

FLORIDA FOCUS

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EDUCATION AND ADVOCACY



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**FLORIDA
ACADEMY of
GENERAL DENTISTRY**

FLAGD Leader, Lifelong Learner, and Dog-Devotee: Dr. Tony Menendez

Dr. Menendez, you've been honored with the Frank J. Collins Lifetime Achievement Award and have earned four Lifelong Learning and Service Recognition awards. What motivated you to achieve the additional LLSR awards, rather than stopping with the first?

After graduating from Emory College of Dentistry, continuing education was the last thing on my mind. I quickly realized that a lot of the courses available were minimalist in nature and were offered just to complete your biannual requirements. And although I felt fortunate to have received an excellent basic dental education at Emory, I really wanted to practice comprehensive dental care. As an AGD member I became aware of the Fellowship/Mastertrack guidelines and was introduced to the Comprehensive Dental Program at the University of Florida College of Dentistry. I was able to attain my Fellowship in 2004 and my Mastership the following year in 2005. At the conclusion of the program, I was concerned about the void I would have in my professional life after meeting once a month for the past 25 months. With the program director's blessing, I continued in the program as a visiting faculty member and have been doing so for the past 19 years. It's been more than just an educational experience. I developed wonderful personal and professional relationships with both fellow participants and lecturers. As a result, I was asked to join the Florida Academy of General Dentistry as a board member and am proud to have served as the FL AGD president for two terms and as a regional director. Many of our past presidents were participants of CDP including Rod Shaw, Larry Grayhills and Andrew Martin, just to name a few!

What is your role in the UF Mastertrack/Comprehensive Dental Program?

Following the AGD's Mastertrack requirements, nationally recognized lecturers, faculty, and others cover the numerous disciplines outlined by the AGD via didactic and hands-on participation. Participation is highly encouraged and, as many lecturers are highly specialized and are unaware of the knowledge base of the participants, we make every effort to direct subject matter that is pertinent to the group. Certainly, my most active role is in the participation segment of the weekends, working with individuals at their level of expertise. This interaction is my favorite. I always seem to learn something myself and look forward to putting it into use Monday morning.

Speaking of guest lecturers, I've had the honor of working with some incredible practitioners, including Lee Ann Brady, Jimmy Cassidy, Will Martin and Luis Gonzaga from the Implant Center at UF, and many others. It's encouraging to find that your philosophy of care closely follows these practitioners and instills confidence in your daily practice. Of course, I would be negligent if I didn't include Jim Haddix, the course director for the past 20 years and an excellent educator that I admire for his calm nature and his commitment to lifelong learning. Jim always participates and is an ardent note taker. I appreciate his mentorship in general and specifically in his two favorite knowledge bases, Endo and TMD. He has been an excellent reference and has always responded when I need clarification on either subject. He will be sorely missed as he approaches retirement



Dr. Tony Menendez with Cassi

next year. I would be remiss if I did not mention Henry Gremillion, a tragic loss to our profession. An expert in orofacial pain, Henry inspired me to learn as much as I could about TMD. He was a gentleman and a scholar!

Being part of the program just became part of my professional life. My monthly trips to Gainesville provide me with a break in my usual schedule and the opportunity to work with likeminded people. In addition to listening to these talented practitioners provide me with up to date concepts and techniques, I get to meet some pretty impressive people who have become friends. The social component of this program begins on the very first weekend. Probably the most important weekend! This is where you get to know your fellow participants and the people you will be spending the next 25 months with!

What are some of the other volunteer activities you've done?

Well, certainly in the past, it was all about AGD governance and being the president and the regional director. I mentor students, and I advise the Fellow track at LECOM in Sarasota. There's a lot of time spent lecturing. One of the best things about being the advisor to LECOM is that when we had the ability to go into the school, we would have meetings on Thursday evenings. I would do an hour presentation, and at the end of it, you'd always have two or three students who wanted to ask more questions. So, invariably, I would ask them if they would like to assist me in those procedures, whether it was placing implants or periodontal surgery. We'd schedule it so they could come down to my office and be the assistant. I would complete the procedure, and they'd get to see it firsthand. They're certainly knowledgeable, and once again, all they're doing is assisting, but it really gives them the opportunity to see the surgery up close.

Do you have a favorite area of dentistry?

Probably the most intriguing is orofacial pain and TMJ. So much of my practice has been endo, perio, and prosth. What I've come to realize after learning so much about occlusion is that the potential

disharmony between the joint and occlusion can have deleterious effects in some individuals, affecting all aspects of their lives while others seem to be so accepting of the pathology. That's where I'm really getting more involved, and I'm seeing a lot more patients with orofacial pain/TMD. It takes time and you get to know your patients on a completely different level.

You have to understand that at my point in my career, I don't see as many patients as I used to, I have an abbreviated schedule, I have a small staff, but I'm very happy with the way things are going. I'm incorporating so much of the TMD and orofacial pain into the rest of my practice, and I have a number of excellent referring neurologists and physicians that send me cases to work up and to work with. So that's what I'm really enjoying at this time. I don't find practicing stressful. I realized a long time ago that you can't please everybody. We really work hard to make patients happy. I think that's shown in our reviews, and we get so much word of mouth.

As a teacher, I make a point of communicating my findings to the patient. I give them the information to make their own informed decisions. I show them the discrepancies in their bite, why they're having headaches, neckaches, their malocclusions, and their fractured teeth, it becomes easy for the patient to understand that before we start placing permanent crowns, we need to evaluate their bite; we want to treat the disease, not the symptoms! Before we put a crown in there, we need to figure out what's going on. One of the things my colleagues always ask me is, "How can you afford to spend so much time talking with a patient?" If I educate a patient, I never, really never, have any issues suggesting treatment. They're as educated as anybody wants to be. Now, can there be a financial hiccup? Certainly, but in most of these cases, especially like the ones I just described, it's "We're going to put you in a provisional restoration. We're going to go ahead and refine your occlusion. And that's going to take time." A lot of my cases will go anywhere from 6 months to a year and a half, if need be, refining everything that we need to do so that the patient and I are both happy with it.



At the UF Mastertrack with Dr. Richard Heinl

Do you have an associate or a partner?

No, I still am practicing by myself, and when people ask me when I'm going to retire, I look at them and say, "I have no idea." I'm enjoying what I'm doing, so right now I'm very happy with that. In the next year or two I'm going to start scanning some of the students that I work with to see if I find somebody who'd like me to mentor them and hopefully take over my practice in the next five to seven years.

Is there a particular technology that you like to use?

I'm very big into loupes. I generally wear an 8-power loupe during my procedures. We have a CBCT and all the latest and greatest electric handpieces. I also was trained with lasers, but I've reverted back to "old fashioned" surgery, because with that high power of loupes, you can do much smaller incisions and be much more careful with the surgeries that you do, and patients heal very, very quickly. I had practiced with a microscope for endo, but found it to cumbersome. I worked with Designs for Vision, and I found that most of the optics that I used were about ten power. I immediately purchased a pair of 6 power [loupes], and when they came out with the 8's, I ordered those. When I'm working with the endo weekends, and they

see me with my 8-power loupes, they ask, "What can you see with that?" and I say, "I can see about halfway down the canal," if I have the mirror set up right. That allows me mobility without being tied down to a microscope, and I can use my loupes for all my procedures.

What advice do you have for members of the Florida AGD?

If you're a general dentist, I think that you should aspire to provide comprehensive care. The one "five-star" statement that I can make is that my patients seem to relish the fact that they have so much opportunity to do so much of their treatment in one office. In providing comprehensive care, you can complete multiple procedures on one patient in one sitting without having to refer out, and patients really appreciate that. Let's just take an example of a traumatic injury to a central incisor, a fracture just at the crest of the tissue. We go ahead and extirpate the pulp, do the endo, and place a post and a core. We do the crown lengthening procedure and place a provisional crown. We see the patient in a week. Then, we see them in 8 to 10 weeks, and refine the margins, take an impression, and deliver the crown. If a patient has a traumatic esthetic case, we try to get them walking out the door where they feel totally happy with the result, and they don't feel self-conscious about what they see. That's the type of dentistry that I want to do. It limits the number of patients that you see a day, and it makes it much more efficient and stress-free. I let students know, "We now have the ability to scan a tooth and send it off to Texas, and they'll go ahead and fabricate a crown and a jig to so that you can prep the tooth and cement the crown without ever having prepped a tooth before." So, is there any artistry in preparing a tooth for a crown? I remember the early days of CAD-CAM. The fit was like socks on a rooster; the crowns didn't fit like they do today. When I talk with students and other dentists about professional self-preservation, we discuss doing things that a human being needs to do: surgeries, endos, implant placement.

One of the very special members of my team is Cassi, a 175 lb South African mastiff. He's an integral part of our practice. He loves meeting patients! He comes in, calms the patients down, sits next to them when we're doing surgeries, and is the official greeter of our office. He's a therapy dog, and the funny part of it is, even as big as he is, he is so accepted by the patients. The only thing we have to do is be careful, because they bring him in so many treats, he could gain about 20 lbs in no time. But he's a very, very sweet pup. His first day in the office, at ten week-old, he was 45 lbs. He was a big boy. And the patients all picked him up and cuddled him. You can't do that now, he's just way too big. He makes going to work enjoyable. He calms me down, and if you're my patient, I think you want me to be really calm when I'm working on you.

So, since I'm happy in practice, and if I'm happy with what I'm doing, then the patients are also happy. Let's face it, a happy patient and a happy doctor makes for a happy appointment. It's just that easy!

For more information on this wonderful continuum, feel free to contact Dr. Menendez (941.624.4575), contact the University of Florida College of Dentistry continuing education, or go to dental.ufl.edu/courses/mastertrackagd/. We look forward to seeing you there!