to thank Dr. Sandy Worman for all her hard work and effort as president this past year. She did an incredible job juggling each day to day issue that arose. I can only hope that I will be able to fill her shoes. As for those continuing to serve on the PCDA executive board, I know that for you, it is an "add on" to the many other things that you do, including your career, your family, other volunteer opportunities and your social life. I appreciate that you are willing to serve and know that I value your time and your input.

As a note of housekeeping, at the November joint meeting, due to a conflict in schedule, Nancy Cavey will not be speaking on disability insurance but rather Dr. Ross Enfinger will be speaking to us on CEREC Technologies.

As you all know, it takes many hands and minds to support and promote the programs and activities of the Pinellas County Dental association. Working together, we can truly make a difference for dentistry and in the lives of our patients. You might ask how you can help.

- 1) Attend the PCDA monthly meetings. This is a great way to meet new people and to find out how to participate and volunteer in PCDA activities and events.
- 2) Stay informed. The PCDA monthly newsletter gives valuable insight into the goings on at the local, state and national levels.
- 3) Support and participate. There are a variety of events scheduled through the PCDA. As all participation is optional, we encourage you to support those which makes you most comfortable. Some upcoming events include Dentists' Day on the Hill (Feb). The Florida MOM's event hosted by the WCDDA (March 9-10), and Give Kids a Smile. Your involvement in the PCDA will benefit everyone, but the greatest reward is seeing the smile on the face of those you are helping. Please join us in making this a successful year!

I look forward to seeing everyone at our first meeting at the Club at TI on Wednesday, October 4th. Once again, welcome back. I'm excited to see what we will accomplish together this year.

Regards,  
 Rita Hurst-PCDA President

Pinellas County Dental Association



**Dr. Rita Hurst**

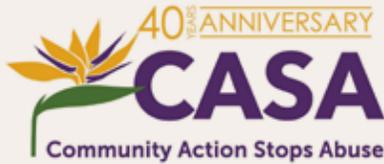


- I. Rita Hurst, DMD**  
 President and Delegate
- Jeff Scott, DMD**  
 President-Elect and Alternate Delegate
- Gabriele Spinuso, DDS**  
 Vice President, Council Chair-At-Large  
 & Alternate Delegate
- Kristie Johnson, DMD**  
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 Alternate Delegate
- Brent Mayer, DMD**  
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 Alternate Delegate
- Kenneth W. Grundset, DDS**  
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- Gregory G. Langston, DMD**  
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- Amy F. Anderson, DMD**  
 Delegate
- Sandra A. Worman, DDS**  
 Immediate Past President and Delegate

## PCDA Central Office

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[www.smilepinellas.com](http://www.smilepinellas.com)  
[smilepinellas@gmail.com](mailto:smilepinellas@gmail.com)  
 P: (727) 342-0374  
 F: (727) 342-6842

# October Meeting



**Date:** Wednesday, October 4, 2017  
**Time:** Social at 6:00pm/Business at 7:00pm  
**Location:** The Club at TI  
400 Treasure Island Causeway Blvd,  
Treasure Island  
**Speaker:** Lola Blevins from CASA, Domestic Violence  
(required for licensure renewal)  
Team members may attend for \$45pp.  
**RSVP:** By September 27th.  
Send RSVPs and dietary requests/restrictions to  
[smilepinellas@gmail.com](mailto:smilepinellas@gmail.com) or (727) 342-0374.

For over 35 years, Lola Blevins has worked with at risk families, both nationally and internationally, as a program developer, speaker and trainer. While working in New York City, Lola trained volunteers from all over the world in how to provide urban outreach services. She worked extensively with single mothers and their children, developing after school enrichment programs and women's support groups. She is the author of the book *Mighty Woman of God*, a faith based self-help book focusing on restoration and recovery. Lola developed a 2-day workshop based on the book which she conducted in women's prisons throughout the United States. She also used the book as the foundation for a very successful self-sufficiency program for single mothers, *Project Hope*. Working with an orphanage in Central Mexico, Lola built a community center that enabled women in the surrounding villages to access medical and educational services. As a Certified Domestic Violence Advocate, Lola is responsible for supervising, staffing and training CASA's (Community Action Stops Abuse) Outreach Department. As the Lead Outreach Advocate, she is in charge of community trainings and presentations as well as providing ongoing case management, advocacy, crisis intervention, information and referrals to survivors of domestic violence and their children.

# Mark Your Calendar 2017-2018

## October 4, 2017

**Lola Blevins from CASA, Domestic Violence**  
(required for licensure renewal)  
*Team members are invited!*  
The Club at TI, 400 Treasure Island Causeway,  
Treasure Island, FL 33706

## November 8, 2017

**Dr. Ross Effinger, Dentistry's Digital Revolution**  
**Joint Meeting with the Upper Pinellas County Dental Association**  
Belleair Country Club, 1 Country Club Lane,  
Belleair, FL 33756

## November 16, 2017

**Dentists & Diamonds**  
Diamonds Direct, 117 2nd Avenue North, St. Petersburg, FL 33701

## December 6, 2017

**Dr. William Robinson, Medical Errors**  
(required for licensure renewal)  
*Team members are invited!*  
The Club at TI, 400 Treasure Island Causeway,  
Treasure Island, FL 33706

## January 10, 2018

**Mariel Kagan, HIPAA Compliance**  
*Team members are invited!*  
The Club at TI, 400 Treasure Island Causeway,  
Treasure Island, FL 33706

## March 7, 2018

**Dr. Annelise Driscoll, Avoiding Embezzlement**  
The Club at TI, 400 Treasure Island Causeway,  
Treasure Island, FL 33706

## April 4, 2018

**Vendor Fair**, Sponsored in part by Henry Schein  
*Team members are invited!*  
The Club at TI, 400 Treasure Island Causeway,  
Treasure Island, FL 33706

[View the online PCDA Master Calendar](#)

## Other Important Dates

**America's Dental Meeting**  
October 20-24, 2017  
Atlanta, GA

**WCDDA's Top Golf Event**  
October 26, 2017  
Top Golf, Tampa

**WCDDA's Annual Meeting**  
February 2, 2018  
CAMLs, Tampa

**Dentists' Day on the Hill**  
February 5-6, 2018  
Tallahassee, FL

**FDA Mission of Mercy -  
FLAMOM**  
March 9-10, 2018  
Ft. Myers, Florida

**WCDDA's President's Trip**  
April 21, 2018  
Scotland

**WCDDA's Summer Meeting**  
July 20-22, 2018  
JW Marriott, Marco Island





### Dental Benefit Videos Available

Have you wondered about the clauses in network dental plan contracts such as “most favored nations” and “hold harmless agreements”? Have you ever had a claim bundled or downcoded? To learn about these topics and a whole lot more, check out the dental benefit video series on [www.Success.ADA.org](http://www.Success.ADA.org). These informative videos are designed to address common issues dental offices experience with third party payers. For individual assistance with a third party issue, please contact staff in the Center for Dental Benefits, Coding and Quality at 800-621-8099 or by email at [dentalbenefits@ada.org](mailto:dentalbenefits@ada.org). Visit, <http://success.ada.org/en/dental-benefits/dental-benefitvideos?source=morninghuddle>.

**MEMBERS ONLY!**  
**TOP 5**  
**LEGAL RESOURCES**

- DIRECTOR OF THIRD PARTY PAYER & PROFESSIONAL AFFAIRS**  
LOOKING FOR HELP in the complex arena of managed care? Contact Casey Stoutamire, Director of Third-party Payers and Professional Affairs: 800.877.9922; 850.681.3629; [cstoutamire@floridadental.org](mailto:cstoutamire@floridadental.org)
- YOU WANT ME TO SIGN WHAT?**  
A Florida Dentist's Handbook on Managed-care Contracts is a comprehensive reference.
- HIPAA & FLORIDA PRIVACY LAW**  
FDA members have a comprehensive collection of FREE forms that comply with federal and Florida law.
- FDA LEGAL FAQs**  
The FDA website houses the answers prepared by the FDA's experienced legal counsel.
- ADA CONTRACT ANALYSIS SERVICE**  
This service is available at no cost to FDA members. Simply call the FDA for this free service.

Find FDA legal resources online at: [www.floridadental.org/member-center/member-resources/legal-resources](http://www.floridadental.org/member-center/member-resources/legal-resources).

### What is a Dental Therapist and Why Florida?

A dental therapist is a mid-level provider that is being promoted as a way to increase access to dental care. It also is being advertised as a means for dentists to “generate higher revenue” by paying dental therapists lower salaries and delegating routine procedures. The FDA is not supportive of creating a new licensed provider — dental therapists — in Florida. What is the rationale for adding another layer of bureaucracy to a health care system that is already costly due to multiple layers of rules and regulations that ultimately impede access to care? There are groups outside of Florida and individuals who have announced that they are building coalition groups, hiring public relation firms and consultants to bring dental therapists to Florida. This is alarming. Resources by these groups that could be used to help promote initiatives that are proven effective in Florida, will instead be used to force a model that is not supported by organized dentistry. Why has Florida become the target to add dental therapists? Does Florida have a shortage of dentists? No, Florida does not have a shortage of dentists. The Department of Health (DOH) includes a dental workforce survey that is completed by dentists during licensure renewal that clearly shows that Florida does not have a shortage, but instead has a maldistribution of dentists around the state. So, why not support an initiative to help incentivize dentists to go to these underserved areas? Good question. The FDA supports creating a dental student loan repayment program that will incentivize dentists to practice full-time as Medicaid providers in underserved areas and in return get assistance in repaying their student loan. These are trained individuals who will be skilled in assessing the comprehensive health care of their patients, not just trained to do a few procedures — which would include performing tooth extractions. Please be on the lookout for additional information as it becomes available. If you would like to share your thoughts about dental therapists, please send your comments to [gao@floridadental.org](mailto:gao@floridadental.org).

### Invite a Colleague!

Have you met a new dentist in the area? Invite them to our upcoming meeting on October 4, 2017 at the Club at TI. Potential members will have a great time and quickly learn the benefits of strong organized dentistry! It is important to keep our voices strong and loud so that our politicians have our best interests at heart.

### Become a Member

Please contact Kelsey at [smilepinellas@gmail.com](mailto:smilepinellas@gmail.com) or PCDA Membership Chairman, **Dr. Mike Insoft** at [minsoft@tampabay.rr.com](mailto:minsoft@tampabay.rr.com) for more information about attending a meeting or becoming a member. Membership applications may also be located online at [www.smilepinellas.org](http://www.smilepinellas.org).



### Dues are Past Due

PCDA membership dues are past due, if you have not renewed or have a question pertaining to your membership call PCDA at (727) 342-0374 or email: [smilepinellas@gmail.com](mailto:smilepinellas@gmail.com).

# Endodontic Diagnosis and Access, the Two Keys to Predictable Endodontics



Dr. Brent Mayer

Endodontic diagnosis and access are arguably the two most important steps in the endodontic care of your patients. Without proper diagnosis, patients may be exposed to improper treatment and poor medication management. Access is also extremely important because almost every possible negative outcome is directly related to poor or improper access. These outcomes include missed canals, perforations, broken files and inability to navigate the canal to its terminus. Managing our patients with proper diagnosis and effective endodontic access will help improve the endodontic outcome and provide a better endodontic experience for both the dentist and patient.

Endodontic diagnosis includes a pulpal and peri-apical component. Pulpal diagnosis uses subjective findings, objective findings and radiographic evaluation to arrive at one of seven possible diagnoses. Pulp vitality is checked with endo ice or electronic pulp tester. I complete my endo ice test with a medium sized cotton pellet held by cotton pliers. I place the endo ice-soaked cotton pellet on the tooth for up to 3 seconds. I begin with a “normal” tooth and then test the tooth in question. I am checking for both intensity and duration, comparing between the two teeth. Endo ice is usually more accurate than EPT. I use the EPT to help determine vitality in severely calcified cases and in some trauma cases. Severely calcified cases may be vital and not respond to cold. Endo ice test should only be completed on the tooth in question following a baseline reading from a “normal” tooth, one which lacks large restorations and is about the same size. This is important as every patient has a personal definition of mild, moderate or severe. Getting that baseline reading will also help determine if the response on the tooth in question lingers or is more severe. I use the AAE consensus diagnostic terminology for pulpal status.

- **Normal pulp** is symptom free and normally responsive to pulp testing.
- **Reversible pulpitis** is inflammation which is expected to return to normal.

- **Symptomatic irreversible pulpitis** is a vital, inflamed pulp which is incapable of healing, lingering thermal pain, spontaneous pain or referred pain.
- **Asymptomatic irreversible pulpitis** is a vital, inflamed pulp which is incapable of healing, no clinical symptoms but inflammation produced by caries, caries excavation or trauma.
- **Pulpal necrosis** is death of the dental pulp, usually non-responsive to pulp testing.
- **Previously treated** tooth has had previous endodontic treatment and canals were previously obturated with various materials other than intracanal medicaments.
- **Previously initiated therapy**, tooth has been previously treated by partial endodontic therapy (pulpotomy, pulpectomy)

The peri-apical diagnosis is also gathered from subjective findings, objective findings and radiographic evaluation. The percussion and palpation tests are completed on “normal” and then the offending tooth just like the endo ice test. Percussion test is completed with the back of the mirror handle. It should be directed along the long axis of the tooth. On a normal tooth the percussion test should be uncomfortable but not painful. Palpation test is accomplished by simply placing finger pressure at the apex. A normal site is checked first and then the site in question. Again, for a normal tooth it may be uncomfortable but not painful.

Radiographic examination starts with an acceptable x-ray. I usually grab a paralleling technique XCP peri-apical film to inspect the crown of the tooth. If I can see at least 2mm around the apex of solid bone, no additional x-rays are needed. If the tooth is long, I may take an additional film to see surrounding apical tissues. Radiographs help determine a condensing osteitis, a true peri-apical lesion in a necrotic case, or a widened periodontal ligament space may be seen in early stages of pulpitis. I also use radiographs to see check adjacent teeth for potential problems as referred pain in endodontics is common. The AAE consensus diagnostic terminology for the peri-apex is below.

*continued on next page*

## Worthy Websites

[www.smilepinellas.com](http://www.smilepinellas.com)

[www.keppinellasfluoridated.org](http://www.keppinellasfluoridated.org)

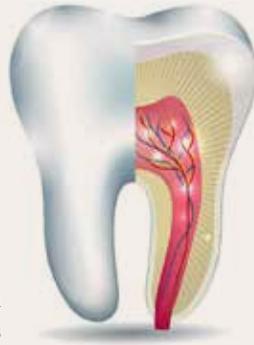
[www.wcdental.org](http://www.wcdental.org)

[www.floridadental.org](http://www.floridadental.org)

[www.ada.org](http://www.ada.org)

[www.floridasdentistry.gov](http://www.floridasdentistry.gov)

- **Normal apical tissue** are not sensitive to percussion or palpation. Lamina dura is intact and the periodontal ligament space is uniform.
- **Symptomatic apical periodontitis** is inflammation of the apical periodontium, producing symptoms including a painful response to biting, percussion and / or palpation. It might or might not be associated with an apical radiolucent area.
- **Asymptomatic apical periodontitis** is inflammation and destruction of the apical periodontium that is of pulpal origin, appears as a radiolucent area, and does not produce clinical symptoms.
- **Acute apical abscess** is an inflammatory reaction to pulpal infection and necrosis characterized by rapid onset, spontaneous pain, tenderness of the tooth to pressure, pus formation, and swelling of the associated tissues.
- **Chronic apical abscess** is an inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort, and intermittent discharge of pus through an associated sinus tract.
- **Condensing osteitis** is a diffuse radiopaque lesion representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at the apex of a tooth.



of the tooth. The goal is straight line access, where the orifices are located in the corners of the axial walls. The corners then guide the files to the orifice, without undue stress. Following access, files should be easily introduced into canals at the line angles without stress to allow for apex location and cleaning and shaping of the root canal system. Loops or a microscope are recommended during access to aid in canal location.

Missed canals are too common in endodontics. This leads to emergency dental visits and unnecessary retreatments. The most missed canals are an MB2 on an upper molar and a second distal canal in a lower molar. Prevent missed canals by utilizing magnification and illumination.

Many file separations are a result of inadequate access. If the broken file is short, anatomy is to blame. If the piece is long, it was inadequate access which caused excessive forces on the file. To prevent file separation, achieve straight-line access, get accurate working lengths and create a glide path with handfiles. Perforations occur from poor depth control or becoming disoriented during access. To prevent perforation, study x-rays for depths and stay centered in the tooth. The “drop” into the chamber may not be felt if the chamber is smaller than the bur.

Navigation to the canal terminus is easier once you have established straight-line access. Despite popular belief, calcifications occur at the orifice level, not near the apex. Do not force the file, take files to where they want to go first. Open the orifice and then get your working length. The main reason your file won't go to length is a constriction at the orifice. Anatomy at the apex is best handled with small handfiles. You must open the orifice first and then use small handfiles to create your glide path.

The goal is predictable endodontic outcomes. I hope this article will help you with your patients. By locating all of the canals and by cleaning all of the canals to length, you will greatly increase the prognosis of you cases. By selecting appropriate medications, you can reduce healing time and get your patients smiling again!

Brent Mayer, DMD, MS

**Direct all classified and ad inquiries to:**

PCDA/Kelsey Bulnes, CMP:  
smilepinellas@gmail.com or  
(727) 342-0374



Pain in dentistry comes from two processes, inflammation or infection. Vital teeth will not have an active endodontic infection so high doses of an anti-inflammatory is recommended for 2-3 days. I prefer ibuprofen 800mg every 6 hours as needed. Instruct them to take it 30 minutes before meal time with yogurt to protect the stomach. Note: antibiotics are not indicated for vital teeth. Necrotic teeth or previously treated teeth may become infected. Use of antibiotics and anti-inflammatories are recommended for infected teeth. Penicillin VK 500mg x 28, 1 cap q 6 h till gone is the drug of choice. Clindamycin 150mg x 21, 1 cap po q 8 h till gone for penicillin allergy. Appropriate medication selection will reduce recovery time and improve symptoms associated with endodontic treatment.

Endodontic access is a short but important procedure designed to locate the canals in the tooth. The pulp chamber is located at the level of the CEJ in the center of the tooth. Examine the pre-op x-ray, noting depth of the pulp chamber on the radiograph and angulation

# PCDA Bylaws Revision Notice

The following changes will be voted on at the October 4th meeting at the Club at TI.

## CHAPTER IV. EXECUTIVE CABINET

### *Section 1. Composition*

The Executive Cabinet shall consist of the President, President-Elect, Vice President, **Secretary**, Executive Secretary, Executive Treasurer, and the immediate Past President of the Pinellas County Dental Association and **one two** members at large.

## CHAPTER V. OFFICERS

### *Section 1. Elective Officers*

#### A. Composition

The Elective Officers of the Pinellas County Dental Association shall be the President, President-Elect, Vice-President, **Executive Secretary**, Executive Treasurer, the immediate Past President and **one two** members at large.

#### E. Election

1. The President-Elect, Vice-President, Secretary, Treasurer and **one two** members at large shall be elected by the general membership at the December meeting.

#### 3. **Executive Secretary**

The **Executive Secretary**, or designated person, shall record business conducted by the Executive Council and general membership of the PCDA. The **Executive Secretary** shall cause the membership to be notified of time and place of Executive Council and Association meetings. He/She shall keep up to date copies of the PCDA charter and bylaws showing any and all amendments.



*By a two-thirds (2/3) affirmative vote of the members present and voting at any session of the general membership, provided the proposed alterations, amendments or revisions are sent in writing to the Executive Cabinet of the Pinellas County Dental Association, postmarked at least thirty (30) days in advance of that session.*