



# Biological Dental Hygiene Accreditation Overview

Congratulations on your decision to achieve Biological Dental Hygiene Accreditation with the IAOMT (HIAOMT), and welcome to our new program! You are one of the first members to participate in this course, and we value and encourage your input. If you have any comments, suggestions, or ideas about this program, please be sure to email us at [info@iaomt.org](mailto:info@iaomt.org). We expect to enhance this program based on your feedback!

Note that we strongly recommend fulfilling the requirement of attending an IAOMT meeting and the Fundamentals of Biological Dentistry Course BEFORE completing this coursework or shortly after starting this coursework. Registration fees for those requirements were included in the enrollment fee you paid for this course. More information about this requirement is provided on page 3 of this PDF. Also, further requirements (in addition to the curriculum in Units 1-10) are discussed on page 6 of this PDF.

The link to the course materials for each of the ten units is <https://iaomt.org/biological-dental-hygiene-accreditation/>. Please bookmark the materials page for easy access. **You will notice that each unit consists of one PDF file and one printable test.** Although the test must be taken online at a link specified in the PDF file, **a printable test is provided on the materials link, as some candidates prefer to prepare their test answers while they complete each component of the unit.**

**The REQUIRED unit PDF file contains the mandatory textual component of the coursework.**

A checklist at the beginning of each of the required unit PDF files will guide you as to which activities must be completed, and it is recommended that you print out the checklist pages for your personal use as you complete the unit. Each unit requires the completion of readings, as well as an online learning component, which involves watching a video or listening to a podcast. After you complete the activities, you will take an official test online. A link to each test is provided at the end of the unit PDF. You should set aside an hour to take each test, but if you do not complete it in one session, you can save your work and return to the test URL to complete the test in additional sessions. Your results will be emailed, and you have the opportunity to re-take the test if you do not earn an 80% or higher. The results of this post-test, if successful (80% or higher), are used to pass you through the corresponding unit of Biological Dental Hygiene Accreditation.

**Make sure you have read, signed, scanned, and returned the disclaimer for the course on page 2 of this PDF.** You will then be prepared to begin your coursework for Unit 1. Start by reading the Unit 1 checklist on pages 4-5 of this document, which identifies each step needed to successfully complete Unit 1. In the pages immediately following the checklist, you will complete the rest of the unit, which provides a more detailed description as to how the course is organized.

**Additionally, at the end of the entire course, you will receive the AGD codes for CE credits for your completion of each of the online learning video units.**

*Please also note that IAOMT's SMART certification is a different course technically designed for those individuals who remove amalgam fillings, which dental hygienists in some countries are able to do. If removing mercury amalgam fillings is within the scope of your practice OR if you are already SMART-certified, contact the IAOMT Office before starting your Biological Dental Hygiene Accreditation.*

We are proud to have you on board as a future Biological Dental Hygiene Accredited (HIAOMT) member of IAOMT, and we expect that you will benefit greatly from participating in this course. Thanks for your support and partnership.

**INTERNATIONAL ACADEMY OF ORAL MEDICINE AND TOXICOLOGY**

**8297 ChampionsGate Blvd, #193**

**ChampionsGate, FL 33896**

**Phone: 863-420-6373**

**Fax: (863) 419-8136**

**Website: [www.iaomt.org](http://www.iaomt.org)**

**Email: [info@iaomt.org](mailto:info@iaomt.org)**

**BIOLOGICAL DENTAL HYGIENE ACCREDITATION**

**DISCLAIMER:**

*By participating in the IAOMT Biological Dental Hygiene Accreditation Program, you agree with the following—*



The information provided in this course is not intended as dental or medical advice and should not be interpreted as such. In offering the Biological Dental Hygiene Accreditation Program, the IAOMT’s intention is to present as much scientific information as possible on different dental materials, treatments, patient and dental staff safety, and other aspects of dentistry where the health care practitioner can make their own informed judgments for the benefit of themselves and their patients and staffs.

The IAOMT offers training and provides guidance and procedures for health care practitioners to accomplish the safest possible replacement of amalgam dental fillings. Methods and techniques discussed in this program, in the opinion of this organization’s leadership, enhance the safety of the health care practitioner, and his/her patients and staffs. However, it is up to the licensed practitioners to exercise their own judgment concerning the specific treatment options to utilize in their practices.

**Dental hygienists must be also aware of and abide by the supervision laws for the particular region/state/country in which they hold a license.**

The authors, editors, compilers, and the IAOMT disclaim any liability or responsibility to any person or party for any loss, damage, expense, fine, injury, or penalty which may arise or result from the use of any information, recommendations, opinions and/or errors in the materials used for this program. Any use that a member or third party makes of the information in this program, or any reliance, or decisions made based on this information, is the sole responsibility of the member or third party. This program is intended for educational purposes only and not as medical or dental advice. It is not intended to diagnose, treat, prevent, or cure any disease.

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**SIGN HERE TO AGREE TO THE TERMS ABOVE:**

X

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR EMAIL: \_\_\_\_\_ YOUR PHONE: \_\_\_\_\_

*After signing this page, please scan it and send it via email to [kym.smith@iaomt.org](mailto:kym.smith@iaomt.org)  
If needed, you can also print and fax it to (863) 419-8136,  
or print and mail it to...*

**THE INTERNATIONAL ACADEMY OF ORAL MEDICINE AND TOXICOLOGY**

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**REGISTER NOW FOR YOUR REQUIRED  
ATTENDANCE AT AN IAOMT MEETING AND THE  
IAOMT'S FUNDAMENTALS OF BIOLOGICAL  
DENTISTRY COURSE!**

*As part of your requirements to earn Biological Dental Hygiene Accreditation from the IAOMT, you are expected to attend an IAOMT meeting and take the Fundamentals of Biological Dentistry course (which is offered at every IAOMT meeting). Registration fees for those requirements were included in the enrollment fee you paid for this certification.*

*If you cannot attend in person,  
you can access online versions of these requirements.*

**WE STRONGLY RECOMMEND ACCOMPLISHING THESE  
REQUIREMENTS PRIOR TO BEGINNING YOUR COURSEWORK OR  
SHORTLY AFTER STARTING YOUR COURSEWORK.**

You will need to enter the code  
**IAOMT4RDHS**  
when registering so that your meeting attendance fee and enrollment in  
Fundamentals is **FREE**.

*Note that you will still have to finance your travel, hotel, and meals.*

To view upcoming meetings and dates, [click here](#).

To register for a meeting, [click here](#).

*Remember to enter the code: IAOMT4RDHS*



**FOR ACCESS TO ONLINE VERSIONS OF THESE  
REQUIREMENTS, CONTACT THE IAOMT OFFICE AT  
(863) 420-6373 OR VIA EMAIL AT [INFO@IAOMT.ORG](mailto:INFO@IAOMT.ORG)**

# **IAOMT BIOLOGICAL DENTAL HYGIENE ACCREDITATION--**

## **Checklist for Completing Unit 1: Introduction**

### **PREREQUISITES FOR UNIT 1: INTRODUCTION**

- Read the “IAOMT Biological Dental Hygiene Accreditation Overview.”  
Click here to go to the “IAOMT Biological Dental Hygiene Certification Overview” previously provided on the first page of this document.
- Make sure you have read and agreed to the “IAOMT Biological Dental Hygiene Accreditation Disclaimer” and signed, scanned, and emailed it to [info@iaomt.org](mailto:info@iaomt.org) to begin the course.  
Click here to go to disclaimer previously provided on the second page of this document.
- We strongly encourage you to fulfill the requirement of attending an IAOMT meeting and completing the Fundamentals of Biological Dentistry Course BEFORE beginning this coursework or shortly after starting this coursework.  
Click here to go to information previously provided on the third page of this document.
- Watch the IAOMT’s “Biological Dentistry and You” video.  
Click here to view the video at <https://youtu.be/Mw18hQCSzO8>.

### **CONTENT FOR UNIT 1: INTRODUCTION**

- Read the “Biological Dental Hygiene Accreditation Introduction” from the IAOMT.  
Click here to go to pages 6-10.
- Read the “Oral Health Integration” Article from the IAOMT.  
Click here to go to pages 11-14.
- View the IAOMT video "Introduction to Biological Dentistry" at <https://youtu.be/IVPVAS26Y8A>.  
Click here to go to page 15 for more information about this video.
- Read the “International Academy of Oral Medicine and Toxicology Mission, Charter, and Code of Ethics.”  
Click here to go to pages 16-18.
- Read the “Revisiting the Focus” letter by McKeown.  
Click here to go to page 19.

***CONTINUED ON NEXT PAGE...***

## TEST FOR UNIT 1: INTRODUCTION

Take the Post-test for Unit 1 at <https://www.cvent.com/d/lhq1j5>.  
Click here to go to page 20 for more information about this test.

You're now ready to proceed to Unit 2!  
[Click here to access Unit 2.](#)

**INTRODUCTION TO  
THE IAOMT'S BIOLOGICAL DENTAL  
HYGIENE ACCREDITATION  
PROGRAM**

**Adapted from May 2014 article  
by Steve Koral, DMD, MIAOMT;  
In April 2020 by Shelby Kahl, BS, RDH,  
Erin Sweeney Lister, BS, RDH,  
Kym Smith, IAOMT Executive Director,  
Amanda Just, MS, IAOMT Program Director**



*The IAOMT'S Biological Dental Hygiene Accreditation Program requires the candidate to demonstrate a basic understanding of the distinctions that define biocompatibility and the science that underlies biological dentistry.*

**Requirements for Biological Dental Hygiene Accreditation are...**

- Active membership in IAOMT
- Enrollment fee of \$750.00 (U.S.)
- Attendance at a minimum of one IAOMT meeting either in person or via live stream/recording [*registration fee is included in enrollment fee*] --**RECOMMEND DOING THIS FIRST, PRIOR TO COURSEWORK.**
- Attendance at the Fundamentals of Biological Dentistry course either in person or via live stream/recording [*registration fee is included in enrollment fee*] --**RECOMMEND DOING THIS FIRST, PRIOR TO COURSEWORK.**
- Successful completion of the Biological Dental Hygiene Core Curriculum (Units 1-10). Each of these units involves a multiple-choice post-test based on the materials provided, for a total of ten tests you must pass with at least an 80%.
- **If removing mercury amalgam fillings is within the scope of your practice**, SMART Certification must be completed as part of your coursework. Please contact the IAOMT Office about SMART Certification at [info@iaomt.org](mailto:info@iaomt.org) prior to starting this course if you are authorized to remove amalgam fillings!
- Remain an IAOMT member and attend one IAOMT meeting (in person or via video) per every two years after earning Hygiene Accreditation to maintain your listing on IAOMT's Practitioner Directory. (*Note that once earned, Biological Dental Hygiene Accreditation is a lifetime achievement. This requirement only applies to the listing on the IAOMT's Practitioner Directory.*)
- **Dental hygienists must also be aware of and abide by the supervision laws for the particular region/state/country in which they hold a license.**

## **IAOMT Biological Dental Hygiene Accreditation: At the Forefront of Biological Dentistry**

Biological Dental Hygiene Accreditation by the IAOMT (HIAOMT) verifies to the professional community and the general public that you have been trained and tested in the comprehensive application of **biological dental hygiene**, including a detailed understanding of biological periodontal therapy and biological dentistry.

In using the term **biological dental hygiene**, we are not attempting to stake out a new specialty for dental hygiene but rather to describe a philosophy that can apply to all facets of dental practice and to health care in general: Always seek the safest, least toxic way to accomplish the mission of treatment, all the goals of modern dentistry, and do it while treading as lightly as possible on the patient's biological terrain. A more biocompatible approach to oral health is the hallmark of **biological dental hygiene**.

By making distinctions – some obvious, and some subtle – among the available materials and procedures, we can reduce the impact on our patients' biological responses. Our sense of duty to advocate for the well-being of our patients should make biocompatibility a high priority, and the fact that there are now so many new ways to make dentistry work better gives us the opportunity to do just that.

The IAOMT is an organization for that group of dentists, physicians, and allied researchers who consider biocompatibility to be their first concern and who demand scientific evidence as their key criterion. Members of this group have, since 1984, examined, chronicled, and supported research into the distinctions that can make dental practice more biologically acceptable. This “biological dentistry” attitude can inform and intersect with all topics of conversation in health care where the well-being of the mouth is an integral part of the health of the whole person.

Thus, IAOMT Biological Dental Hygiene Accreditation establishes you as a dental hygiene practitioner at the forefront of twenty-first century dentistry and demonstrates your commitment to furthering your knowledge of dentistry's undeniable role in systemic health. To assist you in this endeavor, our course is divided into ten units designed to provide you with the education and resources to offer biological dental hygiene to your patients.

### **Overview of IAOMT Biological Dental Hygiene Units**

Each of the units contains the activities needed to pass the course in a REQUIRED Material PDF file that you should download. Each of these REQUIRED unit installments are offered in a format with the following components:

- 1) An outline provides a list of the required activities in the unit. Activities are presented in the order they should be accomplished. Printable questions associated with testing in the unit are available at the end of the outline, as some candidates prefer to prepare answers while they complete each component of the unit.
- 2) The required (main) content of the unit includes the mandatory resources to advance your knowledge of the unit's topic. The content consists of scientific studies, literature reviews, position papers, articles about the subjects of study for the unit, and online learning video activities. A total of 16.5 CEs can be earned for completing the online learning video activities.

3) The post-test is provided at the end of the unit. You should set aside an hour to take each open book post-test, but if you do not complete the test in one session, you can save your work to complete the test in additional sessions. You will be emailed your results immediately, and you have the opportunity to re-take the test if you did not earn an 80% or higher. The results of this open book post-test, if successful (80% or higher), are used to pass you through this unit of accreditation.

Below is a description of each of the 10 units.

### **Unit 1: Introduction to the IAOMT, this Program, and Biological Dentistry**

This introduction is designed to provide you with essential background knowledge about the structure and operations of the IAOMT, an understanding of the IAOMT Biological Dental Hygiene Accreditation program, and information about biological dentistry in general.

### **Unit 2: Mercury 101 and 102**

This unit is designed to teach you about the basic chemistry of mercury and the scientific literature that establishes the known risks of dental mercury: Scientific evidence has established beyond any doubt two propositions: 1) Amalgam releases mercury in significant quantities to the environment and to individuals, creating measurable exposures in people with fillings, and 2) Chronic exposure to mercury in the quantity released by amalgam increases the risk of physiological harm.

### **Unit 3: Safe Removal of Amalgam Fillings**

Dentists who engage in elective replacement of amalgam fillings have been criticized by their peers for unnecessarily exposing their patients to additional mercury during the process of grinding the old fillings out. Yet, the “mercury-free” dentists are the ones who are most aware of the problem. We present scientifically verified procedures for greatly reducing and minimizing mercury exposure which all dental office personnel should learn and follow for their own protection and for the protection of their patients.

### **Unit 4: Clinical Nutrition and Heavy Metal Detoxification for Biological Dentistry**

Nutritional status impacts all aspects of a patient’s ability to heal. Biological detoxification depends heavily on nutritional support, as does periodontal therapy or any wound healing. An appreciation of the impact of nutrition on all phases of dentistry is essential to biological dental hygiene. Thus, all members should be familiar with the methods and challenges of reducing systemic toxicity deriving from mercury exposure.



## **Unit 5: Biocompatibility of Dental Materials**

In addition to using dental materials that are less overtly toxic, we can raise the biocompatibility quotient of our practice by recognizing the fact that individuals vary in their biochemical and immunological responses. We present a discussion of biochemical individuality and sound methods of immunological testing to help determine the least reactive materials to use with each individual patient. The more a patient suffers from allergies, environmental sensitivity, or autoimmune diseases, the more important this service becomes. Aside from their power to provoke immune reactivity, metals are also electrically active. Oral galvanism has been talked about for well over 100 years, but dentists generally ignore it and its implications.

## **Unit 6: Sleep-Disordered Breathing, Myofunctional Therapy, and Ankyloglossia**

Registered dental hygienists have an essential role in assisting patients, especially children, by applying their understanding of sleep apnea, myofunctional therapy, and ankyloglossia. The effects of airway obstruction and sleep-disordered breathing are highlighted, and an overview of strategies to promote proper breathing and tongue position is offered. Ankyloglossia (tongue tie) is also covered in this innovative unit of IAOMT's Biological Dental Hygiene Accreditation.

## **Unit 7: Fluoride**

Mainstream public health science has failed to verify that a protective effect of water fluoridation on children's teeth actually exists, despite the constant public relations statements and resulting widespread belief among the general population. Meanwhile, evidence of the harmful effects of fluoride accumulation in the human body continues to mount. In this unit, we present an appraisal of the risks of water fluoridation based on scientific findings and even regulatory documents.

## **Unit 8: Biological Periodontal Therapy**

At times it almost seems as if a tooth with its root canal system and leaky gums is a device for injecting pathogens into internal spaces where they don't belong. We will revisit the dentinal tubule and the periodontal pocket from the perspective of biological dentistry. Methods used to detect pathogens and monitor their numbers through the course of treatment range from the basic clinical exam to the classic use of a phase contrast microscope to the BANA test and DNA probes. There are non-drug procedures for eliminating the infection, as well as occasional judicious use of anti-microbial drugs. Laser treatment, ozone treatment, home care training in pocket irrigation, and nutritional support will all also be discussed in this unit.

## **Unit 9: Root Canals**

There is controversy once again in the public's consciousness over root canal treatment. The origin lies in the question of remnant populations of microbes in the dentinal tubules and whether or not endodontic techniques adequately disinfect them or keep them disinfected. We also examine how those bacteria and fungal organisms can turn anaerobic and produce highly toxic waste products that diffuse out of the tooth, through the cementum, and into circulation.

## **Unit 10: Jawbone Osteonecrosis**

Recent work in the field of facial pain syndromes and Neuralgia Inducing Cavitational Osteonecrosis (NICO) has led to the realization that the jawbones are a frequent site of ischemic osteonecrosis, also known as aseptic necrosis, the same as is found in the femoral head. As a result, many extraction sites that appear to have healed have actually not healed completely and can trigger pain in other parts of the face, head, and distant parts of the body. Even though most of these sites actually present with no symptoms at all, pathological examination reveals a combination of dead bone and slowly growing anaerobic pathogens in a soup of highly toxic waste products where we would otherwise think there has been good healing. This newly emerging disease entity is examined in this unit.

### **Conclusion: We are Twenty-First Century Dental Hygiene**

Today, we can do better dentistry, in a less toxic, more individualized, and more environmentally-friendly way than ever. We have as many choices of attitude before us as we do dental techniques and materials. By choosing to put biocompatibility first, we can look forward to practicing effective dental hygiene while knowing that we are providing patients with the safest experience for their overall health.

## **ORAL HEALTH INTEGRATION: THE IAOMT'S APPROACH**

**By Amanda Just, MS, Program Director of the IAOMT**

**With Jack Kall, DMD, MIAOMT, Chairperson of the IAOMT Board of Directors**

**September 20, 2016**

While periodontal disease is accepted by the medical community for its role in cardiovascular problems and diabetes, the effects of other dental conditions and materials on whole body health have yet to be extensively recognized. However, since the mouth is the gateway to the digestive tract, it should not be surprising that what happens in the oral cavity impacts the rest of the body (and vice versa, as in the case of diabetes). Although it might seem obvious that dental conditions and materials can influence the entire human system, there is a clear need for the mainstream medical community, policy makers, and the public to be educated about this reality.

### **What is biological dentistry?**

Biological dentistry is not a separate specialty of dentistry, but a thought process and an attitude that can apply to all facets of dental practice and to health care in general: to always seek the safest, least toxic way to accomplish the goals of modern dentistry and of contemporary health care *and* to recognize the essential connections between oral health and overall health. The tenets of biological dentistry can inform and intersect with all topics of conversation in health care, as the well-being of the mouth is an integral part of the health of the whole person.

Biological dentists encourage the practice of mercury-free and mercury-safe dentistry and aim to help others understand what these terms actually mean in clinical application:

- “Mercury-free” is a term with a wide-range of implications, but it typically refers to dental practices that do not place dental mercury amalgam fillings.
- “Mercury-safe” typically refers to dental practices that use innovative and rigorous safety measures based on up-to-date scientific research to limit exposure, such as in the case of removing previously existing dental mercury amalgam fillings and replacing them with non-mercury alternatives.
- “Biological” or “Biocompatible” dentistry typically refers to dental practices that utilize mercury-free and mercury-safe dentistry while also considering the impact of dental conditions, devices, and treatments on oral and systemic health, including the biocompatibility of dental materials and techniques.

In addition to consideration for the safety and biocompatibility of dental materials (including the utilization of allergy and sensitivity testing), biological dentistry further addresses heavy metals detoxification and chelation, nutrition and oral cavity health, oral galvanism, risks of topical and systemic fluoride exposure, the benefits of biological periodontal therapy, the influence of root canal treatments on patient health, and the diagnosis and treatment of neuralgia inducing cavitation osteonecrosis (NICO) and jawbone osteonecrosis (JON).

Within our membership, IAOMT dentists have varying levels of training in mercury-free, mercury-safe, and biological dentistry.

## Evidence of Need for Oral Health Integration

A number of recent reports have clearly established the urgency for oral health to be better integrated into public health. In fact, Healthy People 2020, a project of the U.S. government's Office of Disease Prevention and Health Promotion, has identified a key area of public health improvement: to increase awareness of the importance of oral health to overall health and well-being.<sup>1</sup>

One reason for this needed awareness is that millions of Americans have dental caries, periodontal disease, cleft lip and palate, oral and facial pain, and oral and pharyngeal cancers.<sup>2</sup> The potential consequences of these oral conditions are far-ranging. For example, periodontal disease is a risk factor for diabetes, heart disease, respiratory disease, stroke, premature births, and low birth weights.<sup>3 4 5</sup> Additionally, oral health problems in children can lead to attention deficits, difficulty in school, and dietary and sleep issues.<sup>6</sup> Also, oral health problems in older adults can lead to disability and reduction in mobility.<sup>7</sup> These are only a few examples of the known repercussions of impaired oral health on overall health.

In their 2011 report *Advancing Oral Health in America*, the Institute of Medicine (IOM) made the necessity of inter-professional health collaboration clear. In addition to improving patient care, the integration of oral health with other disciplines was recognized as a means of reducing health care costs.<sup>8</sup> Further, the IOM warned that the separation of dental professionals from other health care professionals *negatively* influences patients' health.<sup>9</sup> More precisely, Chairman of the Committee on Oral Health Initiative Richard Krugman stated: "The oral health system still largely depends on a traditional, isolated dental care model in the private practice setting—a model that does not always serve significant portions of the American population well."<sup>10</sup>

The reality of patients enduring harmful consequences as a result of oral health being excluded from medical programming has been confirmed in other reports. In a commentary published in the *American Journal of Public Health*, Leonard A. Cohen, DDS, MPH, MS, explained that patients suffer when there is no connection between the dentist and physician.<sup>11</sup> Interestingly, it has been reported that patients want this connection to be made, as researchers have noted: "As interest in integrative health care and the use of complementary and alternative therapies by consumers has continued to grow, concern has increased that health professionals be sufficiently informed about integrative health [so] that they can effectively care for patients."<sup>12</sup>

It is obvious that patients and practitioners mutually benefit from an integrated approach to oral health and public health. First, oral health conditions can be indicative of other health problems including nutritional deficiencies, systemic diseases, microbial infections, immune disorders, injuries, and some forms of cancer.<sup>13</sup> Next, patients enduring adverse symptoms from oral health conditions such as infections, chemical sensitivities, TMJ (temporomandibular joint disorders), craniofacial pain, and sleep disorders can benefit from inter-professional collaboration. Such collaboration has also been called for in regard to oral complications from cancer treatments and other medications<sup>14</sup> and in regard to biocompatible materials.<sup>15</sup> Biocompatibility is especially crucial because dental mercury allergies can result in an array of subjective and objective health complaints<sup>16</sup> and impact as many as 21 million Americans today.<sup>17</sup> However, these figures could be even higher because recent studies and reports suggest that metal allergies are on the rise.<sup>18 19</sup>

All of these circumstances and more provide evidence that oral health issues must become more prevalent in medical education and training. Because dental schools and education are completely separate from medical schools and continuing education, physicians, nurses, and other health care professionals are often not knowledgeable about oral health care, including recognition of oral diseases.<sup>20</sup> In fact, it has been reported that only 1-2 hours per year of family medicine programs are allotted for dental health education.<sup>21</sup>

The lack of education and training has wide-ranging implications for public health. In addition to all of the conditions and scenarios mentioned above, other consequences might not be as obvious. For instance, most patients with dental complaints seen by hospital emergency departments (ED) are usually suffering from pain and infection, and the lack of ED knowledge about oral health has been cited as a contributor to opiate dependency and antibiotic resistance.<sup>22</sup>

This lack of awareness appears to be due to lack of opportunity. While practitioners have demonstrated interest and training about oral health, this topic has traditionally not been offered in medical school curricula.<sup>23</sup> However, changes have been encouraged, such as Chairman of the Committee on Oral Health Initiative Richard Krugman's advice: "More needs to be done to support the education and training of all health care professionals in oral health care and to promote interdisciplinary, team-based approaches."<sup>24</sup>

The encouragement for such urgent changes appears to be having an effect. Some innovative examples of existing models and frameworks are forging a new future in the integration of oral and public health. The IAOMT is part of this new future and promotes active cooperation between dentists and other health professionals so that patients can experience a more optimum level of health.

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<sup>1</sup> Office of Disease Prevention and Health Promotion. 2020 Topics and Objectives: Oral Health. *Healthy People 2020*. 2016. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>. (Page last updated April 26, 2016).

<sup>2</sup> Office of Disease Prevention and Health Promotion. 2020 LHI Topics: Oral Health. *Healthy People 2020*. 2016. Retrieved from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>. (Page last updated April 26, 2016).

<sup>3</sup> Office of Disease Prevention and Health Promotion. 2020 LHI Topics: Oral Health. *Healthy People 2020*. 2016. Retrieved from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>. (Page last updated April 26, 2016).

<sup>4</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>

<sup>5</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000. Retrieved from: <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf>

<sup>6</sup> The Network for Public Health Law. Improving Oral Health Care: ACA Initiatives and IOM Recommendations. Retrieved from: [https://www.networkforphl.org/\\_asset/9fz4ly/oral-health-networkFINAL.pdf](https://www.networkforphl.org/_asset/9fz4ly/oral-health-networkFINAL.pdf). (Page last updated June 2012).

<sup>7</sup> The Network for Public Health Law. Improving Oral Health Care: ACA Initiatives and IOM Recommendations. Retrieved from: [https://www.networkforphl.org/\\_asset/9fz4ly/oral-health-networkFINAL.pdf](https://www.networkforphl.org/_asset/9fz4ly/oral-health-networkFINAL.pdf). (Page last updated June 2012).

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- <sup>8</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>
- <sup>9</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>
- <sup>10</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Page xii. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>
- <sup>11</sup> Cohen LA. Expanding the physician's role in addressing the oral health of adults. *American Journal of Public Health*. 2013 Mar; 103(3):408-12. Page 409. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673507/pdf/AJPH.2012.300990.pdf>
- <sup>12</sup> Kreitzer MJ, Kligler B, Meeker WC. Health professions education and integrative healthcare. *Explore: The Journal of Science and Healing*. 2009 Aug 31; 5(4):212-27. Retrieved from: <http://www.nationalacademies.org/hmd/~media/Files/Activity%20Files/Quality/IntegrativeMed/Health%20Professions%20Education%20and%20Integrative%20HealthCare.pdf>
- <sup>13</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>
- <sup>14</sup> Kreitzer MJ, Kligler B, Meeker WC. Health professions education and integrative healthcare. *Explore: The Journal of Science and Healing*. 2009 Aug 31; 5(4):212-27. Retrieved from: <http://www.nationalacademies.org/hmd/~media/Files/Activity%20Files/Quality/IntegrativeMed/Health%20Professions%20Education%20and%20Integrative%20HealthCare.pdf>
- <sup>15</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000. Page 8. Retrieved from: <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf>
- <sup>16</sup> Kall J, Just A, Aschner M. What is the risk? Dental amalgam, mercury exposure, and human health risks throughout the lifespan [Chapter 7]. *Epigenetics, the Environment, and Children's Health across Lifespans*. David J. Hollar, ed. Switzerland: Springer International Publishing. 2016; 159-206. [http://link.springer.com/chapter/10.1007/978-3-319-25325-1\\_7](http://link.springer.com/chapter/10.1007/978-3-319-25325-1_7)
- <sup>17</sup> Kall J, Robertson K, Sukel P, Just A. *International Academy of Oral Medicine and Toxicology (IAOMT) Position Statement against Dental Mercury Amalgam Fillings for Medical and Dental Practitioners, Dental Students, Dental Patients, and Policy Makers*. ChampionsGate, FL: IAOMT. 2016. <https://iaomt.org/iaomt-position-paper-dental-mercury-amalgam/>
- <sup>18</sup> Hosoki M, Nishigawa K. Dental metal allergy [Book Chapter]. *Contact Dermatitis*. 2011. [edited by Young Suck Ro, ISBN 978-953-307-577-8]. Retrieved from: <http://www.intechopen.com/download/get/type/pdfs/id/25247>
- <sup>19</sup> Kaplan M. Infections may trigger metal allergies. *Nature*. 2007. Retrieved from: <http://www.nature.com/news/2007/070430/full/news070430-6.html>
- <sup>20</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>
- <sup>21</sup> Cohen LA. Expanding the physician's role in addressing the oral health of adults. *American Journal of Public Health*. 2013 Mar; 103(3):408-12. Page 410. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673507/pdf/AJPH.2012.300990.pdf>
- <sup>22</sup> Cohen LA. Expanding the physician's role in addressing the oral health of adults. *American Journal of Public Health*. 2013 Mar; 103(3):408-12. Page 408. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673507/pdf/AJPH.2012.300990.pdf>
- <sup>23</sup> Cohen LA. Expanding the physician's role in addressing the oral health of adults. *American Journal of Public Health*. 2013 Mar; 103(3):408-12. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673507/pdf/AJPH.2012.300990.pdf>
- <sup>24</sup> Institute of Medicine of the National Academies. *Advancing Oral Health in America*. Washington, D.C.: National Academies Press. 2011. Page xii. Retrieved from: <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>

YOU NOW NEED TO WATCH IAOMT'S  
"INTRODUCTION TO BIOLOGICAL DENTISTRY"  
VIDEO AT <https://youtu.be/IVPVAS26Y8A>

UPON COMPLETION OF THE "COURSE  
INTRODUCTION" VIDEO, YOU WILL NEED TO  
CONTINUE WITH THE ADDITIONAL  
REQUIREMENTS FOR UNIT 1, WHICH INCLUDE  
MORE READINGS AND COMPLETING THE UNIT  
1 TEST.

# **International Academy of Oral Medicine and Toxicology**

## **Mission Statement**

**The mission of the International Academy of Oral Medicine and Toxicology is to be the trusted Academy of medical, dental and research professionals who investigate and communicate safe science-based treatments to promote whole body health.**

We will accomplish our mission by:

- Promoting and funding relevant research;
- Accumulating and disseminating scientific information;
- Investigating and promoting non-invasive scientifically valid therapies; and
- Educating medical professionals, policy makers, and the general public.

And we acknowledge that in order to be successful, we must:

- Communicate openly and honestly;
- Clearly articulate our vision; and
- Be strategic in our approach.

***International Academy of Oral Medicine and Toxicology***



# International Academy of Oral Medicine and Toxicology (IAOMT)

## 2025 Charter

**The IAOMT is a trusted Academy of allied professionals providing scientific resources to support new levels of integrity and safety in health care.**

We, of the IAOMT have declared ourselves Being a **High Performance Leadership Team**. By virtue of this declaration, we have committed ourselves to upholding and embodying the following **Ground Breaking Principles** in every conversation we have, every decision we make and in every action we take:

1. **Integrity** – We will act with integrity, individually and as a team, at all times and in all that we say and do. This means honoring one’s word and one’s commitments, doing as one says and as one promises. It means being whole and complete with each commitment we make and each decision that we agree upon, it means acting in an aligned and consistent fashion.
2. **Responsibility** – Each one of us, individually and as a team, have recognized and declared that we as leaders and members of the IAOMT, are responsible for every act and decision rendered in the past, the present and the future of IAOMT. We have acknowledged that, as our decisions and actions affect the IAOMT, its associates and its customers; we are cause in the matter.
3. **Accountability** – We have committed ourselves, individually and as a team, to the distinction of accountability and all that it implies. We freely give up the right to “not listen” in all areas for which we are accountable, and we recognize that as a result, we have the absolute last say in those areas.
4. **Trust** – We have committed ourselves, individually and as a team, in relation to each other and to those to whom we give our trust, to create, build, maintain and when necessary – to restore the bond of trust, which we do not give lightly.

***And who do we need to be to promote health in the next 25 years? We all need to adopt a strategic way of being as Masters of Communication.***

By declaring ourselves Being a **High Performance Leadership Team**, by committing ourselves to living these **Ground Breaking Principles** in all that we do, by applying these distinctions every day towards the fulfillment of our reality as a **High Powered Professional Sales Organization**, of and for integrity and safety in the environment and health care, we will live our **Strategic Way of Being as Masters of Communication** in our New Era.

Our **Bold Promise** is: ***By 2025, the IAOMT has set the global standard for the dental industry.***

***International Academy of Oral Medicine and Toxicology***

## **Code of Ethics**

**First, do thy patients no harm.**

**Be ever aware that the oral cavity is part of a human body, and dental disease and dental treatment may affect systemic health of the patient.**

**Never place personal gain before the health and welfare of the patient.**

**Conduct yourself in accordance with the dignity and honor of a health professional and the International Academy of Oral Medicine and Toxicology.**

**Always attempt to provide treatment that has valid scientific support, but keep an open mind to innovative or advanced treatment possibilities.**

**Be ever mindful of clinical results seen in our patients, but seek valid scientific documentation verifying the results.**

**Make every possible attempt to provide patients with scientific information that can be utilized for informed decisions.**

**Be ever aware of the possibility of potential harmful effects of materials and procedures utilized in dental therapy.**

**Attempt, whenever possible, to preserve human tissue and utilize therapies that are as least invasive as possible.**

## Revisiting the focus

### Dear editor:

The signs “Dental Health” and “Community Dental” in the picture on the cover of the *CJDH* August 2011, Vol. 45 (3), compelled me to write this letter, and initiate a discussion. I appreciate the endeavours of my colleagues and their project. I work with the frail elderly in long term care homes, and see their challenges to access oral care and dental treatment.

The way language is used in society is very important. Language, discourse, and words are crucial to shaping public perception and understanding of the world of oral health.<sup>1</sup>

“Dental” originated from Latin<sup>2</sup> and refers to tooth or teeth. The focus of “dental”, in my opinion, is a focus on teeth. A dentist is a person who treats teeth.<sup>2</sup> The term, “dental hygiene”, was created as a health educator of the public. Fones<sup>3</sup> states: *It is primarily to this important work of public education that the dental hygienist is called. She must regard herself as the channel through which ... mouth hygiene is to be disseminated. The greatest service she can perform is the persistent education of the public in mouth hygiene and the allied branches of general health.*<sup>3</sup>

Dental hygienists’ focus should be on ‘mouth hygiene’ working with individuals and communities to keep the mouth healthy. Reducing gingival inflammation is essential for a healthy mouth. Inflammation presently seems to be the ‘key’ in the research for oral systemic disease linkage. Too many irritants trigger and confuse the inflammatory process, and can set it haywire. The presence of inflammatory markers in serum has been consistently associated with a higher risk of cardiovascular disease. Periodontal disease is thought to be a contributing factor associated with inflammation, and systemic inflammation could represent an underlying mechanism that links oral health and cardiovascular disease. It is important to keep the tissue clean. If the tissue is clean it will follow that the teeth will be clean, healthy, and functional. If mouth and tissue are not kept clean, dental treatment fails.

We can brush teeth yet never remove the harmful bacteria. In many toothbrush and toothpaste advertisements, the position of the toothbrush in the mouth is nowhere near the bacteria. The bacteria along the gum line wave as the brush goes by. Proper biofilm/plaque removal requires cognitive and physical functions to properly adapt and activate the oral physiotherapy aids.

Oral health is determined by such factors as diet, hygiene, smoking, alcohol use, stress, and trauma. Partnerships with other health professionals who work with the mouth—speech language pathologists, dietitians, nurses—are needed to improve the public’s oral health.

So, let us express dental hygiene’s origins for “a healthy mouth for healthy living” with such appropriate language as “oral care”. If dental hygiene focuses only on teeth and clinical treatment, she will forever be a handmaiden to dentistry.

Sincerely,  
Lynda

LM McKeown, RDH, HBA, MA  
E-mail: lmckeown@tbaytel.net  
www.oralcare.ca

### References

1. Foucault M. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Rutledge; 1973.
2. Winston Dictionary. (Eds.) Lewis WD, Canby HS, Brown TK. New York: PF Collier & Son Corp; 1949.
3. Darby ML, Walsh MM. *Dental Hygiene: Theory and Practice*. Missouri USA. Saunders; 2010. ©CDHA

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UPON COMPLETION OF THE UNIT 1 TEST, YOU WILL NEED TO CONTINUE WITH THE REST OF THE CERTIFICATION REQUIREMENTS.

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