

VIEWPOINT

Erika Mason, DDS



Misery is optional

How does a young, physically fit, female dentist go from training for a triathlon to dealing with a potentially career-ending injury? The answer is simple and one that should get everyone's attention: musculoskeletal disorder.

At 16, I began a work/study program in dentistry and a career was born. I had many great mentors, and being exposed to professional dentistry at a young age was a fabulous experience. My last mentor was extremely passionate about the field of dentistry, and that passion became my own. I graduated from the Medical College of Virginia and began my practice.

Having always been physically fit, I decided five years ago to enter the Williamsburg, Virginia "Karen Dudley Triathlon" to raise funds for the fight against breast cancer, and I began training. While doing the necessary weight training, I was bothered by chronic shoulder pain. I started physical therapy so I could continue training, but eventually had to give up my dream of being in a triathlon. Years of practicing dentistry had taken its toll and injured my shoulder.

Due to a woman's anatomy, it is difficult to get as close to patients as is needed. Years of poor practice procedure and the

fact that I had started at such a young age working as a hygienist, assistant, and dentist, created a very serious problem. Physical therapy became a part of my life just so I could practice.

When physical therapy didn't solve my problem, I sought the opinion of three different orthopedic surgeons. They all recommended surgery. My loose shoulder had to be tightened, putting me out of commission for up to eight weeks. I had surgery on December 19, 2002, and returned to work in eight weeks. When I returned, I found it difficult to practice and had to dismiss patients who had cavities in "the wrong place" or in areas difficult to reach. I could not practice up to my standards and I was still in pain.

At my six-month check-up, my surgery was deemed a "success." I expressed concern over my muscle fatigue and spasms and was told that medically, everything had been done. I was told to cut back on hours. I had worked three 10-hour days as my office is in a commuting area and patients rely on us being there early in the morning and late at night. I was reluctant to adjust this. When my surgeon suggested I work one-handed, I knew something had to change and that it would be up to me to discover the answer.

I was not sure I could continue with dentistry, and I contact-

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ed a dental consultant about selling my practice. The consultant recommended “not throwing the towel in yet,” but to contact Dentech Corporation to see what suggestions they might have. Steve White, president of Dentech, and Inner Circle trainer Bryan Allem traveled to my office to help me find a solution. Nearly a decade ago, Mr. White made ergonomic design a corporate goal and fundamental requirement for the products his company designed and manufactured. He teaches dental professionals proper positioning, effective equipment utilization, and efficient operatory design to help them be more productive, experience less fatigue, and provide better dentistry to their patients.

The answer to my problem turned out to be ergonomics. I realized I was never taught how to properly position a patient. I had always positioned myself to accommodate the patient. At 5 feet, 6 inches tall, I am lucky to be able to

use most equipment — which is designed for men — however, it is still more difficult to position myself ergonomically.

Consequently, I had a new patient chair, assistant’s stool, operator’s stool, and an ambient lighting system installed in my office. I am now in the process of building a new office and using what I learned from Steve White and Bryan Allem. I am also replacing the rear-delivery system I have always used with a Dentech side-delivery system. I strongly suggest sales people learn to ask dentists how they practice and be educated in ergonomics so they can help dentists set up ergonomic offices. Although I returned to my office in eight weeks, I really did not feel I fully returned until August 2003 — more than 32 weeks after surgery.

My advice to other dentists is to seek out the means by which they can properly position patients, look into changing the style of their delivery, lobby for ergonomics

courses and attend lectures on the subject. I also believe one of the best things for dentists is massage therapy. Although I have cut one hour from my work schedule, I am still in the office three full days a week.

On September 14, 2003, I completed a 30-mile bike ride in New York City to raise funds to fight Multiple Sclerosis. I feel I am finally on the road back to the life I once enjoyed; a life that included both athletics and dentistry.

New challenges are always coming up. With fewer dentists taking care of more patients in the near future, dentists will have to learn how to cope ergonomically and learn to work in a more healthy way. Through a combination of education, ergonomically designed equipment, and proper practice procedures, dentists can practice the hours they want without suffering chronic pain or facing potentially career-ending musculoskeletal injuries.