The Practicing Academic

The Department of Periodontics and Allied Dental Programs (DPADP)

The Fall Issue October 2010

Chairman's Corner:

I would like to use my space in this issue to highlight the formation of the IUSD- Periodontics Alumni Association. The IUSD Alumni Association Board of Directors enthusiastically passed the motion for the approval of an IU Periodontic Alumni Association recently. So we are now official. This is a significant step forward for our Department and our Specialty, with regards to IU Periodontics. Scott Reef and Joanne Gaydos have taken the lead in this regard in working with Karen Jones, Senior Director, IUPUI Office of Alumni Relations and Pam Lovejoy in our Development Office to make this happen. This allows our alumni to connect with each other and with the Department at many different levels. The annual meeting is usually a venue where we have many of our alumni in the same place at the same time. So organizing the alumni get together at these events is important. The invitation that you will have received for our first reception as part of the official alumni association in Hawaii, is also attached separately with this message. ***This reception is scheduled on November 1st at Sea Pearl III, Hilton Hawaiian Village, 2005 Kalia Road, Honolulu, Hawaii***. Our Suggested Donation for this event is $50 Per Person.

I would like to emphasize that we are seeking and requesting your full participation with your alumni association. ***The three major goals of your association are***:

1. **To raise funds- I would like to set a preliminary goal of $100,000, to be able to pay for our residents to attend the annual meeting**
2. **To organize the annual 'IU Periodontics Alumni Association Meeting at IUSD'**
3. **Develop a fund that enables the Full Faculty in the Periodontics Division to attend one Continuing Education Program a year.**

Your participation with your alumni association will determine its success.

On September 9th, we held our Annual Department Workshop. I compiled a Department Report for 2009-2010 with the help of the Division Directors. I am attaching the report with this newsletter separately. The report has made clear that the Department is an active and vibrant place with our faculty, residents and staff actively involved with being innovative and very productive. I would urge our alumni to read the report and become more familiar with all the activities going on in the Department.

Dr. Michael Kowolik, Dr. David Burr (Chairman, Dept of Anatomy and Cell Biology, IU School of Medicine) and I went to Japan for a whirlwind trip to make a presentation to the Japan Implant Practice Society (JIPS) in Tokyo. Travelling over 15,000 miles and making our presentation in the course of 4 days was quite an experience. We hope to establish a long term relationship with the JIPS and IUSD.

Mr. Tsunakawa, Dr. Yoshiki Oshida, Dr. Michael Kowolik, Dr. David Burr and Dr. Vanchit John

This issue of our newsletter is titled the "The Fall Issue". We have articles from Dr. Dan Shin, and Professor. Lorie Coan. In addition, I have copied an article from the 'IUSD Coming Up' Newsletter that featured Dr. Steven Blanchard's experiences on 9/11. I know you will enjoy reading these articles and all the other information that I have included in the newsletter.

Reflections on Why I Became A Diplomate of The American Board of Periodontology

Dr. Daniel Shin, DDS. MSD

Each year, the American Board of Periodontology (ABP) offers a comprehensive qualifying (written) examination and an oral examination which test subject areas that include basic sciences, oral medicine, oral pathology, periodontal histology and pathology, periodontal literature, statistics, and epidemiology. While on paper this task may appear to be too complex and too monumental to tackle, the board certification process provides the candidate with a unique opportunity to finally prove himself/herself while being at the very tip of the "firing line."

As I sit here reflecting upon my own experiences with the ABP, I could not help but contemplate and examine my own reasons that launched me into this journey. My ABP

experience was certainly an intense "gut check," but, in the end, it was definitely a rewarding and fulfilling accomplishment. As such, I would like to take this brief opportunity to respectfully submit a personal narrative as to *why* I decided to embark on this endeavor to become a diplomate of the board.

WHY I DECIDED TO BECOME A DIPLOMATE

My motivation and inspiration to take the American Board of Periodontology examination lies in two simple reasons: 1) to continually enhance and develop my career and 2) to positively represent our program by successfully pursuing the ABP challenge.

1. **Career Development**:

First and foremost, I feel with much conviction that there are very few postgraduate periodontal programs that can match the faculty, staff, clinic, and environment that is assembled in our department. The wealth of knowledge and experience I gained as a resident of the program instilled a very strong, solid foundation from which I hope to continually grow upon in honing my abilities and skills as a periodontist.

Yet, even after completing three years of periodontal residency training, I realized that I was at a major cross-road in my young career as a periodontist. I recognized that if I wanted to expand my career development, I would need to acquire additional educational credentials and skills that would separate me from other dental practitioners. The skills and training I received at IU gave my career a great head start, but over the last several years our field has steadily been encroached upon by other dental specialties and we have now reached a point where simply a certificate in periodontology is no longer sufficient, in my opinion.

In order to successfully make this career transition from residency to private practice, I conceded that I could not rely simply on my experiences at IU alone. Although I learned valuable lessons as a resident at IU, I needed to distinguish myself from other dental practitioners, while at the same time, proving to myself by "going the extra mile." So, I decided to take the giant leap into challenging the ABP exam as soon as I completed my residency at IU. While I must admit that the idea of becoming a diplomate of the ABP was initially intangible, it soon crystallized in my mind after recognizing the following benefits of obtaining board certification status:

a. More effective advertisement and greater opportunities for marketing and referrals – any periodontist who advertises as a diplomate of the ABP can provide the public and other dental practitioners with an objective criterion of expertise.
b. Improved credentials and a representation of professionalism- diplomate status highlights the distinction that a board-certified periodontist has "gone above and beyond" the minimum educational requirements needed to enter our specialty.
c. Improved standing and prestige among peers.

Now that I have become a diplomate of our specialty, I plan to use this status to promote my career and to step forward as a leader and as a contributor to our specialty.

2. **A Commitment to Representing Our Program**

Second, I pursued this endeavor because I was eager to give back to a program which has afforded me with so many opportunities. To put it in another way, I decided then, as I continue to believe now, that the best way to demonstrate my appreciation for the generosity, support, and confidence shown in me by the faculty of our program was to not only uphold, *but to surpass the educational standards set by our specialty by becoming a diplomate of the board*. In turn, an IU graduate who achieves diplomate status becomes a positive representation of the quality

and character of our program. Given the high priority that our program places in providing our residents with a broad array of relevant skills- from understanding the art and science of dental implantology to managing complex cases of periodontal disease- it became obvious to me that challenging the ABP exam was the right step in expanding my own professional development as a periodontist and epitomizing the type of periodontist our department produces.

CONCLUSION

On both professional and personal fronts, my decision to become a diplomate of the board is an outgrowth of my development as a student of periodontology and a desire to formally participate and contribute to our specialty.

Furthermore, I strongly feel that attaining diplomate status serves as a positive representation of the type of periodontist our department cultivates and underscores the credibility of our program. An IU graduate who achieves diplomate status of the ABP will in many respects set the standards for future graduates of this program to live up to while, at the same time, validate our program as a whole by highlighting the strength and depth of our department.

In all, I am honored to have had the opportunity to become a diplomate of the board, and I would certainly urge other aspiring, young periodontists to jump up to the "firing line" and accept this challenge.

To Hydro Floss or Not to Hydro Floss? An Evidence-Based Decision

Lorinda L. Coan, LDH, MS Assistant Clinical Professor, Indiana University School of Dentistry Department of Periodontics and Allied Health

Plaque is associated with a variety of systemic diseases as well as oral diseases[1]. Biofilm develops daily and relies on mechanical removal to disrupt its effects, especially subgingivally[2]. 75% of Americans have some form of periodontal disease and leads to the main cause of tooth loss[3]. Toothbrushing and using floss penetrate only 3mm subgingivally. Oral irrigation has been recommended as an adjunct to other homecare practices to promote oral health[4 5 6 7].

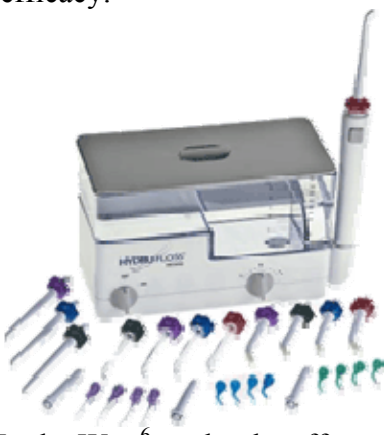
Recently, two reviews of the literature were completed investigating the general efficacy of oral irrigation devices as adjuncts to oral

hygiene practices[8 9]. Both reviewed multiple data bases (including Cochrane) and revealed seven pertinent studies. These systematic reviews suggest that oral irrigation as an adjunct to toothbrushing does not have a beneficial effect in reducing dental plaque, but it may improve gingival health overall. However, studies which evaluated the efficacy of a magnetic oral irrigation device were not included in these reviews. To date, there are 2 such studies[10 11].

Hydro Floss

The claims by the manufacturer of Hydro Floss are that it cleans teeth, disrupts biofilm and flushes all associated toxins from the mouth. It utilizes a patented method combining the "science of magnetics and the science of hydrodynamics". They report Hydro Floss uses low pressure irrigation to clean tooth surfaces under gums. From the manufacturer's website (http://www.hydrofloss.com) the following additional explanations are offered in how the product works:

On teeth there are + ions and there are -ions on the bacteria. Just like magnets these opposites attract each other. The Hydro Floss interrupts these natural attractions. Inside the handle is a calibrated magnet and when water flows through it a magnetic field is created whereby free electrons are produced which act as a barrier between the + ions on the teeth and the – ions on the bacteria. This results in the inability of the bacteria to stick to teeth and gums. When the hydrodynamic properties of the oral irrigator are applied, the pulsating magnetized water interrupts the bioflim's matrix and flushes it, the ions and the associated toxins away. This irrigator uses a pulsing technology with a maximum of 60 Psi (a level that is slightly less than other irrigators, a safety feature for the gingival tissues). The website for Hydro Floss claims that it is the only magnetic oral irrigator that has been tested for efficacy.



In the Watt[6] study, the effects of hard and soft supragingival deposit formation while using the magnetic irrigator (Hydro Floss) were investigated. There appeared to be a statistically significant difference in supragingival accretion volumes between conventional irrigation and using an irrigator with a magnetic water treatment device. In the discussion segment, researchers speculate that the "probable mode of action of the magnetically treated water affects the Ca^{++} and PO_4^{--} in the stern layer of the biofilm causing the ions to be brought closer together, thereby reducing their activity abilities resulting in less accretions".

In the Johnson[11] study, investigators evaluated the effects of a magnetized water oral irrigator (Hydro Floss) on plaque, calculus and gingival health. Irrigation with magnetized water resulted in 64% less calculus compared to the control group. The reduction was statistically significant ($p \leq 0.02$). The reduction by 27% in gingival index was not statistically significant. The reduction in plaque was minimal (2.2%). Within the discussion segment, authors speculate that based on the theory of hydromagnetics, it is not a surprising finding that the irrigator had minimal effect on plaque accumulation, but a statistically significant effect on calculus formation. "Calculus is mineralized plaque that forms by the bathing of the plaque in a supersaturated solution of Ca^{++} and PO_4^{--}saliva. The magnetized water irrigator simply prevents or inhibits the process of this

mineralization from occurring. Therefore, it appears that plaque continues to be produced at its normal rate in the individual patient, but the mineralization process is interrupted".

Waerhaug [12] [13] and later, Stambaugh[14] noted that the chances of removing all sub-gingival plaque from all tooth surfaces during scaling and root planing was fairly good if the probing depth was shallow (≤3.0 mm). At probing depths of 3–5 mm or beyond, the chance of failure becomes significantly greater . In fact, it was noted that removal of all subgingival plaque and calculus was unlikely to occur when mean probing depths were ≥3.73 mm.

The concept of removing all sub-gingival calculus and contaminated cementum during scaling and root planing has been shown to be unrealistic and perhaps unnecessary[15] [16] [17] . Further, it appears that a clinically acceptable level of gingival wound healing occurs, despite the presence of microscopic aggregates of residual root calculus[18] [19]. The efficacy of periodontal therapy is directly related to the ability of treatment to lower levels and/or prevalence of one or more pathogenic bacterial species. This generally accepted finding may speak to why traditional oral irrigation despite the removal of significant levels of plaque and calculus appears nonetheless to result in gingival health improvement.

Nonetheless, the periodontal literature contains numerous reports supporting successful long-term maintenance following either surgical or

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[3] Martin JA, Page RX, Loeb CF, Levi PA. Tooth loss in 776 treated periodontal patients. J Periodontol 2010 Feb; 81(2):244-50.

[4] Lang, N. P & Raber, K. (1981) Use of Oral Irrigators as vehicles for the application of antimicrobial agents in chemical plaque control. *Journal of Clinical Periodontology* 8, 177-188.

[5] Lang, N. P. & Ramseier-Grossmann, K.(1981) Optimal dosage of chlorhexidine digluconate in chemical plaque control when applied by the oral irrigator. *Journal of Clinical Periodontology* 8, 189-202

[6] Derdivanis, J. P., Bushmaker, S. & Dagenais, F. (1978) Effects of mouthwash in an irrigating device on accumulation and maturation of dental plaque. *Journal of Periodontology 4,9,* 81-84.

[7] Husseini A, Slot DE, VandeWeijden GA. The efficacy of oral irrigation in addition to a toothbrush on plaque and the clinical parameters of periodontal inflammation: a systematic review. Int J Dent Hyg 2008 Nov; 6(4):304-14.

[8] Jin L. Is oral irrigation beneficial to gingival health as an adjunct to toothbrushing? Evid Based Dent 2009:10(2):40-1.

[9] Watt, D. & Sutton, C. D. (1993) The effect of oral irrigation with a magnetic water treatment device on plaque and calculus.*Journal of Clinical Periodontology* 20, 314-317.

[10] Waerhaug, J. (1978a) Healing of the dentoepithelial junction following subgingival plaque control. I. As observed in human biopsy material. Journal of Periodontology 49, 1–8

[11] Waerhaug, J. (1978b) Healing of the dentoepithelial junction following subgingival plaque control. II. As observed on extracted teeth. Journal of Periodontology 49, 119–134

[12] Stambaugh, R.V.,Dragoo, M.,Smith, D. M.& Carasali,L. (1981) The limits of subgingival scaling. International Journal of Periodontics and Restorative Dentistry 1, 30–41.

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[14] Kepic, T. J., O'Leary, T. J. & Kafrawy, A. H. (1990) Total calculus removal: An attainable objective? Journal of Periodontology 61, 6–20.

[15] Fukazawa, E. & Nishimura, K. (1994)Superficial cemental curettage: its efficacy in promoting improved cellular attachment on human root surfaces previously damaged by periodontitis. Journal of Periodontology 65, 168–176.

[16] Nyman, S., Sarhed, G., Ericsson, I., Gottlow, J. & Karring, T. (1986) Role of 'diseased' root cementum in healing following treatment of periodontal disease. Journal of Periodontal Research 21, 496–503.

[17] Buchanan, S. A. & Robertson, P. B. (1987) Calculus removal by scaling and root planing with and without surgical access.Journal of Periodontology 58, 159–163.

non-surgical therapy[20 21 22] . This paradox can be explained, in part, by the concept of 'critical mass'[23] : "As applied to non-surgical periodontal therapy, the concept of critical mass is best understood by assuming that a major goal of periodontal therapy is to reduce the quantity (mass) of bacterial plaque to a level (critical) that results in an equilibrium between the residual microbes and the host response, i.e. no clinical disease". This implies that calculus is at best difficult to remove when present, and yet, improvement in gingival health can still occur. Oral irrigation with the traditional hydrodynamic options appears to assist the clinician in these endeavors as evidenced by results of the reported studies in obtaining improvement in gingival health.

DISCUSSION: Of interest are the study results for the Hydro Floss[10 11]. Both studies investigated plaque, calculus and gingival health. While in both studies calculus formation was significantly reduced between the independent variable group and the control, no significant differences were noted in both dependent variables of plaque presence and gingival improvement. From evidence cited above, the presence of calculus (in and of itself) does not appear to be a deterrent to gingival (and thus periodontal) health. While Hydro Floss is efficacious in reducing calculus, the benefit of this ability to do so as it relates to gingival and periodontal health is suspect. Further studies should explore whether long term use of the Hydro Floss can yield similar results in gingival improvement seen by traditional oral irrigation devices.

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Positive and visually pleasing reports on websites may be misleading to some consumers. Dental professionals have responsibilities in exploring all reported evidence to determine usefulness in making evidence-based decisions regarding recommendations of dental products to our patients.

A PATIENT CANCELS A LIFE IS SAVED, ON 9/11- *Steven Blanchard*

Courtesy IUSD Coming Up

Most of us, thankfully, were in safe locations far from the global tragedy that unfolded in New York City, Washington, D.C., and Shanksville, Pa., on the morning of Sept. 11, 2001.

But Dr. **Steven Blanchard** wasn't.

He started his day, like any other, performing periodontal surgery, but soon found himself called into service as a medical first-responder at the Pentagon.

Blanchard has been a member of our Periodontics department since 2002, but back in 2001 he was Colonel Steven Blanchard, periodontics director of the Pentagon's Tri-Service Dental Clinic. Located one level below ground and just outside the Pentagon's fifth (outer-most) ring, the clinic serves about 15,000 Army, Air Force, and Navy personnel assigned to the Pentagon.

Although clinical activities commenced as usual that morning, Blanchard and his colleagues were soon called to report as medical first-responders for an as-yet unidentified emergency. Well-trained in disaster

preparedness, Blanchard headed for the courtyard inside the center ring of the Pentagon, which was the designated site for treating casualties in the event of a disaster. The wounded that Blanchard and others assisted were aware only that there had been an explosion of some kind. Blanchard came to the aid of a badly burned civilian whose slacks were virtually burned off.

Because the plane that would crash in Pennsylvania was still unaccounted for at this point, everyone in the courtyard – both responders and the injured – had to evacuate the building. (The injured were moved in golf-style carts or on stretchers to waiting ambulances.) Once outside, Blanchard finally learned what type of emergency they were dealing with.

He eventually was permitted to return to the center courtyard, but by then there were simply no more people to help. "If the wounded didn't make it out of the building under their own power or with assistance in those first 20 minutes, they didn't come out alive," Blanchard said in a 2008 *Alumni Bulletin* interview.

He recalled how eerie the halls of the Pentagon were during the search. "Corridors were dark and smoky, alarms were sounding, strobe lights were flashing, but this enormous building – where 30,000 military personnel and civilians work – was empty," he said.

One Pentagon worker was scheduled for a 10 a.m. appointment with one of the other dentists in the clinic that morning. An 8 o'clock patient canceled, so the receptionist called this man and told him he could come down to the clinic early for his appointment if he wanted to. When the airliner crashed into the Pentagon at 9:37 a.m., the man was reclining in a dental chair in the underground clinic instead of sitting at his desk in the Pentagon. The man's office took a direct hit in the attack, and all of his office co-workers were killed. "A root canal saved his life," Blanchard said.

Months later, Blanchard found out through the pages of *Newsweek* what had become of the civilian burn victim he had stabilized in the courtyard. "They were writing about some of the Pentagon survivors, and I recognized him in one of the photos," Blanchard said. "He had been hospitalized for a number of months, but he made it."

Dr. Swenson Retires

On July 24th, we held a retirement party for Dr. Henry Swenson at Eddie Merlot's restaurant. Dr. Swenson retired after almost 67 years of being associated with the IU School of Dentistry and our Department. He is responsible for putting IU Periodontics on the map and we all owe a deep debt of Dr. Swenson for his vision and guidance. ***Thank you Dr. Swenson***.

Dean Goldblatt presented Dr. Swenson with a handsome plaque

Dean McDonald was in attendance

The Man Himself

Mike Edwards was in attendance

The First Couple

Greg Phillips served as ‘Master of Ceremonies’ and helped organize the event

Bruce Wiland, Sharmila and Vanchit John, Tom Swenson and his wife

Jan and Lloyd Hagedorn

Jim and Tammy Sarbinoff

Diana and Danny Yates

All the photographs were taken through the expert lens of Dr. Hancock

Jeff and Barb Dean

Samir Zakaria

Steve and Jane Blanchard

Mary and Toby Barco

Meet Our Residents

In this issue we get to meet Samira Toloue and Janice Kaeley who are residents in the 3rd year of the program.

Samira Toloue- 3rd Year Resident

1. **Brief education background**
   I graduated high school in 2000 then SUNY Buffalo with a BS in Biochemical Pharmacology in 2004, SUNY Buffalo Dental School in 2008 and will hopefully graduate IU Periodontics in 2011.
2. **Which Year in your training**
   Currently in my 3rd year of the Periodontics residency
3. **Family**
   I have an older brother who is a senior scientist at a biotech company; he specializes in molecular genetics and currently leads the company's genome research division. I also have a younger sister who (conveniently for me) is a Chiropractor. My husband and I have been married for 3 years; he is a Physician/Medical Director at a community health center.
4. **Things you did not do in school/college that you wish you did**
   I wish I majored in something other than science such as psychology, fine arts or language. I also wish I learned to speak Spanish (I studied French and haven't had a chance to use it outside of France)
5. **Your hobbies**
   I used to paint and loved taking art classes in college. My favorite medium is oil. I also enjoy outdoor activities, reading, shopping and cooking.
6. **Hidden talents**
   I guess painting will fall into this category. I've also been told that I'm a good chef.
7. **What would you have become (professionally/personally) had you not gone into dentistry**
   I would have become a starving artist or a teacher
8. **Like/Dislikes**
   I like traveling to new places, experiencing different cultures and foods. I like taking weekend trips to visit friends, family or to just go somewhere I haven't been before. I like to try anything at least once. I dislike excessively cold temperatures and those who text and drive.
9. **Why did you choose IU's Periodontics Residency Training Program**
   It is a wonderful program so why not??
10. Plans upon graduation
    TBA

Janice Kaeley- 3rd Year Resident

1. **Brief education background**

I graduated from the University of Melbourne with my BDSc in 2004. I then graduated from the University of Southern California with my DDS in 2008.

2. **Which Year in your training**

I am currently in the 3rd year of the program.

3. **Family**

I have been married to my wonderful husband, Paramdeep, since 2004. We welcomed our son, Keerit, in 2008 just as the residency started! My family is still in Toronto, Canada and Param's family is in California.

4. **Things you did in school/college that you wish you never did**

Attend class!

5. **Things you did not do in school/college that you wish you did**

Attend class!

6. **Your hobbies**

I love cooking, baking, reading, chasing after my 2 year old and just spending time with my family and friends. I also get a kick out of planning events – parties, holidays etc…

7. **Hidden talents**

I can play 5 different instruments and love building things (yup I can lay tile!).

8. **What would you have become (professionally/personally) had you not gone into dentistry?**

Most likely an attorney. I love finding inconsistencies in what people are saying!

9. **Like/Dislikes**

I love being with my friends and family; lazing around in the sun and shopping! I dislike dishonesty in people, snakes and airline passengers who have no patience for those traveling with children!

10. **Why did you choose IU's Periodontics Residency Training Program?**

I felt like this program offered me everything that I was looking for in a program.

11. **Plans upon graduation**

We will most likely move back to California but then again we can't rule out going elsewhere!

Faculty and Staff Feature Section

We are featuring ***Dr. Scott Reef*** in our Faculty Profile. We are also featuring ***Tuwana Ivy*** in our staff member profile.

Faculty Member Profile

Scott Reef

Brief education background

Indiana University Bloomington, BS Biology, 1987; Indiana University School of Dentistry, DDS 1991, MSD 1996

Position in the department

Clinical Assistant Professor of Periodontics

Family
My mother and father still live in Wells County, where I was raised. I also have a brother, sister, brother-in-law and two nephews

Things you did in school/college that you wish you never did

I wish I had not missed so many classes and participated more in student government

Things you did not do in school/college that you wish you did

Studied abroad

Hobbies

Traveling, reading, power walking, music, Sudoku

Hidden talents

I was a rifle in the Cavaliers Drum and Bugle Corp

What would you have become (professionally/personally) had you not gone into dentistry/ dental hygiene/dental assisting

Probably an architect or professional shopper

Pet peeves

Dawdling/tardiness

Like/Dislikes

I like it when people are totally enthused about their true passions. I dislike lima beans and brussel sprouts.

Staff Member Profile

Tuwana Ivy

My name is Tuwana Ivy. I have an Associate's Degree in Business Administration (Indiana Business College) and Criminal Justice (Brown Mackie College). I am the Clinical Operations Organizer in the Dental Hygiene Clinic. I have worked here for 10 years. I have three children: 2 sons (22 and 6) and 1 daughter (18 which is attending Vincennes University). I also have a grandson (1 year old). And I have a dog (her name is Lilly). I really didn't do anything in school or college. I was pretty much quiet and shy so I didn't really interact with the kids much. The one thing that I wish I did was stay in college after I had my oldest son. It took me quite a while to decide to go back to school and it was hard because I was working and had to take care of my children at the same time. I was glad I finished because I wanted to show my children that you need more than just a high school diploma to make it out here. I have accomplished some things in my life. I bought my first home 6 years ago and I finished college with two degrees. I like to read books. My favorites are urban books. I don't have any

hidden talents. I can't dance or sing, but I do try at times. If I hadn't gone into dentistry, I probably would work on becoming a paralegal or probation officer. I've always been interested in law and that's why I went to school to get my criminal justice degree. I will, in the near future, go for my bachelor's degree in criminal justice. Some people say I have OCD. I have to have everything in place. If I see anything out of place, I have to fix it. I do it in clinic. I don't know if anyone has ever noticed me doing it I hope they don't. ☺ I keep my desk neat and if you have noticed, I'm always color coordinated. I like the people I work with, I love Oreo McFlurries from McDonalds and I like teaching Sunday school to the kids at my church. I dislike confusion. I try not to be around a lot of negativity. I try to avoid it if possible. I don't like Chinese food or yogurt.

Our First Year Residents Got to Go The Brick Yard 400 Race Thanks To Dr. Tom Kepic's Generosity

They Had An Excellent View of The Race

Resident in the News

Matt Rowe (1st Year Resident) was part of the team that took second place in the recently completed 2010 IUPUI Regatta. The 'Kavity Killas' team is proving that it's hard to stop – and hard to top: #5 in 2009, #2 in 2010, and clearly the rowers to fear in 2011

Resident Case of the Month

Ridge Augmentation with Rotated Pedicle Graft

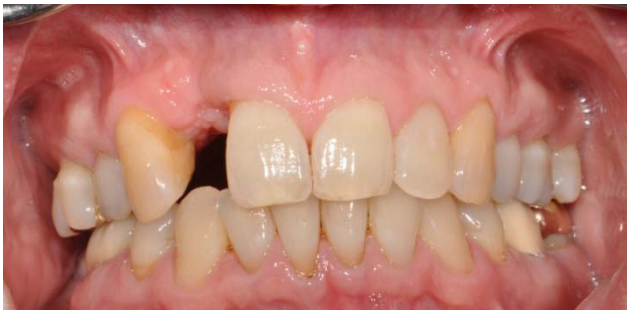
Jason Au Yeung (2nd Year)

Patient B.E. is a 49 y.o. Caucasian male

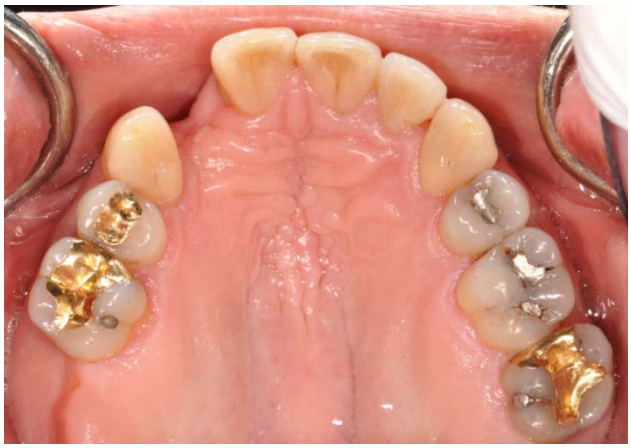
Med Hx: HIV positive (diagnosed 1992)

CD4 count 505. Meds: Lunesta, Welbutrin, Norvir, Reyataz, Truvada and Viread®

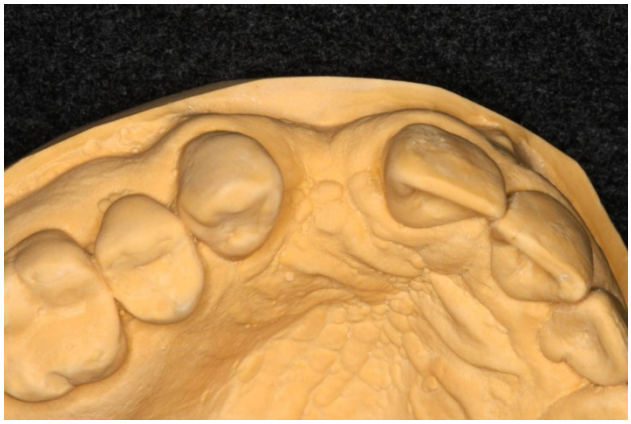
CC: " I want an Implant "



Pre-Op- Missing #7

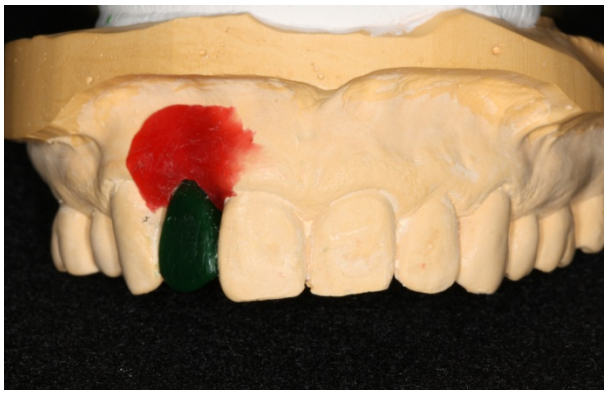


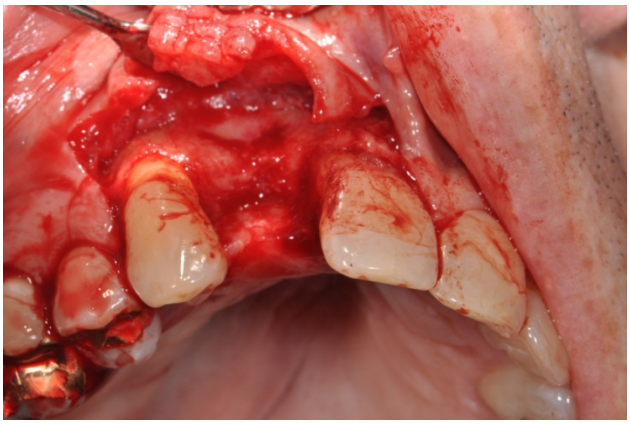
Palatal View



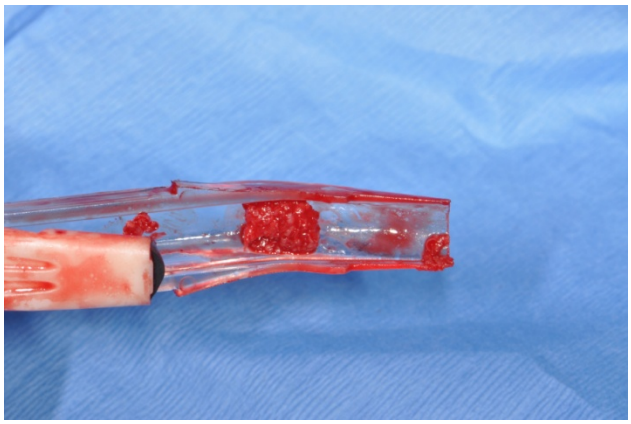
Ridge Defect

Diagnostic Wax-Up



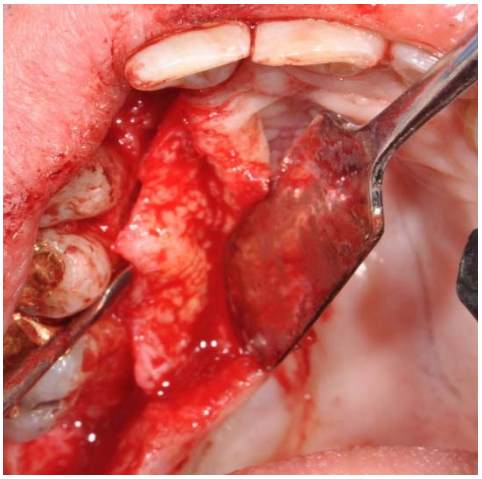


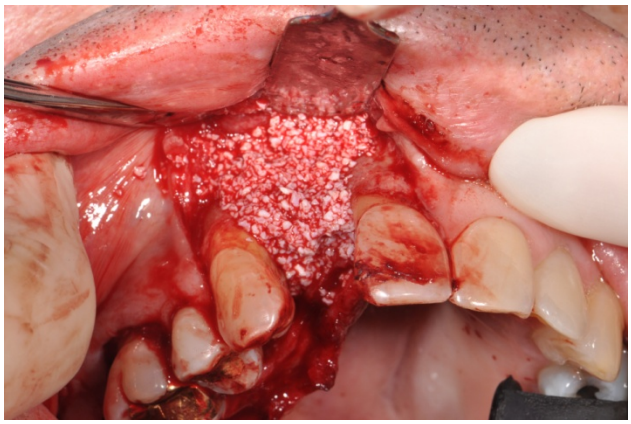
Flap Reflection



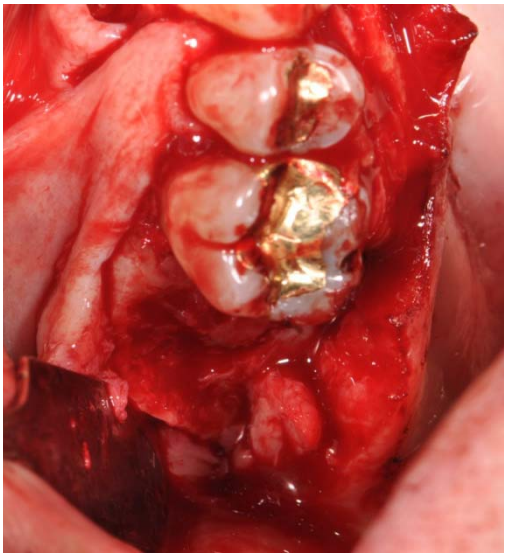
Safe Scraper Used

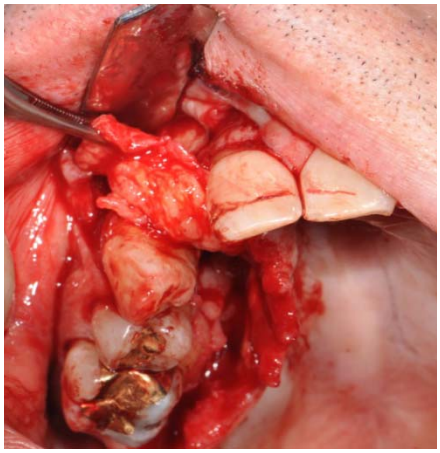
Connective Tissue Pedicle





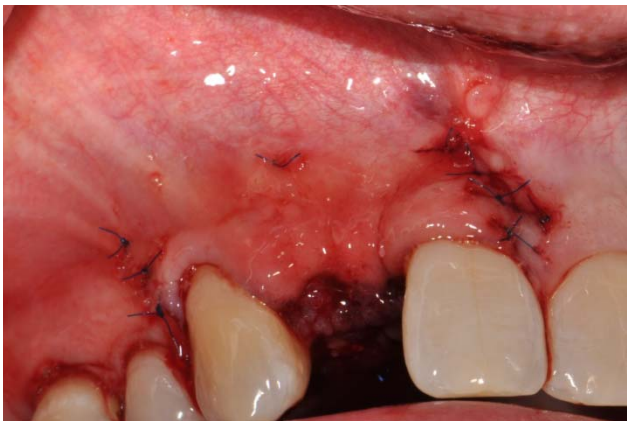
FDBA + Autograft



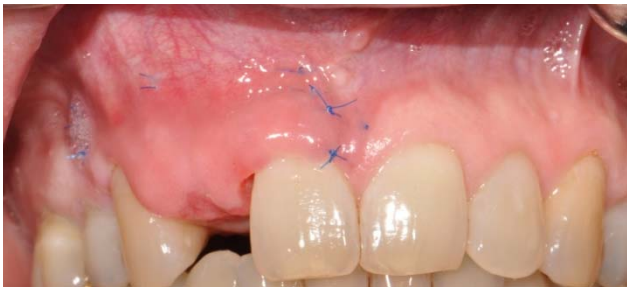


Pedicle Graft Rotated in Place

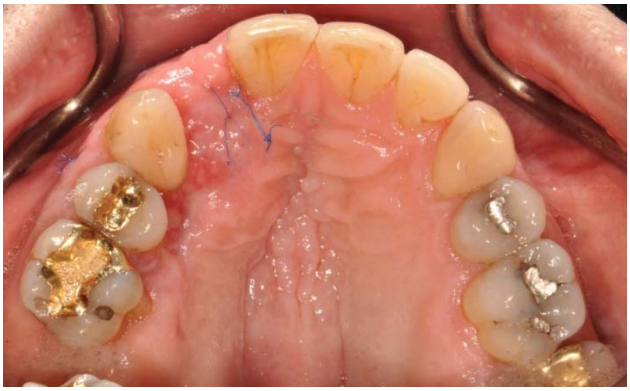
Autograft Harvesting



6-0 Polypropylene anchor suture



1 Week Post-Op



4 Week Post-Op

Patient will be followed up and later scheduled for implant placement.

Case Supervised by Dr. Towns

Successful Part-1 Board Completion

The following alumni completed Part-1 of their boards; Siva Prakasam, Sue Huang, Alex Tzanos, Diksha Katwal
Congratulations. Part-2 here we come.

Papers Published

I had listed as part of the report that I compiled for our Department Workshop and for Dean Williams, the papers published by the members of our Department in 2009-2010. I have included that entire listing here.

Periodontics Division

1. Neutrophil response to dental plaque by gender and race. Wahaidi VY, Dowsett SA, Eckert GJ, **Kowolik MJ**. J Dent Res. 2009 Aug; 88(8):709-14

2. Developing Faculty- A Plan to Grow Our Own. **John V**, Kasberg R. Dateline-Indianapolis District Dental Society. Volume 35 (2):12-14: 2009

3. "Why are my gums bleeding?"- **Towns S**. Journal of the Indiana Dental Association Summer 2009, Volume 88, No 2, Pg 14

4. Are dental implants the right treatment option for you? **John V**. Journal of the Indiana Dental Association. Summer 2009, Volume 88, No 2, Pg 20-21

5. Periodontal-Endodontic Lesion of a Three-Rooted Maxillary Premolar: Report of a Case. **Blanchard. SB**., Almasri A., Gray JL. J Periodontol 2010;81 (5):783-788

6. Recruitment, Development, and Retention of Dental faculty in a Changing Environment. **John V**, Papageorge M, Jehangiri L, Wheater M, Cappelli D, Frazer R, Sohn W. *In Print. Journal of Dental Education*.

7. Smith PN, Palenick CJ, **Blanchard SB**. The microbial contamination and the sterilization/disinfection of surgical guides used in the placement of dental implants. Int J Oral Maxillofac Implants (Accepted for publication Jan 2010)

8. Shin D, **Blanchard SB**, Ito M, Chu T-M. Peripheral quantitative computer tomographic, histomorphometric, and removal torque analyses of two different non-coated implants in a rabbit model. Clin Oral Implant Res (Accepted for publication Apr 10)

9. Patel AM, **Blanchard SB**, Christen AG, Bandy RW, Romito, LM. A survey of U.S. periodontists' knowledge, attitudes, and behaviors related to tobacco cessation interventions. J Periodontol (Accepted Aug 2010)

Dental Hygiene Divison

1. "Why flossing is so important"- **Coan L**. Journal of the Indiana Dental Association Summer 2009, Volume 88, No 2, Pg 15
2.
3. Introduction of Health Literacy into the Allied Dental Curriculum: First Steps and Plans for the Future Richard D. Jackson, D.M.D.; **Lorinda L. Coan**, L.D.H., M.S.; **Elizabeth Hughes**, L.D.H., M.S.; George J. Eckert, M.A.S. Journal of Dental Education ■ Volume 74, Number 3- 318-324;2010

Dental Assisting Division

1. **Ford, P. T., Bissonette, P. M., 2009.** Educating Dental Assistants for the Future of the Profession. IDA Dateline: 35:4

Upcoming Dates and Events

October 18th and 19th- Faculty and Staff Retreat- McCormick's Creek, IN and IUSD

October 28th- November 2nd- AAP Annual Meeting in Hawaii

Emergency Drill Schedule

September 28th- Syncope and Sudden Cardiac Arrest- 3rd Year Residents

October 26th - Syncope and Asthmatic Attack/ Bronchospasm- 2nd Year Residents

November 23rd- Syncope and Allergic Reaction/ Anaphylaxis- 1st Year Residents

December 7th - Syncope and Seizure- Faculty

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