

MOUThPIECE

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ARE ALL BRUXISM'S ALIKE?

ETIOLOGY,
MISCONCEPTIONS
AND TREATMENT



IN THIS ISSUE

- Are All Bruxism's Alike? Review Etiology, Misconceptions and Treatment Options
- Building Equity and Protecting Your Future as a Dental Professional
- A First-Time Delegate's Experience at the CDA House of Delegates
- How Local Voices Shape Statewide Dentistry at the CDA House of Delegates
- Close the Year Strong: How Remote Front Office Teams Help Dental Practices Finish 2025 Ahead
- Attitude: The Hidden Key to Shaping Dentistry's Future and much more...



San Mateo County
DENTAL SOCIETY

Member Events Calendar

See Education / Events > Calendar of Events at www.smcds.com for details and registration.

New / revised course info in **bold text**. Featured courses **highlighted**.

JANUARY						
DATE	DAY	TYPE	TOPIC	SPEAKER/CONTACT	LOCATION	TIME
6	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
			Front Office Training			
15	Th	PM	Topic: Reducing Practice Overload: Strategies for Managing Administrative Tasks	Christine Sison	Webinar	12:00-1:00P
27	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
29	Th	SCCE	SMCDS Study Club Topic: Pediatric Dentistry	Charles Spitz, DDS & Tyler Davis, DMD	SMCDS	6:30-8:30 P
FEBRUARY						
2	M	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7:00-9:00 P
			Responsibilities and Requirements			
3	Tu	RCE	for Prescribing Controlled Substances (Schedule II Opioid Drugs)	Reb Close, MD & Casey Grover, MD	Webinar	6:00-8:00 P
10	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
10	Tu	G	SMCDS Executive Board Meeting	President: Tyler W. Davis, DDS	N/A, Virtual	6:30-8:00 P
23	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
MARCH						
3	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
10	Tu	G	SMCDS Leadership Meeting	President: Tyler W. Davis, DDS	SMCDS	6:30-8:00 P
			SMCDS General Membership Meeting w/ MPDS			
18	W	CE1	Topic: Ridge Preservation: Less Traumatic Extractions and Bone Grafting for Implant Placement	Aman Bhullar, DMD	Hiller A.M. San Carlos	6:00-9:00 P
23	M	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
25	W	CO	College of San Mateo Spring Health Fair	Mike Aicardi 650.637.1121	CSM	10:00-2:00 P
APRIL						
4	Sa	FMB	Shredathon: Document Shredding, eWaste, & Lead Foil	Jim Aicardi 650.637.1121	TBD	9:00-12:00 P
7	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
14	Tu	G	SMCDS Executive Board Meeting	President: Tyler W. Davis, DDS	N/A, Virtual	6:30-8:00 P
16	Th	SCCE	SMCDS Study Club Topic: TBA	TBA	SMCDS	6:30-8:30 P
21	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
MAY						
2	Sa	RCE1/2	Peninsula Dental Compliance Symposium	Multiple	Alexandria San Carlos	8:15-6:00 P
4	M	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7:00-9:00 P
5	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
12	Tu	G	SMCDS Leadership Meeting	President: Tyler W. Davis, DDS	SMCDS	6:30-8:00 P
14-16	Th-Sa	CE1/2	CDA Presents: Anaheim	Multiple	Convent Ctr	Multiple
18	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
26	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P

EVENT TYPE	
AR	Allied Dental Relations
CE1	Core CE
CE2	20% CE
CO	Community Outreach
FMB	Free Member Benefit
G	Governance

EVENT TYPE	
H	Holiday
HWS	Hands-On Workshop
L	Leadership
NDS	New Dentists Social
PG	Personal Growth
PM	Practice Management

EVENT TYPE	
PM1/4	Pract Mgmt 1=New Dent 4=Life Active
PS	Professional Success
PS1/4	Prof Success 1=New Dent 4=Life Active
RCE	Required CE
S	Social Event
SCCE	Study Club CE



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All editorial contributions are subject to space and/or content editing at the Editor's discretion.

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President's Message

By Zachary Held, DDS



As we close out the year, I want to take a moment to reflect on an eventful and successful November for our dental community. The California Dental Association House of Delegates convened, and San Mateo County Dental Society was proudly represented by five delegates. They voted on several important policies that will help guide the future of dentistry in our state.

I am pleased to share that our resolution to merge with the Mid-Peninsula Dental Society passed unanimously. This is an exciting milestone and one I believe will strengthen our professional community, expand our reach, and enhance the services we offer. As we move into the next phase, we will begin forming a joint task force with members from both societies to guide the merger process thoughtfully and transparently. We will keep you closely informed as progress is made.

If you are interested in serving on the task force or would like to share ideas, please reach out to Nakia Brandt at nakia@smcds.com. Your voice and participation are always welcome.

This year also marked the launch of our new **RDH Study Club**, created to support and engage dental hygienists in our community. The club has been expertly led by my own hygienist, Lauren, along with our dedicated SMCDS staff. Those who have attended have been highly engaged and enthusiastic about the group's value. If you have hygienists who may be interested in participating, please let us know—we would love to welcome them.

We also made remarkable strides in our Oral Health Access Learning Collaborative Program with the Health Plan of San Mateo and the Sequoia Healthcare District. Thank you to our dedicated SMCDS members for the compassionate care you continue to provide. This accomplishment is one we can all share in and celebrate.

Our SMCDS Dental Health Foundation made a meaningful impact by providing over \$1,600 contribution in the form of 1,200 children's dental kits to the Good Tidings Foundation. Thank you to every member whose generosity helped make this outreach possible.

Additionally, in collaboration with CDA, SMCDS helped train 12 dental assistants in 8-Hour Infection Control—supporting the development, safety, and success of the next generation of dental professionals.

As this is my final message as President, I want to express how much of an honor and privilege it has been to serve you. Leading within our dental community has been an immensely rewarding experience, and I encourage anyone with the interest and time to step forward—you will find it both meaningful and inspiring.

Wishing you all a joyful, restorative holiday season. Thank you for the trust, support, and camaraderie you've shown throughout this year.

In Memoriam



We are saddened by the loss of Ellen Leaf, DDS.
Ellen was a member for 40 years and a regular attender at our general membership meetings and study clubs.



New Member Celebration



Join us in celebrating **18** new members from July 2025 to December 2025, contributing to the voice that is SMCDS - **653** strong...

Shervin Afghani, DDS
USC - 2025 - GP, UCSF - 2028 - Perio

Adriana Cervantes, DDS
Boston Univ. - 2025 - GP

Ngoc Truc Uyen Huynh, DDS
UOP - 2022 - GP

Brendan L. Lee, DDS
UOP - 2025 - GP

George K. Markle, DDS
UOP - 1978 - GP

Yumeto Shigihara, DDS
UCLA - 2024 - GP

Anthony J. Brungo, DMD
ATSU - 2015 - GP, ATSU - 2022 - Ortho

Sampada J. Deshpande, DDS
Univ. of WA - 2018 - GP

Yoonsun Jang, DDS
UOP - 2025 - GP

Shivani P. Madhav, DDS
Texas A&M Univ. College of Dent. - 2025 - GP

Yogalakshmi Rajendran, BDS
SRM Univ. - 2010 - GP, UCSF - 2016 - Perio

Addison Yu, DDS
Touro College of Dental Medicine - 2024 - GP

Anabel Carballosa Amor, DDS
Univ. of AL - 2021 - GP

Nathan Fok, DDS
UCLA - 2025 - GP, UCLA - 2031 - O&MS

Chun-Pang T. Kir, DDS
Univ. of Sydney - 1982 - GP

Ghulam M. Makhdoom, DDS
UOP - 2025 - GP

Samantha Rovno, DDS
UOP - 2025 - GP

Na Zhao, DDS
UCSF - 2025 - GP

Resources & Support for Early Career Dentists

Navigate the early years in dentistry with CDA on your side. Through membership, you have access to time-saving resources, one-on-one expert guidance and a community that supports your ongoing success.



Discover savings, support and solutions designed to help you navigate your early years in practice.
Visit cda.org/NewDentists



New Member Introductions



Please join the SMCDS Leadership in welcoming our newest members. Take a moment to introduce yourself when you see them at an upcoming General Membership meeting (they wear yellow daisy name tags). Our personal new member interview gives you a sneak-peek into who they are...



Dominique N. Chagniot, DDS

Oral and Maxillofacial Surgery
2400 Westborough Blvd., Ste. 211
South San Francisco, CA 94080-5413
USC - DDS - 2020
UCSF - O&MS - 2024

What brought you to San Mateo County?

My husband grew up in, San Mateo. He went to Baywood, Borel, and Aragon and has always made it known that we would return to this area when it came time for us to settle down. We love San Mateo County!

What is your favorite part of working in dentistry?

I love doing complex procedures and being able to offer comfort for patients during the process.

What do you like to do in your spare time?

I love hikes, yoga, cooking and spending time with friends and family.



2026 Membership Renewal:

Keep SMCDS Strong – Renew Now!

IF you haven't paid yet, act NOW to avoid having your membership dropped. You can still do your part to *keep your society's business running efficiently by paying before the drop date.*

Don't lose access to resources that make a difference

- Continuing Education, Social/Networking Events ■ Study Clubs ■ Patient Referrals, Vendor Relationships
- Advocacy & Leadership Development ■ Community Outreach/Volunteering
- Job Resources (for dentists & staff) ■ Practice Management & Regulatory Compliance
- Updates on Requirements, Laws, Insurance, Benefits ■ Professional Headshots
- Mandatory Courses: CPR, Infection Ctrl, CA Dental Practice Act, Sexual Harassment Prevention Prescribing Controlled Substances, Workplace Violence Prevention & Active Shooter Training
- Staff Courses: 8-Hour Infection Control, Radiation Safety Training, Front Office Training
- Discount on tickets to the Peninsula Dental Compliance & Business Symposiums & Bay Area Dental Expo
- Document Shredding, eWaste/lead foil disposal and much more...

Discounted/waived dues are available up until the renewal date for:

- retirees ■ post-graduate students ■ dental school faculty members
- federal employees: active military duty/work full-time at a VA clinic
- serving full-time for a charitable organization ■ temporary/permanent disability
- financial hardship ■ medical illness ■ leave of absence from dentistry

■ If you're not sure about *why* you should renew and need reassurance of member benefits and the **power of organized dentistry**, please e-mail mike@smcds.com.

■ If you run into any problems in the process, call **CDA Membership at 800.232.7645** or **Mike on the SMCDS phone line at 650.637.1121**.

CHOOSE AUTOPAY TODAY!

For your convenience, CDA offers the option to break dues into recurring monthly payments. When you enroll in autopay, equal dues monthly payments will automatically be deducted from your chosen payment option and method and your membership will automatically renew each year. See full details at cda.org/autopay.

Member Specialist Spotlight



Orthodontists

SMCDS member orthodontists are spread throughout San Mateo County

Alexa A. Alborzi, DDS, MDS

235 N San Mateo Dr Ste 300
San Mateo, CA 94401-2672
(650) 342-4171

J. James Chen, DDS

19 11th Ave
San Mateo, CA 94401-4308
(650) 570-4365

Gracia B. Cua, DMD, MScD

2400 Westborough Blvd Ste 104
South San Francisco, CA 94080-5402
(650) 873-2740

Maybelle T. Gomez, DDS

4943 Junipero Serra Blvd
Daly City, CA 94014-3216
(650) 994-1818

Jeffrey S. Jang, DDS

341 Gellert Blvd., # A
Daly City, CA 94015-2616
(650) 994-3900

Peter H. Lam, DDS, MS

3455 Pacific Blvd # 1
San Mateo, CA 94403-2836
(650) 638-1500

Victor S. Lee, DDS

500 Primrose Rd Ste 1
Burlingame, CA 94010-4096
(650) 342-5801

Kenneth L. Stasun, DDS

423 Johnston St
Half Moon Bay, CA 94019-1717
(650) 726-7523

Kathleen B. Tavarez, DDS, MS

1785 San Carlos Ave Ste 7
San Carlos, CA 94070-2026
(650) 329-9600

Michael F. Wu, DMD, MMSc

420 Peninsula Ave
San Mateo, CA 94401-1653
(650) 888-0560

Sara A. Andrews, DDS, MS

1620 Laurel St
San Carlos, CA 94070-2022
(650) 620-9675

James J. Chen, DDS

7455 Mission St Ste K
Daly City, CA 94014-2977
(650) 755-0277

Steven A. Dugoni, DMD, MSD

1131 Mission Rd
South San Francisco, CA 94080-1302
(650) 588-5042

Krista A. Hirasuna, DDS, MS

2720 Edison St
San Mateo, CA 94403-2458
(650) 574-4444

Bradley I. Kuper-Smith, DMD

130 N San Mateo Dr Ste 2
San Mateo, CA 94401-2761
(650) 342-9294

Gary W. Lau, DDS

1100 Laurel St Ste A
San Carlos, CA 94070-5000
(650) 620-9535

Alan D. Marcus, DDS

485 Broadway Ste 500
Millbrae, CA 94030-1923
(650) 692-7933

Paul M. Takla, DDS, MS

2130 Ralston Ave Ste 1E
Belmont, CA 94002-1664
(650) 592-4100

James N. Tsau, DDS

11 Birch St Ste 100
Redwood City, CA 94062-1481
(650) 298-8400

Michael K. Chang, DDS

10 El Camino Real Ste 201
San Carlos, CA 94070-2451
(650) 598-0888

Jessica Chiang, DDS

217 De Anza Blvd
San Mateo, CA 94402-3989
(650) 377-0161

Thomas S. Ellerhorst, DDS, MSD

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San Mateo, CA 94401-2670
(650) 343-3603

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Redwood City, CA 94062-3068
(650) 257-3955

Jacklyn R. Kurth, DDS, MSD

2100 Carlmont Dr Ste 6
Belmont, CA 94002-3465
(650) 592-4850

April J. Lee, DDS, MS

1740 Marco Polo Way Ste 12
Burlingame, CA 94010-4500
(650) 231-2680

David T. Shen, DMD

883 Sneath Ln Ste 130
San Bruno, CA 94066-2409
(415) 982-0990

Cathy Tao, DDS

101 S San Mateo Dr Ste 115
San Mateo, CA 94401-3840
(650) 275-2288

Benson H. Wong, DDS

2400 Westborough Blvd Ste 104
South San Francisco, CA 94080-5402
(650) 873-2740

Member News

**Congratulations to
Sara Andrews, DDS, MS
for opening her new
Orthodontics practice
in San Carlos.**



**Congratulations to
Parisa Shahi, DDS, FACP
for opening her new
Prosthodontics practice
in San Mateo.**



**Congratulations to
Frederic G. Holloszy, DMD
on retiring from practice after 61 years.
Fred continues to serve on the
SMCDS Leadership Council and attends
as many meetings as he can.**

Smiles for All hosted by South San Francisco Dental Care

After a brief two-year hiatus, Smiles For All returned for the 8th time, offering free dental care to South San Francisco and nearby communities! This year free dental exams were provided followed by either a free cleaning or tooth extraction. Patients began arriving bright and early at 7 AM, eagerly awaiting the start of the event!

Big thanks to the volunteers, hygienists, dental assistants, staff, patients, family, and friends, we were able to deliver over \$47,645 in dental services to 107 individuals in our Bay Area community!



SMCDS Member Kelvin Choi, DDS





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Member Events

June 21 Shredathon



Over 30 member offices shredded boxes and recycled their electronics.

Special Thanks to:

Member Robert Choi, DDS for hosting the event

Member Charlie Carter, DDS for collecting lead foil

Sponsor: Armando Vasquez of NetIP Dental

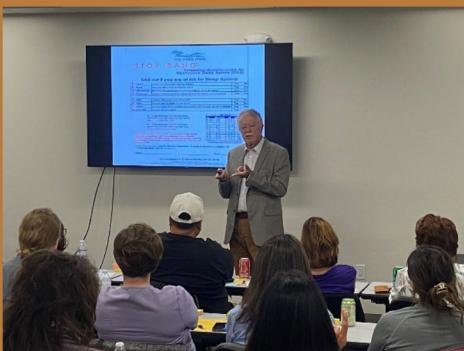
August 7 Member Study Club



Aman Bhuallar, DMD lectured and gave our members a demonstration of what is possible in 3D Printing.

Sponsors: SprintRay, Nobel Biocare, NetIP Dental

August 13 Hygiene Study Club



Eugene Santucci, DDS presented on Becoming the Dentist and Hygienist of Tomorrow, Today: Your Role in the National Pandemic of Disturbed Sleep.

Sponsors: Kettenbach, CocoFloss, Straumann

August 22-23 Bay Area Dental Expo



The second annual Bay Area Dental Expo was a major success. We built upon our first year and the expo was bigger and better in 2025.

Over 150 SMCDS members and staff attended the Expo. SMCDS is proud to be part of the Bay Area Dental Expo Coalition.

Special Thanks to SMCDS Business Members for sponsoring the Bay Area Dental Expo:

Dental & Medical Counsel, Hariri Financial Partners, Roam Commercial Realty, Bank of America Practice Solutions, Revolve Practice Transitions, Nobel Biocare, Nimbus, Fortune Management, PEP Creative, Meds 2U Emergency Dental Kit

September 6 Shredathon



Over 30 member offices shredded boxes and recycled their electronics.

Special Thanks to:

Tom O'Brien, of Vantage Wealth Management for hosting the event.

Member Charlie Carter, DDS for collecting lead foil

September 25 General Membership Meeting



Joshua J. Solomon, DDS, MS, presented Clinical Excellence in Restorative Dentistry for Children, Teens and Young Adults. It was a great gathering for SMCDS and MPDS members at the Hiller Aviation Museum.



October 8 New Dentist Mixer and Practice Ownership Panel



We had 30 new dentists, members and guests join us for our new dentist mixer at the Alexandria. They enjoyed dinner and learned from expert practice ownership panelists Ali Oromchian and Michael Dinsio on acquiring a practice and starting a practice.

Special Thanks to:

Sponsors: Bank of America Practice Solutions, Revolve Practice Transitions, Carestream Dental and Clipboard Health

October 15 Year-End Taxes & Cash Flow



Laura Phillips, EA. presented to our members. Members learned tried-and-true techniques along with lesser-known strategies to optimize their strategic business and personal tax planning and to maximize tax savings.

Sponsors: Provide, Carroll & Company, Yaeger Dental Supply, PEP Creative

Are All Bruxism's Alike? A Review of Etiology, Misconceptions and Treatment Options

Eugene T. Santucci, DDS, MA, FACD



Historically, patients have been treated for parafunctional activity (Bruxism) with a traditional Michigan design night guard. It was designed to create the perfect occlusal scheme for decreasing tooth sensitivity, facial muscle discomfort and fatigue.

Additionally, more advanced prosthetic treatment attempted to eliminate this parafunctional habit involved creation of the perfect dental occlusion and a follow up night guard. These studies lead to the use of advanced articulators and pantographic tracings in order to deliver the perfect occlusal scheme, perfect centric relationships, anterior guidance and posterior freedom in lateral excursions. Why then a nightguard which was included as part of the final treatment if the perfect occlusal scheme was justified to eliminate the parafunctional habit due to malocclusion?

If malocclusion is not the driving factor for parafunctional activity, what may be the etiology of this parafunctional habit and its destructive nature?

Presently, bruxism is thought to present in two basic forms, nocturnal and diurnal. They not only differ in time but also etiology and treatment.

During the patient exam we may notice extraoral signs such as hypertrophy of the masseter and anterior temporalis muscles, evaluation of the mandibular gait and TMJ health. Additionally, along with the intraoral evaluation, we may ask if the patient is aware of parafunctional habits at night or during the day along with a history of disturbed sleep.

Intraorally, the first signs that are apparent may be worn teeth, scalloped tongue, Linea Alba, severe Brodsky tonsil classification and Mallampati score of 3 or 4.

As patients are asked of their perception of these habits, unfortunately, they are poor historians. 50% of those who respond in the positive do not clench and grind their teeth and 50% that answer in the negative do express parafunctional habits. (1). The best evaluation is by EMG studies which is beyond our daily exam.

A further consideration is the temporal aspect of what our exam reveals. For example, the patient may have had parafunctional episodes years ago but no longer; therefore, the results are present but have occurred years ago. Essentially, wear itself is not a good indicator of parafunctional activity.

It's best to think of Bruxism as a tooth wear problem not just tooth clenching or grinding. Being a tooth wear problem asks us to look at the causes of tooth structure loss, acid erosion, attrition, abrasion all of which are possible contributing factors.

Current concepts of bruxing suggest wear patterns result from nocturnal or diurnal parafunctional habits. These differ in etiology and treatment as modalities. John Rouse in his Inside Dentistry Article (2) alerts us to the triad of sleep bruxism, sleep apnea and Gerd's in many of his patients.

The connection of parafunctional activity to disturbed sleep patterns was noted by sleep studies when bruxing events were followed by an apneic event. Increased masseter EMG levels resulted during the event followed by a return to normal when proper breathing was restored.

Decreased oxygen initiated the series of tachycardia, trigeminal nerve stimulation, mandibular protrusion resulting in a gasp of life saving air. This scenario can be replayed from single to double figure numbers per hour. Apnea represents a 70% loss of oxygen for 10 seconds which can be coupled with hypoxia 30% loss of oxygen for 10 seconds yielding an AHI number, the number of apneas and hypopneas per hour. (3)

A score of 15 or less episodes per hour is low to moderate diagnosis for disturbed sleep. Greater scores run into moderate to high numbers with severe cases resulting in increased body effort to breathe. In essence, sleep bruxism is a centrally mediated function beyond the patient's control. Diagnosis is made only by a sleep study. Treatment is by way of a C-Pap machine or dental mandibular advancing appliance, MAD. (4) In severe cases both may be used as a mixed treatment modality.

Conversely, diurnal bruxing is an environmental problem essentially, a nonfunctional activity which may include tooth clenching, grinding, nail biting, etc. often related to stress. (5) Whereas sleep bruxing is out of the patient's control, diurnal bruxing can be corrected by the patient with understanding of the problem, its etiology and accepting corrective measures. (6)

Who tends to exhibit parafunctional habits and at what age is prominent? Studies indicate 14-18% are children and adolescents, 8% age range 25-65 and 3% over 65. Therefore, it appears parafunctional activity decreases with age. (7) Of course, disturbed sleep changes these percentages.

Additional factors that may increase parafunctional activity are alcohol consumption, coffee and smoking. (8)

When considering treatment for tooth wear, (bruxism) it's advantageous to consider the possible etiology and temporal components as being nocturnal or diurnal. Unfortunately, we can't order sleep studies for all patients we feel can benefit from a night guard. As a guide, consider the use of an ADA [policy statement in 2017, regarding the pandemic of disturbed sleep and suggesting dentistry as a stop gap entity in helping medicine to evaluate our patients for possible sleep disturbances. This involves a simple sleep survey, STOP BANG, and EPTHWORT studies, both are easy to download for your office use.

If high scores are noted, the ADA article suggests a referral to the patient's primary care physician to initiate a sleep study. This is easily done and appreciated by our patients as we stress our total patient care. The process of utilizing the sleep surveys is suggested for several reasons, the possible life saving referral due to the many co-morbidities related to disturbed sleep and recent articles indicating an increased AHI level in those patients exhibiting an undiagnosed sleep problem being treated with a routine night guard for parafunctional activity. (9)

Therefore, a routine night guard may control the impact of tooth sensitivity and wear but not help with a disturbed sleep diagnosis and in fact may increase its severity.

In conclusion, what may be the solution to this treatment concern for our patients? The use of a sleep survey which may evaluate the patient for a possible hidden sleep disturbance as mentioned and referral, if necessary, prior to the fabrication of a routine night guard may be prudent. This may not be perfect but hopefully will prevent an exacerbation of a minor sleep disturbance. Another suggestion incorporated into the ADA policy statement encourages dentist to treat sleep disturbances following the proper training and securing a diagnosis from a sleep physician.

References:

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Continuing Education Peninsula Dental Compliance Symposium

**Earn Up to 8 CE in 1 Day!
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- ▶ CA Dental Practice Act
- ▶ Infection Control
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Building Equity and Protecting Your Future as a Dental Professional

By Ali Oromchian, Esq.

For many dentists, building equity is one of the most effective ways to advance their careers, increase their earnings, and secure long-term professional stability. Whether you are an associate looking to take the next step or an owner planning the future of your practice, understanding the pathways to ownership is essential. One of the most common routes is through an associate buy-in agreement, partnership agreement, or shareholder agreement. These tools help define the relationship between future and current owners and ensure that everyone moves forward with clarity and confidence.

Yet not all buy-ins or partnerships are created equal. The right agreement can elevate your career and strengthen the practice, while a poorly structured one can create unnecessary tension and costly problems. Our team routinely helps dentists write, review, and negotiate associate buy-in, partnership, and shareholder agreements. We also understand that partnerships do not always work out despite everyone's good intentions, which is why we assist clients with partnership disputes to protect their interests and minimize disruptions to the practice.

Making Sense of Practice Buy-In and Buy-Out Agreements

If you have heard horror stories about associate buy-ins, you are not alone. Many of these situations occur because the parties moved forward without proper preparation, due diligence, or documentation. A buy-in should never feel hostile or chaotic. With the right legal guidance, it can be a smooth and positive experience for both the incoming associate and the existing owners.

Our team has deep experience with the legal and practical aspects of the buy-in process. We help define expectations, structure the financial terms, outline responsibilities, and address potential issues before they surface. A well-designed buy-in agreement protects the practice while also giving associates the opportunity to grow, contribute, and feel invested. For owners, it can also serve as a powerful tool for retaining top talent.

In addition to buy-in agreements, we assist with buy-out and buy-sell agreements for owners who are considering a transition, retiring, or reorganizing their ownership structure. Things change, and sometimes a buyout is the right step to take control of your personal and professional future.

Strengthening Your Practice with Shareholder and Partnership Agreements

Even the most aligned partners may eventually disagree. A strong shareholder or partnership agreement creates a roadmap for resolving issues, clarifying responsibilities, and protecting the practice from unnecessary conflict. Many practice disputes stem from misunderstandings about roles, expectations, or compensation. By addressing these concerns upfront, you reduce the risk of miscommunication and create a healthier environment for everyone involved.

A comprehensive agreement should consider both current realities and future possibilities, including what happens in the case of death or disability, buy-out terms, financing issues, compensation scenarios, treatment days, and how practice earnings are shared.

Navigating Partnership Disputes with Confidence

When disputes do arise, informed legal advice is essential. These conflicts can affect patient care, team morale, and the financial health of the practice. Our role is to help owners identify the source of the dispute, explore the most efficient path to resolution, and protect the long-term interests of the business. Once the dispute is resolved, we work with you to strengthen your ownership structure so similar issues do not resurface.

Common triggers for partnership disputes include misunderstandings during the purchase process, personal hostilities, or workplace misconduct. Addressing these matters promptly and strategically can prevent lasting damage to the practice.

Considering a Practice Merger

Partnerships are not the only path to collaboration. Some doctors choose to merge practices to combine resources, align philosophies, or prepare for a future transition. When considering a merger, you should evaluate benefits and drawbacks, valuation methods, location, staffing, branding, and the culture of both practices. We help doctors navigate these questions and negotiate agreements that set the combined practice up for success.

Whether you are an associate exploring ownership or an established owner preparing for the next chapter, having the right agreements and guidance is essential. With proper planning, you can build equity, protect your business, and create a practice that supports your long-term goals.

Reach Out if You Need Assistance.

If you are considering a buy-in, navigating a partnership, reviewing an agreement, or dealing with a dispute, I am happy to help. As a supporter of the San Mateo County Dental Society, I offer all members a complimentary consultation to discuss your goals and provide guidance tailored to your situation. You can schedule a time with me here: <https://www.dmcounsel.com/contact>

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A First-Time Delegate's Experience at the CDA House of Delegates

By Anna Ratiner, DDS

My first experience at the California Dental Association House of Delegates was truly amazing—eye-opening, educational, inspiring, and heart-warming all at once. Before becoming involved, I had a general understanding of how important organized dentistry is for us as dental professionals and for the patients we serve. This is why, since becoming a dentist, I have always been a member of many dental societies such as the ADA, CDA, AAE, and whichever **local dental society** aligned with where I practiced. More recently, this commitment led me to join my “home” society, SMCDS, as a volunteer, hoping to contribute in any way I could to its mission.

However, after attending the CDA House of Delegates for the first time, I quickly realized that what I had known was only the tip of the iceberg. Seeing firsthand how much effort, passion, dedication, and collaboration it takes to strengthen our profession and enhance our everyday work was both powerful and humbling. At first, the experience felt overwhelming—the volume of information, the formality of parliamentary procedures, the rules, the resolutions, and the debates and testimony unfolding within just the first few hours. But as time went on, it became clear that the environment was remarkably cordial, respectful, and supportive. It was about people—*all of us*—who care deeply about dentistry, about our patients, and about each other.

Listening to all sides during debates and hearing the thoughtful testimony presented by colleagues was incredibly inspiring. Each contribution helped us make the most informed and sensible decisions that will shape the future of dentistry. What became even more evident was the profound sense of collective responsibility shared by everyone in the room. Even when debates grew intense, the goal remained unwavering: to do what is right for patients and to uphold the long-term integrity of our profession.

Equally inspiring was witnessing how every voice truly mattered—whether from a seasoned delegate, an experienced practitioner, a student, a leader, or someone speaking at the microphone for the very first time. I felt proud to be part of an organization where colleagues devote their valuable time and energy to improving not only their own professional lives but the lives of all dental professionals across California. Seeing that respect, appreciation, and support persisted even during moments of strong debate reaffirmed the sense of unity that defines our profession.

By the end of the experience, I felt more connected than ever to dentistry and to my colleagues statewide. Walking out, I carried with me a stronger and clearer understanding of advocacy, a deeper appreciation for leadership, and a renewed motivation to stay engaged and involved.

My first CDA House of Delegates did not just educate me—it inspired me. It reaffirmed that we are more than a community of professionals. We are a family, dedicated to one another and to delivering the best possible care for our patients.



How Local Voices Shape Statewide Dentistry at the CDA House of Delegates

By Alyssa Coulter, DDS



Participating as a first-time delegate in this year's California Dental Association House of Delegates offered me a deeper understanding of how our profession grows, adapts, and advocates on behalf of dentists across the state. Since graduating from dental school a few years ago, I've been attending local dental society events, mostly to connect with colleagues and stay informed about the issues shaping our field. That involvement eventually led me to serve as a delegate for our local dental society this year.

Although I don't have any experience in legislation, I do have a passion for the future of our profession, and I quickly learned that this is all that's needed to participate at the House of Delegates. I was surrounded by colleagues and dentists of all backgrounds, specialties, and years in practice. What mattered most was our shared commitment to bettering our profession. Everyone was welcoming and helpful, regardless of each person's depth of knowledge on any given resolution. That sense of support made it clear that you don't need to be an expert in policy to participate meaningfully. I hope that others who may feel unsure or inexperienced aren't deterred from getting involved. Each person's perspective was welcomed in the conversation.



One of my biggest takeaways from this experience was gaining a new appreciation for how grassroots the entire process is. The hard work of local dental societies, their conversations, ideas, and concerns, form the foundation of the resolutions that eventually make it to the House floor. It was inspiring to see that large-scale policy conversations often start with just a handful of dentists in a component meeting who care enough about an issue to put it into writing. When enough people speak up about why something matters, it has the power to move upward and become part of the statewide and even nationwide dialogue.

At the House of Delegates, these resolutions are brought forward for open and thoughtful debate. Delegates from every part of California can share their perspective, refine language, and discuss how each issue affects their respective communities. Participating has given me a deeper appreciation for our local dental society and the power of organized dentistry. I'm thankful for the chance to be involved and contribute, and I hope more dentists become aware of this process and feel empowered to take part in shaping our profession's future.

Close the Year Strong: How Remote Front Office Teams Help Dental Practices Finish 2025 Ahead

By Christine Sison | CEO, Swiss Monkey

As 2025 winds down, many dental practices are balancing packed schedules, patient benefit reminders, and year-end reporting — all while key team members take time off. It's a hectic season, and the new year brings its own demands: insurance updates, new coverage verification, and a flood of patients ready to reactivate treatment.

That's why more practices are turning to remote front office professionals available for short-term projects, contract coverage, or fractional support to help them finish the year strong and start 2026 ahead.



Flexible Help When You Need It Most



Whether you need help for a few weeks, a few months, or ongoing fractional support, a remote front office professional can plug in quickly to keep your practice running smoothly. **These experienced professionals log into your systems securely and act as an extension of your team — without the overhead of a full-time hire.**

According to the American Dental Association, over 40% of dental practices report front office staffing shortages, and nearly one in three owners say administrative burnout has affected performance. Adding short-term or contract remote help can relieve pressure, reduce burnout, and maintain operational continuity especially during holidays, transitions, or growth phases.

End-of-Year Projects Remote Teams Can Handle

Here's how practices are using contract or fractional professionals this season:

- ✓ Follow up on unscheduled treatment and patients with approved financing.
- ✓ Run remaining benefits campaigns ("Use it before you lose it").
- ✓ Assist with year-end A/R cleanup and claims follow-up.
- ✓ Provide overflow call support to ensure no patient inquiries are missed.
- ✓ Cover time off or staff gaps due to vacations, illness, or maternity leave.

Practices using remote professionals during Q4 often see a 10–15% increase in year-end collections and reduced call abandonment rates, according to Swiss Monkey internal data.

Start 2026 in a Great Position

January brings new opportunities and administrative challenges. Remote professionals can help you:



Update and verify insurance coverage for returning patients.



Follow up on patients with approved financing or pre-authorizations.



Reactivate unscheduled treatment plans from 2025.



Support onboarding for new or returning in-office staff.

Whether it's a two-week project or a part-time role, remote professionals give practices the flexibility to adjust support without overextending payroll or internal resources.

Why It Works

- Fast Onboarding:** Qualified help within days.
- Scalable:** Add or pause support as needs change.
- Cost-Effective:** Pay for the hours or projects you need.
- HIPAA-Compliant:** All work is completed securely.
- Supports Team Morale:** Reduces stress and improves retention.



The Bottom Line

You don't need to wait for the perfect full-time hire to strengthen your team.

Remote professionals — whether for short-term projects, contract coverage, or ongoing fractional work — can help your practice finish 2025 strong, start the new year organized, and give your team the support they deserve.



About Christine

Christine Sison is the CEO and Founder of Swiss Monkey and brings more than a decade of experience in dental operations, workforce strategy, and healthcare innovation. A graduate of UC Berkeley and Harvard T.H. Chan School of Public Health, she combines clinical, operational, and policy expertise to help modernize private healthcare.

Swiss Monkey connects practices with remote front office professionals for scheduling, billing, insurance, A/R, hygiene recall, and more. Practices use the platform to post positions, manage projects, and access both on-demand and fractional support — all within a single, secure system. Swiss Monkey helps practices stay productive, reduce burnout, and scale smarter without increasing overhead.

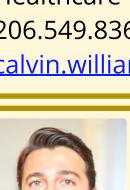
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Attitude: The Hidden Key to Shaping Dentistry's Future

By Michael Njo, DDS

Over the past several months, I've noticed that *attitude* has become a popular topic in books, articles, and professional discussions. In my last newsletter, I recommended reading *As a Man Thinketh* by James Allen — and the feedback from many of you was overwhelmingly positive!

For those who haven't yet had the chance to read it, *As a Man Thinketh* (first published in 1903) is a short but profound classic on self-improvement and philosophy. Allen's central idea is simple but powerful: **your thoughts shape your character, and your character shapes your destiny.**

He compares the mind to a garden — if you cultivate positive, purposeful thoughts, you'll grow success and fulfillment. If you allow negativity or complacency, you'll reap confusion and frustration.

Core Themes of the Book

1. **You are what you think.**
Your outer world reflects your inner world. Thoughts create character, and character determines results.
2. **Cause and effect in thought.**
Just as plants grow from seeds, actions and outcomes grow from thoughts.
3. **Thought and character.**
Noble thoughts produce noble character; impure or selfish thoughts lead to struggle and limitation.
4. **Effect of thought on circumstances.**
We often blame luck or fate, but our mental habits attract the circumstances we experience.
5. **Serenity and mastery.**
A calm, disciplined mind leads to peace, wisdom, and strength.

"As a man thinketh in his heart, so is he." — *Proverbs 23:7*

This timeless truth challenges us to examine our own inner world — and that includes how we, as dental professionals, think about our work and our industry.

Our Mindset in Modern Dentistry

Given the rising costs of practicing dentistry and the increasingly complex relationships we have with insurance companies, it's understandable that many practitioners feel frustrated, disappointed, or even disillusioned.

Patients, too, are feeling the pressure — and increasingly, they're directing their frustration toward dentists, believing that our fees are "too high."

This perception is dangerous and inaccurate. It's *vital* that we, as a profession, **control the narrative**.

In the early years of dental insurance, it was "patient and insurance versus the dentist." Later, there was a positive shift: patients began to see their dentists as their true advocates for care — not the insurance companies. But today, that pendulum is swinging back. Once again, it's becoming "patient and insurance versus the dentist."

We must rewrite the story. We must remind our patients — and ourselves — that **we are the advocates for their health and wellbeing**.

How do we do that? By **cultivating the garden of our patients' minds and hearts**.

Perception *is* reality — so we must actively shape that perception. Insurance companies are experts at controlling the narrative; if we don't step forward to define the truth, it will be defined *for us*.

The Misnomer of "Dental Insurance"

Let's be honest — what we call "dental insurance" is more accurately an **annual allowance**.

And what about "PPOs" — Preferred Provider Organizations? What exactly is "preferred" about them? How can we truly provide high-quality dentistry when reimbursements continue to fall behind the cost of care?

If these plans were truly a *benefit* to patients, why hasn't the annual maximum changed in over 70 years?

Era	Typical Annual Maximum	Inflation-Adjusted Equivalent (2025 USD)	Notes
1950s	\$1,000	≈ \$11,000	Foundational plans (ILWU–PMA)
1970s	\$1,000	≈ \$8,000	Became industry standard
2020s	\$1,000–\$2,000	≈ \$1,000–\$2,000	Nearly unchanged nominally

This comparison is eye-opening. While the cost of running a dental practice — staff wages, supplies, lab fees, technology — has soared, the "benefits" have remained frozen in time.

Have our patients ever truly been educated about this reality?

Time for a Paradigm Shift

We are overdue for an **attitude adjustment** — both individually and collectively.

If every day in dentistry feels like *Groundhog Day*, perhaps it's time to ask:

- How can we break the pattern?
- How can we shift our mindset?
- How can our teams reframe frustration into purpose?

The change begins with thought. As James Allen wrote, our outer world reflects our inner world. If we choose to think differently — about our worth, our message, and our role as patient advocates — we can transform not only our profession's narrative but also our daily experience of practicing dentistry. Please email me at dentalstrategies@gmail.com for any questions or suggestions for future article topics.



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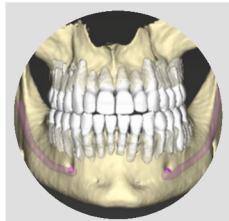
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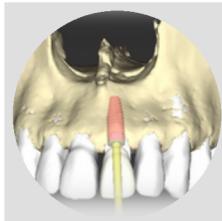
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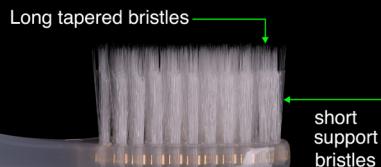
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Aspirin Tablets	✓	✓	✓	Aspirin Tablets	\$5.99
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Ammonia Towelettes	✓	✓	✓	Ammonia Towelettes	\$5.99
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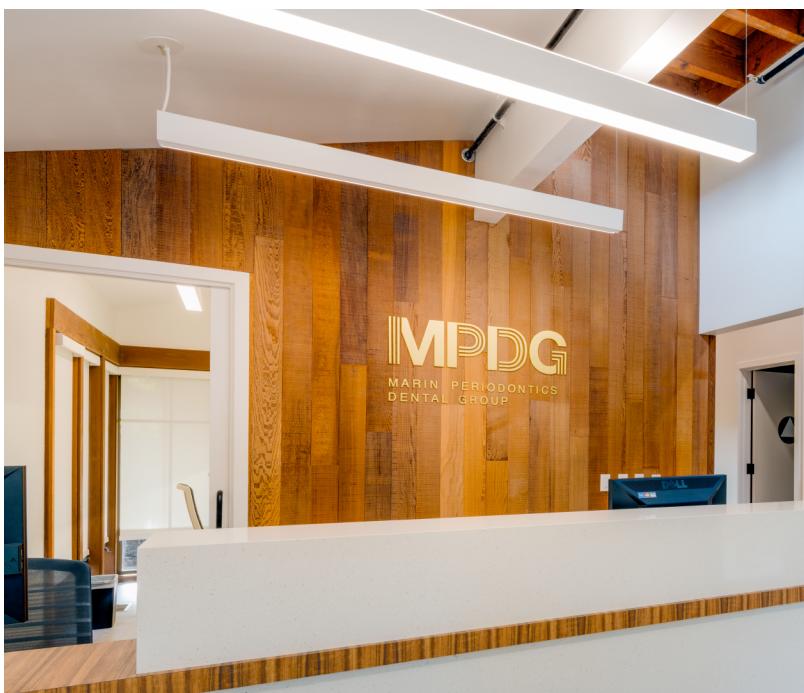
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Front Office Training

12:00pm-1:00pm

LIVE Webinar

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How to Build Systems That Reduce Chaos and Improve Results — Even With Fewer Hands

SMCDS in collaboration with Swiss Monkey is excited to continue our front office training lunch and learn series.

Learning Objectives

By the end of this session, participants will be able to:

1. Understand how the changing talent landscape is reshaping dental staffing and adopt the right mindset to lead effectively in a hybrid, tech-enabled environment.
2. Leverage AI, automation, and technology tools to streamline front-office tasks, reduce manual work, and improve efficiency.
3. Utilize remote and fractional team members to increase consistency, ensure coverage, and complete essential workflows with a leaner in-office team.
4. Apply practical leadership and management strategies to strengthen communication, delegate effectively, and hold both in-office and remote staff accountable for results—ultimately improving profitability and operational stability.

Th 1/29

SMCDS Member Study Club

6:30pm-8:30pm

SMCDS Seminar Room
939 Laurel Ste C
San Carlos

Dinner Included

2 CE (Core)



Charles Spitz, DDS & Tyler Davis, DMD

Pediatric Dentistry

Learning Objectives

- Conservative approach to pediatric care
- Techniques for the parents/caregivers for home care with infants, toddlers, teens, SHCN children/adults
- How to diagnose and treatment plan
- Different medicaments that can be used to enhance your conservative and patient focused approach to dental care
- Soft tissue and hard tissue laser use for pediatric patients with Waterlase
- Technology in pediatric dental with Alphabyte software and Zylod3D printer

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2026 ongoing

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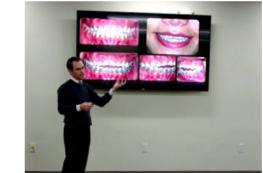
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1/29, 4/16, 6/25,
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Dinner Included

10 CE (Core)



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Description

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