

Ice Cream Queen

This collaborative work was made from torn ice cream packaging at Saratoga Bridges' Creative Endeavors Art Center by adults with disabilities and special needs. Nonprofits like Saratoga Bridges offer adults with special needs the opportunity to express themselves, increase their artistic potential and discover untapped talents.

March 2022

March 3

New DDS Seminar

March 10

BLS Renewal

March 19

Oral Surgery
for the General Dentist

April 1

Emergency Medicine

April 7

New DDS Social

April 10

7th Annual Afternoon Tea
Women in Leadership Seminar

April 13

Military Dental Symposium

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2018 Newsletter Award,
2017 Newsletter Award,
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2016 Outstanding Cover

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VOLUNTEERS NEEDED

Adopt A Patient:

Dentists willing to "adopt" patients (adults and children) for immediate or emergency needs in their office.

Community Events:

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The Final Countdown!

I hope this issue finds everyone doing well. By the time you receive this in your mailbox, Little Miss Fabb will hopefully have arrived! I know all you moms out there can relate to the excitement, anxiety and mostly discomfort that is the last few months of pregnancy! Everything becomes more difficult: from picking up something off the floor, to trying to tie your shoes, to finding a comfortable position to sleep in. Many times, I have finally found that position only to realize I must go use the bathroom again! However, this is also the time that I can feel her every movement- a constant reminder that there is a little human growing in there! Amazing what the human body is capable of! We are also in the process of designing/organizing the nursery, trying to pick out a name (nope we still don't know!), and enjoying sleeping in on weekend mornings.

At 34 weeks (late January when this issue is getting sent to the press), I am still working in the practice full days with Dr Fabb. I have heard many different women tell me when they finally decided to take their leave, and everyone is so different! Some of you reading this may have taken leave already, whereas others had their water break during a long procedure! Either way we must listen to our bodies. We are in this profession because we want to help people and we do not want to feel like we are letting our patients down, the same reason we find it difficult to leave for a week vacation. Just look at the amazing work in the rest of this issue concerning special needs dentistry. But there is also no shame in taking care of yourself!

I have been fortunate that in this pregnancy I did not experience any morning sickness and have been able to work out the entire time. However, now I am feeling the fatigue and general discomfort setting in just being on my feet for extended periods of time. I am wondering if I have another month left in me to deal with the stresses of the office and performing clinical dentistry. I am grateful that Dr Fabb and I are a team, as he is helping take over more of the daily tasks at the office.

Through all of this, in thinking about the difficulty in finding coverage for the office, it has prompted discussions of adding a section to both the NEW app and website! Think about it: a section where those who are available to help cover offices and those needing the coverage could connect, in a central place with fellow dental society colleagues. This would not be limited to maternity leaves but could extend to those needing to take any medical leave or even an extended vacation. So, you could feel confident your practice was covered and patients cared for. Stay tuned for updates and be sure to download the app if you haven't already to stay in the loop. I am excited that we as a dental society are constantly looking for new ways to stay in touch and help each other out. As always reach out with questions!•

Chritine Arock Fabb, DDS



Our Growing Family



Final Countdown 4 more weeks from Feb 3





MENTORSHIP PROGRAM



Mentors & Mentees

The San Diego County Dental Society's Mentorship Program, launched in 2018, aims to connect seasoned and experienced dentists with our newer member dentists. We are so proud of how our members have come together to share their wisdom and skills with the upcoming generation. So far, over 100 members have participated as either mentors or mentees. All members are welcome to participate in this program. If you are interested in being matched with someone or want to learn more, please visit: sdcds.org/mentorship-program/ or email our Membership Coordinator, Meg Hamrick at membership@sdcds.org or call (619) 275-7189.



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Meeting Patients Where They Are

It was after reading Dr. Shapira's article in this issue that I was reminded of a patient I had in dental school. Let's call her Rosie. (Not her real name, of course) Having her as a patient at such an early stage of my dental career taught me a lesson in humanity that I look back on with gratitude, and which shaped much of my dental career.

At Pacific in the early 2000's, we did not have a "special needs" clinic nor a prosthodontics program, the cases that weren't sent to the AEGD clinic were handed to the "undergraduate" dental students, such as yours truly. As is often the case with dental school patients needing anything remotely complicated, she was passed down to me from a graduating student mid-treatment, so I never saw her before commencement of such treatment.

Rosie was an African American woman in her early 30's. When I initially met her, she was completely edentulous and recovering from extensive anterior alveoplasty to correct a severely protrusive anterior maxilla, as her chart and pre-op models indicated. The appointment that day was supposed to be where we were to take preliminary impressions for her dentures. Unfortunately, the surgical resident hadn't done enough, and this poor lady was going to have to endure a second excruciatingly painful surgery.

On the day of her surgery, she presented to the clinic and did not have a ride to take her home. She mentioned that her previous dental student took her home, as she lived not even a mile from the dental school. I fortunately had a car, and like any good dental student who needed to complete the set number of denture cases before graduation, I obliged. She was given conscious sedation and the surgery went on without a hitch. Despite the logistics of getting my car from my apartment while she recovered from the sedation (I still feel my heart race think-

ing about that run to my apartment, the things we do as dental students!) and guiding a heavily sedated patient to the car, I got her home.

"Home" was a rundown hotel in the midst of the Tenderloin. For those unacquainted with this neighborhood, let's just say it is not filled with the most savory of characters. I had not known the circumstances that led her to the clinic at Pacific, but IV drug use, judging by the circumstances of her lodging, was the most likely of candidates. By that point, she was conscious and steady on her feet, so we parted ways at the hotel entrance. She recovered, and after several months of recovery, the process of fabricating her dentures came.

At the wax try-in appointment, I was fully expecting her to be thrilled with the result. This was in the era of "Extreme Makeover" and "The Swan", after all and Rosie was an attractive woman with smooth skin and ideal facial proportions, even without teeth! I had had success with an earlier patient after giving her new dentures, where finally having an attractive smile had literally turned her life around for her. To say that Rosie was less than thrilled would be an understatement. The rest of the appointment was spent gradually dragging the anterior teeth down further and further, getting further away from anything resembling an esthetic smile. She wanted "buck teeth"!

In my frustration at not understanding what it was she wanted, I asked her to bring a picture (this was before the advent of smart phones, social media, etc) so we had to make another appointment for her to do this. I just wasn't seeing what she wanted. At our next appointment she brought a photo that was taken years before. Like I guessed, there they were: "buck teeth". It was not a great smile, but it was uniquely hers. In the photo she looks happy, in stark contrast

to the woman before me in my chair. It was taken before she left her family in Texas to come to San Francisco, before her life circumstances changed and left her edentulous and living in a rundown hotel in the Tenderloin of San Francisco. *Before.*

I had been so blindsided by my quest to make her "perfect" and fulfilling my idea of beauty that I missed what was right in front of me: creating her smile was not about beauty at all, but a way of putting her life back together in a way that I hadn't experienced with other patients. She wanted to paint a positive picture for her family, that things hadn't gotten so bad that she lost her teeth.

I made the necessary adjustments, and a feeling of calm crossed her entire body. She looked very much like the photo she held in her hand. I humbly apologized to her for not asking the proper questions, and it was in this moment that we understood each other. I learned that I would always ask patients what it was that they were wanting out of their treatment and not to assume, and she learned to be more forthcoming about what she wanted. After that, she opened to me in a way that she hadn't before. She explained to me that she had cleaned up her act and had been on methadone treatment for at least six months, and was hoping to return to her family, to show them that she had recovered and to make amends. I could only surmise that it was her drug use that led her away from her family in the first place. I saw her not as a procedure, but as a woman making an honest attempt at turning her life around and asking for a second chance from her family.

As I enter my 5th year post-retirement, these are the stories I remember. Not that time I nailed the perfect veneer case or Class II DO on #14, but the human stories, those where I felt my impact on those who need us. •

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HOLIDAY PARTY 2021



Back to In-Person Events

If it seems like we've been here before, you're right. At the end of last summer, we were very excited to see your faces in person again, as we resumed live CE meetings and social functions. We made it through the end of the year when we had well over one hundred members show up for our Holiday Party. Of course, that was closely followed by the Omicron Variant surge which forced us to go back to Zoom and other on-line platforms. Fortunately, the COVID cases are falling again, and we are once again opening our doors to you for a great series of classes and events.

We have the best CE line-up that we've had in some time. Check our website for details but start by looking at this list.

You can be sure that we'll be following all state and county mandated protocols to minimize the possible transmission of Covid. But as restrictions are relaxed, we look forward to seeing you again for what hopefully will be the most "normal" year since the pandemic began. •

2022 EVENTS

CE Courses

- March 19 Oral Surgery for General Dentists; Dr. Bach Le
- April 1 Emergency Medicine; Dr. Stanley Malamud
- June 11 Oral Cancer – Approach to Clinical Oral Path; Drs. Austin Davies and Allan Dovigi
- Sept. 30 All-on-X: Diagnosis and Treatment Planning for Predictability; Dr. Saj Jivraj

Social Mixers & Other Events

- April 10 Women in Leadership Seminar and Tea
- April 21 Eliminating PPO Dependence; Jonathan Miller with Fortune Management
- April 30 Shred-A-Thon; At the dental society office
- July 10 Day at the Ballpark; Petco Park

Welcome NEW *San Diego County Dental Society* Members

Asmahan Mikha, DDS, Univ. De La Salle 2021

Joanne Young, DDS, USC 1987

Hannah Hurley, DDS, UOP 2018

Jungsuk Suh, DDS, LLU 2017

Tracy Truong, DMD, Case Western Reserve Univ. 2018

Regina Wong, DDS, UCLA 1988

Kelsia Coria, DDS, USC 2019, Pediatric Dentistry NYU 2021

Joshua Schaepe, DDS, USC 2018

Tiffany Lu, DMD, Nova SE Univ. 2018, Orthodontics LLU 2020

Khal Mancini, DDS, USC 2021

SAN DIEGO ADVANCED STUDY GROUP A Seattle Study Club "Cultivating Excellence in Comprehensive Dentistry"

Mar 9th: Rosemary Bray "Great Teams Deliver Real Service" 8:00am-4:30pm. Doubletree Hazard Center.

Mar 22nd: American Safety Emergency Medical Training 6pm. Sharp Spectrum Auditorium, Patterson EDU, Light dinner provided.

Apr 12th: Sameer Bhasin "The Science of Case Presentation" Patterson EDU, 6pm. Light dinner provided.

More Information: May Tong, Study Group Coordinator
619-298-2200x107 • may@mvoms.com



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30 year old Down's Syndrome patient undergoing general anesthesia for dental treatment.



60 year old Cerebral Palsy, a Special patient with Special needs



80 year old "special" patient, with medically compromised lungs, heart, and mouth.



Cognitively impaired 80 year old patient needing "special" care.



Dental Operatory of Specialized Equipment for IV Sedation or General Anesthesia of an Anxious or special needs patient.

For many years, most practitioners considered patients with specific types of "handicaps," as persons with "Special Needs." Those individuals who suffered from various types of congenital and developmental issues were lumped into this category. Approximately 17% of children today have a developmental disability, ranging from mild disabilities such as speech and language impairments, to serious developmental disabilities, such as intellectual disabilities, cerebral palsy, and autism. Over 10% of the world's population are disabled, and 6 million of those individuals in the United States have developmental disabilities. This accounts for approximately 650 million people with disabilities. (<https://www.cdc.gov/ncbddd/developmentaldisabilities>).

I can remember being a dental student and having a fear of working with this type of patient. This stemmed from my lack of knowledge about them and their ailments, both as a dental student and as a youngster growing up in a "sheltered" environment. We did not get much experience with disabled patients in dental school back then, need I say more. In a state of desperation while in dental school, I took it upon myself to get permission to visit a facility outside Philadelphia, Pennsylvania. We were told that individuals in this facility were "brain damaged," "retarded," "malformed," and had "congenital" anomalies, and so on. No one knew what to label all these people and the various categories of their ailments.

I saw people in this facility who did not look like "normal people" in a way that I had previously understood, nor did they act or communicate in that manner. I knew I had to confront my fears and anxieties with respect to these challenged individuals,

and the only way to do it was to immerse myself in this residence for at least a week and interact with as many of these people as I was allowed, with supervision of course. The facility was old, run-down and "dark." The mood of those surroundings evoked one of despair and sadness. People were warehoused in rooms with a glass window in front of locked doors.

The first person I met in this facility was a youngster of about 15 years old, who I thought was "Retarded," to use the common language of those days. He was born "normal" and had been injured in a skiing accident, slipping off a chair lift and only to be suspended by his scarf. As a result, his airway was cut off for just enough time to cause irreparable brain damage. He subsequently had the intellect of a 3 to 5-year-old and spoke in baby talk. He had fits of anger, acting out without provocation and more. His parents felt so guilty about the accident that they rarely came to see him. I played with this youngster, held his hand, and talked with him, all while my heart raced and my mind kept trying to figure out what I would do if he got violent with me. He never did. After a week with him, we were both friends and I felt at peace. Over the next year of dental school, I often came to visit him and others in the facility with whom I had made friends; and I was always received with open arms and a smile.

Another person I came across was a man who had a very large hydrocephalic head. All I remember seeing were his daunting eyes that followed me as I came into the room. I was scared but accepting and said hello. The person greeted me with a smile, which eased my angst. All I could think about was "Humpty Dumpty" when I looked at him! This experience was the start of my evolution into the world of people that most others did not

talk about, treat in the dental school or who were rarely seen in public, for the most part. These experiences gave me the conviction that I would treat these types of patients in clinical practice.

Years later, while teaching at the University of the Pacific School of Dentistry as an assistant clinical professor in the 1980's, I developed courses dealing with medically and physically compromised patients. I had senior students go with me to a county hospital in San Francisco for disabled and medically compromised persons. I introduced them to the same kinds of patients I had seen during my time as a student so that they could learn about the disabled patient. (It was a good teaching program for the dental student but did not last more than one year, as it was deemed not something the dental student would regularly have to confront, and who did not need the knowledge from this experience to pass the State Board exams. Ah, Bureaucracy!) There, they did simple procedures like head and neck screening examinations, coupled with complete oral examinations, mostly to quell their anxiety about working with disabled persons.

Upon doing this we found at least an 8% incidence of undiagnosed medical issues among this cohort of patients. Most of these patients' treatment was paid for by Medi-Cal, whose budget would only pay for a small percentage of treatment rendered, including a physician's examination once every 12 months if that. This was difficult to believe at first, but with the facility's shortage of internal medical care and low caregiver/nurse to patient ratio, I understood the difficulty. These findings are important facts for the dental practitioner, who can effectively find and catch medical, as well as dental issues before they blossom into something more deleterious for the patient.

I spent over a year, working for a dental anesthesiologist. He would provide the general anesthesia for the disabled patient, and I would do all the dentistry within a 2-to-5-hour time frame depending upon the extent of needed treatment. It was difficult and yet, important work. It was fulfilling and sometimes frustrating because I had little to no communication from many of the patients before, during, and after the procedure. I dealt mostly with their parents/power of attorney, spouses or a relative or caretaker. The examination was a priori and usually taking place under general anesthesia. The treatment phase either followed immediately after the examination, or at another time depending upon the extent of treatment and making adequate financial arrangements with the family.

Though today there is a category of care for the person who is a "developmentally disabled" person, as a professor who treats and teaches others about older individuals in our society, it is important to realize that they too are considered to have "special needs". The process of aging can wreak havoc on the minds and bodies of our elderly patients, with the net effect being that they too can be impaired in some way. Re-labelling these types of patients should be considered with the knowledge that we are dealing with a human first and a specific disease entity or developmental disability that changes the image of a "normal" human into one that is somewhat abnormal in the face of Humanity.

So, what is it that allows each of us the ability and where-with-all to treat this segment of society? Think about it and what you may be anxious about.....

continued on next page



Surgical extraction of mobile tooth with bone defect in a Down's syndrome, partially edentulous patient.



Developmentally disabled individual age 30, with periodontal disease.



Surgical extraction of mobile tooth with bone defect in a Down's syndrome, partially edentulous patient.

An Overview of some Developmental Disorders

Autism

Autism is a Spectrum disorder. Autism is a pervasive developmental disorder in which excesses and deficits in behavior are observed that have a neurological basis. This congenital issue is a lifelong disability, and it is complex and unique to the individual that it inherits.

Cerebral Palsy (CP)

A congenital disorder of movement, muscle tone, or posture. It is caused by abnormal brain development, often before birth. Most people with CP do not have an intellectual disability. Some treatments can help, but this condition cannot be cured. Approximately 40% of people with CP have an intellectual disability accompanying their physical condition.

Is it Epilepsy or a seizure?

- A seizure is a single occurrence
- Epilepsy is defined as having two or more unprovoked seizures
- Generalized seizures beginning everywhere in the brain at once
- Partial seizures begin in one location of the brain.
- There are grand mal seizures, petit mal seizures, and pseudo-seizures.

These types of seizures need to be dealt with immediately and the practitioner needs to be prepared to identify them when they occur and to give emergency care until paramedics arrive.

Treating the Special Needs Patient

Before your initial oral examination, it is imperative to gain insight into who you will be working with as a patient. These are what is necessary before we start treatment on patients who need special attention:

1. A thorough medical History, including pharmacology list of current medications, dosage and number of times taken during the day.
2. Allergy list Including drugs and foods.
3. List of adverse drug reactions (ADR) to any drugs or medicines or vitamins.
4. Behavior history and willingness to have dental care.
5. Heart check for any arrhythmias, and regular beat; blood pressure; oxygen saturation numbers; BMI (Basal Metabolism Index); blood sugar reading, and respiration, as well as Mallampati level (Opening of the oropharynx, #'s 1-4. Four being the most constricted).
6. Personal contacts with family and caregivers as well as the general treating physician(s).
7. A thorough dental history, including previous care, radiographs of any kind (most recent radiographs needed).
8. History of sedation and/or general anesthesia (How many times? And favorable or unfavorable results?).
9. Home care: is the home care done by the patient? What type of dental oral care is being done and how often?
10. Is home care being done by a caregiver/family member or friend? How often and what kind?

Long-term care regimens can be deleterious to a compromised individual in the form of both physical and mental issues which can arise because of medications and the like. We practitioners need to be aware of the medication being used regularly and the dosages and use thereof for side-effects that may be even more damaging when the patient is under sedation of some kind for dental care and treatment.

Symptomology of Common Medications

1. Be aware of high sugar levels due to the liquid ingredients of the medication being administered.
2. Be aware of reduced salivary flow causing xerostomia secondary to psychotropic medication and anti-seizure medications, high blood pressure medication and antihistamine's, to name a few.
3. Look for gingival hyperplasia secondary to Dilantin and calcium channel blockers.
4. Be aware of all medications and medical conditions that the patient brings with them and the side-effects from both the disease states and the medications especially.

The Golden Rule of Patient Care

- Every patient with or without a disability is an individual.
- What may work for one patient, or one practitioner may not work for another.
- If one patient is treated on a different day, by the same clinician, with the identical treatment, it may not work; OR the same treatment by another clinician is delivered on the same day, "it may work."

An important aspect of treatment is the **Treatment Plan**. I recommend an outline first of where it is you want to go with respect to treatment based upon the needs of the patient, whether "challenged" or not. The "Special Patient" with special needs should have a more involved treatment plan, but none the less important. This plan might consider general anesthesia for completing the intended treatment or sedation of some sort.

We are looking at "patient centered treatment."

1. Start with the ideal based on your outline.
2. Consider the patient's Abilities, Wants, Needs and Desires (assuming the patient can communicate with you effectively.) A Caregiver, Guardian and/or a Power of Attorney should be involved with disabled patients that cannot communicate or think for themselves.
3. We need to consider the patients ability to tolerate treatment and maintain both the restorations and continued oral health.
4. Consider at the beginning of dental care the possible adaptations and modifications that may have to be made as an alternative treatment.
5. Consider at the onset making multiple treatment plans for each patient, which one can mix and match.

Physical Limitations

1. Consider the scope of the patients' ability to perform adequate home care and the need for adaptive hygiene devices and care. This would be for all persons of any age with one form of disability or another.
2. A caregiver may be necessary to provide homecare for the patient and one should not only be prepared for this but attempt to pre-discuss this aspect of care prior to treatment with the patient and/or relative/ power-of-attorney.
3. A caregiver may have to be instructed by the dentist in adaptive care and the necessary steps to keep the patient in a state of good oral health daily.

Physical Disabilities

1. Before starting treatment with a Developmentally Disabled patient, know the tenets of the requirements of the Americans with Disability Act.
2. Make sure you have the space to accommodate a person with disabilities, such as a wheelchair, crutches, cane, and the like. I was always able to move my dental chair to make space for those that could be treated in their wheelchairs. This made it easy for them as well as my hygienist and myself.
3. Be prepared to transfer said patients to the dental chair itself or an operating room type table in your operatory.
4. Have adaptive aids and an emergency kit available for all patients. We had foam arm and leg rests to keep the patient from cramping, while in a long-term position during treatment.
5. Be prepared for hearing impaired patients and how you will communicate with them rather than raising your voice. A small white board is good to have for any patient that suffers with hearing loss. You can write down what you are going to do and what the patient should expect.
6. A patient's vision should be protected, and the patient should be informed as treatment progresses as to what is going to happen and what you are doing on a constant basis. This diminishes anxiety and fear on the part of the patient and will help assuage the difficulty the patient may sense and any discomfort he/she may be feeling. This behavior will also lessen any problems or frustration the practitioner may have as well during the process.
7. **Minimally invasive dentistry should be implemented at all times !**

There are many more pieces to this puzzle in treating special patients with medical, dental, and medically compromised systems, as well as developmental disabilities. It is important to know them all so that you can solve the puzzle for yourself. This article is only the first step in treating this type of patient. It's meant to "wet your whistle's!" Another paper on the subject can and will discuss these important aspects of care and caring for "special people" with "special needs." In the interim, read and study about the different traits that developmentally disabled patients can have and bring with them to the dental office when seeking out care. Think about the extent of the examination and what is important to accrue in the process. Discover what disabled seniors need and how to work with them. There is an entire gamut of people out there that need our expertise, care and caring. Consider sharing your gifts..... Eric Shapira, DDS, MAGD, MA, MHA



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6 Quick Steps

1. Open the app store on your smartphone, search for SDCDS and download the free app.
2. Click "Log In" on the top right.
3. Enter the same email address you use to log in to sdcds.org.
4. You will then receive an email with a verification code.
5. Enter the 6 digit code in the app when prompted.
6. Explore all the great features this app has to offer.



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Lost in Translation

Just recently, a patient of mine who spoke little English came in with his wife who was translating for him. After I reviewed my findings and treatment proposals, his wife proceeded to translate what I was saying to her husband. He would then look at me, and either nod or turn back to her to ask a question. After the appointment was over, as I was writing up my chart notes, I also thought about the intricacies of translating medical or dental information between interpreters and providers. For instance, how words that may be so commonly used in dentistry may not be so familiar to translators and that might require creative or additional explanation to get the point across. I know this first hand because I grew up in a household in which three languages were spoken. Points of discussion don't always have the same tone or equivalent meaning when they are converted to another language. Those who are bilingual (or trilingual) will know that there are words, or phrases that just can't be translated to carry the same meaning as they were intended. Perhaps that's why some one line phrases end up sounding like what seems to be a paragraph when all I said was, "this tooth can be fixed but with

some additional procedures". It makes me wonder what else is being added to what I'm saying.

Aside from content, the nuances of being in the moment of a three-way communication put non-verbal skills to the test as well. I had my own challenges in communicating with a dentist about a patient who was very special to me – my mother. Since the tables were turned and I was the one who was in the corner chair interpreting for my mother, it made me cognizant of how the provider needs to maintain eye contact with the patient and not resort to typing on the computer or turning their focus away after speaking. To wait until the interpreter has finished and confirm that with a minor gesture to the patient conveys respect and patience in a professional setting like the dental office. On a funnier note, in my childhood household my mother might make a witty comment in Turkish and when my father would ask what it meant, she would reply with "it's too complicated to translate" turning to me with a wink. •

Dr. Barakat graduated from Boston Univ. School of Dental Medicine, completed an AEGD residency in Detroit and practiced in New England before moving to San Diego. She is currently in private practice and is the Pres. of the San Diego AGD component. She is a regular contributor to the AGD's Daily Grind blog.



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May 6, 2022

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Contact Dr. Kevin Kenny
(858) 349-6727 Patriotscsd@gmail.com



Let me introduce... is a new column featured in Facets as a way to introduce us to the many members that make up the depth and breadth of the San Diego County Dental Society. We hope you enjoy getting to know your colleagues better.

LET ME INTRODUCE...

Dr. Sarah Silverstein



Silverstein family enjoying a Padres game



On a humanitarian mission aboard the USNS



Sarah & Andreas at their wedding

I have known Dr. Sarah Silverstein for nearly two decades since she was in high school. We met when I was in my undergrad at UCSD, in the notorious Pre-Dental Society. I would describe Dr. Silverstein as a high achiever with a big heart. One thing is for sure, having had this opportunity to interview and learn more about Sarah, my sister from another mister, at this time in her life, was so much fun!

Without further ado, please meet Dr. Silverstein.

Where are you from originally? Where did you grow up?

San Diego. San Carlos, near Cowles Mountain.

Are you from a big, medium-sized, or small family?

Small, my mom, dad, and sister, Sharona. I feel like I have a lot of brothers and sisters with PDS (Pre-dental Society).

What was one of your favorite childhood memories or activities?

Going to Padres games with my parents. I remember we started going when I was 7 or 8. I went to a Padres game when they were in the 1998 World Series!

Where did you complete your undergraduate studies and what did you major in?

Nova Southeastern University. I majored in Biology and minored in Chemistry.

What was your “aha” coming to dentistry moment? How did you choose this fine profession?

When I was 9. After I had my braces. I started saying I wanted to be an orthodontist. I realized I didn't want to be an orthodontist when I was in high school and after I started volunteering in the

free dental clinics, and was around a lot more general dentistry, I liked it. I liked all the different procedures that could be done like fixing their smile or getting them out pain. I chose pediatrics when I was in GPR because I liked working with kids and still being able to do a variety of treatments.

Where did you attend dental school? What year did you graduate? Did you do a residency?

I graduated in 2014 from ASDOH where I also got my MPH. I completed my GPR at UCLA in 2015 and my Pediatric Residency at USC in 2018.

What do you love most about dentistry?

The variety of procedures I can do whether it be fixing a front tooth, or getting someone out of pain by doing an extraction or endo.

Do you own your own practice? Or Associate?

Associate, I have been with Pacific Dental Service for about 3 years. I work in Chula Vista and I work in Poway. It is a future endeavor to own my own practice.

I know you are recently married. Are you planning to have kids?

Yes I got married August 9, 2021 to Andreas Kontokanis. We are expecting twins!!! Due May 2022.

What do you enjoy doing outside of dentistry?

Playing board games like Machi Koro, reading. The last book I read was 'The Night Circus'. I am a part of a weekly book club on zoom with friends. I started Jazzercise over the summer. I still like going to Padres games and going to musicals and plays with family.

What is one thing on your life bucket list that you have yet to fulfill?

I would still like to travel to a long list of places like, New Zealand and Australia.

Do you volunteer in dentistry or do missions? What is your involvement, if any, with organized dentistry and the dental society?

Yes! I have gone on 4 missions. The last one I went on was in 2015, onboard the USNS Comfort for 3 months. We started in Panama and then to Columbia, Dominica, Dominican Republic, El Salvador,

and I got off in Haiti. I also volunteer with the UCSD Free Dental Clinics at their Lemon Grove Clinic or helping with their screenings. I serve as Co-chair on the Retention and Recruitment/New Dentists Committee.

Do people ever tell you that you look like someone famous?

One of the girls from the show Charmed. Phoebe maybe, I not 100% sure on that.

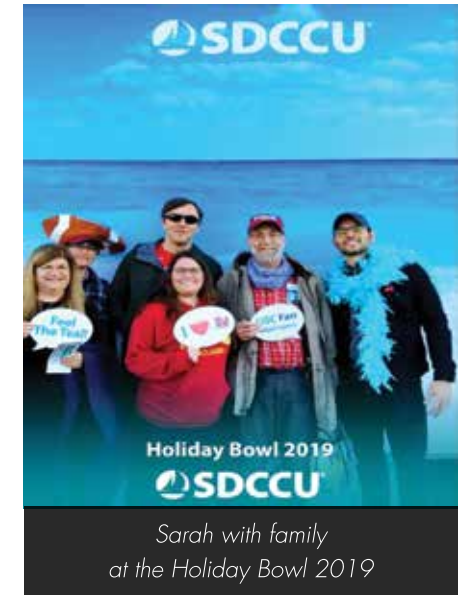
Do you have a favorite quote?

Ralph Waldo Emerson 'What lies behind us and what lies before us are tiny matters compared to what lies within us.' Someone gave this quote to me, in a frame, for a gift when I was younger and it's always been a favorite.

If a fellow dentist wants to reach out to you can they email you?


Yes. Reach out to me at... sarahsilversteindmdmph@gmail.com.

The more we learn about one another and the more we come together around our commonalities and our diversities the more we grow and thrive as a community. That's how we build not only our collegial network but it is one way we can build friendships. We hope you like this new series. Enjoy getting to know someone new each issue. We are indeed better together!



Sarah with family at the Holiday Bowl 2019


Correction to last issues article “Let Me Introduce...” (January/February 2022 Issue): Dr. Lockwood has been in a solo practice for over 28 years. More recently he entered in a partnership now totaling more than 30 years in private practice.



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EL CAJON: *New Listing!* East County highly productive practice w/modern facility. Digital, seller refers specialties, primed for future growth. 2021 GR \$1M+. #CA2975

ENCINITAS: Desirable area, strip mall location with 5 Ops, Digital PAN, Digital Sensor, soft tissue laser, paperless with Dentrix and workstations in every Op. Averages 25 NP/mo. with room to grow keeping specialties in-house. #CA2935

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N. COUNTY INLAND FACILITY ONLY: Excellent location solid anchor stores in a busy shopping center. 5 Ops, 4 equipped plus 4 chair ortho bay. Great space for GP looking to expand or specialist wanting second location. #CA2840

N. SAN DIEGO COUNTY: *New Listing!* Busy main road location, modern office with 6 Ops in a medical building. Dentrix, Dexis Digital x-ray, CBCT, soft tissue laser. Solid foundation and room to grow with specialties! #CA2932

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Daniel Witcher, DDS

SDCDF President's Update

Spring is a time for new beginnings, and that is especially true for your San Diego County Dental Foundation (SDCDF). I must admit, though, that's difficult for me to fathom as I write this article in Mid-January, in the frigid grip of 60 degree overcast weather, with the Omicron variant closing in all around me. My hope, though, is that better times are just around the corner, and that this article finds you all in good health, basking in hope-filled, sunny days.

For those of you who aren't aware, the SDCDF is the charitable arm of your San Diego County Dental Society. We are dedicated to helping provide access to dental education and care to all San Diegans, especially in areas where access to care is limited. Our flagship program is the John Geis DDS Dental Clinic at VVSD, where we provide free dental care to formerly homeless San Diego

area veterans. The dental care they receive is instrumental in helping these veterans regain confidence and resume productive lives.

The amazing thing about Geis Clinic is that it is much more than your traditional community outreach clinic because it is able to provide comprehensive care to its patients. As a result, the team at the Geis Clinic can extend care beyond emergent treatment of dental disease and develop plans with the patients who are maintainable long-term. Since the clinic opened, we've worked to achieve this goal for every patient. It has been challenging at times, largely because of the difficulty of following through with comprehensive plans when the care is administered by a rotating group of volunteer providers.

That will all change this spring, as the Foundation has recently hired a full-time clinic director and RDA clinic manager. What that means is that there will be a much greater streamlining of communication between patient and provider, and greater organization within the clinic. In addition, we are excited to announce our partnership with the UCLA School of Dentistry, who will include a week-long rotation at Geis Clinic as a part of their fourth-year dental students' clinical requirements.

As a USC graduate, it pains me a bit to be excited about partnering with UCLA, but truthfully, this partnership is something that will benefit all those involved. Please stay tuned for more updates from the Foundation as the year progresses, and thank you all for your continued support.



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and help us to FUND events where we treat veterans or children, and to help us FUND scholarships to encourage the next generation of doctors
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SDCDF is a tax-exempt entity organized under IRS Section 501(c)(3), so contributions are tax deductible.

Pediatric Nutrition Pearls

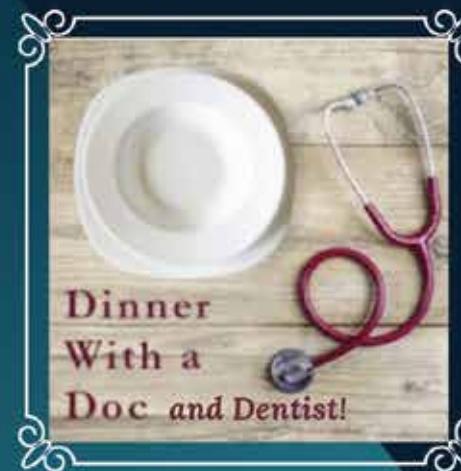


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Existing Dental Office of approx. 1,500 SF now available for lease in Scripps Ranch Supermarket Anchored Center. For information contact Reg Kobzi | CBRE | Lic. 00917639 | Tele. 858.546.4604 | reg.kobzi@cbre.com

Pediatric Leaseholds for Sale

Previous pediatric dental office. 3 ops, 1000 sq ft in Escondido. Re-built in 2018. 2 years remaining on a 5 year lease. X-ray station, portable N2O tank, miscellaneous computers and laptops. Please contact Tom Herrington for further questions and showings. 619.723.1833 | tom@thetransitionadvisors.com

Location, location, location!

Busy North County San Diego dental office with room to grow! This private dental practice is located in a country setting yet is close to the city amenities. 5 Ops, 3 1/2 days/week. Practice revenues in 2021 to be over \$750K with a profitability over 40%. Many specialties referred out. No HMO's or Medical. Owner willing to stay on, PT, for a year if desired. Send resume to pobox12545@gmail.com. (No corporations please.)

Fully Equipped Dental Building for Lease in Chula Vista

2000sf, 5ops + 4 chair ortho bay, nitrous oxide. Practice over 23 years. Revenue \$18K/mo on 1 day/week. Lease all \$4995/mo. Dr. Vin 619.405.6307 | vsnkn@yahoo.com

Too busy and would like to retire!

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THURSDAY

MAR
3**New DDS Seminar:***Clinical Pearls of Wisdom*2CE
units**Speaker:**
Dr. Bradley Eli &
Dr. Elona Gaball**Summary:** Clinical pearls are best defined as small bits of free standing, clinically relevant information based on experience or observation.**Time:** 6 - 8 PM (check-in 5:30 PM)**Speakers:** TBD**Location:** SDCDS Office 1275 W Morena Blvd Ste B San Diego, CA 92110**Register:** sdcds.org | (619) 275-7188| Membership@sdcds.org**Price:** FREE for members!**Includes:** Dinner**Sponsor:** Henry Schein

THURDAY

MAR
10**BLS Renewal for Healthcare Providers**

FREE CE*

4CE
units**Summary:** Register early if your CPR card is expiring; limited spaces available.**Time:** 5:30-9:30pm (5pm check-in)**Location:** SDCDS Office**Register:** sdcds.org | (619) 275-7188| admin@sdcds.org**Pricing:** member \$50... (or use your *1 free member benefit CE for 2022), nonmember \$70, member staff \$60**Includes:** Dinner & refreshments provided during registration (please indicate special dietary needs when registering).

SATURDAY

MAR
19**Oral Surgery for the General Dentist**6CE
units**Summary:** This all-day lecture course is designed for the general dentist who wants to expand their oral surgical experience and better understand and manage dentoalveolar surgical problems.**Time:** 9am-4pm (8am check-in)**Location:** Four Points by Sheraton 8110 Aero Dr San Diego, CA 92123**Register:** sdcds.org | (619) 275-7188 | admin@sdcds.org**Price:** member/member staff \$150, nonmember \$225**Includes:** Continental breakfast, lunch, and light refreshments during breaks (please indicate special dietary needs when registering).**Sponsors:** CARR, Fortune Management, Garfield Refining, Ken Rubin Practice Sales, INC.**Speaker:**
Dr. Bach Le, DDS,
MD, FICD, FACD

FRIDAY

APR
1**Emergency Medicine: 10-minutes to save a life**6CE
units**Summary:** Medical emergencies (ME) can, and do, happen in the practice of dentistry. Dr. Malamed will discuss the incidence of ME, preparation for, and management of common emergencies in the dental office.**Time:** 9am-4pm (8am check-in)**Location:** Handlery Hotel, 950 Hotel Cir N., San Diego, CA 92108**Register:** sdcds.org | (619) 275-7188 | admin@sdcds.org**Price:** member/member staff \$150, nonmember \$225**Includes:** Continental breakfast, lunch, and light refreshments during breaks (please indicate special dietary needs when registering).**Sponsors:** CARR, Fortune Management, Garfield Refining, Ken Rubin Practice Sales, INC.**Speaker:**
Stanley Malamed,
DDS

THURSDAY

APR
7**New DDS: Beach Bonfire****Summary:** Join us at Fiesta Island for a beach bonfire**Time:** 6 - 8 PM**Location:** Fiesta Island (more info given the week of event)**Register:** online | membership@sdcds.org | (619) 275-7188**Pricing:** Free for members**Includes:** dinner and smores!**Sponsor:** Patterson Dental

SUNDAY

Apr
10**Afternoon Tea | Women's Leadership Seminar****Summary:** Enjoy a cup of tea and learn alongside your female colleagues.**Time:** 2 - 4:30 PM**Location:** Bernardo Heights Country Club 16066 Bernardo Heights Pkwy, San Diego, CA 92128**Register:** online | membership@sdcds.org | (619) 275-7188**Pricing:** *Free, credit card required to hold reservation, \$25 fee for no-shows**Includes:** light refreshments**Sponsors:** Menlo Dental Transitions, US Bank**Speakers:** TBD

WEDNESDAY

APR
13**Military Dental Symposium: Optimizing Implant Aesthetics**2CE
units**Summary:** This practical course is designed for clinicians to take the knowledge presented and immediately apply it to their restorative practices. Material presented includes ideal implant placement, maintaining and nurturing soft tissue contours, and choice of material for abutment and overlying crown. This program is a fundraiser for the UCSD free clinics in conjunction with the United States Navy Dental Corps, Dr. Kevin Kenny's Patriot Study Club and the San Diego County Dental Society.**Time:** 4:30-6pm cocktails with table clinics and exhibitors, 6-8:30pm dinner and lecture.**Location:** MCAS Miramar Commissioned Officer's Club, 4472 Anderson Ave San Diego, CA 92145**Register:** sdcds.org | (619) 275-7188 | admin@sdcds.org (**deadline to register is March 18th, 2022**)**Price:** civilians \$99**Note:** Please indicate any dietary restrictions when registering.**Speaker:**
David Hornbrook,
DDS, FAACD, FACE,
FASDA



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