

Bay Area Dental Hygienists' Association  
Presents

“Oral Care of the Oncology Patient: Prehabilitation Concepts &  
“Risk Assessment and the Role of Caries Management”

*with Kris R. Potts, RDH, BS*

Lamar State College; Parker Center  
1800 Lakeshore Dr.-Port Arthur, TX 77641  
Friday, April 3, 2020  
9:00 – 4:00 – 6 CEUs

About the Speaker



**Kris Potts, RDH, BS, FAADH** has 40+ years in dentistry, is a member of the American Dental Hygienists' Association, as well as a Fellow and accredited Provider with the American Academy of Dental Hygiene and member of the American Academy for Oral Systemic Health. After achieving additional certifications in Caries Management, Sleep Care Coordination and Oncology Care, she acts as

a Key Opinion Leader in the dental industry. Kris is a published author, international speaker and has been interviewed numerous times for her expertise. She is Owner/CEO of Oral Health Promotion Strategies, providing resources, product information, education and coaching services for health professionals, consumers, advocacy and support groups. [kris@krispottsrhdh.com](mailto:kris@krispottsrhdh.com)

**“Oral Care of the Oncology Patient: Prehabilitation Concepts” 9:00AM – 12:00PM – 3 CEU’s**

**Course Description**

Can mouths remain healthy when the immune system is compromised? Can oral effects of cancer treatment be minimized or even prevented? The answer is a resounding yes, with the implementation of Prehabilitation Concepts, consisting of identification, documentation, treatment plan development, oral hygiene care and bacterial load management. Baseline functional levels, targeted interventions, decreased costs, effective communication and increased quality of life are also goals of Prehabilitation Concepts. By understanding the effects of cancer treatment on the oral cavity and the obstacles patients face, the dental hygienist can make recommendations, show compassion and be a resource for dental concerns during this life changing journey.

**Course Objectives:** After completion of this course attendees will be able to:

1. Assist in developing an anticipatory treatment/oral hygiene management plan for the cancer patient’s oral care needs.
2. Evaluate the variety of products available and understand when they are indicated.
3. Understand the effects of treatment on the oral cavity.
4. Formulate appropriate patient recommendations and referrals.

**“Risk Assessment and the Role in Caries Management 1:00PM – 4:00PM - 3CEUs**

**Course Description**

Dental caries is the most common oral disease seen in dentistry despite advancements in science and continues to be a worldwide health concern. Suffering from caries infection and the number of individuals susceptible to carious lesions continues to expand with increased age. Using a risk assessment is an evidence-based approach to recognizing an individual’s possible risk for developing dental caries. Taking the appropriate steps to reduce this risk at the earliest indications and symptoms of disease, rather than waiting for irreversible damage to the teeth to take place is preferred.

**Course Objectives:** After completion of this course attendees will be able to:

1. Name the recognized Caries Risk Factors and Protective Factors.
2. Apply appropriate Home Care Recommendations based upon a patient’s caries risk.
3. Distinguish between various products available.
4. Create an individualized Caries Management treatment plan.

**SCHEDULE: Friday, April 3, 2020- 9:00 - 4:00**

8:30 - 9:00 - Check-In and On-site registration

9:00 - 12:00 **“Oral Care of the Oncology Patient: Prehabilitation Concepts”**

12:00 - 1:00 - Lunch provided for ALL DAY participants

1:00 - 4:00 – **“Risk Assessment and the Role in Caries Management”**

**LOCATION:** Lamar State College  
1800 Lakeshore Dr.; Carl Parker Building  
Port Arthur, TX 77641

**CONFIRMATION/REFUND:** confirmation will be sent electronically if an email address is provided. Refunds require a written request which must be received 7 days prior to course presentation and will carry a \$25 cancellation fee.

**CONTINUING EDUCATION: CONTINUING EDUCATION CREDITS: 6 CEUs** (3 CEUs for AM & 3 CEUs for PM) This note is to certify that the Bay Area Dental Hygienists’ Association as a component of the American Dental Hygienists’ Association, its component, and its constituent organizations; is an approved CE course provider for the Texas State Dental Board of Examiners. These courses meet the SBDE criteria for acceptable continuing education hours for **DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS.**

**QUESTIONS? CONTACT:**

Lois Palermo - 713-419-6974 - for registration information

Dale Hahn – 979-363-1626 for general

information OR [www.omegaseminars.com](http://www.omegaseminars.com)

**A BIG THANK YOU to GalaxoSmithKline; GSK for displaying**

---

**Port Arthur** Registration Form PLEASE PRINT your name as it appears on your license or certification.

Name: \_\_\_\_\_ (circle) RDH, DDS, DMD, RDA, CDA, other

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #s: (H) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (needed for confirmation)

Fees:                      Early Bird Before Mar.27th                      After Mar.27th

	AM	PM	Both	AM	PM	Both
ADHA Member	\$50	\$50	\$85	\$60	\$60	\$95
Non-Member (RDH, DDS)	\$60	\$60	\$100	\$65	\$65	\$110
Dental Assistants	\$35	\$35	\$60	\$40	\$40	\$75

PLEASE circle the fee for the courses you are attending.....

Make checks payable to: Omega Seminars and send them to: Lois Palermo, 1236 Hunter Wood, League City, TX 77573

If paying by Credit Card: CC# \_\_\_\_\_ Visa/MC/Discover/AMEX (circle card used)

Exp. Date: \_\_\_\_\_

Credit Card registrations may be faxed to **1-281-605 5668** or pay ONLINE at [www.omegaseminars.com](http://www.omegaseminars.com) Please note that credit card payments may appear on billing statement as a charge from Omega Seminars. Did you provide an email address in order to receive your confirmation?

Lunch is provided for ALL day registrants. **Do you have special allergy dietary request?** \_\_\_\_\_

\_\_\_\_\_ This form may be duplicated

Total fee enclosed or to be charged: \_\_\_\_\_

**Part of the registration fee may be donated to TexHyPAC or IOH.**