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How can hygienists ‘straighten up’?
Offering patients information about orthodontic treatment will help the practice

By Kelly Sugden, RDH, BASDH

Hygienists are the health drivers for the dental practice. We are very fortunate to be able to create lasting relationships with our patients.

We see our patients many times per year. At each visit, we perform comprehensive oral cancer examinations, thorough periodontal examinations and caries screenings.

We listen to our patients’ questions, educate and motivate. We recommend and explain treatment and listen to our patients’ wants and desires. Many patients want straight, white teeth, but they do not discuss this with the dentist.

The hygienist can open up a dialogue with the patient about desired treatment by asking a few simple questions. When you ask the patient, “Would you like straighter teeth?” you can lead to much information about the patient and his or her dental desires.

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Hygienists understand proper occlusion and can identify malocclusion and explain this to the patient. Dental hygienists play a very important role in identifying patients that require orthodontic treatment, and we are often the first ones to recognize when a patient has an orthodontic problem.

We often see the havoc that improper alignment and crowding have on a patient’s overall oral health.

Ortho 101

The American Association of Orthodontists recommends that all children receive orthodontic check-ups no later than age 7. An early orthodontic checkup enables the orthodontist to determine if permanent teeth will be crowded and result in bite problems.

Early treatment can preserve or create space for erupting teeth and correct harmful oral habits.

Hygienists need to understand orthodontic appliances and technologies so they can effectively explain treatment and the benefit of orthodontic treatment to their patients. Many orthodontists offer seminars to hygienists and this is a great way to learn about new techniques in orthodontics.

Many general dentists are offering Invisalign® to their patients, and this is another awesome opportunity for hygienists to learn about orthodontics.

Dentists and orthodontists have to be certified to perform Invisalign treatment. More than 70 percent of U.S. orthodontists offer Invisalign.

Invisalign treatment involves clear, customized aligners that can straighten teeth with fewer visits than traditional orthodontics. The aligners are unnoticeable, comfortable, removable and effective.

One thing patients always ask about is time and price. Traditional orthodontics can take between 15 and 50 months and Invisalign takes 9 to 15 months.

There are many types of systems available for traditional orthodontics. Orthodontic patients can now customize their look with multicolored bands.

New CD-ROM educates patients about oral hygiene

The National Museum of Dentistry has partnered with United Concordia to distribute the MouthPower oral health education CD-ROM

Fred Michmershuizen, Online Editor

Everyone could use a reminder now and then about the importance of good oral hygiene.

To that end, the National Museum of Dentistry, located in Baltimore, has partnered with United Concordia Dental to produce a CD-ROM version of the museum’s popular MouthPower oral health education program.

The CD-ROM, which is modeled on the museum’s MouthPower online program, is designed to assist dentists and hygienists in educating their patients about the benefits of good oral health.

It will be distributed to 45,000 United Concordia participating dentists nationwide, as well as to those who request the program through the museum.

“The secret to a healthy smile is simple – taking good care of your teeth,” said National Museum of Dentistry Executive Director Jonathan Landers, in a press release announcing the CD-ROM. “The MouthPower program shows kids how to do that in a fun and educational way.”

The program features the “chatter-teeth” character, Mouthie, in an interactive laboratory, where children can learn how to brush and floss, make smart food choices and steer clear of the pitfalls of tobacco.

The CD-ROM includes easy-to-use, bilingual lessons and fun activity sheets that will help children learn good oral health habits.

“We are excited to partner with the National Museum of Dentistry to share this outstanding oral health education program with our participating dentists,” said Karen A. Whitesel, United Concordia Dental corporate vice president of professional relations.

“Our hope is that this exciting tool will help dentists teach their young patients lifelong habits that maintain healthy smiles.”

The National Museum of Dentistry’s MouthPower oral health education program teaches children about good oral health around the world through its online game (available in English and Spanish at www.mouth-powered.org), across the country in a popular traveling exhibit and on site at the museum in Baltimore in a hands-on exhibit.

The program is also being adapted to be used with Head Start programs in Baltimore and as a mentoring program for Girl Scouts.

United Concordia Dental

Headquartered in Harrisburg, Pa., United Concordia Dental is one of the nation’s largest dental insurers, with nearly 8 million members worldwide and 2008 revenues of $1.4 billion.

The National Museum of Dentistry

The Dr. Samuel D. Harris National Museum of Dentistry, an affiliate of the Smithsonian Institution, is a lively national center where visitors discover the power of a healthy smile and the rich history of dentistry.

Designated by Congress as the official museum of the dental profession in the United States, the museum’s collection of 40,000 objects tells the story of dentistry through changing and traveling exhibits, school tours and family days.

Highlights include George Washington’s lower denture, Queen Victoria’s personal dental instruments and an extraordinary collection of toothbrushes ranging from the 1800s to the present. Call (410) 706-0690 or visit www.smile-experience.org for more information.
Dear Reader,

During a recent seminar, there was a pointed discussion about “I can” vs. “I will.” As I sat there listening to the lecturer, I began to think about these two statements in a way I hadn’t before.

I scribbled the two phrases on my note pad hoping to reflect on them after I returned home. About a month after that meeting I was still thinking about “I can” vs. “I will” when a situation arose to help me crystallize it for myself.

One day, a fellow hygienist asked if I could help her find someone to fill in at her office for two days during a planned absence. I, of course, said, “Yes, I can.” To both of us this actually meant, “Yes, I will.”

In actuality, I was successful locating a fill-in for one day, but not the other. When I realized I might not find someone to fill in the second day I began contemplating canceling covering the day myself.

“I can work that day,” I thought, but I didn’t make the statement, “I will work that day,” until I had no other choice did my thought become, “I will.” However, once my train of thought switched to I will, real action took place.

As a result of this, I have realized that our professional world is made up of those who choose either an “I can” or “I will” mentality.

When you treat patients, do you think about what you can do and then opt not to because you don’t want to? Do you live in an “I can” world until there are no other options and only then switch to “I will?”

Hygienists with an “I can” mentality are not treating patients optimally. Although living in an “I can” world is easy, it is an “I will” world where the rubber meets the road and patients are truly taken care of to the best of our abilities.

Here is another thought: Maybe there needs to be a third statement added to this lecturer’s discussion: 1) “I can.” 2) “I will.” 3) “I must.” We owe to our patient’s to decide if the answer we choose is in the best interest of our patients’ oral hygiene.

Best Regards,

Angie Stone, RDH, BS

ADHA set to launch Survey/Research Center

The American Dental Hygienists’ Association, the largest national organization representing the professional interests of more than 150,000 dental hygienists across the country, recently announced that in concert with its Strategic Plan commitment to operational excellence through the use of data- and knowledge-based decision making, that a new ADHA Survey/Research Center will be launched.

The goal for the ADHA Survey/Research Center is to become the professional association resource for information on the dental hygiene profession and to support data/information needs for ADHA on the national, state and local level.

“Advancing the dental hygiene profession and building our association require solid data to facilitate the decision-making process,” said ADHA President Lynn Ramer, LDH.

“Increasingly, top performing organizations consistently use data for decision making. The ADHA Survey/Research Center will formalize the data gathering process for our profession and allow us to make solid, data based decisions.”

McKenzie Smith, MPH, MEd, will be responsible for directing the ADHA Survey/Research Center and will oversee association research initiatives in his capacity with the center.

“This is an exciting development for the ADHA. The establishment of the ADHA Survey/Research Center is the first step toward building our dental hygiene research capabilities and working with a broad array of users including corporate partners, government agencies and national and state groups who need the latest data on the profession of dental hygiene,” said ADHA Executive Director Ann Battrell, RDH, MSDH.

For more information on the activities of the ADHA Survey/Research Center, contact McKenzie Smith at surveycenter@adha.net or visit www.adha.org.
clear bands or the traditional metal brackets. Teens and children like the idea of having a choice and creating their own personal style. Brackets come in gold, ceramic and stainless steel.

There are various types of appliances that are also used with traditional orthodontics. Head gear is used on patients with an overbite. The headgear gently restricts forward growth of the maxillary teeth. The Herbst Appliance is used on younger, growing patients and reduces the overbite by encouraging the lower jaw forward and the maxillary molars backward.

The palatal expander puts gentle pressure on the maxillary molars and expands the palate. Positioners are clear, plastic appliances that complete traditional orthodontics and are an interim treatment between braces and a retainer. Retainers can be fixed or removable and hold the teeth in position when orthodontics has been completed. Separators are small rubber bands that are placed before braces to space the teeth and ready them for brackets.

Hygiene after ortho treatment

Hygienists continue their role with the orthodontic patient by providing home care instruction and products for preventative care. Orthodontic patients are at a very high risk for demineralization, the dreaded white spots. White-spot lesions are the earliest microscopic evidence of enamel caries. Once saliva pH reaches 5.5 or lower, acid begins to dissolve the enamel. Teens are one of the main age groups in braces and one of the main groups to use sports drinks and sodas. These beverages have a pH almost as low as battery acid: their pH is about 2.5 and battery acid is 1.0.

There are many types of remineralization products. MI Paste or MI Paste Plus, available through GC America, combines amorphous calcium phosphate (ACP) and casein phosphopeptide-amorphous calcium phosphate CPP-ACP, also known as Recaldent™. Tricalcium phosphate, TCP, is available in Clinpro 5000. Calcium sodium phospho-silicate is also available in many professional and over-the-counter products. Fluoride and remineralization products should be used in combination in orthodontic patients to prevent white spot lesions.

Xylitol is another necessity for orthodontic patients. Xylitol reduces the bacteria that cause caries. Xlear manufactures the Spry Dental Defense System® that contains an oral rinse, toothpaste, oral mist, mints and gum. A final word

Orthodontic patients face challenges in home care and maintaining gingival health. Electric toothbrushes, such as Sonicare by Phillips and Oral-B by Braun, are excellent products that make for easier and more effective homecare for the orthodontic patient. Water-pik by Teledyne and the in-shower H2O irrigator are both very useful home care tools as well.

Adults, teens, children and parents need to understand periodontal disease and the destructive effect of periodontal bacteria. OralDNA manufactures a saliva test, MyPerioPath, that determines the patient’s periodontal bacteria. The dentist and hygienist can then recommend antibiotic therapy to reduce these bacteria.

Remember, orthodontic patients have invested heavily in their mouths and they want a pretty smile after treatment. We owe it to our patients to explain, educate and motivate about technologies, treatments and products that will make their orthodontic treatment a success.

Of course, it goes without saying that hygienists need to do a thorough periodontal examination on all patients. Technologies like the DentalR.A.T. 2.0., developed by hygienist Becky Logue, make periodontal charting easier by incorporating a foot pedal that can be used while doing computerized periodontal charting. (You can get more information at www.dentalrat.com.) Also, American Eagle Instruments (www.am-eagle.com) offers lightweight, ergonomic instrument handles with XP technology that stay sharp.

About the author

Keverly Sugden RDH, BASDH, is an author, speaker and practicing dental hygienist. She is also an adjunct faculty member at State College of Florida.

Sugden is a member of the American Dental Hygiene Association, a vice president for her local component and works with local legislators on access to care for children.

She has written a training program for large group dental practices and has organized corporately sponsored continuing education courses for dental hygienists. Sugden can be contacted at keverly.sugden@yahoo.com.

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