Researchers: Poor oral health is major factor in older-adult malnutrition

University of North Carolina School of Medicine researchers led a study to determine risk factors associated with malnutrition among older adults receiving care in the emergency department. The study, published in the Journal of the American Geriatrics Society, suggests that food scarcity and poor oral health are major risk factors for malnutrition that leads an older adult — already at high risk of functional decline, decreased quality of life and increased mortality — to land in the emergency department.

Tim Platts-Mills, MD, senior author of the study, said, “For patients who don’t have enough food at home, the solution is pretty obvious and likely much less expensive than paying for the medical care that results from malnutrition. There is an existing national system of food assistance programs, such as Meals on Wheels, and we believe we can use the emergency department to link patients in need to those programs.”

“Even though such programs are relatively inexpensive — about $6 per individual per day — many programs are underutilized and under-funded. We need to link patients to these programs and fund these programs,” added Platts-Mills, who is also co-director of the Division of Geriatric Emergency Medicine at the UNC School of Medicine.

The study included 252 patients age 65 and older seeking treatment in emergency departments in North Carolina, Michigan and New Jersey. Participants were screened for malnutrition and asked about the presence of risk factors. The overall prevalence of malnutrition in the study sample was 12 percent, which is consistent with previous estimates from U.S. emergency departments and about double the prevalence in community-dwelling adults (those who are not hospitalized and do not live in an assisted-living facility). Of the three sites, patients receiving care in the North Carolina emergency department had the highest rate of malnutrition, 15 percent. The researchers note that North Carolina also has one of the highest rates of older adults living below the poverty line (ranked third out of 50 states).

Largest impact: Poor oral health

Of the risk factors studied, poor oral health was found to have the largest impact on malnutrition. More than half of the patients in the study had some dental problems, and those patients were three times as likely...

• See MALNUTRITION, page A2
Dental lab adds new 3-D printer technology

Dental Tribune U.S. Edition | February 2012

GlideWell Dental has expanded its partnership with Structo, a Singapore-based dental 3-D printing solutions provider, with an investment in two of Structo’s newly launched DentaForm 3D printers.

After running three Structo OrthoForm printers in production over the last year, GlideWell decided to further integrate Structo’s Mask Stereolithography (MSLA) technology-equipped printers to expand the company’s production capabilities. By adding two of the newly released DentaForm printers, GlideWell Dental is now operating a total of five Structo machines in its production facilities.

“Structo’s unique MSLA technology is just the type of innovation the industry needs,” said David Leeson, director of engineering at GlideWell Dental. “We are very excited to continue this partnership with Structo and improve our production efficiency by adopting the newly launched DentaForm 3D printer.”

A GlideWell Dental news release reports that after a comprehensive evaluation of expanding production needs, the company purchased two DentaForm 3-D printers instead of a larger number of printers from a competing manufacturer, favoring Structo’s high throughput capabilities. “Operating two of Structo’s new printers is not only sufficient to replace a number of our existing printers, but also allows us to increase capacity overall,” Leeson said, adding that the company anticipates further expansion with more DentaForm printers in the second half of this year.

The DentaForm is capable of printing up to 30 dental models in approximately 90 minutes. Launched in February at the Association of Orthodontists Singapore Congress, the DentaForm printer continues to make waves in the industry by partnering with some of the world’s largest dental laboratories, according to the company. “Despite being halfway across the world in Singapore, we are extremely pleased with the support provided by the entire team at Structo,” said Cory Kolh, head of support at GlideWell Dental. “We are constantly in touch with their engineering team to exchange ideas and provide feedback, which is crucial in ensuring that our machines constantly operate at an optimum level.”

Huah van Ebroeck, one of Structo’s founders, said, “Having one of the leading dental labs in the world place its trust in our technology shows that our solution is addressing a very critical need in digital dentistry. David and his team have been providing us with a lot of feedback that has contributed to new features and design elements of the DentaForm printer. We are really excited to continue this partnership with GlideWell to help them expand their capacity.”

About Structo 3D

Using proprietary MSLA technology, Structo designs, develops and builds 3-D printers tailored for dental applications. According to the company, MSLA 3-D printers are able to achieve speeds much higher than conventional SLA printers and are revolutionizing the field of digital dentistry with higher throughput and lower costs — all without compromising on print quality. Structo also builds control systems and software and formulates its own photopolymer materials tailored specifically to each use in a range of dental 3-D printing applications.

For more information, you can visit www.structodent.com.

About GlideWell Dental

Based in Newport Beach, Calif., GlideWell Dental is a privately owned corporation for more than 45 years of history as a provider of dental products, high-quality restorations and lab services to dental professionals worldwide. Its CAD/CAM processing capabilities are recognized as among the industry’s most advanced.

According to the company, its industry-leading role is driven by innovative dental technology, an experienced R&D department and dedication to providing free or affordable clinical and technical education to promote industry growth.

To view the large selection of GlideWell Dental clinical videos, continuing education courses, and products and services, you can visit www.glidewelldental.com.

(Source: GlideWell Dental)
By Designs for Vision Staff

Designs for Vision’s new LED DayLite® WireLess™ Mini headlight frees you from being tethered to a battery pack. The simple modular designs uncouple the headlight from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the LED DayLite WireLess Mini headlight is independent of any frame/loupes.

Less than 1 ounce
The LED DayLite WireLess Mini weighs less than 1 ounce, and when attached to a pair of loupes, the combined weight is half as much as the weight of integrated cordless lights/loupes. The LED DayLite WireLess Mini produces over 27,000 lux and the spot size of each of the LED DayLite WireLess headlight will illuminate the entire oral cavity.

The WireLess Mini is powered by specialty rechargeable lithium-ion cylindrical cells, and the headlight comes complete with three batteries. The charging cradle allows you to independently recharge two batteries at the same time and shows the progress of each charge cycle.

The Micro Series loupes from Designs for Vision are fully customized and use proprietary lens coatings for the greatest light transmission. The Micro 2.5x loupes weigh as little as 1.2 ounces and are 23 percent smaller than other loupes. The Micro 2.5x magnifies the entire oral cavity while providing high resolution, true 2.5x enhancement.

You can see the Visible Difference® yourself by visiting Designs for Vision’s booths at upcoming dental meetings, No. 505 at ADHA, No. 105 at PNWDC and No. 15 at the Florida Dental Association meeting. Or you can contact Designs for Vision to arrange a visit in your office at (800) 345-4009 or at info@dvimail.com.

New: Micro 2.5x loupes, Mini WireLess headlight

Left, the Wireless Mini headlight is powered by specialty rechargeable lithium-ion rechargeable cylindrical cells, and it comes complete with three batteries. Right, the Micro 2.5x loupes weigh as little as 1.2 ounces. Photos/Provided by Designs for Vision
Sulzer Mixpac 1 ml system delivers big on flexibility

By Sulzer Mixpac Staff

Sulzer Mixpac has developed a new one-component system for hygienic dental applications: the 1 ml system. The product has a standard Luer Lock, which provides a highly secure connection because of its screw-thread design. And it comes with three different, bendable and rotatable cannulas.

The company reports that its 1 ml application system has an innovative, flexible cannula, which is available in three different gauges: 18, 20 and 22.

“The metal cannula on our Luer Lock tips is 360-degree rotatable and can be bent up to 180 degrees without reducing the inner diameter and the material flow. This allows an individual and safe application of low-viscosity to gel materials in difficult clinical situations,” said Anja Stouten, the company’s head of product management/dental.

Reliable quality
The metal cannula is rounded by a vibratory finishing process. Because of this special surface treatment, the metal is deburred, and therefore the cannula is optimally prepared to use on the patient, according to the company.

For the production of the 1 ml system, only high-quality, FDA-listed materials are used. This is the case for the plastic materials as well as for the medical stainless steel of the cannula.

Easy and safe handling
The application process is described by the company as being "intuitive." The ergonomic design of the 1 ml cartridge ensures a stable and precise application.

The coated silicone O-ring facilitates application and reliably seals the system. The cartridges are available in white, black and transparent and thus suitable for different dental materials.
Rhein83, which produces attachments for removable prosthesis, describes its OT EQUATOR as being the smallest dimensional attachment system on the market. The system employs a reduced vertical profile of 2.1 mm with a 4.4 mm diameter. According to the company, the attachment is compatible with all implant systems and brands and provides superior stability and retention for the prosthesis.

Features include:

• The smallest dimensional implant abutment available on the market.
• Manufactured to be compatible with all implant brands and platforms.
• Available in eight different gingival heights.
• Titanium coating procedure used to increase the attachment’s hardness and durability.
• Variety of elastic retentive caps available.
• Single castable and threaded titanium attachment systems available.
• Customized ordering based on implant brand, diameter and gingival height.
• ISO 9001 – ISO 13485 valid certificates.
• Patent validated by FDA, CE, Russia, Canada, Japan, Korea and other countries.

For additional information, you can visit www.rhein83.com, send an email to marketing@rhein83.it or telephone internationally at 003 (905) 124-4510.

Smart Box
Rhein83 also has developed Smart Box, which can be used with the OT Equator in cases of extreme divergences between the implants. The Smart Box has an inner tilting mechanism that enables a passive insertion with divergent implants up to 50 degrees.

An expert’s opinion
Roberto Scrascia, DDS, is a prostodontist specializing in bone regenerative surgery. He has written numerous clinical articles for publications in Italy and throughout the world (Roberto.scrascia@gmail.com). Following are his comments about his use of the OT Equator attachment system and the Smart Box:

In the implant prosthetic rehabilitation with an overdenture, the choice of the retentive systems is a crucial moment; it is fundamental to analyze and evaluate carefully the options provided by the market in order to avoid problems that may occur at an early stage or during the treatment.

Before the Smart Box, there was little chance of being able to take advantage of the performances of the OT Equator when there were severe divergences of the implants due to the lack of bone because of resorption in the jaws of older patients. In situations like these, a low-profile attachment is often the preferable solution, because it provides good stability and all the space for an esthetic denture.

Thanks to the innovative and original mechanism of the Smart Box, we can extend the limit of usability of the OT Equator attachment without losing any of its performances and qualities.

The Smart Box, with its tilting mechanism, allows and facilitates the smooth insertion of the prosthesis, a positive feature of the OT Equator by Rhein83. Smart Box is a new product that provides us a good opportunity to enhance the solutions we can offer to our patients in our everyday work.

(Source: Rhein83)
NEW LED WireLess™ Mini

Totally WireLess Headlight — no wires, no battery pack.
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AO Study Club celebrates milestone

**Greater Washington group commemorates first year of successful programming**

By AO Staff

Instituted one year ago as a pilot project, the Greater Washington D.C. Academy of Osseointegration Study Club (GWDCAOSC) is celebrating its success of becoming a model AO program to facilitate local collaboration, education and networking.

Held on April 20, the study club’s recent one-year anniversary meeting included a presentation by Steven Guttenberg, DDS, MD, an oral and maxillofacial surgeon. Guttenberg was the first clinician to incorporate cone-beam CT radiology in a private practice setting, according to the AO.

The GWDCAOSC is the culmination of a persistent, three-year effort of the AO Membership Committee initiated under chairman Dr. Jeffrey Ackerman, who serves as the study club’s president. Other instrumental key organizers of this effort include Dr. Clarence Lindquist, former AO and Osseointegration Foundation (OF) president, and GWDCAOSC vice president, and Dr. Douglas Dompkowski, vice-chair of the AO Membership Committee, who serves as treasurer.

One of the major goals of GWDCAOSC is to allow AO members to utilize the organization’s myriad online resources as part of a study club curriculum. These include webinars, e-posters, education modules, recordings from annual meetings and articles from the International Journal of Oral and Maxillofacial Surgeons (IJOMS).

The study club model also takes advantage of local AO experts to provide a curriculum for success and acts as an added membership value. Given its extremely successful performance, it’s very likely this program will serve as a model to attract AO membership and be expanded to other parts of the country and the world.

“The greater Washington D.C. area is rich in resources and there are so many world-class local and visiting AO members who can present to the study club,” Ackerman said.

However, he continued, this level of success may not as easily be achieved in every locality. According to Dr. Mehrdad Fadvaghi, a local periodontist and secretary of this group, an online forum is proposed to be included as a core piece of the study club curriculum for all AO members and AO study club presidents.

**AAP announces first recipient of SUNSTAR grant**

By AAP Staff

The American Academy of Periodontology (AAP) is pleased to announce that member Yvonne Kapila, DDS, PhD, is the first recipient of its new SUNSTAR Innovation Grant (SIG). The $30,000 research grant, a component of the AAP’s recent partnership with oral health and technology company SUNSTAR, provides support to an AAP member whose research endeavors show significant potential to advance the science and practice of periodontics.

Kapila’s research project, “Natural Bacteriocins as Pre/Pro-Biotics to Promote Oral Health and Prevent Periodontal Disease,” was selected out of 15 grant submissions. This project aims to build a foundation for using pre- or pro-biotics containing nisin (commonly used as a food preservative) or nisin-secreting bacteria to promote the maintenance of a healthy oral microbiome and to prevent the formation of pathogenic biofilms associated with periodontal disease.

“The SUNSTAR Innovation Grant will allow our team of clinicians and scientists to explore nisin’s effects on oral biofilm composition using both in vitro and in vivo model systems. Nisin has a long history of safety and broad range of biomedical applications, and it could add value in our understanding of periodontal health and periodontal disease prevention,” said Kapila, professor and vice chair of the University of California, San Francisco, division of periodontology. “I am so pleased and honored that this important project was chosen by the AAP and SUNSTAR to receive additional funding.”
By cultivating the clinical research of our members, the grant, in turn, provides avenues for enhancing overall patient health and wellbeing.

research that serve to alleviate the high burden of periodontitis in the U.S.,” said Aaron Pfarrer, senior director, professional relations. “We are confident that Dr. Kapila’s study will lay the groundwork for novel methods of periodontal disease prevention. We look forward to many important updates on this groundbreaking research.”

Kapila will present the results of her study at a future AAP Annual Meeting. The academy encourages members who are actively conducting scientific research in a clinical setting to submit research abstracts and proposals for consideration of future grant awards. Applications will be accepted in the fall.

For more information on the SUNSTAR Innovation Grant, contact Scientific Affairs Manager Stephanie Heffner at steph@perio.org.

About the AAP

The American Academy of Periodontology (AAP) represents more than 8,000 periodontists, specialists in the prevention, diagnosis and treatment of inflammatory diseases affecting the gums and supporting structures of the teeth, and in the placement of dental implants. Periodontics is one of the nine dental specialties recognized by the American Dental Association. Learn more at perio.org.

Corrections

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

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AAID selects new executive director

By AAID Staff

The board of trustees of the American Academy of Implant Dentistry unanimously selected Cheryl Parker, CAE, to be the new executive director of the academy effective May 1.

Parker has a very strong background in the dental world, having most recently served for more than 10 years as director, academics, regulatory affairs and advocacy for the American Academy of Periodontology. She previously worked for nearly seven years for the American Dental Association. She was manager of the Tripartite Grassroots Membership Initiative and manager of the Allied Dental Program Reviews/Dental Laboratory Technology Education (CODA). She has also earned the certified association executive designation from the American Society of Association Executives.

“I’m excited to become executive director of an organization that I have admired for years,” Parker said. “We will continue to offer a variety of benefits and services that assist members in providing high-quality patient care and tools to enhance practice management.”

Dr. Shankar Iyer, president of the AAID, speaking on behalf the leadership of the academy said “by almost every measure, the AAID is the most successful organization in implant dentistry. We are very lucky that Cheryl was available at the time we decided to seek new leadership.”

A graduate of the University of Illinois at Chicago, Parker is currently pursuing a master of science in public services at DePaul University. When weather permits, she enjoys biking along the lakefront bike path. In her spare time, she is researching her family tree. She has discovered that one great-grandmother was a Civil War nurse and her great-grandfather, a member of the Union Army, was wounded in the battle of Antietam. “I’m trying to confirm my suspicion that they met while my grandfather was recuperating from his wound,” Parker said.

As a mechanism to help serve members in remote areas. Furthermore, he added the GWDCAOOSC intends to utilize AO research submissions, e-posters and other online learning modules as part of its curriculum and to increase research, e-poster and innovations submissions by featuring selected submissions as part of the curriculum.

The GWDCAOOSC is an effort representative of AO’s roots, as it was founded 30 years ago as a local study club in the Greater New York area, said AO board member Dr. Jeffrey Lloyd, who serves as the study club’s liaison. “A level of independence from special interests and commercialization along with a strong commitment to science, education and collaboration among members, industry and other organizations has made the AO brand very appealing, and will allow AO to continue its growth as the world’s premier dental implant organization.

“A worldwide network of local AO-affiliated study clubs will ensure a bright future for AO and its members — and ultimately for the patients who will benefit from the gift of osseointegration,” he concluded.

Since its inaugural meeting on April 21, 2016, in McLean, Va., the GWDCAOOSC has held seven meetings. Future programming for 2017-2018 is scheduled to include presentations by Dr. Peter Hunt, Dr. Charles Fields, Dr. Vincent Prestipino, Dr. Clarence Lindquist, Dr. Brian Mahler and Dr. Neil Starr, who recently presented at the AO 2017 Annual Meeting.

AAID members interested in learning more about initiating a local AO study club should contact either Dr. Dompkowski at dompkowskidds@verizon.net or Dr. Favagehi at mfavagehi@yahoo.com.

About the Academy of Osseointegration

With nearly 6,000 members in 70 countries around the world, AO is recognized as a premier international association for professionals interested in implant dentistry. AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques, share best information, and coordinate optimal patient care using timely, evidence-based science and methods. Follow on Facebook and Twitter @AcademyOsseo.
American Dental Hygienists’ Association hosting its 94th annual conference

June 14–17, at the Prime Osborn Convention Center in Jacksonville, Fla.

The American Dental Hygienists’ Association (ADHA), North America’s premier gathering of dental hygienists at its 94th annual conference. The conference features 30 hands-on workshops and 35 unique seminars led by the top educators and practitioners in the field.

The four-day event, running June 14–17, will be held at the Prime Osborn Convention Center in Jacksonville, Fla, with more than 1,500 dental hygienists from all parts of the U.S. participating.

ADHA’s annual conference offers opportunities for all dental hygienists to learn, engage and advance professional and personal skills through continuing education, exhibits, networking and social events. Sessions will be held for clinical practitioners, public health professionals, students, emerging professionals, educators and researchers.

Some of the workshop topics include: “Periodontal Instrumentation,” “Individual Career Power Sessions and Garnering the Respect You Deserve,” “Digital Imaging,” “Cardiovascular Disease and Dental Considerations,” “New Gingivitis Codings,” “Oral Cancer Clinical Guidelines,” “Teledentistry and Addressing the State of Decay in Older Adults” and “The Importance of Trauma Informed Care.”

The conference features a keynote address by Olympic Gold Medalist Laurie Hernandez, with the core educational sessions led by top industry speakers, including Tom Viola, RPh, CCP; Patti DiGangi, RDH, Kristine Hodsdon, RDH, MSE; Michelle Noblet-Vacha, RDH, Jasmin Haley, RDH, BSDH, CDA; JoAnn Gurenlian, RDH, PhD, Cathy Draper, RDH, MS, Cynthia Gadbury-Amyot, MSDH, EdD, and Hannah Maxey, PhD, MPH, RDH.

In addition to a full educational agenda, the event features a packed exhibit hall, a 5K Fun Run/Walk and lots of giveaways, contests and awards.

Additional conference information, registration instructions and other details are available online at the ADHA website, www.ADHA.org/annual-conference.

(Source: American Dental Hygienists’ Association)

Teledentistry and seniors’ oral health are among topics at ADHA conference

Among the featured speakers at this year’s ‘In Motion: 5K Run-Walk-Fun’ event returns to ADHA gathering.

American Dental Hygienists’ Association is bringing back the ‘In Motion: 5K Run-Walk-Fun’ on Thursday, June 15, as part of its 94th Annual Conference in Jacksonville, Fla. ADHA also is launching a virtual fun run so people from across the U.S. can help raise funds for the Institute for Oral Health (IOH), ADHA’s foundation that serves to support, empower and advance dental hygiene professionals.

Thanks to support from platinum sponsors Colgate and Sunstar, gold sponsors Dentsply Sirona, Crest/Oral B and Henry Schein Dental, and bronze sponsor Hu-Friedy, the event will help fund scholarships for dental hygiene students, provide research grants for those expanding the field of dental hygiene, and support dental hygienists who donate their services to improve access to oral health care and education in their communities.

“The level of participation, enthusiasm and camaraderie we had last year at the inaugural Run-Walk-Run and After Glow Party was through the roof,” said IOH Chair Jill Rethman, RDH. “In fact, not only did we raise more than $50,000 for scholarships, research grants and community service but we had dental hygienists from across the country ask how they could be involved and support this event.”

This year, dental hygienists who are unable to attend the ADHA Annual Conference can pick any time from June 14–19 to run or walk a 5K in their community, join an existing team or create their own. For a $15 registration fee, virtual participants will receive a T-shirt and a race medal.

For all information, on both on-site and virtual registration, you can visit www.crowdrise.com/ADHARUNWALK2017. You can follow the ADHA on Facebook, LinkedIn and Twitter at @YourADHA and use the hashtag #IOH5K.

Founded in 1957, the IOH is the association’s philanthropic foundation advancing professional excellence in dental hygiene education, community service and research. Working for the dental hygiene community, the IOH provides opportunities for academic achievement through scholarships and fellowships, resources to advance the professional field through research grants, and support for dental hygienists to improve the public’s health through community service grants. For more information, visit www.adha.org/institute-for-oral-health.

(Source: ADHA)
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The story of Munce Discovery Burs

By C. John Munce, DDS, FICD

From the time I completed my residency in 1988, and even into the early 2000s, no long/stiff/narrow-shafted troughing bur existed. To meet this ongoing need for a troughing bur, in 2003 I began modifying the shafts of existing latch-type, slow-speed round carbide burs by necking them down at chairside as needed for a specific clinical case (Figs. 1, 2).

At the pre-session meeting of the 2005 AAE Annual Session in Dallas, I demonstrated in clinical videos how these unique long/stiff/narrow-shafted round troughing burs were made at chairside using both high- and slow-speed handpieces operating simultaneously to “hand-mill” the shaft to a 1 mm diameter, and I suggested that colleagues should do the same.

To ensure interested colleagues would be able to see and test these fledgling troughing burs, and then make the burs themselves as demonstrated, I had 1,000 of them manufactured and handed to attendees as they exited the hall.

I already had a small clinical products company, CJM Engineering, and so in early 2006, after trying to literally “give” the troughing bur idea to several bur manufacturing companies without success — in one instance, the new-products committee of a large dental bur company concluded there was simply no market for such a bur — I decided to begin manufacturing and distributing these burs myself through CJM Engineering (Fig. 3), still the manufacturer and exclusive worldwide distributor of Munce Discovery Burs today.

Here’s a timeline of the introduction of significant features of the Munce Discovery Bur line since its inception. Each of the modifications was born of my own experience and intention to improve the design and manufacturing process.

- 2003: Initial modification of existing latch-type burs to create a long/stiff/narrow-shafted troughing bur.
- 2006: Beginning of manufacturing and distributing burs through CJM Engineering.
- 2007: Introduction of the first significant feature, hand-milling the shaft to 1 mm diameter.
- 2008: Further improvements to the bur design and manufacturing process.
- 2009: Continued refinement of the bur line, including improvements to durability and efficiency.
- 2010: Release of the latest model, incorporating feedback from users and advances in materials science.
- 2011: Expansion of the product line to include additional shapes and sizes.

The Munce Discovery Bur line has evolved from its humble beginnings to become a trusted tool for endodontists worldwide, offering a unique combination of features that enhance root canal preparation and outcomes.
enence in applying these burs in diverse clinical circumstances combined with the freely offered suggestions and requests for modifications from colleagues around the globe.

2006

• A friend in the dental instrument manufacturing business, Lonnie Graybill of Integra-Miltex, suggested the name, Munce Discovery Burs, and it stuck.

• The Munce Discovery Bur line started with 34-mm-long burs only, and in only four head sizes: #1, #2, #3, and #4 (Fig. 3).

• At that time, we continued to use the 0.7 mm-diameter shaft on all four head sizes.

2007

• We added the 24-mm-long Small Troughers to the line.

• To distinguish the two different lengths, we began referring to the burs as Munce Discovery Bur Deep and Shallow Troughers.

• We added our tiniest head size, #1/4 with a head diameter equal to that of a #50 K-file — and a 83 mm head size, to both Deep and Shallows.

• We added 3 mm “sounding” rings on the Shafts of the Deep.

• We introduced the 31-mm-long #6 Endodontic Cariesectomy Bur.

• Although “toughing” as an endo-specific operation associated with ultrasound was already developing its own vocabulary within the endodontic community, the specific vernacular for toughing when using burs was different and was yet to be developed. Terms we introduced or refined to apply to toughing when using Munce Discovery Burs included.

View corridor — the view beyond the handpiece head to the target area, which is much improved with 32- and 34-mm-long, narrow-shafted burs because the extra length draws the handpiece head away from the target area, and the decreased diameter of the shaft puts much less visual “noise” into the view corridor (Figs. 4a, b).

Shaft impingement — occurs on access cavity walls with a 2.35-mm-diameter shafts of standard slow-speed burs. This problem is greatly reduced with the narrow shafts of Munce Discovery Burs (Figs. 4a, b).

Target area — that place where the head of the bur is to perform its work, and the target area becomes much more visible because of the larger/narrower bur as mentioned above.

Shaft stiffness — a necessary feature of the positive control provided by these burs. Other long-shafted burs have shafts that are too narrow, sacrificing control and leading to “noodling” under toughing and other operations (Fig. 5).

Noodling — not a feature of the Munce Discovery Burs. This undesirable feature was specifically designed out of the Munce Discovery Bur shafts (Fig. 5).

Heatless and virtually non-breakable — important features that distinguish these burs from ultrasonic tips.

2010

• For ease of head-size identification, we added color bands on the shafts (Fig. 6).

2011

• We reduced the shaft-diameter to 0.7 mm on the last 10 mm of both Deep and Shallows (Fig. 6) to facilitate deeper exploration and shaft parallel to the long axis of the post or silver point. Shaft-parallel cement line dissection is completely impossible with 2.35-mm-diameter shafts of standard slow speed burs.

2015

• A cotton plier insertion ledge (Fig. 6) was added at the transition from the 2.35-mm-diameter portion of the shaft to the 1-mm-diameter portion to facilitate ease of insertion of the bur into the spinning handpiece while protecting the color band from abrasion under slippage of the cotton plier, which would otherwise occur.

• We modified the head geometry (Fig. 6) to prevent catching on the outstroke when planing dentin walls, reducing the risk of ledgeing and perforation.

2017

• We continue to resist the suggestion by some to downgrade this unique specialized bur from a carbide-tipped bur to a stainless-steel bur in order to reduce costs on the expectation of perhaps increasing sales volume. Our view is that this would be a shortsighted strategy that would lead to an inefficient instrument, subsequent-ly substandard clinical results and dissatisfied clinicians and patients.

From necessity, to idea, to sketch-on-a-napkin, then invention, technical drawing, prototyping, bench-testing, collegial input, tweaking, manufacturing, marketing and worldwide distribution, CJM Engineering and CJM Engineering/CMU has always listened to the needs of clinicians in our specialized discipline and endeavored to be the best that we can be in the multi-faceted facet of not just being a pass-through for somebody else’s products but rather a company that delivers previ-ously nonexistent, high-quality products invented by an endodontist for endodon-tists and endo-savvy dentists worldwide.

Although it may seem to be a simple product at first glance, in reality, a truly complex instrument such as this just doesn’t roll off of a bur company’s production line. It requires ongoing, open-improvement, experiential clinical knowledge to develop a high-quality instru-ment that will stand the test of time in the hands of some of the world’s most talented — and critical — clinicians.

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