



THE DENTAL CORPS BULLETIN

Special Points of Interest:

Dental Corps

- ♦ [Army Dental Corps Page](#)
- ♦ [HRC \(DC OPMD\)](#)
- ♦ [Dental Corps Leader Development Guide](#)
- ♦ [DC Dashboard](#)
- ♦ [Projected Vacancies FY 19-21](#)
- ♦ [Projected Vacancies FY 20-21](#)

Military CE

- ♦ [Army CE](#)
- ♦ [Army BlackBoard CE Instructions](#)
- ♦ [Air Force CE](#)
- ♦ [Navy CE](#)

MILPER Messages

- ♦ [Index](#)

Board Schedule/Results

- ♦ [FY20 Army Selection Board Schedule](#)
- ♦ [ILE](#)
- ♦ [SSC](#)
- ♦ [LTHET FY20 Results](#)

Patient Safety

- ♦ [WSS Guidebook](#)
- ♦ [URFO Guidebook](#)
- ♦ [MHS leadership Engagement toolkit](#)

Miscellaneous

- ♦ [Army Medicine Dispatch](#)
- ♦ [2018 Army Medicine Campaign Plan](#)
- ♦ [AMEDD Placemat](#)
- ♦ [AMEDD Mercury](#)
- ♦ [Understand the ORB](#)
- ♦ [My Board File](#)
- ♦ [AC HPO Pay Plan](#)
- ♦ [Broadening Opportunities program \(B.O.P\)](#)
- ♦ [Post 9/11 GI Bill Benefits/Transferability & Yellow Ribbon Program](#)



TOMORROW: 22 JANUARY 2020, 1400 CST

BG SHAN BAGBY will be on Facebook LIVE!

Answering your questions and
announcing the officers selected for this year's Junior Leadership Course

To attend, use any Facebook account and go to the [Corps Chief's Page](#)



FDA MEDWATCH: SmileDirectClub

Earlier this year, the ADA filed a citizen petition with the FDA over concerns that SmileDirectClub was knowingly evading the FDA's "by prescription only" restriction for plastic aligners, which are an FDA class II medical device. The period for public comment has ended, but FDA MedWatch provides an ongoing platform for dentists and patients to report adverse events or clinical outcomes at the following:

<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm>

In addition to its citizen petition, on June 27, the ADA sent a complaint letter to the Federal Trade Commission's Bureau of Consumer Protection, raising concerns about what the ADA believes are SmileDirectClub's deceptive advertising and marketing practices. The FTC also offers consumers an online form to report complaints about unfair and deceptive business practices on its website.

For more information see the [attached article](#) or contact your ADA Delegates:
jayson.huber@cvn79.navy.mil or marina.hernandezfeldpausch.mil@mail.mil.



THE DENTAL CORPS BULLETIN

DENTAL HEALTH COMMAND– PACIFIC UPDATE

DHC-P

JOINT BASE LEWIS-MCCHORD, WASHINGTON -- One month after assuming command of Dental Health Command-Pacific, COL Rodney Jones and SGM Erin Hicks conducted a site visit to Dental Health Activity-Japan (DHA-Japan) to get to know the team, recognize personnel and enhance bilateral partnerships between the dental clinic and members of the Japanese Ground Self Defense Force Dental (JGSDG) Corps.

During the six day visit, which began on Oct. 30, COL Jones visited Torii Station Dental Clinic in Okinawa; the dental headquarters and clinic at Camp Zama; and the JGSDF Dental Headquarters. He presented the Local National Length of Service Award to DHA-Japan employees, Ms. Ikuko Ogata, front desk administrator, (10 years), and Ms. Yuko Matsuba, dental hygienist, (20 years).

The Dental Health Command-Pacific, located at Fort Shafter in Hawaii, has command and control of five U.S. Army Dental Activities that are located in Hawaii, Korea, Japan, Washington State and Alaska. In an average month, DHC-P provides more than 13,000 dental encounters and has a workforce consisting of nearly 700 civilian and military personnel.



Right to left: Col. Hiroyuki Seino, director, Comprehensive Dentistry Residency; Col. Toshifumi Aiba, vice-director, JGSDF Dental Corps; Col. Yoshio Kakai, acting chief, JGSDF Dental Corps; COL Rodney Jones, COL Ryan Wang, SGM Erin Hicks, and SSGT Nathaniel Warner.

<https://www.army.mil/article/230251/>



THE DENTAL CORPS BULLETIN

US ARMY DENTAL LAB FORM CORRECTION

The forms provided in the previous bulletin were incorrectly labeled. Corrected information is below:

ADL USE ONLY.

This form is for all new requests in Labtrac and will accompany impressions, casts, George Gauge bite registrations, and documentation from the sleep medicine physicians. This form is also used when the patient causes damage to an existing ProSomnus prosthesis and a remake is required.

-- ARMY DENTAL LAB USE ONLY --

ProSomnus Sleep and Snore Devices DoD eCAT Rx

LOCAL CLINIC USE ONLY.

This form is for any item that does not need to go through the ADL. This will be used when ordering additional arches for greater mandibular advancement. There is no charge for additional advancement arches and there is no need to route these cases through the ADL. Any additional items purchased on this form (bite forks, etc.) will be billed to your local DENTAC. The ADL is not responsible for any purchase outside of the ADL.

-- LOCAL CLINIC USE ONLY -- (NOT FOR ADL USE)

ProSomnus Sleep and Snore Devices DoD eCAT Rx

SEVERE LUNG INJURY ASSOCIATED WITH E-CIGARETTE USE

ALARACT 086/2019

SEVERE LUNG INJURY ASSOCIATED WITH E-CIGARETTE USE, DTG: R 121317Z DEC 19. Concerns regarding reported cases of severe lung injury and deaths associated with the use of electronic cigarettes continue to intensify. As of 1 October 2019, the Centers for Disease Control (CDC) have identified 1,080 cases of severe lung injury associated with prior E-cigarette use and 18 deaths have been confirmed. This message provides E-cigarette information for leaders and Soldiers.

ARMY AUTHORIZES SPOUSES PROFESSIONAL LICENSE REIMBURSEMENT

ALARACT 070/2019

The term "Qualified Relicensing Costs" means costs, including examination and registration fees, that are imposed by the state of the new duty station to secure a license or certification to engage in the same profession the soldier's spouse engaged in while in the state of the original duty station and are paid or incurred by the soldier or spouse to secure the license or certification from the state of the new duty station after the date on which the orders directing reassignment are issued. Reimbursement – the lesser amount between fees paid and the maximum reimbursable amount of \$500. This is a one time reimbursement in connection with each reassignment. Reimbursement for this licensing will be coordinated through the local unit commander and S1.

[Q&A](#)

[SF1034](#)

[SAMPLE](#)

[AD 2019-18](#)



THE DENTAL CORPS BULLETIN

ARMY DENTAL EMERGENCIES SEEN IN A CONUS BRIGADE COMBAT TEAM (BCT)

BACKGROUND

Oral diseases have affected US Army preparedness and operations since the Revolutionary War. During World War II approximately 4 to 4.5 million U.S. Soldiers experienced dental emergencies, which accounted for 19% to 21% of total disease and non-battle injuries (DNBI). Despite the mandatory use of the dental classification system, dental problems during field training or deployments continue to account for 5% to 22% of all sick-call patients presenting to field medical treatment facilities and/or dental treatment facilities. The following assessment looks at a CONUS BCT as a baseline comparison for a typical BCT.

FINDINGS

3,940 BCT population at risk

- 255 DE (3.5 Months) in Garrison

-- 100% returned to duty after initial visit (Approx. 32% of all DE in theater required follow-up)

-- Rate = 221/1000 Soldiers DE

-- Top complaints and Diagnosis:

Diagnosis	Frequency	Percent
Tooth, Caries, Restoration Related	93	36%
Dentoalveolar (Third Molar)	83	33%
Pulpal	44	17%
Periodontal	18	8%
Trauma and Other Dental Conditions	17	6%
Total	255	100%

Diagnosis (Dentoalveolar)	Frequency	Percent
Alveolar Osteitis	26	31%
Pericoronitis	21	25%
Eruption Pain	13	16%
Other Dentoalveolar Problem (Third-Molar Related)	9	11%
Sequestrum	5	6%
Anatomic Space Infection (Third-Molar Related)	4	5%
TMJ Problem	3	4%
Hemorrhage	2	2%
Total	83	100%

-- Complaints interfered with activity - Eating (16%), Sleeping (26%), Work (20%)

-- When dental emergencies visits are compared to medical emergencies visits for Soldiers, orthopedic conditions (27%), respiratory disease (26%), miscellaneous "other" medical conditions (13%), dermatologic disorders (12%) make up the vast majority of medical visits followed by **dental disease (10%)**

SUMMARY / RECOMMENDATIONS

Maintaining Dental Readiness is the primary function of Army Dentistry

Military members have dental requirements best met by professionals with appropriate understanding to ensure:

-- In-garrison treatment minimizes in-theater D-DNBI

-- Deployed dental teams are trained / equipped to treat prevalent problems

-- Broken / defective restorations, endodontic / periodontal / gum, oral surgery / trauma

--Average appointment time is 1Hr. therefore returning time back to units for Soldier tasking's and training

SOURCE: MILITARY MEDICINE, 177, 9:1100, 2012



THE DENTAL CORPS BULLETIN

RECALL BY ZIMMERBIOMET

Encode Healing Abutments Recall List:

If you have sent an Encode that is on the recall list please let the ADL know via e-mail to the front desk, usarmy.gordon.medcom-eamc.list.dental-lab-digital-front-desk@mail.mil.

Reference Numbers	Description	Lot Numbers			
IEHA356	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 3.4MM(D) X 5MM(P) X 6MM(H)	1228605			
IEHA443	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 4.1MM(P) X 3MM(H)	1227135	1228599		
IEHA444	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 4.1MM(P) X 4MM(H)	1228625	1229564		
IEHA446	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 4.1MM(P) X 6MM(H)	1228703			
IEHA453	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 5MM(P) X 3MM(H)	1228602			
IEHA454	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 5MM(P) X 4MM(H)	1227498 1227504 1228807	1228248 1228863	1228639 1229535	1228692 1229557
IEHA456	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 5MM(P) X 6MM(H)	1229560			
IEHA463	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 6MM(P) X 3MM(H)	1228840			
IEHA464	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 6MM(P) X 4MM(H)	1229063	1229569		
IEHA466	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 6MM(P) X 6MM(H)	1228704			
IEHA474	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 4.1MM(D) X 7.5MM(P) X 4MM(H)	1228899			
IEHA553	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 5MM(D) X 5.6MM(P) X 3MM(H)	1228597	1228828	1230625	
IEHA554	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 5MM(D) X 5.6MM(P) X 4MM(H)	1228904	1230638		
IEHA563	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 5MM(D) X 6MM(P) X 3MM(H)	1228593	1230791		
IEHA564	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 5MM(D) X 6MM(P) X 4MM(H)	1228628 1232758	1230644	1232164	1232542
IEHA566	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 5MM(D) X 6MM(P) X 6MM(H)	1228701	1230640	1232762	
IEHA574	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 5MM(D) X 7.5MM(P) X 4MM(H)	1229061			
IEHA343	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 3.4MM(D) X 3.8MM(P) X 3MM(H)	1228842	1230153		
IEHA344	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 3.4MM(D) X 3.8MM(P) X 4MM(H)	1228885	1229618	1230155	1230308
IEHA346	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 3.4MM(D) X 3.8MM(P) X 6MM(H)	1228247			
IEHA353	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 3.4MM(D) X 5MM(P) X 3MM(H)	1228667			
IEHA354	CERTAIN® BELLATEK® ENCODE® HEALING ABUTMENT 3.4MM(D) X 5MM(P) X 4MM(H)	1228687	1229554	1229555	

In the e-mail include:

- 1) Patient information
- 2) CN0# of prescription
- 3) REF#
- 4) Lot# of the abutment.

The codes that are printed cause the timing of the implant replica to be off approximately 30 degrees from what is in the mouth.

Please be certain to look at the REF# and Lot# of your Encode before sending an impression or scan to the ADL.

If your abutment has been recalled you can either make a traditional implant level impression or place a new Encode that is not on the recall list.

POC for the information provided:

LTC Sloan McLaughlin, DMD



THE DENTAL CORPS BULLETIN

DENTAL CORPS DRILLING INDIVIDUAL MOBILIZATION AUGMENTEE (DIMA)

ANNUAL DIMA CONFERENCE, SAN ANTONIO, TX

DIMA Dental Corps authorizations mirror the Active Duty Dental Corps offering clear lines of organization and management by region. The DIMA program has a Dental Director, Deputy Director, Consultant and 4 Regional Directors. The DIMA Dental Corps assigns additional duties to officers such as: APFT, Recruiting, and PHA monitoring.

Esprit-de-corps is the corner stone of success among this group. Monthly leadership tele-conferences ensure all members are in synch and up to date with knowledge and information. Additionally, an annual training event takes place in San Antonio. During this voluntary training, face-to-face training such as SHARP and EO is conducted, along with prearranged continuing education opportunities; an OER working session; opportunity to take an APFT; guest speakers in the past include the Chief of the Dental Corps, Career Manager from HRC, the AMEDD IMA coordinator, the Director of the Dental Directorate, patient safety updates, award presentations, opportunity to complete mandatory training (HIPPA, IA), a Director's Dinner, and time to socialize.

Historically, most of these Army Reserve dentists and dental assistants perform AT with the First Term Dental Readiness (FTDR) mission if the need did not arise at their assigned UIC. This mission proves to be a win-win for the Active Army and the Army Reserve. There are seven FTDR site locations; each location determines the number and dates of rotations each year.

The DIMA Dental Corps program originally had a fulltime coordinator (AGR) authorization. This position was the continuity between the Active Army and the Army Reserve and was instrumental in planning the FTDR mission, the annual DIMA Dental training session, completing the annual realignment, requesting annual training orders, ensuring Soldiers receive service awards, providing administrative assistance such as requests for MRD extensions and AOC changes.

DIMA dentists have a high propensity to complete advanced military education and have been successful being promoted. This is partly due to having strong, well-written and timely OER's, current DA photos, and higher levels of military education. Leadership and positive motivation encourage DIMA dentists to excel in their endeavors. DIMA dentists take their obligation to the military seriously and serve with pride.

Check them out on [Facebook!](#)





THE DENTAL CORPS BULLETIN

CONGRATULATIONS!

TO THE ARMY DENTAL CORPS LIEUTENANT COLONELS SELECTED FOR PROMOTION TO THE GRADE OF COLONEL

BRADLEY AEBI	SOOMO LEE
JAMES ARNOLD	PHILLIP NEAL
TRAVIS AUSTIN	DAVID NELSON
CHAD BANGERTER	LISA NORBY
CHUN CHAN	KEVIN PARKER
HUI CHIU	JERROD SANDERS
KEITRA GEORGE	JILL SANDERS
JOHN GOERTE MILLER	DAVID TUCKER
KELLY JOHNSON	AZURE UTLEY
DANIEL KERSTEN	KEVYN WETZEL

CDT CODES FOR CALENDAR YEAR 2020

Defense Health Agency Calendar Year (CY) 2020 Guidelines

The Defense Health Agency CY2020 Guidelines for Dental Procedure Codes, Surgical Procedure Codes, and Dental Weighted Values were released on 3 January 2020. A link of the new codes is available to users on the CDS Homepage:

[Helpful Links > Information > DoD 2020 CDT Codes](#)

AKO HYPERLINK ERRORS

We are aware that the hyperlinks previously associated with AKO are no longer supported due to AKO Classic sunset and transition to AKO 2.0. We are working the issue and will update when this has been resolved.





THE DENTAL CORPS BULLETIN

ARMY SURGEON GENERAL LECTURE SERIES

A Conversation with ASD(HA) Thomas McCaffery

Falls Church, Virginia — The Hon. Thomas McCaffery, Assistant Secretary of Defense for Health Affairs, was the invited guest as part of a lecture series hosted by Lt. Gen. R. Scott Dingle, the U.S. Army Surgeon General. McCaffery challenged the audience to “do something that makes you uncomfortable.”

McCaffery listed some elements of leadership he feels leads to success. The first element is persistence. Goals are rarely achieved rapidly and everyday wins are rare. As long as you are working toward some final goal, doggedness and persistence will carry you past setbacks, toward steady progress, and help achieve success.

Another trait is loyalty. Loyalty is a two-way street, he said. Leaders need to know something about their subordinates, not in a prying or overly personal way, but to understand their goals and aspirations. Leaders should be advocated for their staff.

McCaffery recalled a supervisor at Blue Shield who sent him home for a week during a stressful period of long days and weeks preparing a bid for the California Public Employees Retirement System. She told him, “You have to take care of the whole person.” Loyalty is not all about leaders thinking about what is my staff doing for me, he said. Reverse loyalty “pays dividends,” he said.

McCaffery also said don’t try to be the expert on everything. Don’t try to be “the smartest guy in the room,” said McCaffery. “If you’re trying to be the expert in the room, you’re not spending your time wisely,” he said. You need to be thinking longer term and about making decisions. In addition, leaders who act as if they are the smartest person in the room are suggesting to the team, who may be very knowledgeable in their expertise and actual subject matter experts, that their expertise is not valued and they are not “equal parts” of the team. Rely on your subject matter experts, he said.

Humor is important, he said. Laugh at yourself or the situation. It makes you seem more available, it can defuse a tense situation, and it can help to put things in perspective.

Be careful with making judgments about people, McCaffery said. There are times, however, you may have to make a decision that a staff member just does not fit or isn’t right for his or her role, affecting the team’s performance. Make the right decision for the team, he said.

Excerpts were taken from the complete article which can be found: [HERE](#)

