



AORTA

ALPHA OMEGA REVIEW OF TORONTO ALUMNI CHAPTER, PI CHAPTER | OCTOBER 2020 VOL. 62. NO.2
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VIRTUAL FALL SEMINAR

ALPHA OMEGA

VIRTUAL FALL SEMINAR

FRIDAY OCTOBER 30TH, 2020

1:30 P.M - 4:30 P.M.

3 CORE 1 POINTS

Approaches to Neurodevelopmental Conditions and Oral Care for Children and Youth - Primarily Focusing on Autism Spectrum Disorder (ASD)



Dr. Clive Friedman

ACert Ped Dent, Diplomate AAPD,
Fellow AAAPD, SCD. PFA, ACD, ICD

A Zoom Cooking Class From Delicious Dish Carolyn Cohen

Wednesday November 18, 2020

Online Zoom



IRIS' INSIGHTS • ISRAEL INSIGHTS • SLICE OF PI • AFTER THE WAVE

IRIS' INSIGHTS



Picture this: Spectacular Sunday at the cottage with Mark, Alexandra, and Joelle (and Jazzie). They are out on paddleboards while I am writing this second AORTA article and Erev Yom Kippur is fast-approaching. Such is life in the fast lane! We have so much to prepare for tonight: set up two computers for Live Stream services; make a hearty meal to sustain us until tomorrow evening; tidy up work and AO-related business; and prepare our minds to reflect on ourselves and the world around us.

MINDFULNESS comes to mind. More than ever we need to be aware of our words and our actions and display our good "social norms" with everyone. At every stage of life, one must exercise awareness of their interaction with others. Since we are social distancing for all our current events and have missed out on 4 hours of Schmooze-Time at Fraternity Night, we may be at the last threads of our patience and our psyches are yearning for more in-person interactions. My guess is that when this torture is over, we will be exuberant in our new-found freedom. When that time comes, it is important to be aware that there are AO members of varied dispositions and with diverse life experiences at our meetings, who are consciously or subconsciously longing for a sense of belonging. The in-person CE's and other programs set the stage for fitting in,



making new friends and being a vital part of the crowd. **Each of us needs to be inclusive and welcoming.** I have personally heard this edict being said at Shul executive meetings and in Hillel on Campus meetings. The great part of AO is that it is a club, but it does not need to be labelled as an "old-boys club".

Here is what is coming up on our calendar:

- October 1st was our first local Zoom CE Evening with DR. STACEY KIRSHENBLATT, and the lecture is titled "Early Orthodontic Management-Let's Keep it Simple!". Jill Levine, the chairperson, and Jackie have worked hard to secure an upgraded Zoom platform so that Category 2 credits are accepted by the RCDSO. If you missed this lecture, Stacey has graciously agreed to put the slides on our AO website.
- On October 15th, we have our second Happy Hour and the ingredients list will have been sent in an eBlast.
- The Boston Chapter had invited us to a great lecture by Dr. Kevin Kwiecien, titled "Every Case is a Big Case: Is Occlusion the Key?". They were presented Live on September 25, 2020 and October 2, 2020. For those who registered, you will be able to view them again.
- AO Revival will hold 2 cooking classes with Carolin Cohen on November 18th and 19th. Please save the dates. The course is definitely ON, however the format will be depending on the Sars CoV-2 recommendations at that time.
- Our second Zoom CE Evening is on November 25th with DR. AVIV OUANOUNOU. It is titled, "The Five Most Prescribed Drugs: What do you need to know."
- The original date of our Fall Seminar was going to be a full day on Friday October 30, 2020. DUE TO COVID, we cannot do this seminar, however we intend to arrange a 2-Part Core 1 CE sometime in late October or early November 2020.
- Then there are other affiliated programs being organized in 2020 as we navigate the logistics of Virtual Social Programs.
- Stay tuned for what we will do with Core 1 courses in 2021, since these are already being secured.





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Next Executive Meeting

Tuesday, October 20, 2020

Next AORTA Deadline (December)

Monday, November 2, 2020

Notable Achievements

Please inform the AORTA of fraters or members of their families who have achieved success, honours or milestones.

Benevolence

Please call Stan Markin regarding illnesses or deaths of fraters.

Office: (416) 497-2122

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Associate Placement

Fraters who are interested in having an associate join their practice or who are interested in associating with another dentist (full or part-time) contact Philip Novack

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The opinions as expressed by the editors and columnists of the AORTA do not necessarily reflect the views of Toronto Alumni Chapter and/or its executive. All correspondence should be sent to the editor at barryreinblatt@sympatico.ca

Here are some relevant and worth-repeating excerpts from my September 14, 2020 Fraternity Night Speech:

1. I wrote: On the Line, we work as a team. In the LEGENDARY WORDS OF JOHN LEGEND, we do it with PERFECT IMPERFECTION. I know!! That is not the original intention of his song.

Why I wrote this: I have always appreciated that part of the song, when John Legend declares that he loves his wife despite her perfect imperfection. It is about ACCEPTANCE of someone for who they are. I, too, strive to be accepted in whatever I do at home, in business, and in my volunteerism. Most people do not want to be judged for every move or scrutinized under a microscope. Maybe it would have been better to say we, The Line Officers, have the utmost intention to do our service with Imperfect Perfection. Whichever way you say it, it points out to the reality that there are bound to be flaws because we are human; we can always find another angle or another interpretation, and something that would speak in a positive way to one person may be interpreted negatively by another. So long as we keep lines of communications open, interact with civility and preserve respect for one another, we have merited to maintain our own self-respect and dignity.

2. I wrote: Ultimately, we [The Line Officers] have ONE GOAL: to manage the Fraternity with Integrity, manage our Coffers with Intensity, and Keep it Going for Posterity.

Why I wrote this: We appreciate everyone who is maintaining their membership and knows that in this strange year, AO Toronto Chapter and International are still cognizant of keeping programming relevant and abundant. Every organization is going through re-invention and dynamic schedules. Your patience merits recognition.

3. I wrote: Now, the next generation and the young students starting first year and all who will be graduating in the next few years have to rise to the challenges of newer technology, new consumers, new infection control and IPAC, plus COVID protocols and new techno-language. You are the new ones whom we need to keep the Fraternity going. You are the ones to whom

we turn to help the Toronto Alumni Chapter stay current and stay vital. All of you, spread the word, stay, and cherish Alpha Omega to keep it great. It is our club; it is our lifeline.

Why I wrote this: I hold these truths to be self-evident!

Fraternally Yours,

Iris

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RCDSO PET EXAMS

Are you writing the RCDSO Pet exams?
Do you want to join others who are writing for a study group?

Email Jackie at info@atoronto.org and we will put you together.



You are invited to join the Toronto Alpha Omega Fraternity group on Facebook

Do you have a story to tell that other Fraters would love to hear?



Contact the AORTA editor Barry Reinblatt at barryreinblatt@sympatico.ca with your suggestions!

SPONSORSHIP PROGRAM

If any Alpha Omega member knows of individuals or corporations who may be interested in sponsoring our programs please let me know. This will ensure the quality of our programs and events.

Please email this information to drbgreenbaum@rogers.com. To all committee chairmen, please forward a list of your corporate sponsors. Also please list the contacts and email addresses.

Thank you.
Robert Greenbaum

FROM THE EDITOR



I don't know about you, but it really upsets me when the epidemiologists predict a second wave virtually from day one, and we now know that they were absolutely right. Oh well, back to hunkering down and trying to stay healthy. I hope all of you are staying well and avoiding the pitfalls of this second wave.

Alpha Omega Toronto is also in protective mode by not having any of our usual get-together events, but this has not put everything on hold. The Line is working to make as many events as possible happen

virtually. As I'm sure you can appreciate, this is completely new territory, and I think they deserve a collective pat on the back for what they have been able to put together.

In this issue, you can find information on some upcoming events including the Evening Continuing Education Seminars and the annual Carolyn Cohen Delicious Dish events. We also have our usual contributors: Barry Korzen's Israel Insights, a thought-provoking article from Stan Kogon, and a laugh-provoking article from Steven Brown.

There is also a very important article written by physiotherapist Kasra Mirhosseini with suggestions on how to avoid some of the neck and back pain common to most dentists. Finally, Max Silver brings us up to date on what is happening with Pi Chapter at U of T. As always, we hope you enjoy this issue of the AORTA.

Barry Reinblatt

DIRECTORS REPORT



presidents are the same two students as last year: Natalie Rubinger and Emad Fard.

Due to the COVID situation, the Alpha Omega International Board members were asked if they would stay on for a longer period, probably 6-12 months. I am happy to oblige and continue as one of the two Canadian Directors.

The Annual Alpha Omega Convention in St. Petersburg, Florida was postponed until December 2021 with the HOPE that the virus situation will be under control.

I feel it very appropriate and long overdue to give a special shout out to our friend Barry Reinblatt for the great job he does as the long serving editor of the Aorta (I hope he doesn't edit this out!).

Belated Shana Tova to everyone!

Jack Bottner and family

ISRAEL INSIGHTS

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UPCOMING EVENTS

AO REVIVAL COOKING DEMONSTRATION

Wednesday, November 18, 2020
see flyer on page 12

EVENING CONTINUING EDUCATION SEMINAR

Wednesday, November 25, 2020
Aviv Ouanounou
- The Five Most Prescribed Drugs
- What do you Need to Know.
Zoom meeting

Mazel Tov

To...

Stephen and Carole Zamon on recently celebrating their 50th wedding anniversary.

Ashley Katchky and Jordan Seetner on the recent birth of their daughter **Ellie**.

Allan Katchky and Cindy Greenspoon on the recent birth of their granddaughters **Ellie**, to **Ashley** and **Jordan**, and **Morgan**, to **Adam** and **Alicia**...all in the span of 8 hours!

Just A Reminder...

The Roster is for the exclusive use of the membership of Alpha Omega Fraternity. Anyone found using this directory for solicitation purposes will be prohibited from advertising to Alpha Omega and may be the subject of legal action.

MUSKULO-SKELETAL PAINS IN DENTISTS

Part 1 of a series

As a physical therapist, I spend most of my day treating people who have chronic musculo-skeletal (MSK) problems that have developed from simple repetitive everyday activities. Dentists are no exception. In fact, MSK problems represent a significant burden for the dental profession. Constant MSK pain can affect sleep, stamina, relationships, influence dental performance, and can even shorten or end a dentist's career. A study investigating the prevalence of MSK injuries in dentists reported that 20% were forced to reduce their working hours and 25% had to reduce their leisure time due to their work related MSK pains¹.

What are some current solutions?

MSK pains in dentists can most likely be attributed to long working hours in static positions. These positions are often held in awkward postures in combination with recurrent and repetitive movements. We all know about the importance of maintaining good posture at work and the importance of sitting properly. In response, the biggest solution strategy has been the ever evolving design of ergonomic dental equipment. Studies are showing that using newer and more ergonomically designed dental chairs and equipment during work hours can help reduce the risk of injuries. But is this enough and is this a practical solution? There are many dental procedures that have to be performed in sustained awkward body postures. Therefore, the ergonomic designs fail to take into account the various positions and strains that a dentist's body and tissues have to be able to tolerate.

So what is my goal for these articles?

In this series, I'm going to talk about the most common painful MSK conditions dentists experience, and introduce some simple preventative and self-management strategies that can gradually strengthen the MSK system and hopefully help avoid chronic job related conditions.

Let's start with the neck:

Studies show that around 64-93% of dentists have general MSK pain, with the most prevalent regions being the neck, shoulders,

and hands². A cross sectional study found that 88% of dentists had at least one complaint of MSK pain and 83.8% of them suffered from neck pain¹.

There are many cervical conditions which can cause neck pain. But most of the conditions originate with a disorder in the muscles attached to the cervical spine and shoulder girdle. Because of the fascial and muscular connections from the cervical spine to the scapula, skull and mandible, cervical dysfunction can also be associated with shoulder pain headaches and TMD.

When continuously holding a particular position at a certain angle, muscles have to work isometrically to hold the contraction for several minutes. The repetitive nature of dental work demands constant isometric contraction for long hours which puts constant pressure on the muscles. In addition, when a local muscle group does not have enough endurance to hold the posture for a long time, our body gets help from other remote muscles. This compensation and associated overuse is the main risk factor for many of the musculoskeletal pain disorders.

Moreover, the static postures impede the blood flow necessary for tissue recovery. The sustained contractions create hyperirritable spots within the skeletal muscle; these are known as trigger points. Trigger points are tender to touch and can sometimes radiate the pain to other remote areas of the body. For example, a trigger point at the base of the skull and behind the neck (in the rectus capitis muscle) can radiate pain to the ipsilateral eye and cause headaches. Or sometimes a radiating pain to the arms is not related to the cervical disks, but happens to be a radiating trigger point in the infraspinatus muscle on our shoulder blade³.

We, as physiotherapists, use hands-on techniques such as manual therapy, and dry needling to release the painful trigger points for our clients. There are however some self-release techniques that are proven to be effective to reduce the pain and stiffness and increase the flexibility. These techniques might not be able to help the severe cases but can be effective in preventing trigger point

formation and reduce the pain in people with mild to moderate symptoms. In this series, as I discuss different painful conditions, I will introduce some self-management techniques along the way.

Culprit 1: Levator Scapulae

The most prevalent type of neck pain is a soreness on top of the shoulders which radiates to the neck and between the shoulder blades (image 1). This type of pain stems from weakness in the scapula stabilizer muscles that cannot hold the shoulder blade stable in place when we are sitting and doing tasks in front of our body for prolonged periods of time (exactly what dentists do). When these muscles are weak, shoulder elevator muscles (levator scapulae and upper trapezius) have to compensate and stay in a prolonged contraction, a task that they are not designed to perform. This results in the trigger point formation in these muscles.

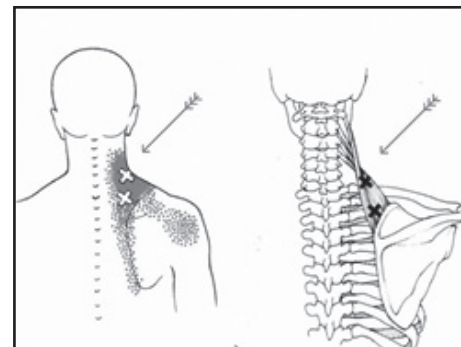
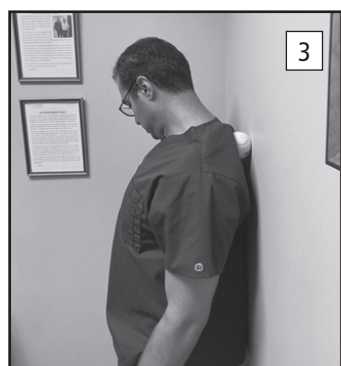
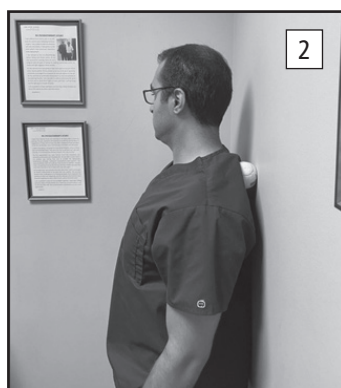
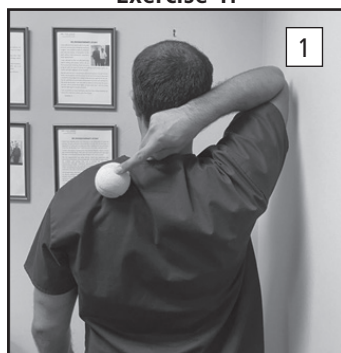


Image 1: Trigger points referral pattern for levator scapulae

Levator scapulae originates from the scapula and attaches to the upper cervical spine. This is why trigger points in this muscle often refer the pain to the neck. The levator scapulae trigger points are formed when the head is in forward posture for prolonged hours. Because this muscle attaches to the transverse processes of the upper cervical spine any tightness in the muscle can affect spinal rotation and side bending movement to the opposite side. To prevent these symptoms, we need to release (Exercise 1) and stretch (Exercise 2) the muscle. See the image descriptions for a guide on how to do both. It is also very important to strengthen the deep neck flexors and stretch the suboccipital muscles to prevent trigger point formation in

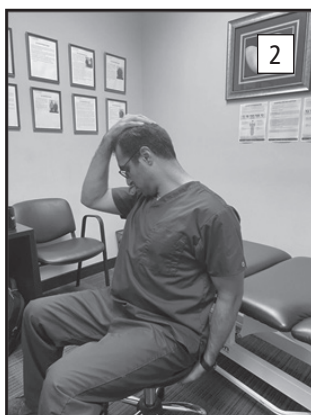
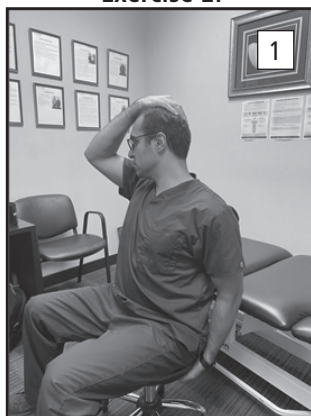
other related muscle. In my next article, I will be talking about cervicogenic headaches and there I will teach you exercises to strengthen muscles that can reduce the work of the levator scapulae.

Exercise 1:



Place a ball over your shoulder blade area (Levator Scapulae insertion) and lean against the wall (picture1). Roll the ball until you feel a tender point. Hold the ball on that spot and turn your head 45 degrees towards the opposite side (picture2). Then bend your head down and look up 10 times (picture3).

Exercise 2:



Place the hand of the symptomatic side under your chair. Take your opposite hand and pull your head down and toward the opposite thigh at an angle. Keep going until you feel a stretch at the base of your skull down into your shoulder blade. Hold this stretch for 15 seconds and repeat it for 4 times

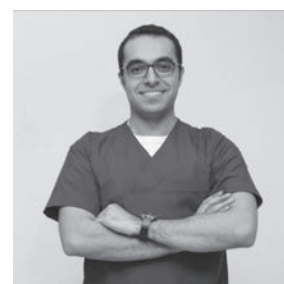
The information in this article is not meant to replace the advice or treatments from any health care professionals. If you are having severe neck pain please contact your physician or local physical therapist. If you have any pre-existing MSK conditions consult with your physical therapist before performing these exercises.

- Kasra Mirhosseini (PT, MScSEM, MCPA)
- Marija Radenovic (MScPT candidate, BHSc)

References:

1. Feng B, Liang Q, Wang Y, Andersen LL, Szeto G. Prevalence of work-related musculoskeletal symptoms of the neck and upper extremity among dentists in China. *BMJ Open*. 2014;4(12)

2. Hayes M., Cockrell D., Smith D. A systematic review of musculoskeletal disorders among dental professionals. *International Journal of Dental Hygiene*. 2009;7(3):159–165.
3. Shah JP, Thaker N, Heimur J, Aredo JV, Sikdar S, Gerber L. Myofascial Trigger Points Then and Now: A Historical and Scientific Perspective. *PM R*. 2015;7(7):746-761. doi:10.1016/j.pmrj.2015.01.024



Kasra is a musculoskeletal physiotherapist at One Step Ahead Mobility physiotherapy clinic and a clinical instructor and adjunct lecturer at the University of Toronto. He has developed a manual therapy based treatment method that is fast and effective on clients with various jobs and routines, and has helped many people with different conditions such as headaches, neck and back pain and temporomandibular joint disorders.

For more information please visit www.onestepaheadmobility.com



Marija is a graduating physiotherapy student from the University of Toronto. She received her undergraduate degree in psychology, neuroscience, and behaviour from McMaster University. She enjoys applying this knowledge to her physiotherapy and using a holistic approach to helping people achieve their goals.

SLICE OF PI



The year has gotten off to a great start at the AO Pi Chapter!

On Thursday, September 10th we held a successful recruitment event at the Grange Park. First-year students had the opportunity to learn more about AO and meet the chapter's executive team. The students also enjoyed complimentary ice cream and other desserts as we had an ice cream truck at the event! Lastly, the first-year recruits all went home with an AO goodie bag.

While things may look different this year, the Pi Chapter executive committee is organizing a number of virtual and distanced in-person events. These include virtual cocktail night, challah bake, suturing seminar, yoga in the park, mock exams, and specialty talks. It is shaping up to be an amazing year for AO at UofT and we are excited for all the fun events to come!

Fraternally yours,
Max Silver



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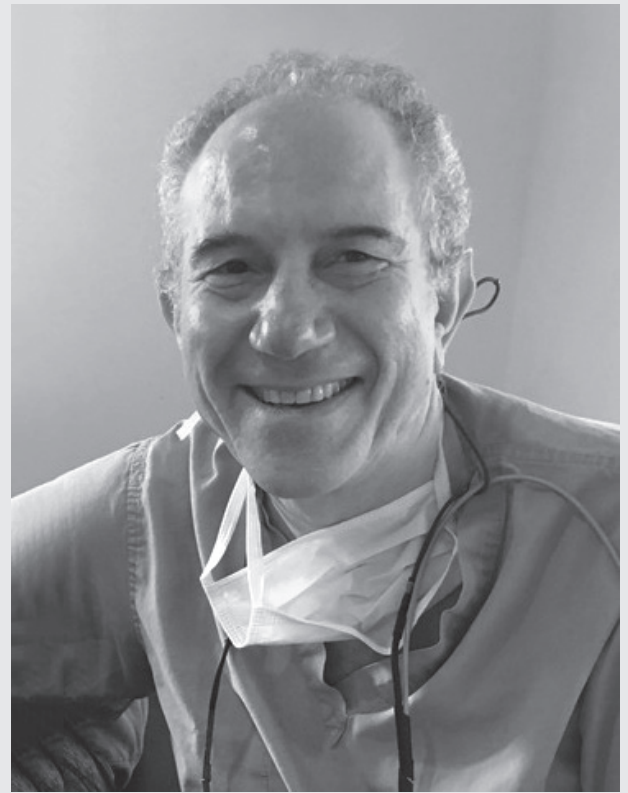
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AFTER THE WAVE

Getting on Board

After the essay 'DIP 1, 2, 3' appeared in the Feb. 2020 issue of *Aorta*, I was questioned about a statement that introduced the section on DIP3. The reader was unaware that a) Canadians were sent to Thailand after the 2004 Tsunami. b) Canadian dentists played a role and c) An Alpha Omegan contributed to the identification effort. The reader also wondered about my personal experience and if I would share my thoughts with *Aorta* readers. I readily admit that the event is ancient history and might have little current interest. However, I have not had the opportunity to record my observations and feelings in prose and show the links between the Thai experience and the development of DIP3W. I would also like to illustrate the strong and caring support provided by the Canadian government.

The massive earthquake off the coast of Sumatra on Dec. 26, 2004 produced a tsunami that killed more than 220,000 people. This was the largest loss of human life from any recorded natural disaster. By the second week of January, the international community was beginning to organize aid that went beyond emergency relief. It became clear that the identification of the dead was going to be a monumental task. Most of the victims resided in countries on the periphery of the Indian Ocean. These were predominately poor folk, by our standard, who had little to no medical or dental records. In the face of the hot climate, potential spread of disease, lack of adequate morgue facilities, and not enough coroners or medical examiners to manage the enormous task, it became pragmatic to bury these victims without authenticated identification.

The situation along the west coast of Thailand, which includes the large island of Phuket, was somewhat different. Phuket, the nearby smaller islands, and the mainland to the north are attractive destinations for international tourists. There is a range of accommodation from world-class five-star resorts to hostels for backpackers. The coastline is densely populated with fishing villages and a wide range of businesses, many of which support the tourist trade. It became clear by the first weeks of January that thousands of tourists, as well as Thais, had perished. The Thailand Ministry of the Interior recognised that the Department of Public Health, local officials, and the numerous Thai volunteers were overwhelmed trying to manage such a complex recovery, identification, and repatriation process. I was not present in the early days

when bodies were recovered, photographed, transported to, and stored at temporary sites. Pictures of the victims were pinned to dozens of poster-boards and made available to the public for possible identification, prior to mass burial. By mid January, the Thai government, while maintaining sovereignty, invited Interpol to take a leadership role. Shortly after, the Thai Tsunami Disaster Victim Identification (TTDVI) protocol was put in place.

Using the influence of Interpol's international investigative experience, disaster management agencies at the highest levels of government were contacted and asked to provide aid. Countries with nationals in Thailand had a political and societal stake in lending a hand. Canada, using input from the RCMP, identified fingerprint comparison as a technical contribution. As well, the former Chief Coroner of Ontario, while serving in the Ministry of Health, was aware of the Province of Ontario Dental Identification Team (PODIT) and similar groups across the country. Under the aegis of the Ministry of Foreign Affairs, he offered to send a contingent of dentists who had expertise in identification. For practical reasons dentists in the western provinces and three members of PODIT were contacted and asked to participate. The RCMP took the organizational lead and Dr. David Sweet, at UBC's Bureau of Legal Dentistry, quarterbacked the dental contribution. The Canadian aid to TTDVI was composed of a mid-level Embassy official (EO), a mid-level RCMP officer (PO), one fingerprint specialist (FGT) and two dentists. The dentists and the FGT took monthly rotations and the PO and EO, longer assignments.

I agreed to do the April rotation. In Feb., I got every imaginable vaccine and preventative medication known to mankind. The RCMP arranged all travel documents and flights. Documents arrived by courier and the London / Toronto / Vancouver trip was uneventful. I met David Sweet in the Vancouver airport hotel where he briefed me on what to expect and gave me a PlassData manual (the computerized data management system used by TTDVI). I was expected to study it en route, so that I could begin work as soon as I arrived. The next morning, I picked up my flight vouchers for the ongoing flights to Tokyo, Bangkok, and Phuket. On board, I tried studying the PlassData system but after an hour I gave up and concluded that either I was too dim to understand it or there were many others in the same boat. I hoped for the latter.

One half-hour out of Tokyo, the pilot announced that we could not land because of severe crosswinds. We circled until he suggested that flying around with minimal fuel might not be a great idea, so we landed at an airport about 30 minutes from Tokyo. After two hours on the tarmac, we headed back to Tokyo, about three hours late. The airport was in chaos with dozens of flights delayed. Following the advice of an airport service agent, I went to the assigned gate for my flight to Bangkok that was to depart in an hour. To my surprise, the flight was boarding for Singapore. I elbowed to the front, showed my documents to the attendants, who told me that my flight had been moved to another gate and that boarding was completed. He made a frantic call and within a minute a young lady in a nifty uniform appeared and implored, "Hurry, Hurry". That was all she could manage in English. I followed as she raced through the terminal. I was beginning to pant when she handed me off to a second niftily dressed attendant who called out, "Quickly, Quickly". That was all the English she knew. More stairs, a bus and escalators followed until we met a third nifty lady who had two words of English, "Hurry and Quickly," Beads of sweat obscured my vision and I thought that my next step would be my last. Finally, I was directed into a 747, taken to the upper deck, seat belted, given a towel and a bottle of water. The plane immediately pushed off with many angry people wondering who could have held up a plane full of passengers. I stayed at the Bangkok airport hotel overnight and took a morning flight to Phuket. It would have been a miracle if my luggage got to Phuket with me. Of course, no miracle. My bag joined me two days later.

I was met by the EO and taken to the temporary Canadian Consulate where the Canadians were billeted. The hotel was a superb resort on the north-west shore of the island. Many of the outbuildings and villas were boarded-up, but the main building was in full operation, although occupancy appeared to be less than 10%. After settling in, I was given a mobile phone, pre-set with the contacts of the Canadian team, and instructed to use it whenever I felt the need and whenever I wished to call home. Then I was taken to my work site, about 40 minutes away. The drive was mainly south-east across the island and at first, other than some signs seeking donations of building materials and piles of building material for sale, life seemed normal. The traffic was busy with vans and scooters carrying people, food and almost everything

else one could imagine. Even when I arrived at my assigned work site, a converted telephone exchange building, (Information Management Center-IMC) there was little evidence that a disaster of enormous proportion had occurred.

After receiving security credentials, I was taken to my work area. I joined a Thai dentist and a dental student who were assigned to quality assurance. We were tasked to double check that the original dental record of the missing person matched exactly with the data in the computer. I was a little anxious as my PlassData preparation was non-existent. Thankfully, my workmates, who had been doing the job for a week, knew how to operate the required program components. I was perplexed about the amount of time that was needed to find, evaluate, and edit the case files. Besides not being particularly user friendly, PlassData asked for details that rarely were in the dental record, particularly if the odontogram was non-anatomic. Why was it necessary to record if a Class III extended to the incisal edge or whether a bicuspid was tipped slightly? My experience in am/pm identifications told me that records were often vague or had errors of commission and omission and comparison and identification was the domain of the dentist. If we wished to question the dentist of record, there was no way we could make contact and email was not available. My early frustration with PlassData was somewhat mitigated by the interest that my Thai colleagues had about polar bears and igloos and what foreign-trained dentists had to do to practice or teach in Canada. These first few days were fully occupied doing quality assurance, getting familiar with the IMC, EO, PO, FGT, my dental partner David Hodges and acclimatizing to daily temperatures in the low 40°C.

With some degree of relief, on my third day I was transferred to the Reconciliation unit and assigned a computer at a shared workstation with David. I worked there for the remainder of my term. My first chore was to attend a one-on-one, ½ hour briefing by a PlassData technician to demonstrate the dental subroutine. The instructor was a Dutch lady who was not a dentist and whose spoken English was poor. When completed, I was even more confused. David was not surprised with my irritation and calmly stated that he had the same experience and after a two-day head start was gradually making progress.

I had some experience in multiple fatality dental identification and was accustomed working in a team and reporting in a hierarchical system. Those previous experiences were simplistic compared to TTDVI. Every action seemed to have national overtones. It was made clear that individual dentists reported only to the Dental Reconciliation Division Chief, who reported up to the Board and ultimately the Director of Operations. Reconciliation dentists were required to attempt identification on assigned cases, without regard to the country of origin of the victim. As Canadians we saw the fairness in this approach and simply got on with the task. Teams from Germany, New Zealand, Sweden, Finland, and the Netherlands were assigned to reconciliation during my rotation. It was disturbing to have one team sent packing because they were unable to follow the rules.

Every morning, each dentist was given a printout of about 300 possible identifications developed overnight by PlassData. For each suggested match, I downloaded the digital dental record and the pm charting from PlassData and determined if there was a possible match. If no, I would go to the next. If yes, we would request that the Division Chief consider asking the records clerks to pull the original dental record and the DVD of the autopsy. If approved, the pair of records would be delivered to the Reconciliation unit the following day. It became obvious to me that there were some significant computer process issues. Suggested matches from the nightly runs were printed and distributed without regard to gender. In this disaster, for the most part, gender of the missing and the victims was not an issue. Age was also not considered. A body of a 12-year-old with no restorations and a 60-year-old missing person with no restorations were forwarded as a possible match, although there was a clear age discrepancy. Reconciliation dentists did not have a feed-back mechanism to PlassData, so we found the same impossible matches on our desk day after day. To add to the inefficiency, the am and pm records of possible matches did not return to the dentist who previewed the match. When reviewing cases, the pm autopsy radiographs and photographs were not embedded in the digital record but stored on DVDs and each had to be opened on an external DVD player. Finally, we were unable to use filters to narrow the options. When there was a case with a distinctive dental treatment or some other unusual finding, there was no way to have the program list all the missing persons

or unidentified bodies with the feature. During the month, I began to think about DIP2 and wondered if it would be possible to add these functions. Much later, I began to realize that the reconciliation dentists did not need to be in Thailand. Of course, there should be some feet on the ground, but the truth was, we could have been anywhere with an internet connection. Any rewrite of DIP2 must take advantage of up-to-date technology and data transfer protocols. Despite these annoyances, more than three hundred identifications were made during the month of April.

I noticed that the Dental Reconciliation Division Chief began to send the Canadian team cases where there had been some conflict, difference of opinion or the need for consensus to move a case on to the Board. David and I worked through many of these. I was the only dentist during the April rotation with advanced training and a few cases were referred for special consideration. For example, I was tasked with defining the dental age of about two dozen bodies of children, 6-12 years of age, with no restorations, hoping that it would be somewhat consistent with their chronologic age. This would provide the officers cataloguing personal effects a narrower range to make associations.

At the end of each day's work we returned to the 'Canadian' compound in our 'Canadian' van. The EO, PO, FGT and the dentists would gather on the beach, with the temperature cooling somewhat, for a daily debriefing, share a cold beverage, before a shower and supper. We attempted to give our dining business to the small family restaurants scattered along the coast, often we were the only customers. It became clear that this team approach to the work, social support, and safety was not universal across the rest of the TTDVI dental teams. Many dentists praised our small but efficient team.

By mid April, 57% of all victims were identified, more than 85% by dental means¹.

In Part 2, I will share my impressions of the disaster, morgue facilities, and identification outcome.

1. Forensic Aspect of Disaster Casualty management Tsunami Victim Identification in Thailand. Pangruk Sribanditmongkol https://www.who.int/hac/events/tsunamicnf/presentations/2_16_forensic_pongruk_ppt.pdf

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THE TWO MOST IMPORTANT WORDS IN ANY MARRIAGE

By Steven Brown

You'll have to wait till the end. And Don't Cheat! (Those are also two very important words). But they're not it, so stay right here and keep reading. Do not skip to the bottom! No! No!.....OK. I'll wait. - CHEATER!. So let's talk Covid for a moment. I'm really glad I took University physics because now, whenever I go into any retail establishment, and size up the cubic space with regard to social distancing, I can rightly say it doesn't look like a maximum of six people in the store at any one time. The last time it actually worked out to 5.64 in the last store. And another thing. Why don't the people count if they are the employees. That could mean two different things, but you know what I mean. And if you don't, as my son would say - 'I don't care'. And as you also know by now, I converted to Voracious Readingism about 9 years ago, and the latest read was by S. Maugham. In his 'A Writer's Notebook' he says "One of the commonest errors of the human intelligence, is to insist that a rule should be universally applicable." And that's all I have to say about that. Except, I will always react, but I'll do my best, to never overreact. Strange times are these. I stole that from Yoda.

And now some thoughts that just crossed my mind. Why does the media always talk about the 'Carbon Footprint'. It's not really the carbon footprint that's the issue. It's 'The Footprint'. The population of the world in 1900 was 1 billion. It's now over 7 billion. That's 14 billion feet. I think, in my humble opinion, that may be a few too many for Mother Earth. She's been trying to get rid of us since day one. I'm not volunteering yet, but talk to me in another 50 years or so. And speaking of the pandemic, during these unconventional times, maybe the days of the week should be called, Daze of the week. Or maybe every day should be called Blursday. I think this will be the most 'randomiest' series of thoughts ever. Let's call it as it has recently been suggested to me - Stream of Consciousness.

So in a truly 'entropic' order. (That's not a word, but it is now.) Here we go. I'm a member of the RCDSO. The only other group I'm a member of, is the human race. Just thinking. What's the plural of sarcophagus? Someone

just said sarcophaguy. Can't be. Sarcophagus is when they use that thing to bury someone named Gus. So sarcophaguy is when they just don't know his name. And the last time I was in Jerusalem, I remember seeing a street sign for Ben Dove Street. But someone had added an 'r' after Dove. And no it wasn't me. While we're at it. We should all be like pigeons. No two are alike. All different colours. And if no two of us were the same, it would be virtually impossible to be prejudiced against any group, because there would be no groups. Someone made a mistake with us.

I always try to learn from my mistakes. But better yet, with my kids, I try to learn from my parents' mistakes. This doesn't follow, but nothing does this time, so....if I was doing Face Painting for kids at a big party, I'd use a paint roller. You could do way more kids. And stealing from Seinfeld, because he'll never read this. Isn't Judaism the only religion where you can be somewhat religious. I like being Jew-ish. So always remember, when telling a joke. It's just like Uber-eats, and Door-dash. It's all about the delivery. That was mine. Not Jerry's. And now that Ontario licence plates start with a 'C'. The worst licence plate you could get, would be CNIB, followed by any three numbers. (Take a deep breath and don't call Barry.) Oh right, and if I was at that kids party I mentioned, and I needed balloons, but the balloon store had a big line up, I'd just go to the nearest car dealership, and make them an offer for a hundred.

Almost done. I send patients to a certain female specialist. And we always have trouble, when trying to reach each other. So finally I called her receptionist and asked her to tell her to call me at home. But if my wife answers, to hang up fast. (OK, now call Barry.) And I recently saw a mom, dad, and daughter. And the mom and dad were fine, but the daughter had one cavity. And they were relatively upset. But I put everything in perspective. I said "Let's analyze this. I saw all three of you, and each of you have 28 teeth. So that's 84 teeth in total. And I only found one cavity. So in retrospect, your doing very well as a group. And they thanked me. There's always an 'amalgam' lining if you look close enough. And I know a girl whose last name is Doiron. So I had to suggest to her, that if

she ever married a man with the last name of Ng, and they decided to hyphenate it to Doiron-Ng. They should never name a child with a first name starting with an 'I'. (Like Irving) Because then their child's name would be... I Do,iron-Ng. I added the comma so we wouldn't have to spend an inordinate amount of time on that one.

I'm now reading a book on 'Secretariat'. The race horse. Not the office help. In it, and I quote - "Just imagine the greatest athlete of all time. Now make him 6'3". The perfect height. Make him intelligent and kind. And on top of that, make him the best looking guy to ever come down the pike." I told Paula I'm changing my name to Secretariat. She said, "Wait, and I'll get you a mirror, before you go to all the trouble." And finally here it is. Unless you cheated, and skipped down at the beginning. Here are the most important words in ANY marriage, according to me! ———

————— Here they are. "I AGREE". 99 times out of 100, when your spouse suggests something, say "I AGREE!" What will be so important 50 years from now, that you can't say 99% of the time - I agree. I'll give you a minute.....Nothing right? RIGHT. And take that to the bank, and you can thank ME one day.

So that's it for now. My wife might be right, when she said shorter is better. You decide. And in these times of plenty, I hope you didn't forget to send in your NEW 150 dollar fee, to be able to provide Minimal Sedation (that I, and most of us have been providing for years to our patients in need), for either Nitrous Oxide, OR oral sedation. Be safe, and keep your patients safe by spending \$150 that you never had to send in before. I guess that might be politically incorrect, but as you know by now 'Politically Incorrect' are my middle names.

Societally yours, I am,
SH(PI)B

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Dr. Carole Gruson on receiving the Alpha Omega Achievement Award
Dr. Sid & Nancy Golden

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Mazel Tov

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Sharon & Irv Hochman and Family

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Danielle Stein on her recent engagement
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Muriel Brunner on the loss of her husband
Dr. Stephen & Carole Zamon and Family

Dr. Lorne Chapnick on the loss of his mother
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Larry Banack in honour of his special birthday
Dr. Aubey & Marilyn Banack

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Michelle Lieberman on the birth of her son
Drs. Stephen & Erica Zamon and Staff

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