





The Injured Dentist

BY MARCIA FRELICK

Life-altering injuries and disabilities can happen to anyone. But what should you do when these injuries or events begin impacting your ability to practice dentistry?

When you consider the physical contortions dentists demand from their bodies every day, it's no wonder that many commonly report aches, pains, and injuries. The awkward body angle needed to examine a reclining patient puts tremendous pressure on the spine and neck, as they support the weight of a tilting head. Hands are asked to clench precision instruments and repetitively maneuver around teeth, tissues, and blood vessels. Added to that is the stress of intricate procedures—often compounded by the stare of a conscious patient who is just inches away.

According to an October 2003 *Journal of the American Dental Society* article, "Mechanisms Leading to Musculoskeletal Disorders in Dentists," dentists are very susceptible to chronic lower back pain, neck pain, and even rotator cuff damage, despite using ergonomic equipment and seated, four-handed dentistry. And more often than you think, these aches and pains quickly can become debilitating injuries that may impact a dentist's practice.

Unfortunately, these dentistry-related injuries aren't the only issues that may hinder a doctor's ability to provide care. Dentists are just as susceptible to debilitating illnesses and

life events as their patients. According to the May 1, 2013, *ADA News* article "Insurance for Your Paycheck," one out of three dentists will be disabled at some point during his or her career. These injuries and pain can limit severely or even end a career in dentistry, a profession that demands considerable physical strength and endurance. Navigating these concerns may seem overwhelming at times, but with a little planning, dentists may be able to overcome these extremely difficult life events and continue providing patient care and/or improving the dental profession.

Debilitating pain and dentistry

David Tecosky, DMD, MAGD, of Philadelphia, understands the difficulty of sustaining a practice while injured. He has been able to continue his work as a sole practitioner despite a pinched nerve in his neck, which causes occasional numbness in his hand. Dr. Tecosky's injury began during the 2008 American Dental Association Annual Session in San Antonio, when he experienced severe pain in his lower back, leaving him barely able to walk. After returning to Philadelphia, he visited an orthopedic specialist who took X-rays, noted a chronic breakdown

in his cervical discs, and recommended he see a neck surgeon.

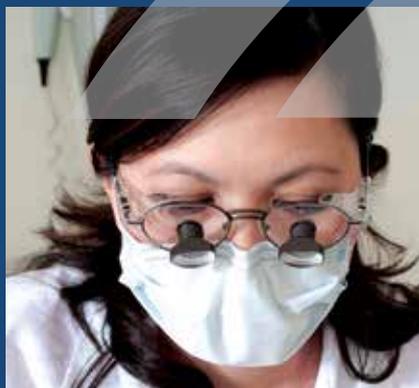
"The surgeon looked me in the eye, put his hand on my neck and said, 'We go in this way from the front, we move the larynx over, take a bone graft from the hip, and stabilize the head. You'll be out of work for six weeks, minimum,'" Dr. Tecosky says. "So I said, 'Thank you very much,' and left."

What he did next is something Dr. Tecosky recommends to every dentist facing a life-changing diagnosis: He got a second opinion. According to Dr. Tecosky, he consulted a neurosurgeon who told him, "Dave, the last thing you do is surgery. Try everything else you can."

However, Dr. Tecosky continued to experience periodic numbness and tingling at the tips of his fingers, and that pain was inhibiting him from practicing dentistry the way he wanted. So he sought a physiatrist, who recommended a treatment combination of physical and occupational therapy. He learned that his positioning was adversely affecting his dentistry; the focal distance on his loupes was too short, so he was leaning forward in a position that wasn't supporting his neck. "I learned I needed to get in better shape and maintain better posture," he says.

Avoiding Injury

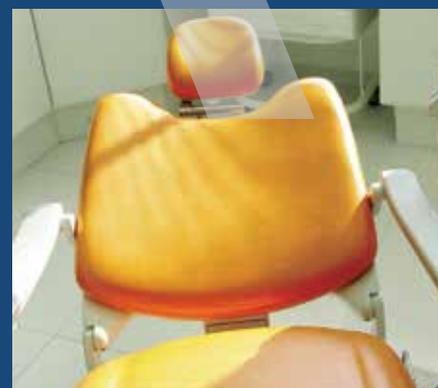
Make sure your equipment and posture are helping you—not harming you.



Loupes: Must be properly fitted and adjusted



Stools: Need proper support, tilting mechanisms, and adjustment options



Patient chairs: Must be comfortable for the patient and doctor

Source: Jeff Carter, DDS, Practice Design Group, Buda, Texas

Dr. Tecosky took this physiatrist's advice and worked to improve his health and practice habits. But he says high-volume dentistry led to some of his neck issues, and because of that, he has had to take on fewer patients over the years. "My recommendation to anyone who wants to practice a long time in dentistry is not to work in a high-volume setting, because physically you can't do it," he advises.

Physical pain and life-altering events

Disability and injury are not the only things that can cause dentists severe pain or render them unable to practice. Kimberly Harms, DDS, of Farmington, Minn., and her husband, James Harms, DDS, have had their share of difficulties. Kimberly was born missing three fingers on her right hand. When a college professor told her this disability would keep her from getting into dental school, she became even more determined. After she and James were married as undergraduates, both were accepted to the University of Maryland School of Dentistry. They bought a practice together in Farmington in 1986.

Their careers were headed in the right direction when medical complications arose for both doctors. Kimberly

began experiencing lower back problems in her 30s and had to undergo surgery. James developed diabetes when he was 40, and in 2007, doctors diagnosed him with liver cancer. By that time, the couple's two-person practice had become very successful, and they knew that Kimberly couldn't handle it alone—so they sold half the practice to partners. "We sold it thinking he wasn't going to make it because liver cancer is a sobering diagnosis—95 percent mortality in five years," Kimberly says.

Thankfully though, the couple had a few things working in their favor: The liver cancer was diagnosed early, and James received a liver transplant fairly quickly. Surprisingly enough, he was able to rejoin his wife at work; and the two had seemed to overcome their personal and professional concerns. At that time, Kimberly remembers thinking that liver cancer was about the worst thing that could happen to her family. But then they received a heartbreaking blow that would forever change their lives. On Jan. 31, 2009, the couple got a call from Columbia University in New York informing them that their 19-year-old son, Eric, a freshman studying engineering, had taken his own life.

"It was a very terrible, horrible thing that we could never have imagined," Kimberly says. "He was a jazz pianist, on the student council, on the dean's list. This kid had every gift imaginable. He was happier than we'd ever seen him over the winter break. Then he passed away, just like that. My husband was still recovering from his liver transplant, and we are a very close family. Down the tubes we went."

Dr. Harms said she and her husband were unable to come back to the office for a month, struggling together with their two daughters to sort through their grief. Thankfully, the partners who had bought half the practice were able to care for their patients. "I don't know what would have happened if we hadn't had those partners," she says.

However, when the doctors did come back to the office, the pace was different. For months, every hour of every workday brought another patient who wanted to talk about Eric, hoping to offer the doctors comfort. This constant grief impacted not only the couple, but their dental staff as well.

At the same time, Kimberly's back and neck pain were getting considerably worse. She couldn't turn her head properly and wrestled with arthritis. In 2010, she was diagnosed with radiculopathy; she had a damaged nerve leading to her thumb and drilling finger. "Basically my drilling fingers were gone," she says. And her doctors informed her that she could no longer practice.

So, at age 53—after a "brief meltdown" in the restroom of her physician's office—Dr. Harms called her Farmington practice and another office in northern Minnesota near the family's lake cabin where she was practicing a few days a week, and she never treated another patient.

Dr. Harms is learning to deal with not practicing dentistry. She says dentists focus on the possibility of physical limitations to their work, but often forget that life events can be just as debilitating and keep them from running their businesses too.



Treatment positions: Sit upright and straighten your back when possible.



Exercises: Yoga, stretching, massage, exercise classes, deep breathing, and physical occupational therapy can help with pain.

Preparing for disability or injury

Like many health care professionals, Drs. Tecosky and Harms never planned to use their disability insurance, particularly at such young ages. However, they still purchased coverage, as most dentists do. According to Dr. Tecosky, he pays approximately \$170 a month for his disability policy and has yet to use it. But with his recent pain, he is comforted knowing that he has coverage should he experience an even more severe injury.

Dr. Harms says that she and her husband purchased disability insurance when they first bought their practice, and that they even increased their coverage amount due to personal expenses, including their children's education costs. In Kimberly's case, there was a clear diagnosis, which meant there was no dispute when she applied for disability insurance. Unfortunately for some, diagnoses often lead to a judgment call as to whether a dentist can continue working.

"Neck and back injuries are fairly common in our profession, and many of my colleagues have had to fight the insurance companies because they can't get that clear diagnosis," Dr. Harms says. "An electromyography can't always pick up those neuropathies as you'd like them to. And now we're in an era where physicians are being pressured to give fewer tests."

It's hard for many younger dentists to imagine that they may need disability insurance, especially when they are just starting out. However, it's important to understand, like in the case of Dr. Harms, that disability policies cover a wide variety of illnesses, conditions, and diseases. According to Richard Eberting—an independent insurance agent in Pleasant Grove, Utah, who specializes in disability insurance and works with Utah's reciprocal insurance exchange Professional Insurance Exchange (PIE)—there are several factors to consider when choosing a policy that is right for you.

Own-occupation policies

Eberting says it's important for dentists to get an "own-occupation policy," which

allows them to claim benefits if they can't practice dentistry but can handle something else, like a desk job. These policies are available in several coverage categories. Higher-level coverage provides full benefits even if the doctor chooses to work in another job following a disability. Though this coverage is typically more expensive, Eberting says it helps you transition into a new career with financial ease. Secondary-level insurance coverage pays based on the difference between the insured's new, non-practicing salary and what he or she would have made as a dentist.

"Let's say someone's making \$200,000 a year as a general dentist, they become disabled and are now teaching, making \$100,000 a year. The company would say they had a 50 percent loss of income and would pay 50 percent of the benefit," Eberting says. He suggests dentists consider this type of insurance, as the premium costs less and it still provides income protection.

Future increase options

According to Eberting, reviewing future increase options is particularly important for young dentists. By paying a little extra upfront, doctors can buy more disability insurance as their income increases through the years, all without providing updated health information to the insurance company.

Say, for example, that a young, healthy dentist applies for this insurance and receives a disability benefit that would pay \$5,000 a month—but then that same dentist injures his back. Without this initial protection, back injuries could be excluded from any updated or future disability policies. However, future increase option protection allows the dentist to purchase additional coverage simply by proving that his income qualifies him for it. The said back condition could not be excluded from the increased insurance coverage.

Partial disability

If dentists can't work as many hours as they used to and aren't making as much as they once were, most quality insurance companies will pay them a percentage of their income

lost, Eberting says. "I also suggest policies with 'recovery benefits,'" he says. "If you're disabled for a while and then recover, and your practice dies down while you're gone, good policies will pay you a benefit based on your reduced income due to that prior disability. It would make up much of the income difference until you could build the practice back up."

Overhead policy

Solo practitioners also may want to consider a disability overhead policy. If a solo dentist becomes disabled, this policy will pay for things like rent or mortgage payments, business loan payments, staff salaries, utilities, etc.

"These are my favorite policies, and some will even pay an extra amount for the salary of a replacement dentist for six months," Eberting says. "They're surprisingly affordable, too."

Age limitations

Richard Engar, DDS, FAGD, a lawyer-in-fact with PIE, recalls a previous dispute after a dentist with disability insurance was injured in a car accident at age 63. According to Dr. Engar, the insurance carrier said the dentist in question was old enough to retire and actually denied him benefits. He suggests dentists speak with their insurance carrier so they understand any age limitations that are attached to their disability policies.

Eberting recommends locking in your age limitations early on in your career. A policy that covers \$5,000 a month after a 90-day waiting period would cost about \$130 a month for a 30-year-old male dentist, he says, but that would double to \$264 per month if the same dentist looked to purchase that policy at age 45.



Learn more about dental ergonomics.



Get a discount on disability insurance.



An ounce of prevention

In addition to purchasing the necessary disability insurance, dentists also can look to prevention to help avoid the injuries and illnesses that can end a career too soon. Proper practice positioning and office ergonomics may help some dentists avoid conditions that lead to disability and early retirement. Many experienced dentists living with disabilities say these prevention topics were not emphasized when they were in dental school—and that's still a big concern, says Tyler Rumble, vice president of the American Student Dental Association (ASDA).

"Here at the University of Washington, we get a few lectures ... but it's a very small part of the curriculum," Rumble says. During its 2013 Annual Session in March 2013, ASDA passed a policy asking dental schools to provide more ergonomics training to students, because "we want to be practicing into our 70s and 80s," Rumble says. Plus, based on student requests, ASDA is looking to present its first workshop on exercises and positioning designed to extend a dentist's career, at its 44th Annual Session, Feb. 26 to March 1, 2014, in Anaheim, Calif.

Ergonomics is a prevention strategy to help decrease the impact of severe disability on your practice, according

to Jeff Carter, DDS, owner of Practice Design Group, a dental office designing firm in Buda, Texas. Proper posture and a more ergonomically friendly dental office can help. Dr. Carter says many dentists seek equipment solutions to help them avoid disabilities, but so far, these technological solutions have been hard to come by. Practice Design Group developers have been working on a variety of ergonomic practice concepts, but success in dental ergonomics is still quite limited. According to Dr. Carter, dentists currently are at a crossroads, much as they were in the '50s when they switched from standing to seated dentistry. He believes the next era of dentistry likely will come with a solution that will help dentists prevent the debilitating injuries and pain issues that come with daily practice. "They're on the road to those kinds of things, but it will be years before they're here," he says.

So just how does a dentist deal with the possibility of a career-ending injury or disability? And how do you know when this disability is beginning to affect your practice and patients? Deciding when it's time to cut back, retire, or file for disability is often a torturous personal decision. Dr. Engar says it's not easy to give up clinical work since there are a limited number of alternatives. "That's a tough call.

That's something the dentist may be in denial about," he says. "The idea is to do no harm, and if you're not up to speed, you better limit the procedures you do."

Dentists dealing with injuries like Dr. Tecosky's are fortunate enough to have the time and opportunity to plan for a future without dental practice. He says he's thinking ahead and applying for a teaching position so he can reduce his clinical hours. "Dentistry is a much more physical job than most people realize—including dentists," he says. Dr. Harms agrees, and believes the dedication that makes so many dentists excellent health care professionals is the same trait that will help them overcome any disability, injury, or career-changing event.

And for those who are currently struggling, she offers this advice: "As dentists, we like to live in a black-and-white world. I think it's important for our colleagues to know there's joy no matter what happens to you. You can overcome anything, but you have to work at it." ♦

Marcia Frellick is an independent journalist based in Chicago. She regularly writes about health care policy, research, provider education, and workplace issues for magazines, newspapers, and online publications. To comment on this article, contact impact@agd.org.