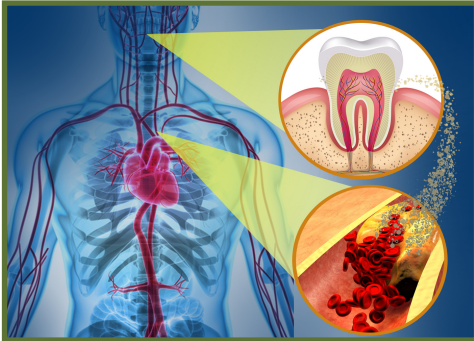


Launch Oral Systemic Health: *Transforming Dental Hygiene*

Someone dies of a cardiovascular event every 45 seconds.

About 50% of cardiovascular events have oral pathogens at their epicenter.



The evidence connecting periodontal pathogens to chronic disease is firmly established. Yet most dental teams have not implemented the clinical practices which mitigate both the local and systemic distribution of high risk pathogens. We must consider the pathogens that have left the mouth and are creating breakdown at other systemic locations when our patients walk in the door. **Despite organized dentistry not yet advocating the treatment of periodontal disease with systemic antibiotics, we have strong evidence that responsible stewardship practices can be embraced when translocated micro-biomes are mitigated with antibiotics in high-risk patients.**

In this groundbreaking and potentially life-saving course, **John Kempton, DDS, FACD FAAOSH** presents a specific set of protocols for diagnosing and treating periodontitis with the goal of minimizing the health impact of high-risk pathogens on both the oral biome and translocated micro-biomes. Dr. John brings the subject to life by using real-life stories and case histories to crystallize the need to change clinical delivery of care.

*Traditional dental hygiene cleaning procedures do not kill oral pathogens.
Brushing and flossing does not kill periodontal pathogens.*

Learning Objectives:

- ✓ Develop an understanding of the overall burden of chronic sickness in America and the relationship of periodontal disease to those systemic illnesses and their potential outcomes
- ✓ Assess the dental team's responsibility and need to consider being accountable for more than restoring and saving teeth
- ✓ Analyze physiologic inflammation
- ✓ Identify the systemic implications of inflammation as it relates to periodontal disease and the collective burden of all systemic inflammatory diseases
- ✓ Develop and consider a new paradigm in context of diagnosing periodontal disease
- ✓ Discover and review a new way to organize and review a medical history format that enables dental professionals to move from inflammatory periodontal discussions to systemic inflammatory dialogue and lead patients toward a potentially healthier life
- ✓ Examine a method to treat periodontal disease that validates pathogens are eliminated and systemic inflammatory markers have decreased
- ✓ Construct a learning environment that enables dental teams at one time, in one place, in an interactive workshop setting to inspire an immediate response that patients can benefit from
- ✓ Provide a dental team with the business platform essential to provide oral systemic services and support the economy of the practice

Suggested Format:

Full or Partial Day; Interactive Workshop, Lecture, Keynote

Suggested Audience:

Dentist and Team



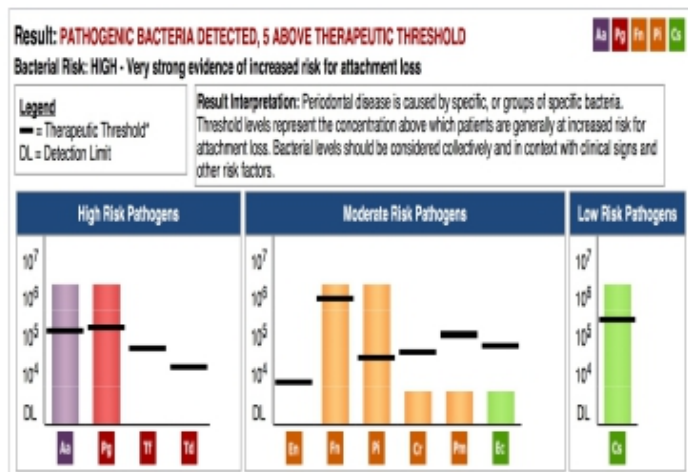
John Kempton, DDS, FACD FAAOSH

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Take the Learning Deeper with Emphasis in These Areas:

The New Standard of Care: for Diagnosing and Treating Periodontal Disease

Recording periodontal architecture is not diagnostic for the presence of active disease. Mechanical debridement does not mitigate high-risk periodontal



Evidence clearly identifies that after 100 years... the science of microbiology and known movement and survival of specific pathogens should have altered the methods dentistry has used, and continues to depend on, to diagnose and treat periodontal disease.

Allow Dr John to take your audience on this journey of discovery; the conviction will be immediate. Listeners will be compelled to engage this 'new standard' of care as case studies and clinical stories from his private practice merge with current science.

Scaling and root planning does not kill the high-risk pathogens that have now been implicated in promoting and perpetuating our patient's chronic diseases. The new standard for care... is here... the time is now!

Learning Objectives:

- ✓ Review and discuss the traditional standard of care for diagnosing and treating periodontal disease
- ✓ Discover the current evidence that mandates dentistry moves to new, relevant, and predictable standard of care for patients
- ✓ Understand 'why' salivary testing for pathogens is foundational for both diagnosing and treating high-risk pathogens successfully
- ✓ Determine the local and systemic importance of salivary testing and specific microbial identification as it relates to pathogen translocation and reinfection potential
- ✓ Learn 'who' is an ideal candidate for pathogen testing and 'when' a test should be recommended
- ✓ Receive practical communication advice along with billing and coding information for engaging new conversations with, and in behalf of, practice patients
- ✓ Discover 'how' this new standard will change and reward the dental practice



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Take the Learning Deeper with Emphasis in These Areas:

Antibiotic Stewardship: A Threat to Patient Wellness

Using Metrics to Establish Risk/Benefit Aspects of How to Best Treat Periodontal



In this provocative presentation, Dr. John takes a hard look at new and relevant evidence supporting the adjunctive use of systemic antibiotics to treat periodontitis, specifically in high-risk patients. Explore the limitations of traditional mechanical debridement, adjunctive use of lasers, hydrogen peroxide, and ozone to treat the systemic impact of high-risk oral pathogens. The medical model for treating a systemic bacterial disease is discussed relative to antibiotic stewardship, including the legal ramifications. Understanding how to define a high-risk patient becomes relevant when considering treatment plans for the mitigation of high-risk pathogens in the micro-biomes that already exist in our patients as they walk in the door.

Learning Objectives:

- ✓ Explore the limitations of traditional mechanical debridement and adjunctive therapy treatments in high-risk periodontal patients
- ✓ Define the medical model for treating a systemic bacterial disease
- ✓ Understand the relationship between cardiovascular events, high-risk pathogens and the “gut biome”
- ✓ Identify how to define a high-risk patient for treatment planning to mitigate high-risk pathogens
- ✓ Describe the use of relevant statistics to create an antibiotic risk-benefit perspective in treatment planning for periodontal disease patients

Dentistry is Medicine: We Are Primary Care Providers

Getting Comfortable with the Medical Implications of Periodontal Pathogens



What is the role of a dentist as a primary care provider? What exactly is dentistry's accountability for patient wellness as it relates to the chronic impact of high-risk pathogens throughout the human body? How can dentistry's knowledge of patient airway and systemic oxygenation be relevant to our responsibility? Can dental professionals be content with our traditional role of saving teeth or should we accept responsibility for extending the lives of patients through pathogen mitigation and airway evaluation? These questions have evidence-based answers.

Learning Objectives:

- ✓ Describe how high-risk patients are combatting pre-existing micro-biomes of replicating oral pathogens
- ✓ Define periodontitis in terms of a cycle of ongoing inflammatory burden, genetic inflammatory susceptibility, and local cellular responses at translocated sites
- ✓ Understand the importance of treatment plans and physician collaboration in patients with systemic risk factors
- ✓ State the impact of periodontal pathogens on blood sugar
- ✓ Learn the impact of oral pathogens, antibiotics, and other major influences on zonulin and a “leaky gut”
- ✓ Become comfortable connecting patient airway and breathing discorded living as a health concern dentistry can consistently diagnose and be collaborative in recommending remediation



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