Plak Smacker has announced the latest addition to its line of toothbrushes: the Splash Brush. The Splash toothbrush is available in four bright colors: orange, blue, purple and green.

This toothbrush has a comfortable, contoured handle for easy grip while brushing. The soft bristles add to the comfort of the Splash Brush and provide gentle massage to the teeth and gums. Patients are sure to rave about this brush.

For more than 20 years, Plak Smacker has been focused on introducing new, innovative products to help patients feel good about a trip to the dental office.

For more information or to place an order, please call (800) 558-6684 or visit www.plaksmacker.com.

Pentron Clinical, a leader in post and core technology, is proud to introduce new Build-It® Light Cure Core Material.

Build-It Light Cure Core Material is specifically designed for clinicians that favor the on-command cure afforded by light-cure only core materials.

The light-cure only formulation produces outstanding physical properties and is compatible with fourth through seventh generation bonding agents, ensuring compatibility with your preferred bonding agent.

The Build-It Light Cure addition to Pentron Clinical’s award-winning line of Build-It Core Materials cures to a depth of 10 mm with only 20 seconds of curing time per surface without the need for time consuming layering.

Pentron Clinical Technologies product manager Jeremy Grondzik said, “Ideal handling characteristics together with the ability to instantly light cure to a depth of 10 mm puts the clinician in complete control of the core build-up procedure from start to finish.”

Once cured, Build-It Light Cure performs just like the original Build-It FR™, meaning it sets to a rock-hard consistency that cuts like dentin. Non-sticky, sculptable handling that enables quick and easy adaption to tooth structure and the post are made possible by way of a proprietary new BisGMA-free resin.

To satisfy individual dispensing preferences, Build-It Light Cure Core Material is available in both a syringe and single dose delivery option.

Build-It Light Cure Core Material is one of the latest innovations from Pentron Clinical, an established leader in the dental consumables industry, offering a wide variety of affordable products to suit your restorative needs. As one of the pioneers of fiber post and nano-hybrid composite technologies, Pentron Clinical continues to demonstrate its commitment to the technological advancement of dentistry.

The company’s portfolio of innovative and award-winning dental products includes: Fusio™ Liquid Dentin, Bond-1® SF Solvent Free SE Adhesive, Mojo® Light Cure Veneer Cement and FibreKleer® Posts.

For more information, call (800) 551-0285 or visit www.pentron.com.
By Jan Johansson, DDS

When composite was first introduced for Class II fillings, the most common matrix technique used was the same as that for amalgam, a stainless-steel band wrapped around the whole tooth in conjunction with a retainer. There are many problems with this technique: attaining a good contact point, the retaining ring dislocating the position of the teeth, leakage of material and cervical overhang.

Major studies have concluded that during preparation for Class II fillings, in more than 60 percent of cases the adjacent teeth suffer damage unless adequately protected.

The recent global focus on minimally-invasive dentistry has greatly increased interest on tissue preservation. There has also been a strong interest in being able to prepare and complete Class II fillings with a both faster and safer technique and method.

In 2004, the Swedish dental manufacturing company Directa AB developed both a preparation protector, FenderWedge®, and a sectional matrix system, FenderMate®, to meet the urgent demands for a modern, more efficient and safer protection and matrix system.

FenderWedge is a stainless-steel matrix plate to protect the tooth, affixed to a soft plastic wedge, the wedge that compacts the gingival papilla. During preparation, the wedge has a separating effect on the teeth — “pre-wedging” — simplifying insertion of the matrix. FenderWedge is available in four sizes to accommodate interdental spaces, XS, S, M and L, and are color-coded for identification.

FenderMate is a combined section matrix and wedge that may be inserted buccally or lingually. The matrix has a pre-contoured curvature to adapt to the tooth and a pre-formed contact point. It reduces the possible risk of excess filling material remaining on surfaces, especially cervically, under the contact point.

Thus, the contact is achieved directly during application and the whole process is simple, fast and safe. FenderMate is available for left or right application and has a regular or narrow attached wedge. It is also color-coded for ease of identification. FenderMate can accommodate around 60 percent of all Class II cases.

Dr. Johansson has been a dentist and private practitioner in Stockholm since 1968. He is a member of the board of the Swedish Dental Society and chairman of Dental Vision, an independent group of 400 dentists working for dental clinical development. Since January 2008, he has been at Directa AB, as a consultant, advising on product development.

Botox/dermal filler injections

Botox and dermal filler injections have been recently introduced to the dental field and are performed by a growing number of dentists worldwide.

These injections were a major education training course at the 2009 Greater New York Dental Meeting. They will be included in the education program of the 2010 AEEDEC meeting in Dubai, expanding worldwide awareness of these procedures for dentistry.

Botox injections can be used for dental treatments such as TMD and implantology. Dermal fillers can be used when dealing with asymmetrical lips, minimizing underlining skeletal discrepancies and many other uses.

To administer Botox and dermal filler injections, the mouth and lip area need to be anesthetized. A common method is to give an infraorbital nerve block injection. This can be a painful injection if a device such as VibraJect® is not used to block the pain.

Dr. Louis Malcmacher, a leading opinion leader in the United States for Botox and dermal filler injections for dentistry, has used VibraJect and provided this endorsement: “Infraorbital and VibraJect is great for that and any regular dental injections.”

For more information on VibraJect, visit the ITL DENTAL Web site at www.itldental.com.

ITL DENTAL
51 Peters Canyon
Irvine, Calif. 92606

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com. If you would like to make any change to your subscription (name, address or to opt out), please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.
Global sales of dental implant systems — fast becoming the preferred restoration for replacement of missing or extracted teeth or as supports for dentures, crowns and bridges — are expected to maintain double-digit growth over the next five years, soaring to more than $4.5 billion, according to “Implant-Based Dental Reconstruction: The Worldwide Dental Implant and Bone Graft Market,” second Edition, a new study released from Kalorama Information.

Sales of dental implants and abutments rose more than 15 percent in 2006 alone, reaching nearly $2 billion, led by Europe, where the popularity of implants saw sales peaking at $760 million, or 42 percent of the global market.

Advanced bone grafting and regeneration techniques have radically expanded the possibilities for implant-based restorative dentistry. World sales of dental bone grafts reached $150 million in 2006, up 12 percent over 2005. The report projects the use of bone grafts will more than double by 2012 with revenues reaching $266 million.

Grafting techniques are making it possible to expand the candidate pool for implants to include a sizable population of edentulous patients who were poor candidates for dental implantation due to severe bone resorption.

“The most closely watched research and development projects in dental bone grafting today involve bone morphogenic protein [BMP] products. BMPs have the potential to transform the bone grafting market and surpass all other products on the market including synthetic substitutes, allografts and demineralized bone matrices,” notes Anne Anscomb, the report’s author.

“With the announcement in March that the FDA approved Medtronic’s InFuse Bone Graft for certain oral maxillofacial and dental regenerative bone grafting procedures, the future of BMP and increased use of grafts and implants looks very promising.”

Implant-Based Dental Reconstruction includes revenue forecasts for each segment through 2016, global market share for four geographic regions, more than 35 tables and figures with detailed market data, reviews of new products and computer-aided dentistry and reimbursement trends.

It can be purchased directly from Kalorama Information by visiting www.kaloromainformation.com/Implant-Based-Dental-1399457. It is also available at MarketResearch.com.

CK Dental Industries
Tel.: (800) 675-2537
Fax: (800) 634-1788
www.ckdental.net

Dentist population could contract by 2012

Recent survey projects that retirement and career changes could outpace the number of dental graduates

If current trends continue, getting an appointment with a dentist might become more challenging in coming years. A recent survey by the independent research firm The Long Group, and sponsored by the not-for-profit Delta Dental Plans Association, found that the dentist population could begin to contract as early as 2012.

Researchers looked at current dentist retirement rates and at survey responses from dentists who expressed a desire to make a career change within the next five to 10 years and compared those numbers with the current dental school graduation rate.

Projecting these trends into the future, the study found that the 2009 dentist population of approximately 179,600 will increase through 2011 but retirement and career changes could outpace dentist school graduation beginning in 2012.

By 2019, the dentist population could be smaller by nearly 7,000, assuming consistent dental school graduates of 4,500 annually.

“As more people acquire dental coverage through an employer, an individual policy or through some form of government-assisted program, it is crucial that dentists are available to actually see and treat them,” said Kim E. Volk, president and CEO of Delta Dental Plans Association.

“This outpaced dentist school graduation will be a concern for us,” said Volk. “We’re interested in helping dentists stay in the workforce.”

Groups such as Delta Dental and others are having success attracting dentists to underserved areas and are providing prospective dentists with some hope that they won’t leave school with insurmountable debt.

According to the American Dental Education Association, graduates of dental school enter the workforce with an average of $170,000 of debt. Increasingly, a dentist who is willing to practice in a federally designated underserved area is more likely to find a job or be able to pay off their debt with a $50,000 salary or less.

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World dental implant and bone graft market to top $4.5b by 2012

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Grow your dental practice

By Jay Geier

How would you like to double your practice growth? How would you like to double your net income? Of course you would! But what we want and what actually happens are two different things.

When you first started your dental practice, you felt the excitement. You experienced large percentages of growth for the first few years. Then your dental practice became stagnant.

You're not seeing growth in your dental practice now. Your “adjusted gross income” and “net income” decreased to the point where it depresses you to look at the numbers on your tax return.

You have hit a plateau, and it is commonplace for all businesses, including dental practices, to hit a plateau at some point in their life. Many will hit multiple plateaus.

I completely understand why hitting a plateau or even a decline in business would depress you. It’s because you’re seriously feeling the squeeze. You discovered that your expenses don’t plateau just because your income has flattened or declined.

• Your staff wants more money.
• You need more space.
• You need to purchase updated and emerging technologies and equipment.
• It takes more money to run your practice.

Not only do your expenses rise at the office, but they rise at home too. You’ve got kids, private schools, bigger houses, insurance, higher taxes. So how can you as a dental practice owner get off the plateau, take your business to the next level and make more money?

Get the right training, skills and resources you need to build your business.

Look, you’re either on plan, off plan or you don’t even have a plan. If you have been in practice for any significant amount of time and you are not investing heavily in your practice, I wouldn’t be surprised if you’re experiencing a plateau in your business right now.

You see, if you’re not learning better ways to build your practice then you are just doing the same thing over and over again. How is that going to solve your problem and take your practice to the next level? It isn’t.

Get the right employees: implement a ‘no mediocre employee’ tolerance policy

With so many people unemployed today, you can find top talent. There is no reason why you have to accept mediocrity performance.

Remember, you get what you deserve.

If you hire mediocre employees or if you keep mediocre employees, then you deserve to get mediocre or subpar results along with the gray hair you’ll get for dealing with these people.

In addition, it doesn’t take much effort to hire the right staff. In fact, I have a hiring system that allows you to hire new staff with less than 60 minutes of your time.

Get a ‘no excuse’ mindset

If you want to shortens the lifespan of your plateau, then you need to stop being your own worst competitor. I mean this in the most caring, loving way. You make and accept too many excuses for why you can’t get new patients.

For example, you blame the recession. Yes, many small and large businesses are failing. However, we’ve doubled our business in this economy. I have clients who’ve been practicing dentistry for 55 years and they had their best year ever in 2009.

A few of these top performers are Michigan—one of the hardest hit states during the recession. If they can get new clients and double their practices, so can you.

Yet, you have to adopt what I call the “two-economy system” mind-set that accepts no excuses.

I define the two-economy system as putting yourself in a bubble where the economy is good, and keeping everything out of the bubble that you don’t have control over.

Thus, unlike most dentists who let all of the negative energy ooze into their office and into their existence, I reject it like the plague.

I adopted the policy that you get what you deserve; there are no excuses. I haven’t made an excuse in 20 years.

If I get a bad result, I probably deserved a bad result. It’s that simple. So, I don’t make excuses. I just say, “I got what I deserved, and I need to figure out why and how I’m going to fix it so I get a better result next time.”

If you can figure out what actions and efforts it takes to deserve more, then “Bingo!” You can get it.

If you make excuses about your ability to generate new patients, such as your town or the economy or whatever other pathetic, whiny excuse you might have made in the past, you literally cannot do anything. It immobilizes you.

Want to start growing your dental practice?

Here are your next steps:

• Get the training you need.
• Adopt a “no mediocrity” tolerance policy.
• Don’t make or accept excuses.

When you complain, whine and moan, you take all the power out of your dental practice and completely destroy the mindset of your staff.

Remember, it starts with you. Are you ready to grow your dental practice?

Jay Geier says he adds 10 to 50 percent more new patients to his clients’ practices with little or no change to their marketing or advertising budget by simply leveraging their staff and getting them to focus on new patients as their No. 1 priority.

To see how your staff stacks up against your competition and more than 10,000 practices worldwide when it comes to turning prospects into scheduled appointments, take Geier’s new five-star challenge for free at www.schedulinginstitute.com.

About the author

Jay Geier

“Types of programs are always a win-win-win,” said Volk. “They’re a win for the dentist who needs to pay down debt, a win for the local economy and a win for the residents in need of care.”

Delta Dental member companies currently support dentist school loan repayment programs in Arkansas, Iowa, South Dakota, Maine, New Hampshire and Vermont. Delta Dental also invests millions of dollars in dental education throughout the country.

The not-for-profit Delta Dental Plans Association (www.deltadental.com) based in Brook, Ill., is a national network of independent dental service corporations specializing in providing dental benefits programs to 54 million Americans in more than 89,000 employee groups throughout the country.