



**american
academy
of
gold foil
operators**

Gold Leaf

January 2011

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Executive Council

2011- Dr. Janet Zinter
2012 - Dr. Dan Henry
2013 - Dr. Wendell Foltz

Minutes AAGFO Board Meeting

October 20, 2010

2 PM Suite #2 W Hotel Los Angeles – Westwood, CA

Drs. St Germain, Joe Newell, Rick Nash, Marc Tollefson, Janet Zinter, Bob Keene, Dan Henry, Tim Carlson and Barry Evans were present.

I. Call to Order-Henry St. Germain

II. Minutes of Previous Board Meeting – As printed in the September Gold Leaf

III. Secretary/Treasure's Report –

a. New Members-

Dr. Sarah Pitman, Portland, OR- Dr. Saucy
Dr. Tasha Bollerman, Portland, OR -Dr. Barry Evans

Dr. Colby Smith, W. Los Angeles, CA - Dr. Stevenson

Dr. Ryan Vahdani, Anaheim, CA – Dr. Stevenson
Dr. Tina Lopez, Los Angeles, CA – Dr. Stevenson

Upon election of the above new members, our membership stands at 220.

b. Financial – a brief review of our financial status was covered. There are no current CDs since the funds were needed in our checking account to cover the current meeting costs. A post meeting financial report will be sent via email to the council and any member who requests it. A complete audit and transfer of accounts will be made upon the election of a new treasurer.

c. Correspondence-

- Two requests for referrals to 'gold' dentists.
- Thank you note from ADA Foundation.
- Dr. Romano's GV Black slides and notes have been scanned and digitized for the archives.
- Notice was received that Dr. Harold Schnepfer died this last summer.
- A request was made from a student at Loma Linda for a student membership in the AAGFO.

REPORTS

IV. Annual Meeting Reports-

Bob Keene - 34 dentist members and one guest have registered for the meeting plus two paying guests for the clinic on Saturday. The total attendance including spouses for our meeting is 48.

Joe Newell – Speakers are all lined up. The CE forms are all set to be distributed. There was discussion regarding the fact that our programs were paid for by Ivoclar and did that constitute an endorsement of any speakers. A call to Kevin Matis, who handles the CEUs, assured us that this was not a problem. The charges for managing this program were waived last year, but a bill will be sent for this year.

Page 2. Minutes Annual Council Meeting

Rich Nash – Rick Stevenson and Tina Lopez have been very supportive of the clinical session; providing patients, and assistants for the 12 clinicians. Marc Tollefson will be covering the table clinic trial foil use. There will be 60 students who will join us on Saturday for the clinical, lunch and lecture and critique. The academy is providing the lunches for all in attendance on Saturday. The operators are:

Mark Cruz Class I Occlusal, Barry Evans Class V, Barbara Young Class I Buccal Pit, David Thorburn Class II, Dan Saucy Class V, Rich Brinker Class V, Guy Markham Class V, Ryan Vahdani, Class I Buccal Pit, Colby Smith Class I Buccal Pit, Cristina Lopez Class I Buccal Pit

Students - Student- Kaitlin Lee Class I Buccal Pit, Matthew Johnson Class I Occlusal

Scientific Sessions – Joe Newell – see above

Education & Clinical Seminars – Joseph Newell- nothing to report

Literature & Research – No Report

Nominating Committee – Dave Bridgeman reports the nomination of Wendell Foltz as councilor and Berry Evans for treasurer.

Constitution & Bylaws – Barry Evans- no report, but Dan Henry has offered a suggestion for additions to the bylaws to account for student membership category of membership. [see new business]

Inter-Academy Liaison – Henry St. Germain

Distinguished Member – Presenter – Andy McKibben Awardee – Bob Keene

Outstanding Clinician – Presenter – Warren Johnson Awardee – Ed Kardong

Report of the Journal – Tim Carlson reported the potential postage rate increase in June. Since postage runs about 25% of the cost of providing the subscription, we may be looking toward an increase in the fees. A meeting is

yet to determine how the Journal will handle the rising costs. More than just postage is responsible for an increase consideration.

Web Page – Scott Barrett- we have had a total of 1584 visits with 4957 page reviews over the past year on our web site. All photos must be sent in a jpeg format for adding them to the site.

Gold Leaf – Rick Brinker- 40 members have requested a hard copy of the Leaf. The main publication will be on line at our website www.aagfo.org. An effort is being made to further reduce our costs by doing the formatting in house. Dr. St. Germain has offered to help in this regard.

OLD BUSINESS

V. Nomination Committee - Re: next Secretary- the nomination committee needs to explore prospects for his replacement. The consensus of the council was that both the council and the nominating committee should have the task to make a selection.

Meeting Planners- Bob Keene presented the information we have received regarding a professional meeting planner who does not charge the organization directly for their services. Basically they make the hotel arrangements and any other events we request. It was agreed that we should further explore this option.

VI. 2011 – October 12-16. Dr. Willis is the clinic contact. Ann and Tim Carlson offered to help with local arrangements as has Ron Harris. We will be staying at the University Hotel next to the school.

VII. 2012 – October 24-28 in Philadelphia, PA – Joe Newell has arranged with a local hygiene school and the local study clubs have offered to help with the local arrangements. The hotel TBA.

VIII. 2013 Location may be Nebraska

IX. 2014 Portland, OR ?

X. 2015 North Carolina with Craig and Rose Bridgeman as local arrangers.

XI. Nature of the Academy's future – A question was raised regarding the possible value of having another all day brain storming session for council and members to explore the future of the Academy. It was MOVED, SECONDED AND VOTED that Henry St. Germain and Joe Newell select a committee to explore this matter and report to the council at the mid winter council meeting.

NEW BUSINESS

XII. Future Meeting Planning- Commercial Choices will be explored by the secretary.

XIII. Student Membership- An in depth discussion was held regarding adding this category of membership. It was MOVED, SECONDED AND VOTED that the secretary make a proposal with the details for establishing Student Membership. It was suggested to have a \$10 membership fee during dental school; \$25 annual dues for the first five years following graduation and then move them to Associate membership or Active pending on their demonstration of a foil at a meeting or study club. This level of membership would entitle the student and recent graduate full access and privileges of a regular member so they would be encouraged to follow through after graduation. Changes will be incorporated in the bylaws for submitting to the membership at our next annual meeting.

XIV. Instrument Kits – we explored whether the academy should purchase instrument kits so they will be available for students in the future. Dr. Nash urged us to explore an arrangement with Suter Instruments so future student members and others will have access to the needed foil instruments. Rick Nash will explore this idea with Mark Ziemkowski.

XV. List Serve- Dr. Henry raised a concern for having an accurate email List Serve so notices

can be made for better communication amongst our members.

ALL MEMBERS NEED TO KEEP THE SECRETARY UP TO DATE ON THEIR EMAILS ADDRESS. PLEASE!

XVI. Adjourned 515pm

RUBBER DAM IN PRACTICE AND MARGINAL SEAL OF CAST GOLD

*Dr. Bruce Small
Lawrenceville, NJ*

DPBRN (Dental Practice-Based Research Network) findings out of NYU, who recently received a \$28.7M grant to fund their initiatives as well as PEARL (Practitioners Engaged in Applied Research and Learning)... has determined that only 12% of restorations are placed with a rubber dam. Of these, 83% of the providers using the rubber dam for placement of restorations are from either Washington or Oregon. 70% of dentists don't use a rubber dam for endodontics. The most commonly cited reason was 'patient acceptance'.

Factors affecting seating of gold castings discussed centered around hydrostatic pressure concerns and the earlier JOD and JPD research by members Dr. Rick Hoard, Dr. Warren Johnson, and Dr. Mark Cruz. Their belief in the validity of the vented casting and superior marginal adaptation of feather edge finish line vs shoulder, beveled shoulder or chamfer was also discussed. Dr. Hoard's prior work concerning 'filtration' was explained as the dissolved particulates in the cement acting as a filter preventing good flow of cement through the particulate aggregates.

GOLD FOIL AS AN ADJUNCT TO EVERYDAY PRACTICE

*Dr. Richard D Tucker
Bellingham, WA*

Dr. Tucker provided many tips to help achieve the results for which he is so famous. He continues to use Encore which is a two part paste system for his tooth blockout of undercuts. He likes the 56 bur to achieve the internal rough out. After a round bur to excavate decay. The round bur is preferable because it better allows for any microfractures or cracks to be visualized prior to proceeding on. For Class II preps a gingival margin trimmer to create an internal bevel which when coupled with the external bevel will help pull the casting in tight on seating.

For polishing, following pumice; recommended use of 15 micron and then 1micron AlOxide.

Sometimes when a deep Gold Foil prep is unable to condense with direct force, recommendations include use of noncohesive gold to build up in these deep recesses greater than one-half full preparation so that it does not pull back on itself during condensation. This is then surfaced with cohesive foil for finishing and polishing. Surface finish can be done with a 7404 bur.

Buccal pit foil tips; create a teardrop outline with a 169 bur; use a 7404 for bevel and a 34 inverted cone side for retention points in each of the three corners of the teardrop ellipse. Surface finishing can be done with a 7901 and water spray to mill the surface. This is followed by brownies and greenies.

Porcelain whether high fusing or low fusing ultimately results in undue wear to the apposing dentition.

“Nothing ever fits as well as Gold Foil”

SINGLE TOOTH ERUPTION

*Dr. David Thorburn
Vancouver, BC*

Some options exist for management of these types of cases:

1. crown lengthening and restoration
2. extraction and prosthetic management
3. eruption and restoration

Advantages of forced eruption include:

1. maintenance of bone height and volume
2. often saves previously performed NSRCT

Performing satisfactory crown and bridge restoration requires obtaining a 1.5 mm ferrule. A minimum of 3.0 mm of gutta percha beyond the post/core should be preserved for an adequate seal. The tooth should be moved slowly at a rate of ~1.0 mm/month.

Three techniques were mentioned:

1. removeable appliance – requires excellent compliance which can be problematic
2. active wire
3. bar and elastic

Once the movement is completed, a stabilization phase should be entertained. This allows for stabilization of biologic width and gingival crestal fibers.

RUBBER DAM PLACEMENT IMPRESSION TAKING

*Dr. Joseph Newell
Huntington Valley, PA*

A presentation on the pitfalls and practice of rubber dam placement. The presentation covered Dr. Newell's experience with teaching a population of dental students and the psychosocial motivations and frustrations dealing with the reigning political structure and student attitudes. Many excellent gems were again mentioned.

IMPLANTS MADE SIMPLE

Peter D. Shaw
San Diego, CA

The excellence in gold foil technique requires attention to detail that transfers to all other disciplines. You should always analyze what you are told by other people. Dr. Shaw recommends screw retained implants to avoid cement contamination of the site and perimucositis. He also advised immediate placement at the time of exodontia. He advises against the general use of grafts. One 4 year study cited suggests a 97% success rate. Dr. Shaw performs his exodontia with rubber dam which he uses to mark the implant site. Always place the implant slightly distal in a terminal abutment situation to allow for movement past the contact of the adjacent tooth.



THE IMPACT OF MODERN SCIENCES ON DENTISTRY

Dr. Weyuan Shi, PhD
UCLA

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The focus was on disruptive technologies that change the course of events. Examples of disruptive technologies:

Antibiotics/vaccines; atom bombs; or even laser eye surgery.

By extension, disruptive technologies in dentistry:

Use of refined CHO (eg: sugar)

From a culture of exodontia to restorative dentistry

Microscopy and elucidation of the oral microbiota (Leeuwenhoek 1632-1723)

“I found a few animalcules in my own saliva and tooth scrapings” W.D. Miller, father of modern

dentistry, who had a biologic vs. mechanical view of tooth decay.

His 1890's recommendations:

1. Clean the teeth
2. Limit sugar
3. Antimicrobial treatment

Disruptive event in Dentistry: Fluoride which results in decrease of DMFT scores in westernized countries in the past three decades. Dentistry is now up from 2% to 7% of total health costs. The cost now approaches 100 billion dollars per year. Of that, 60% is related to caries. The knowledge refresh rate in medicine is now at 12 years; compared with dentistry still at 38 years. Hallmark medical changes:

1950s – DNA double helix

1960s – molecular biology tools

1970s – gene regulation

1980s – genetic engineering

1990s – genomes and gene therapy

2000 – human genome project

2010 forward – individualized medicine

In essence, the future told in the science fiction movie Gattaca is now here.

When it comes to oral disease, bacteria are the ultimate guilty party. All other cariogenic factors work through bacteria. Miller in 1890 knew that plaque was causative but was unable to isolate the bacteria responsible.

1950-1980

A recognition that most oral bacteria are anaerobic. Electron microscopy (SEM) in the 60s showed sophisticated structure and organization in plaque. It is a jungle!!

Gram +

Gram –

Spirochetes

Archaea

Protozoa

Mycoplasma

Yeasts

Fungi

In each individual, approx 100 trillion bacteria per mouth.

>1000 species; and 90% are unable to be cultivated at this time.

For hygiene, there is no scientific evidence that 2x per year dental visits contribute to oral health.

There is zero evidence that brushing itself is protective. It is only good as a fluoride delivery device.

Atomic force microscopy and 3-D confocal imaging can determine if plaque is pathogenic or non-pathogenic.

Labelling techniques include rhodamine and BODIPY. The goal is instant high throughput screening of antimicrobial activity.

By testing thousands of Chinese herbs, it was determined that licorice was anti-cariogenic. Glycyrrhizine is the active ingredient. Luminescence genes from fireflies are being cloned and expressed in certain oral bacteria. Very weak immunity in the placenta and heart results in pre-term birth and likely heart disease from oral bacteria. This has been demonstrated and confirmed with these luminescence genes.

The second human genome project has shown that there are 10^{13} cells in an individual and an incredible 10^{14} bacterial cells; therefore, we are only 10% human(?)

This means that in reality ultimate human health is not just health of the body but that of its bacteria as well.

Eg: fat burning bacteria in the gut protects against weight gain.

New discovery: Biofilm

Plaque is a biofilm and the oral cavity is a sophisticated village

Quorum Sensing: 30% of genetic material is for 'intelligence'...affecting population density. Surface-tants + enzymes + toxins which are released into a community.

A medical approach to dentistry:
Treat the disease before it occurs.

Commercial product development

GC America

MAB-based chairside test for S. Mutans

Implanted chip to tell the patient that there is a cavity forming. This nanotech monitoring already exists for cardiac care. UCLA has a patented monoclonal antibody detection kit.

Currently 10% of the population receives 65% of the restorations.

Targeted killing of oral pathogens

Vaccination – not effective as there is a poor oral blood supply to the plaque directly

Replacement with non-acidic S. mutans. This is being done by the Orogenesis Company using effector strains JH 1000. Enhancement of base producing bacteria with arginine toothpaste which generates ammonia and urea.

Targeted phase therapy using quorum sensing by overdosing S. mutans (QS) signal. May be used as a sealant additive.

Smart bomb:

Antimicrobial peptide - linked peptide - targeting peptide ; which is essentially a 'fatal attraction' to prevent bacterial sex. An antibiotic-probiotic approach by specifically modulating the ecology to create a healthy community.

From: surgery To: medicine

From: treatment To: prevention

From: professional care To: self-care











