Dental Tribune debuts new media

By Daniel Zimmerman, Group Editor
Dental Tribune International

COLOGNE, GERMANY: Dental Tribune International (DTI) has expanded its presence on the Web. At the fifth licensee meeting in Cologne, just prior to the start of the International Dental Show (IDS), the company’s re-vamped Dental Tribune Internet presence was introduced to the public along with DT Study Club, a worldwide online platform for advanced training. The clear, concise design of the Web site, www.dental-tribune, presents everything at a glance on just one page. Additional Web sites for the more than 25 local editions in different languages will be available soon as well.

The primary focus of the information provided is news. “A great number of dentistry Web sites are currently available on the Internet. Most of them, however, are addressed to local target groups or focused on rather specific subject areas,” explained Publisher Torsten Oemus. “Our Web site is the first to provide dental professionals the world over with topical information on a daily basis, covering every single aspect of what’s going on in the world of dentistry with regard to science, politics and the industry. In addition to this news, we have videos, blogs, forums and useful search engines for products and events.”

At present, the publishing group — with headquarters in Leipzig, Germany; New York, and Hong Kong — has a worldwide network of licensed publishing houses in more than 25 countries. This year, two new branch offices will be established in France and India. Local issues of DTI publications are currently available in all relevant markets, including Germany, the UK, Italy, Russia, China, Japan and the United States.

The DT Study Club, launched in conjunction with an online C.E. festival in March, has been designed as an online platform for advanced training to be shared by dental professionals located anywhere on the planet. A panel of internationally renowned experts has been assembled to give real-time, accredited C.E. training courses and they can respond immediately to queries submitted by participants. Should a particular course be missed, it can always be accessed later via an archive function. Furthermore, the Web site provides various forums for discussion, as well as product reviews using an audio-visual format. Membership in the DT Study Club is free of charge, so please visit www.dtstudyclub.com for more information.

Official suspects dentists might be engaging in Medicaid fraud

By Fred Michmershuizen, Online Editor

Some dentists in New York state might have been fraudulently billing Medicaid for treatment on patients with no teeth, according to a recent published report. Auditors looking back five years discovered almost 22,000 questionable charges to Medicaid for treatment such as filling cavities, pulling teeth and cleanings for patients with dentures.

“Dentures don’t need fillings, and New York doesn’t need to pay for bogus Medicaid claims,” New York State Comptroller Thomas DiNapoli told Metro New York newspaper.

Nearly $3 million in “questionable” billing was discovered in the audit. In some cases, dentists billed Medicaid $1,200 for a full set of dentures when only a partial set costing $720 was given.
Dental association marks a 100-year milestone

By Fred Michmershuizen, Online Editor

The Ninth District Dental Association in New York state, a regional association with more than 1,600 members, is marking its 100th anniversary this year with a Centennial Celebration. A black-tie gala will be held on May 2 at the Hotel Thayer at West Point featuring a dinner dance and cocktail hour. Commemorative exhibits and memorabilia will be on display, and attendees will have the opportunity to tour the military academy.

According to the current leadership of the Ninth District Dental Association, the 100-year milestone is a chance not only to reflect upon past success but to look forward to an exciting second century.

“The 55 original charter members would be astounded to see our organization today — nearly 1,700 strong — a larger membership than 23 state organizations. They would be impressed with our staff and our headquarters building. Most of all, they would be humbled by the caliber of members who have contributed to the advancement of dentistry as well as the advancement of the profession on national, state and local levels,” said Dr. Edward Feinberg and Dr. Gary Scharoff, co-chairmen of the Centennial Celebration, in a letter to members. “Ninth District members have made their mark everywhere.”

Feinberg and Scharoff said that the celebration also marks the launch of exciting new educational initiatives. Both men expressed appreciation for the team at Henry Schein Inc. — particularly Jack Abrams and Steve Kess — and to corporate sponsors Colgate-Whaledent and 3M for their support in making the centennial event a reality and for inspiring the organization to chart new paths for the future. “These companies have not only provided much needed financial support, they have planned unique educational events this year that you won’t want to miss,” said Feinberg and Scharoff.

The Ninth District Dental Association is credited with playing a major role in the advancement of the dental profession during the past 100 years. It has made tremendous contributions over the years to the New York State Dental Association and to the American Dental Association.

“It is truly amazing how the Ninth has grown during the past 100 years,” Feinberg and Scharoff said. “From a small group of practitioners, the Ninth has become a well-respected leader in the community that has tremendous clout with professionals, the public and government officials. We have so much to celebrate as we look back at the last 100 years, and we have so much to do as we make plans for the next 100 years.”

Those annoying patient behaviors

Ever get annoyed by those irritating behaviors some of your patients exhibit when you are attempting to treat them? If so, you are not alone! A recent survey of more than 500 dentists conducted by the Chicago Dental Society revealed these irritating patient behaviors:

• Public displays of affection. Patients who have just had their teeth cleaned “test it out” on significant others before leaving the dental office.

• Fiddling with a handheld device. Answering a cell phone is annoying enough, but believe it or not, a few dentists reported getting knocked in the head by patients playing Tetris.

• Treating the dental operatory like a reading library. Some dentists said their patients have a difficult time parting with People magazine or their John Grisham novel while sitting in the chair.

• Grooming. Really, with all those mirrors and lights nearby, some patients can’t help themselves from touching up makeup or even plucking their eyebrows.

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Esthetics and the brain

By Editor in Chief David L. Hoexter, BA, DMD, FACD, FICD

The age-old question as to what constitutes beauty has been subjected to yet another wrinkle. Research has been presented showing that left-sided brain people perceive beauty differently than right-sided ones. Beauty is and has been perceived through the ages through individual eyes. Perhaps different cultures encourage different zones of desire and contentment; also, people of different ages may have different views. Whatever the cause or conditioning, our visions encourage that beautiful zone. Is it due to the brain’s activity to transcend and emit an aesthetic sensitivity for the patient’s appearance? Can the individual dentist utilize the left and right side of his or her brain as noted in today’s terminology by the expression “crossover”? Will the economic turmoil of today affect the demand by patients for cosmetic dentistry beyond the necessary health requirements? I know that for me to find the answer regarding the male/female, left and right brain relationships, I should smirkingly have to ask my wife.

Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry. Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. Hoexter can be reached at (212) 355-0004 or drdavidhd@aol.com.

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| Buy One (1) Cetacaine® Liquid Kit  
Item: #0210  
MSRP: $63.00 | Get One (1) 14g bottle of Cetacaine Liquid FREE  
Item: #0203  
MSRP: $35.00 | CLKQ2 |
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Item: #0203  
MSRP: $35.00 | Get One (1) 14g bottle of Cetacaine Liquid FREE  
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Item: #0211  
MSRP: $55.00 | CL30Q2 |

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| Buy Two (2) Cetylcide-II®  
Item: #0151  
MSRP: $90.00 | Get One (1) Cetylcide-G® FREE  
Item: #0122  
MSRP: $60.00 | C2Q2 |
| Buy Two (2) Cetylcide-G®  
Item: #0122  
MSRP: $60.00 | Get One (1) C-Tub® FREE  
Item: #0106  
MSRP: $60.00 | CGQ2 |
| Buy Two (2) Cetylite® Power Cleaner  
Item: #0130  
MSRP: $55.00 | Get One (1) C-Tub® FREE  
Item: #0106  
MSRP: $60.00 | PCQ2 |
| Buy Two (2) Cetyl-Zyme® Concentrate  
Item: #0170  
MSRP: $40.00 | Get One (1) C-Tub® FREE  
Item: #0106  
MSRP: $60.00 | CZQ2 |
| Buy Two (2) Hyde-Out®  
Item: #0128  
MSRP: $16.00 | Get One (1) Hyde-Out® FREE  
Item: #0128  
MSRP: $16.00 | HOQ2 |

**Dental Materials**

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| Buy Three (3) bottles of Zarosen® Tooth Desensitizer  
Item: #0800  
MSRP: $30.00 | Get One (1) bottle of Zarosen® FREE  
Item: #0800  
MSRP: $30.00 | ZAQ2 |
| Buy Three (3) bottles of Varnal® Cavity liner  
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MSRP: $12.00 | Get One (1) bottle of Varnal® FREE  
Item: #0801  
MSRP: $12.00 | VAQ2 |
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In stressful situations, people don’t necessarily remember what you did but rather how you made them feel. When managing an emergency patient, that point couldn’t be truer. Take steps to ensure that your emergency patients feel good about your staff, your care and their decision to choose your practice and you’ll find you’re well within striking distance of that much desired 80 percent conversion rate.

**Send the right message**

Oftentimes, emergency appointments are viewed as negative and potentially problematic by both the patient and the staff. Consequently, practices commonly send the wrong message to those patients that they must interact with under emergency pressure. The person is squeezed into an already full schedule. Although it’s probably not intentional, this patient is frequently viewed as an annoyance, an interruption to the day rather than an opportunity. In addition, that message comes through loud and clear to the patient.

Start with a little sensitivity training for those on the front lines. Business staff, who tend to be more task-oriented and are much more comfortable when the day runs according to a specific plan, occasionally need to be reminded that emergency patients are likely to require more empathy and concern than they may typically convey in their day-to-day patient communication. The emergency patient should feel that your practice is one that is understanding and helpful, not punitive.

Listen to how the emergency patient can be handled. Are these conversations warm and welcoming? What is the staff member’s reaction? Irritation? Frustration? Does it depend on the time of day?

**Develop and use emergency phone scripts**

I recommend that dental teams develop phone scripts to help them effectively communicate with emergency patients from the very first word. The script provides a general guide to assist all staff, no matter which department they work in, that the practice’s primary concern is the payment rather than the patient. Here’s what happens in many offices. The scheduling coordinator takes the call and scans the already full schedule. With a labored sigh, she/he tells the patient it’s going to be very difficult for the practice to work them in, but they will. Oh, and the dentist expects payment upfront, she/he adds. Within the first 60 seconds of contact with the emergency patient, your practice is laying the groundwork for conversion to a comprehensive exam… or not, as the case may be.

**Develop a plan to seize the “teaching moments”**

As the ancient proverb says, the teacher appears when the student is ready. When it comes to emergency patients, be prepared for the “teaching moments” that lie ahead. Up until this moment, the emergency patient may not have been interested in what you and your practice had to offer. Perhaps this is one of those patients who has known for quite some time that she was going to need additional care and treatment, but for whatever reason (fear, time, finances, procrastination) she/he simply kept putting off the inevitable. However, things have changed. The patient’s situation has prompted her/him to consider not only immediate treatment, but quite possibly, comprehensive care as well. Unfortunately, dental teams miss this opportunity time after time.

Develop a plan to seize the “teaching moments” that emergency cases present. For starters, pay attention to cues the patient is giving. The conversation that the assistant has with the individual can be particularly useful in identifying those moments.
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issues that will need to be addressed in order for the patient to consider further care.

Does the patient appear anxious or fearful? Does he comment that he is concerned about the cost of the treatment or the pain or the time the procedure is going to require? Is she apologizing because it’s been such a long time since she’s been in for an appointment? Did he have a negative dental experience in the past? Is she angry or frustrated? When talking to the patient, the assistant should be able to identify the most likely obstacles the dental team will encounter when encouraging this patient to pursue comprehensive care.

Track the most common reasons why emergency patients wait until there is a problem before coming into the practice. From there, the team can develop a patient communication strategy via the use of scripts and educational materials to overcome those barriers.

Develop and use patient scripts

Just as scripts are essential at the front desk when answering phones, they are also critical when educating patients about the value of ongoing dental care. Moreover, they are a safety net that prepares the staff to address those enables staff to educate patients confidently and consistently, and thus, to seize the teaching moments effectively.

Set aside time during the weekly or monthly staff meetings to develop scripts. Don’t get bogged down in addressing every possible scenario immediately. Pick a couple of key barriers and address those initially. The doctor and team should work together to fine-tune the documents over time and to develop an easy and natural flow. Once you feel confident in using those, create a few more.

‘Close the deal’

Be sure to take time to “close the deal.” After the treatment, escort the patient to the front desk and gently impress upon her/him once again the importance of ongoing care. Explain to the scheduling coordinator that the patient needs an appointment for a comprehensive exam. Time should be set aside in the schedule to allow emergency patients to be scheduled for comprehensive exams within the next week.

That evening or the next, the dentist follows up with a phone call to check on the patient and express appreciation for the opportunity to take care of her/him. Shortly thereafter, the patient should receive a new patient packet in the mail with printed information about your practice and your services along with a handwritten note from the dentist’s assistant that expresses concern for the patient’s wellbeing, and indicates that the staff is looking forward to seeing the patient again for the comprehensive exam on the designated date.

Seize the teaching moments and watch your conversion rate increase significantly. 

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Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dentistry nationwide. She is also editor of The Dentist’s Network Newsletter, www.thedentistsinetwork.net; e-Management Newsletter from www.mckenziemgmt.com; and ‘The New Dentist” magazine, www.thenewdentist.net. She can be reached at (877) 777.6151 or sallymck@mckenziemgmt.com.

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Steps to selling a dental practice

Henry Schein sales representatives are frequently asked how to go about selling a practice or bringing in an associate. Many dentists do not know where to start or what is required to successfully complete the anticipated transition. This is Henry Schein Professional Practice Transitions’ role. What follows is a partial list of the steps involved.

1. Meet with the seller/owner to determine his or her ideal transition (sales) plan and assist in identifying the most likely type of transition and candidate.
2. If a full or partial sale is involved, gather the necessary tax returns and other documents and discuss documentation and missing or unclear information with the seller’s/owner’s accountant.
3. Conduct the necessary financial analysis and appraisal calculations.
4. Discuss the appraised value, determine the asking price and list the practice for sale or that an associateship is available. (The listing agreement gives the broker the “right” to offer the practice).
5. Implement the necessary marketing plan including advertisements, Web site listings and announcements to the area.
6. Respond to various inquiries, secure confidentiality agreements and discuss opportunities with prospective candidates.
7. Qualify the candidate to their ability to secure financing, if ownership will be offered, and qualify their ability to take over the practice when considering the production required and their business skills background.
8. Introduce the candidate to the seller/owner and show practice. This will typically require multiple meetings per prospective candidate.
9. Write the “offer to purchase” and any subsequent “counter-offers,” or write the proposed templates for the Employment Agreement and Letter of Intent.
10. Secure financing. Prepare the financing request (loan package), discuss the transaction with finance vendors, and secure financing commitment.
11. Draft the initial transfer document template (Practice Sale Agreement). Discuss the template with buyer and seller and negotiate the agreement between the parties, redrafting as required.
12. Present the proposed template to the parties and their attorneys and accountants, discuss questions and/or required changes, and present requested changes to the opposing party and their consultants, coordinating final negotiations. If required by parties’ attorneys, prepare final documents.
13. Provide guidance, checklists and other material to both parties relative to required steps prior to commencement of associateship or closing (that is, drafting of announcement, handling staff issues, printing new owner’s business cards, securing business checking account for new owner, and payroll arrangements).
14. Assist finance source in securing final loan documentation required to the close loan, such as proof of satisfaction of unpaid prior liens.
15. Act as trust and closing agent for final document execution and money transfer.

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Kane County—4 Ops, building also available for purchase #22115
Naperville—5, 4,000 sq. ft., GR over 1 Million #22120
Rockford Area—5 Ops solid practice. Very good net #22118
Western Cook County—4 Ops—producing $725K annually. #22117
CONTACT: Al Brown @ 800-668-0269

INDIANA
Indiana—GR $450K #23109
St. Joseph County—GR $270K on a 1 1/2 week work #23108
CONTACT: Dr. Peter Goldberg @ 607-680-2930

KENTUCKY
Louisville—GR $700K #23126

MAINE
Yuba City—5, 4 days hyg, 1,800 sq. ft., GR $500K #14246

MASSACHUSETTS
Boston—2 Ops, GR $500K #30113
Lowell—GR $400K #30106

MICHIGAN
Suburban Detroit—2 Ops, 1 Hygiene, GR $325K #30105
Grand Rapids Kentwood Area—5 Ops, Building available. #31102
CONTACT: Dr. Jim Dyer @ 561-530-080

MINNESOTA
Crow Wing County—4 Ops #32104
Hastings—Nice suburban practice with 3 Ops #32103
Minneapolis—Looking for associate #32106
CONTACT: Peter Goldberg @ 612-607-2930

MISSOURI
Carson City—3 Ops, 2,400 sq. ft., GR $1 Million #37105
CONTACT: Dennis Hoover @ 800-519-3458

MISSISSIPPI
Syracuse Area—6 Ops all computerized, Dentrix and Dexis #41104
CONTACT: Donna Bamberick @ 515-450-0643
Syracuse—4 Ops, 1,800 sq. ft., GR in 2007 over $700K #41107
CONTACT: Richard Zulick @ 631-851-6924
New York City—Specialty Practice, 3 Ops, GR $400K #41109
CONTACT: Marty Harre @ 515-263-1513

OHIO
Akron—Excellent Opportunity, 2,300 Active Prs, 6 days of Hyg. #41141
Columbus—4 Ops, FFS practice for sale #41145
Southwestern Ohio—Ortho practice for sale #41147

PENNSYLVANIA
Bevera County—Ortho practice for sale #41146
Mon Valley Area—Practice and building for sale #41112
Pittsburgh—3 Ops, substantial purchase opportunity #41113
Pittsburgh—4 Ops, GR over $900K #41114
70 Miles Outside Pittsburgh—4 Ops, GR $1 Million #41137
Rochester—10 Ops, Association with buy-in option #41141
North Eastern—2 Yr. Old Facility, State of Art Tech. GR $380K #41141

RUTHERFORD COUNTY
Near Pinehurst—Dental emerg clinic, 3 Ops, GR in 2007 $373K #42134

SOUTH CAROLINA
Charleston Area—6 Ops, 2 Hygiene Rms, GR $373K #42140

VIRGINIA
Burgers—General practice $5101
Danville Area—3 Ops, 2 Hygiene Rms #51011
Newport News—2 Ops, GR $864, 350, Est 1980 #51010
CONTACT: Bob Anderson @ 804-640-2573

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It was time to spring forward in more ways than one in March. While many people reset their clocks last month, DOCS Education initiated its first Sedation Dentistry Safety Week as an annual reminder for some 10,000 sedation dentistry dentists and their staffs to review the procedures, equipment and supplies used with every patient.

Each day of the week focused on a specific aspect of sedation dentistry such as important checklists for dentists and patients, and the vital role of dental assistants and staffs in sedation dentistry procedures, but also offered the opportunity for practitioners and consumers to speak to sedation dentistry experts. In addition, one dentist was recognized as the Safe Sedation Dentist of the Year.

“No matter where a dentist received sedation dentistry training, Sedation Dentistry Safety Week is a reminder to all dentists and their staffs that they must constantly review every protocol, every piece of equipment and their supplies,” said Dr. Michael Silverman, national chair of Sedation Dentistry Safety Week. Silverman, who co-founded DOCS Education in 1999, is one of the world’s top sedation dentistry educators.

On March 11, DOCS Education honored Tennessee dentist Dr. Anthony Carrocci with the title of 2009 Safe Sedation Dentist of the Year, an award that recognizes excellence in patient safety and comfort. Carrocci, who owns St. Bethlehem Dental Care in Clarksville, and his staff have treated nearly 1,000 patients using sedation dentistry. He has taken oral and I.V. sedation courses at a number of organizations, and is a diplomate of DOCS Education as well as a master of the Academy of General Dentistry.

In addition, March 15 was designated as Talk to a Sedation Dentist Day where sedation dentistry experts answered 64 calls from dental practitioners and patients between the hours of 9:30 a.m. and 5:30 p.m. EST.

Please call DOCS Education at (877) 325-3627 to speak to a sedation dentistry expert or to get connected with a dentist practicing sedation dentistry in your area because there are sedation dentists in every U.S. state. You can also visit them online at www.DOCSEducation.com. In addition, consumers with questions can call (888) 858-7972 or visit www.sedationcare.com to find a sedation dentist in their area and to listen to patient testimonials.

Next year’s Sedation Dentistry Safety Week will take place from March 15–19.

www.dental-tribune.com

Missed the last edition of Dental Tribune? You can now read some of its content online!

The keys to early cancer diagnostic careful examination & timely biopsy
By Sara Gordon, DDS, MSc, FRCDC
www.dental-tribune.com/articles/content/scope/specialities/region/international/id/343

Uncover the practice profit killers
By Sally McKenzie, CMC
www.dental-tribune.com/articles/content/scope/specialities/region/international/id/342

Here’s some other online content that might be of interest …
Infiltration: a new treatment for caries
By Javier Martinez de Pison, DT Latin America
www.dental-tribune.com/articles/content/scope/specialities/region/international/id/343

IDS Cologne flourishes despite economic trouble
By Daniel Zimmermann, DTI
www.dental-tribune.com/articles/content/scope/business/region/europe/id/280

Immediate implant placement and immediate loading after a complicated tooth extraction
By Xavier Vela, Spain
www.dental-tribune.com/articles/content/scope/specialities/region/international/id/343

Evaluating instrumentation techniques
By John T. McSpadden, USA
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When
Thursday-Sunday, May 14–17

Where
Anaheim Convention Center, 800 W. Katella, Anaheim, Calif.

Information
(800) 252-7645 or www.cda.org/page/2009_cda_presents_in_anaheim_attendee_information

Hours
• Registration, ticket sales and tote bag pick up at the Anaheim Convention Center: 6:30 a.m.–5:30 p.m. Thursday-Saturday, 7 a.m.–2 p.m. Sunday
• Tote bag and lanyard pick up at the Hilton Anaheim Hotel: 7 a.m.–3 p.m. Friday, 8 a.m.–noon Saturday
• Exhibition hall: 9:30 a.m.–5:30 p.m. Friday and Saturday, 9:30 a.m.–2 p.m. Sunday

Traffic and parking
Parking is available at the convention center and off-site locations. Pre-paid parking passes are available, but you must arrive before 8 a.m. each day for them to be valid. Traffic is anticipated to be heaviest on Friday morning, so plan accordingly. Watch the traffic control signs as you exit the freeway for the most updated parking information.

Dinner reservations
There will be a restaurant desk in the Anaheim Convention Center lobby to answer your questions and assist you with making reservations.

Coat/baggage check
A coat/baggage/stroller check will be available in front of Hall D in the Anaheim Convention Center for $2 per item.

Traffic and parking
Traffic is anticipated to be heaviest on Friday morning, so plan accordingly. Watch the traffic control signs as you exit the freeway for the most updated parking information.

C.E. credits
Arrival and departure times are used to issue C.E. credits. You will need to scan upon entry and exit, and must remain in the course for the entire time. Partial credit cannot be granted. Go to the C.E. Pavilion after attending class. There you will verify your C.E. units as well as take a brief survey for each course attended. For your convenience, you can wait until you have attended all of your courses, or you can visit CDA’s Web site up to five days after the show. Certificates will be available online approximately three to four weeks after the show. At that time, you will receive an e-mail containing a link that will take you to your C.E. certificate.

Airport transportation
Approximate rates to and from Anaheim from John Wayne Orange County Airport:
• Shuttle services: $10 per person
• Disneyland Express Bus: $14 per person
• Taxi: $55 per car or van load

Approximate rates to and from Anaheim from LAX:
• Shuttle services: $15 per person
• Disneyland Express Bus: $19 per person
• Taxi: $90 per car or van load

Approximate rates to and from Anaheim from Long Beach Airport:
• Shuttle services: $28–35 for the first passenger plus $9–10 each additional person
• Taxi: $50 per car or van

Approximate rates to and from Anaheim from Ontario International Airport:
• Shuttle Services: $35–59 for the first passenger plus $8–10 each additional person
• Taxi: $95 per car or van

Shuttle discounts
SuperShuttle is offering the following discounts to attendees:
• $5 off the first passenger rate to and from Long Beach Airport
• $5 off shared rides to and from LAX
• $1 off shared rides to and from Orange County/John Wayne

Children’s services
Children younger than 10 will be permitted in the exhibit hall only from 9:30–11:30 a.m. daily. CDA provides a subsidized child-care program at the Hilton Anaheim Hotel and the Anaheim Convention Center. The cost ranges from $15 for a half day to $40 for a full day per child. Children are not permitted in the lectures or workshops, and strollers are not permitted on the exhibit floor. Questions regarding the children’s program can be directed to KiddieCorp at (858) 455-1718 or e-mail info@kiddiecorp.com.

A “Kid Zone” will be provided for children ages 4–12 on the exhibit floor during exhibit hours for $5 per child. There is a daily three-hour maximum.

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www.dental-tribune.com
California, here we come! More than 600 exhibitors and 100 speakers head to Anaheim for this year's CDA Presents

By Kristine Colker, Managing Editor, Ortho Tribune

Anaheim, Calif., might be the land of Mickey and Minnie, but dentists know that every May, it is also home to four days of top-notch speakers in the industry and a huge exhibit hall — more than 150,000 square feet — where more than 600 companies show off their newest products and services.

This year, CDA Presents The Art and Science of Dentistry in Anaheim, taking place May 14-17 at the Anaheim Convention Center, which has a new feature in the works. For the first time, the organization is offering a unique networking opportunity that allows attendees to get to know some of the premier speakers in the industry over either breakfast or lunch. With just a small group of people allowed, the discussion topics can be on anything the participants want. Only dentists are allowed to participate, and each dentist may purchase only one ticket.

The speakers participating in this event are Dr. Harold L. Crossley (Friday breakfast), Dr. John D. West (Friday lunch) and Dr. Gerard J. Chiche (Saturday lunch). Tickets are $75 and are very limited.

Of course, there are plenty of other great speakers to hear from during the four days of the CDA. Headlining speakers include Drs. Anthony Cardoza, Duane Spencer and James Wood along with Jeannine Willis discussing forensic dentistry; Dr. Gerard J. Chiche on esthetics; Dr. Gordon J. Christiansen on restorative dentistry; and Drs. Lawrence F. Emmott, Paul H. Feuerstein, John C. Flucke, Martin G. Goldstein, Martin J. Jablow and Dale A. Miles on technology.

In addition, Dr. J. Mel Hawkins will discuss “Local Anesthesia: 35 Years of Hits, Near Misses and Misses,” Dr. Stanley F. Malamed will talk about “Local Anesthetics: Dentistry’s Most Important Drugs” and “Emergency Medicine in Dentistry: Back to Basics.” Dr. Uche Odiatu and Kary Odiatu will detail human factors with cross-validation.

The speakers in the art and science of dentistry fall into “21st Century Endodontics: Are You Ready?” Even the CDA itself will get into the mix with “CAMBR: A New Practice Philosophy,” which will provide an overview of the CAMBR philosophy (caries management by risk assessment) as outlined in the October and November issues of the Journal of the California Dental Association. It will offer general practitioners tools and ideas on how to change their practice philosophy to one based on disease management and prevention.

Night life

At the end of the day, there is more to do in Anaheim than just attend sessions and walk the exhibit hall.

A membership party will be held Friday evening at the Aquarium of the Pacific in Long Beach, Calif. Attendees will be shuttled to the event, where they can see many ocean-dwelling creatures up close, enjoy a buffet of appetizers and listen to a performance by Ronnie & the Classics. This quintet reproduces oldies from the 1950s and 1960s and will perform throughout the evening.

The event starts at 6:30 p.m. and goes until 11 p.m. Tickets are $65. And for those of you who do want to spend a little time with Mickey and Minnie while in town — go to CDA.org/09 before May 15 and purchase tickets at a discounted rate. Tickets are valid May 10-24.

For even more on the California Dental Association’s Anaheim show, including daily schedules, product news and live coverage of all the seminars, exhibitors and social events, be sure to pick up Dental Tribune’s special CDA editions, published each day of the show. See you in Anaheim!

Going to Anaheim?

Tickets are valid May 10–24. AD

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AD-2018
Dr. Painless Parker was rebellious, rich and detested by most of his peers to such an extent that they invented special laws just to keep him from practicing dentistry. In spite of all this, he was an extremely successful dentist and holds a few lessons for today's dental marketing.

Born in 1872 in Canada, the man who came to be known as Dr. Painless Parker entered Philadelphia Dental College (now Temple University) in 1890, at the age of 18. Like a significant number of graduates, he started out as a “street dentist” following his two-year education.

Street dentists were every bit of a road show as they put their equipment in a horse drawn wagon and took their services directly to the people.

Parker hired a former manager who had worked for P.T. Barnum, and he began traveling the streets of New York with a full-on circus complete with show girls, a band and a bugle blower who blasted notes each time Parker removed a tooth. The band and bugler were there to cover up the patient’s yelps from pain because there was no anesthesia in those days. Brooklyn became the headquarters for the non-traveling version of Dr. Parker’s practice.

Dr. Parker would take out a rotten tooth for 50 cents. He promised that if you felt pain during the extraction with his E.R. Parker System, he’d actually give you 5 bucks — the equivalent of $114 today.

What got Parker in trouble was that he figured out that getting the word out about his services was more important than anything he could do. To do so, he chose to become highly visible to everyone, patients and dentists alike. Imagine a cross between Colonel Sanders and Billy Graham as a street dentist.

He went so far as to don a top hat — which in those days was the symbol of the upper class — while wearing his white doctor coat, and wore the outfit with a necklace of 557 extracted teeth that he had removed in one day.

Arrested after ‘special laws’ made to attack him

Parker took to the streets of Canada for a period and Canadian dentists were so upset they pushed through a special registration fee required just for street dentists and arrested Parker for violation just two days after the law came into effect. He continued his self-promotion though, and by 1904, his net worth from dentistry was $500,000, which would be $11 million today.

While the Canadian dentists had put their petty scheme into place, the New York dental “leaders” got a law on the books that forbade dentists to use an assumed name. As a result, Dr. Painless Parker said goodbye to New York and packed up for California.

By 1906, Parker was again “open for business” on the streets of Los Angeles, and by 1910, he was even more wealthy than he had been in New York. In California, attempts were made to label him as “unethical” and “incompetent.” Thus, he was forced to take out large ads to fight the slander and to expose that the attackers were motivated by their wallets rather than their self-righteous proclamations. However, if his clinics were operating today at an equivalent level, they’d be producing $35 million annually.

By the time he died in 1952, Dr. Painless Parker was a multi-millionaire many times over thanks to real estate holdings on top of all the dental practices he leased to his associates.
Parker’s lessons for today’s dentists

Parker’s success was by way of marketing. To be honest, sales wasn’t as critical in those days as there were far fewer dentists. Making a reasonable living in dentistry wasn’t a problem. However, if you wanted to reach for the stars, especially in competitive cities, just like today, you had to seriously attack the marketing for your practice and become fearless about doing so. Painless Parker’s success was due to his marketing. Yes, he was an astute businessperson, but he also executed and thought about his marketing a lot.

He practiced highly effective marketing that:
• was completely contrary to the opinion of the majority of his peers,
• flew in the face of convention,
• was loud and proud about his solution to patient’s problems,
• led to helping lots of patients,
• made him wealthy and
• allowed him to leverage off his dental wealth to become personally wealthy.

Parker was hated by a large portion of his peers, but yet I’ve had three patients in my short career speak fondly of having been treated by Dr. Painless Parker — again, we know the odds of them having actually been treated by Parker is nearly zero. However, those same patients probably don’t remember my name.

Parker’s success was due to marketing and the never-ending pursuit of selling more of what he was good at and what the population needed — basic dentistry. Promotion works. Creating celebrity really works.

Levin Group and ABEL Dental Software form an alliance

Dr. Roger P. Levin, chairman and CEO of Levin Group, announced the company has formed an alliance with ABEL Dental Software, a Buffalo, New York-based practice management software firm. ABEL Dental Software will work with Levin Group’s Total Practice Success™ practice management consulting division as well as its Total Practice Success™ training division.

Levin Group will provide training for ABEL Dental Software customers on Power Cell Scheduling™, a scheduling system developed by Levin Group to maximize dental practices’ efficiency and productivity. The training program will be custom-designed around ABEL Dental Software’s products to help its customers fully understand the products leading to maximum utilization.

Levin is one of the profession’s most sought-after speakers, bringing his Total Practice Success™ Seminars to thousands of dentists and dental professionals each year. A pioneer of dental practice management, he developed the Levin Group Method™, a systems-based methodology that effectively brings the business side to dentistry.

ABEL Dental Software Inc., of Buffalo, New York and affiliate ABELDent Inc., of Burlington, Ontario, are leading suppliers of comprehensive clinical and practice management software to dental practices. The companies provide ABELDent software and supplemental products and services, including practice Web sites, patient portals and patient education software to more than 6,000 dentists. ABEL offers 24/7/365 support and a comprehensive range of training options.

For more information, contact Levin Group at (888) 973-0000 or visit www.levingroup.com.

About the author

Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turnkey marketing for the complex case patient and in teaching a trademarked sales system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing doctors are on three continents and programs are conducted worldwide. His two-days per week part-time practice focusing on reconstructive and implant dentistry is in Seattle, Wash. To find out more visit, www.bigcasemarketing.com or e-mail info@bigcasemarketing.com.

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Dr. James McAnally has an active general practice in Seattle, WA. He has earned fellowships in the Academy of General Dentistry, the International Congress of Oral Implantologists and the Misch International Implant Institute.

As the founder and CEO of Big Case Marketing and a private consultant, Dr. McAnally has helped dentists world-wide realize their goals of developing high-producing fee-for-service practices.

THE MAXIMUM CASE ACCEPTANCE SYSTEM™ by Dr. James McAnally

The Maximum Case Acceptance System™ will give you intensive training at each step of the case acceptance process. It will make the real difference getting to the “Yes” more often! That is a “Yes” for cases outside of insurance. It will allow you to perform more ideal treatment on your patients, ultimately helping more of them.

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This structured case acceptance (sales) system is used by the most successful dentists in America. In fact, this same system is used by Member Doctors in Big Case Marketing’s Elite Program™, a group comprised of some of the highest performing doctors in the world. The way these doctors use their structured case acceptance systems has led to their success and keeps them there.

It is not unusual for doctors using The Maximum Case Acceptance System™ to take what was already a very high-performing practice and further elevate profits without working any harder. For doctors that do not start out with a high-performing practices, they can see 100% increases in profits by simply using the system.

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**Infiltration: a new treatment for caries**

By Javier Martinez de Pison, DT Latin America

The president of DMG America, George Wolfe, couldn’t be happier. German-based researchers associated with DMG obtained the IADR “Materials and Bioengineering Research Award” for their investigation on resin infiltration of natural caries lesions using “Icon,” DMG’s new revolutionary resin.

The winners, Sebastian Paris, H. Meyer-Lueckel and A. M. Kielbassa of the University School of Dental Medicine, Charité-Berlin, Germany, used the Icon resin, which replaces hard tissue lost in caries to demineralization (~800 μm), sealing the approximal region. This microinvasive therapy can arrest caries progression by infiltrating and sealing problematic regions.

Infiltration with Icon means that this resin creates a diffusion barrier not on the surface but within the hard tissue, stabilizing and blocking the caries, which in approximal applications is indicated up to a maximum radiological lesion progression into the outer third of the dentine.

Caries infiltration is a recommended treatment for vestibular smooth surface lesions, which are frequently observed after the removal of fixed orthodontic appliances and in patients with poor oral hygiene. The treated lesions lose their opaque color and resemble healthy enamel, producing a drastic aesthetic improvement.

Wayne Flavin, director of scientific affairs for DMG, said that Icon bridges the gap between remineralization and restoration, and provides an opportunity to treat upon discovery of the caries.

**Simple procedure and esthetic results**

He explained that Icon is not unlike any other restorative resin “where dentists etch, rinse, dry and light-cure, so they are using a technique they are already familiar with, except that the materials are revolutionary in what they are capable of doing.”

“Icon’s a resin that penetrates very deeply into a lesion to seal and arrest the progression of the lesion,” Flavin explained. “At the same time, you get a very good cosmetic result because the refraction index of the material is very similar to enamel.”

The procedure takes between 10 and 15 minutes, depending on the familiarity of the dentist with the product and where they are working, such as vestibular or approximal lesions. Flavin said that DMG is developing training videos and C.E. programs for dentists, although many are familiar with it. Icon comes in a kit containing products such as a patented double syringe for etching that uses a screw-type mechanism that facilitates its application.

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Patients are demanding aesthetic, reliable and conservative options to replace their defective amalgam restorations. The Same Day Inlay/Onlay technique was pioneered to improve both patient care and practice economics.

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Due to the success Dr. Lorin Berland has had with Same Day Inlays/Onlays, he has created an instructional CD outlining the techniques, materials and equipment necessary to provide this wanted and needed service.

To order, call +1 (214) 999 0110 or send an e-mail to xia@dallasedentalarts-pa.com. You may also visit us online at www.berlanddentalarts.com.

**Mirror handles and kits now in stock**

In PhotoMed’s last e-mail newsletter they introduced their new Universal Mirror Handle, but they were not yet available. They now have them in stock and showed the new handle for the first time at the CDS meeting Chicago, where they were extremely popular. PhotoMed has them available individually or in kits with three mirrors.
We are currently undertaking more revolutionary projects

An interview with Mectron, the company that invented Piezosurgery

By Daniel Zimmermann, Group Editor
Dental Tribune International

Mectron, based in Italy, has revolutionized dental surgery with their development of piezoelectric bone surgery. Recently, the company presented the third generation of their Piezosurgery device at the International Dental Show (IDS) in Cologne, Germany. We spoke with company founders Domenico Vercellotti and Fernando Bianchetti, as well as area managers Wolf Narjes and Alexandre Cadau, about the clinical advantages of their invention and how the company is reacting to the current market conditions.

Market prospects for 2009 are rather uncertain due to the financial crisis. Is your company prepared for a potential economic slowdown?

Fernando Bianchetti: The only way to withstand this crisis is to remain successfully in the market through investments in scientific and technical research in Europe and other countries.

Domenico Vercellotti: What Mectron just said has always been our corporate philosophy; it will certainly help us in difficult times like this. Mectron offers high-quality products at reasonable prices, and puts a lot of effort into the development of new technologies and not merely into expensive marketing campaigns.

Wolf Narjes: Being a family-owned company, Mectron is probably more flexible and manageable than larger companies. Therefore, we can react relatively quickly to unexpected market changes.

Have you already experienced an economic climate change in Italy and other markets?

Fernando Bianchetti: Since our company was founded in 1979, we have already had to go through occasional tough economic times. However, nothing really compares with the latest financial crisis.

Alexandre Cadau: Fernando is right. At the moment, we are experiencing a huge loss of confidence in all consumer groups. On the other hand, we have always been challenged by the depreciation of various foreign currencies, like in 1992 when devaluation hit many countries.

Your company is mainly known for its innovative Piezosurgery technology. What are the main advantages compared to traditional surgical technologies?

Domenico Vercellotti: Mectron invented piezoelectric bone surgery in collaboration with Prof. Tomaso Vercellotti almost 10 years ago. Back then, it was not just another product: it was a significant innovation in the field of dentistry based on technical expertise and years of clinical research. Thanks to Piezosurgery, oral surgery evolved from traditional rotating instruments to a new system of cutting bone that spares soft tissue and accelerates the healing process.

Wolf Narjes: Our Piezosurgery device is scientifically approved and we are considered to be the only company in this field to have a clinical database on each available surgical instrument. All the clinical applications for the device have been studied to ensure that there is no risk for users and patients and that the medical effects are always positive. Many companies have attempted launching similar products, but they are still missing scientific data or research regarding the effectiveness of their methods.

Would you tell us more about how Piezosurgery was developed and how it has been received in different markets?

Wolf Narjes: I have found that several countries, including South Korea, Italy and Germany, have been very open-minded to this new technology. Most Scandinavian countries, however, have only begun to understand how to use this innovative technique.

Fernando Bianchetti: All the clinical protocols and techniques developed for Piezosurgery are based on scientific publications endorsed by universities and credible specialists in the field of dental surgery. They confirm not only the benefits for the clinician, such as maximum surgical precision and wider intra-operative visibility, but also those for patients who suffer from less postoperative pain.

Alexandre Cadau: Piezosurgery has certainly been one of the most important developments in the dental and medical field. This unique device allows the surgeon to work in less stressful and safer conditions. Postoperative healing times are also reduced threefold with this method.

Domenico Vercellotti: The latest innovation is tips for the implant site preparation that have demonstrated histological benefits and a better osseointegration of implants compared to the traditional twist drill (Giulio Preti et al., Cytokines and Growth Factors Involved in the Osseointegration of Oral Ti- nium Implants Positioned Using Piezoelectric Bone Surgery Versus a Drill Technique: A Pilot Study in Minipigs, Journal of Periodontology, 78 (2007):716–722).

Training courses are regularly offered at the Piezosurgery Academy in Italy. Do you also offer courses in other parts of the world?

Domenico Vercellotti: Piezosurgery Academy was established by Prof. Tomaso Vercellotti to give scientific support to piezoelectric bone surgery. It is managing the whole clinical research and training activities in piezoelectric bone surgery and works independently from Mectron.

Wolf Narjes: It is essential to
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be suitably trained in this technique. Therefore, we offer courses in Europe, Asia as well as North and South America. Last year, we opened a new branch in Phuket in Thailand that serves as the Piezosurgery training centre for the entire Asia Pacific Region.

Alexandre Cadau: There is a reason that training is crucial for Piezosurgery. Users experience a steep learning curve before getting used to the micrometric movement of Piezosurgery, which is completely different to the traditional techniques. We organize workshops in many countries around the world that help dentists learn the differences between Piezosurgery and conventional burs and saws.

In addition, we collaborate with universities, to offer attending clinicians cadaver dissection courses that help them appreciate the surgical benefits.

**With four regional headquarters, do you consider yourself a global cooperation?**

**Fernando Bianchetti:** Certainly, our branches in Germany, India and the Asia Pacific region report to our headquarters in Italy. In other countries, we have worked successfully with local dealers for almost 10 years, in some countries even 20 years.

**Wolf Narjes:** If you mean: are we represented in all the important countries around the world, then definitely yes. Our network is well established in more than 80 countries, and our sales team is working daily to extend it even more.

**How closely do the regional headquarters work with the headquarters in Italy?**

**Domenico Vercellotti:** In Mectron's corporate organization, the regional headquarters represent points of information exchange and contact between the headquarters in Italy and local clinicians.

**Alexandre Cadau:** All Mectron partners receive marketing support through the headquarters in Italy. In this way, we ensure that all our staff and partners, whether an Italian dealer or South American distributor, keep up to date with the latest specifications and developments of our products.

**Wolf Narjes:** I have to add that although marketing is centralized, the structure of our company is still flexible enough to fulfill local demands.

**Do you have offerings in other market segments as well?**

**Fernando Bianchetti:** Let's speak about the other products Mectron has been manufacturing for plenty of years like piezoelectric scalers, curing lamps and air polishers. Mectron was the first company to introduce on the market a scaler handpiece in titanium that has represented the new state of the art in life span and sterilization, as well as the first one to launch a LED curing lamp!

**Wolf Narjes:** Mectron has a lot of capacity for innovation. Therefore, our company is not only a leader in the field of the Piezosurgery technique, but also in the light curing segment.

**Alexandre Cadau:** We say we have succeeded to be a long-term market leader. As far as the production of LED curing lights is concerned, our company is still one of the biggest manufacturers worldwide.

**Many companies are starting to extend their range of products. Are there any new products being developed that you would like to talk about?**

**Fernando Bianchetti:** Apart from the further improvement of existing products, we are currently undertaking more revolutionary projects in our R & D department. A total of 15 percent of all staff working at Mectron are actually involved in this.

**Domenico Vercellotti:** Our mission is to implement new technologies for the dental market that are based on the latest evidence-based research. We will also stay on this track in the future to develop innovations that are economical and bring true clinical advantages.

**‘Piezosurgery has certainly been one of the most important developments in the dental and medical field.’**

**Fernando Bianchetti:** They work very closely with our main headquarters in Italy for different reasons. Mectron Italy helps the regional headquarters and, of course, our other distribution partners, to provide their customers with technical support. The staff at regional headquarters, as well as our distribution partners, are regularly trained by our engineers in Italy.
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A simple, esthetic, custom implant abutment

By John Highsmith, DDS, DICOI, AAACD

In implant reconstruction, the dimension from the implant platform to the crest of tissue, especially in esthetically critical areas, is often more than 2 mm. Many implant manufacturers supply a straight abutment for cement with the implant, which significantly can reduce the cost to the dentist. However, these abutments tend to have a margin about 1 mm tall, which limits their use to relatively thin tissue. The problem with using a short margin abutment with thick tissue is that the margin ends up in an area where it can be impossible to clean up all the excess cement, leading to periodontal infection (“cementoma”).

There are several options available currently.

• Purchase an abutment with a taller machined margin, which the dentist can prep to the desired height and contour. This can work, but there is the additional expense of the abutment and the possibility of the metal abutment showing through thin tissue.

• Zirconia abutments, which can be either prepared or custom milled, such as the Atlantis abutment. These work well, but add expense to the case. The zirconia is also always a white color.

• A third option is herein described, where the straight abutment is modified with porcelain to create a custom abutment at minimal cost and improved esthetics.

This patient desired a dental implant retained crown to replace the retained primary tooth #C (Fig. 1). The cuspid had erupted into the lateral position, which was congenitally missing. We removed the primary cuspid and immediately placed a Biohorizons 4 x 12 mm implant (Fig. 2). I wanted the implant platform to be 2–3 mm below the desired free gingival margin, which actually necessitated a slight osteotomy (Fig. 3). If this had not been done, the final crown might look too short. A healing cap was placed and a denture tooth was bonded to the adjacent teeth with composite resin. The implant was allowed to osseointegrate for six months before loading. At uncovering, a screw-retained Chicago dentist provides free care one day each year

By Fred Michmershuizen, Online Editor

Dr. Theodore M. Siegel wanted to give back to the local community, but he didn’t want to just write a check to a charity. He wanted to do more. So he decided that for one day every year, he would open up his practice to all local patients and offer free services. Since his annual “Dentists With Heart” event began in 2005, Siegel said, more than 2,000 patients have been treated with more than $1.25 million in care.

“For many, dentistry is an unaffordable luxury. Every year on Valentine’s Day, our office provides free dental care to the less fortunate people in our community,” said Siegel, whose Chicago practice, Big Smile Dental, offers a wide variety of cosmetic dentistry services, including complete smile makeovers, teeth whitening, porcelain veneers and more.

For the most recent “Dentists With Heart” charity day, people braved cold winds and snow and began lining up at midnight. By the time the practice opened its doors at 9 a.m.,
temporary was fabricated to form the tissue contours. A straight abutment was cut to length and sandblasted. A thin layer of opaque flowable (Flow-it!, Jenric Pentron) was placed to block out the metal, then the temporary crown was built up with increments of flowable composite to create the crown shape (Fig. 4).

After polishing the subgingival portion to a high shine, the temporary was screwed into place, cotton was placed over the screw, and the incisal portion was filled in and contoured with flowable composite. The temporary crown was left in place for six weeks for tissue healing (Fig. 5).

The temporary was then removed after we were satisfied that the tissue was pink and healthy, and an impression ball cap was placed on the abutment to avoid tissue collapse (Figs. 6, 7). Photos were taken to communicate shade to the ceramist (Fig. 8).

The ceramist took the straight abutment that came with the implant and contoured it for clearance with the opposing dentition. The margin of this abutment would be too far apical for adequate cement clearance, so he modified it with porcelain specifically developed for titanium (Vita Titainium Porcelain, Vident). Emergence profile can be developed as needed for the soft tissue profile, as well as adding a pink color to blend in with the gingival tissue (Figs. 9, 10). That can help in the esthetics if there is any tissue recession in future years, as well as maintaining the gingival color. A porcelain-to-metal crown was fabricated with a porcelain butt margin.

At delivery, the modified abutment was placed and the crown tried in. After any adjustments and approval obtained from the patient, the abutment screw was torqued into place. The screw access was filled in with Permit-N (Ivoclar) and light cured. The crown was cemented with Rel-X luting cement (3M) and final photographs taken. The “after” photograph shown (Fig. 6).

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The line had begun to wrap around the block. Patients received free cleanings, fillings, extractions, root canals and cosmetic procedures.

Siegel is not able to provide all this care by himself. Those offering free services included Dr. Ana Garg, Dr. Josephine Paleo and Dr. Christopher Quick of Big Smile Dental, Dr. Henry Lotsof of Ravenswood Dental Group at Methodist Hospital, Dr. Gary Hosters of Norwalk Park Periodontics and Dr. David Hanson of Lincoln Park Institute. Other volunteers included students from the Harper College REH program, plus hygienists, support staff and even patient volunteers.

“I would like to thank my family, my entire staff, our volunteers and our sponsors who insisted upon working without pay,” Siegel said. “I am truly grateful to all of them for their passion, their help and their dedication to help those in need. Their hard work is an inspiration to everyone.”

Siegel expressed appreciation for the many individuals and companies that provided support. For the most recent event, supplies were donat-ed by Patterson Dental, Kerr, Hu-Friedy, Top Quality Mfg., Vital Rx Pharmacy, Ivoclar Vivadent, Larry Garrett and Frank Sasco. Several local restaurants provided catered food for patients and volunteers.

Siegel said there are many people without medical insurance in Chicago and an even greater number without dental insurance. Siegel explained that he and his staff feel that dental care is a necessary service that should be available to everyone, even those who are unable to afford insurance. The practice’s goal is to raise awareness in hopes that it will be easier in the future for uninsured people to find a dentist in the Chicago area to help ease their tooth discomfort and disease.

“I truly feel blessed and proud to be able to help so many people in need,” Siegel said.
and color the subgingival material for the best esthetics, all at a cost less than a milled zirconia abutment because the abutment came with the implant.

Thanks to Mr. Kent Decker CDT for his artistry and help in developing this technique.

John Highsmith, DDS
AACD Accredited Dentist
Diplomate, International Congress of Oral Implantologists
Fellow, Misch Implant Institute
LVI Clinical Instructor
E-mail: schminsk@bellsouth.net

Dr. Highsmith received his dental degree from the University of North Carolina School of Dentistry in 1984, after which he completed a general practice residency at the Veterans Administration Medical Center in Baltimore, Md. He has been in private practice in Clyde, N.C., since 1985. He is an accredited member of the AACD, a clinical instructor at LVI, a diplomate of the ICOI, and a fellow of the Misch Implant Institute. He takes more than 200 hours of continuing education annually, and considers his mentors Omer Reed, Bill Strupp, John Kois, Frank Spear, Bill Dickerson, Clayton Chan, Paul Sletten, Mark Hyman, Darryl Nabors, Steve Burch, Bill Domb and Carl Misch.

11) demonstrated the healthy tissue. This post-op photo was two years after the case was delivered.

The use of titanium porcelain on the abutment allowed the ceramist to control emergence profile, bring the margin to a cleansable level

Fig. 8

Fig. 9

Fig. 10

Fig. 11
"The IACA is a unique event, it was not just about Dentistry, it was about life changes. IACA is special, it is unique, and it is an experience that every dentist on this planet should experience!" - Dr. Anil Makkar

"This is the best group of people that I have ever been around. To see and feel all the positive energy was truly inspirational. I met some amazing people this week who share the passion we all share."
- Dr. Balaji Srinivasan

"Today the IACA started with four absolute legends of the profession talking about the past and future of dentistry and it was amazing! There is no other group on the planet that could gather this kind of a panel! Such an incredible group of people and experiences!"
- Dr. Mark Duncan

"I was inspired; was educated; have grown in myself; have realized I have not expressed love and gratitude to as many as I should...IACA was yet again beyond compare!" - Dr. Fred Calavassy

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The business of hygiene

By Editor in Chief Angie Stone, RDH, BS

The title of this article inevitably bothers some hygienists. After all, hygiene school does not teach anything about the “business” of hygiene, so many hygienists feel running a hygiene department as a business is wrong and impinges on the quality of care.

Dental hygiene curricula is focused on educating students to be safe clinicians upon graduation. This rigorous schedule does not allow time to be spent on non-clinical education. What is taught in school is what clinicians feel is right. While schools need to focus on patient care in order to produce clinicians, the lack of education regarding the business side of hygiene makes it difficult for hygienists to understand that dental hygiene is a business.

Yet, in reality, dental hygiene is a business within a business. The hygiene department is responsible for bringing in enough money to pay for all the expenses incurred by the department, cover hygiene salaries and benefits, and make a profit. Industry standards state that 53 percent of total practice production should come from the hygiene department, and that hygiene wages and benefits should never exceed 53 percent of hygiene production. The last industry standard suggests that 33 percent of hygiene production should come from periodontal codes.

If these standards are met, the hygiene department should operate as a profitable business. If these standards are not met, the dentist needs to subsidize the hygiene department with his/her production. Hygienists need to be aware of their percentages. If stats are not at the level they should be, the hygienist needs to take measures to help improve them.

Recall system

Quite frequently, hygiene numbers that are below the industry standard are that way because of an inefficient recall system. One of the biggest problems an inefficient recall system causes is openings in the schedule. A chair that is sitting empty is not bringing revenue in. Even worse is that an empty chair is actually causing the department to lose existing money if the hygienist is paid while the chair is vacant. An evaluation of this system can be undertaken by answering the following questions:

- Does the office have a staff member whose job description includes responsibility for the recall system?
- Is the hygiene schedule full (less than 50 minutes open per hygienist per day)?
- Is the amount of production lost due to open time being monitored?
- How does the office determine the amount of hygiene hours needed each month to accommodate all the patients in need of a professional cleaning and oral examination?
- Is the available hygiene time based upon the number of active recall patients in the practice?
- Is the amount of hygiene hours needed determined every three months?

A “no” response to two or more of these questions points to a potentially inefficient recall system. Without fixing this system, the hygiene department will struggle to meet industry standards, and probably will always need subsidizing from the dentist’s production.

Periodontal protocol system

Another deficiency that leads to not meeting industry standards is the lack of a sound periodontal protocol system. Without a system in place, hygiene departments are prophylaxis driven. Fees collected primarily from prophylaxis will not sustain a hygiene department. In today’s dental climate, no hygiene department should be prophylaxis based.

Research shows at least 53 percent of the adult population has some form of periodontal disease. It would make sense then that at least 53 percent of adult patients, in any given practice, should be in a periodontal program. Having patients who require periodontal services receiving necessary treatment is a win for the patient and a win for the hygiene department. Perio services are charged out at a higher rate and, therefore, can help sustain hygiene.

If a periodontal protocol does not exist, patients are not being examined thoroughly for the presence of periodontal disease. The most important element in detecting periodontal disease is completion of a periodontal probing and charting. Current standard of care requires...
Dear Reader,

As spring nears, hygiene students across the country have taken written and clinical exams so they can finally become a real registered dental hygienist. Excitement looms as they anticipate being in an actual dental office, treating patients who will not be in the chair for four hours at a time. They are eager to use their newly found skills to improve the oral health of the world. What enthusiasm they carry with them out into the dental hygiene workforce!

As licensed dental hygienists, we can relate to graduating students for we too have experienced the same feelings. Some of us have been in clinical practice for many years and may still feel exhilaration in the by the opertory. Others among us, while we may still be practicing clinically, are not completely satisfied with this setting. When thoughts turn to transitioning out of clinical hygiene, the vision of academia may be the first option that comes to mind. Teaching is a great fit for many, but it is not a great fit for all. What else then can one do with an associate's degree in dental hygiene?

I want to invite you on an exploration regarding this question. Over the next several months, I will offer ideas of avenues to explore. The dental hygienist of today has many career options available. The trouble is we don’t always know what is available or how to get to a new level. How can we know what we haven’t been taught? Hygiene schools have a responsibility to make sure their graduates are only safe beginners. There is hardly time to provide extensive education in regard to alternative career paths available to hygienists — and as editor in chief, that’s my job.

Join me next month for the beginning of a journey that is sure to travel over roads less traveled by dental hygienists. Each month I will highlight an avenue available to colleagues who are looking to add to their clinical hygiene career. It is my hope that many readers of Hygiene Tribune will find something appealing to their particular dreams.

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

Ozone therapy

By Robin Goodman, Group Editor

During the recent IDS in Cologne, I had the opportunity to speak to Managing Director Dr. Domagajt Frebeg about his company, Biozonix, and the advantages of ozone therapy. Its Ozonix unit is currently awaiting FDA approval, but its devices have been approved for use in Europe for 10 years already.

When you say “ozone,” most people will raise their eyebrows in alarm, so how is it used in medicine?

Very few people know that ozone has been successfully used in medicine for nearly 125 years. What people hear about are “holes in the ozone layer” and “ozone warnings” as the ozone concentration in cities plagued by smog. However, ozone is no more than 1 percent of the air we breathe. It’s actually the waste created from burning fossil fuels, which create smog, that people are familiar with the high-polluting frequencies of electromagnetic field (HFEF) used in physiotherapy for muscle stimulation or relaxation. Ozone’s HFEF is 5,000 times lower than the one used in physiotherapy. Therapeutic concentrations of ozone are present only in the treatment area, and are limited by the concentration of oxygen in the surrounding atmosphere and the reversion of ozone to oxygen. Treatment is not only painless, but shortly thereafter, the patient will experience a reduction in pain in the area. Ozone therapy is the cleanest, safest, most gentle and completely natural medicine available to man.

(Visit the company’s Web site at www.biozonix.com for more information.)

Ozonix uses high-frequency plasma technology that generates an electromagnetic field at the tip of the plasma probes used with the unit. The field dissociates the surrounding oxygen molecules to form ozone molecules right at the tip of the probe. When you apply the tip of the probe to diseased tissue for 20 to 60 seconds, the ozone completely disinfects the area and promotes healing. A variety of ergonomically designed probes come with the unit, which means you can reach any area in the oral cavity.

Will the patient feel any pain, and is it safe to use ozone like this?

Yes, it is completely safe. Most people are familiar with the high-frequency electromagnetic field (HFEF) used in physiotherapy for muscle stimulation or relaxation. Ozone’s HFEF is 5,000 times lower than the one used in physiotherapy. Therapeutic concentrations of ozone are present only in the treatment area, and are limited by the concentration of oxygen in the surrounding atmosphere and the reversion of ozone to oxygen. Treatment is not only painless, but shortly thereafter, the patient will experience a reduction in pain in the area. Ozone therapy is the cleanest, safest, most gentle and completely natural medicine available to man.

(Visit the company’s Web site at www.biozonix.com for more information.)
that patients receive six-point periodontal probing and charting on an annual basis at minimum. While this is the standard of care, the American Academy of Periodontology has stated that 75 percent of dental offices do not diagnose periodontal disease. According to the American Dental Association, 50 percent of the offices diagnosing periodontal disease do not probe on a regular basis. This means, at best, 13.5 percent of dental offices across the country are meeting the periodontal probing standard of care.

Implementation of a periodontal protocol that mandates annual probing/charting of all adult patients is the first step toward delivering the current periodontal standard of care and increasing hygiene revenue. Protocol also needs to dictate treatment needs to be delivered based upon probing/charting data.

Review of an existing recall system can typically be completed by dental practice management consultants. Information can also be found on dental practice management Web sites. Periodontal protocols can be found in textbooks, Web sites and in conjunction with many periodontal related products. Knowledge of what a successful recall system is and what an effective periodontal protocol is, followed by implementation of both systems, will certainly lead to an improvement in the business of hygiene.

About the author

Angie Stone graduated in dental hygiene from Madison Area Technical College and obtained a bachelor’s in psychology from Upper Iowa University. Prior to obtaining her hygiene degree, she was a dental assistant for 15 years, five of which were in the United States Navy. She has taught both dental assisting and dental hygiene courses at the technical college level. Stone has authored many articles and speaks on several topics throughout the country. Learn more about Stone at her Web site at sharprdh.com.

Study shows flossing reduces mouth bacteria

By Dental Tribune Staff

In dental offices all over the world, patients are often instructed they are not flossing enough or instructed to floss more. As the old saying goes, you only need to floss the teeth you want to keep. After all, not flossing regularly can lead to tooth decay and to periodontal disease, the leading cause of tooth loss in adults.

A recent study published in the Journal of Periodontology (JOP), the official publication of the American Academy of Periodontology (AAP), demonstrates that including flossing as part of one’s routine oral care can actually help reduce the amount of gum disease-causing bacteria found in the mouth, therefore contributing to healthy teeth and gums.

The study, conducted at New York University, examined 51 sets of twins between the ages of 12 and 21. Each set was randomly assigned to one twin brushing with a manual toothbrush and toothpaste and the other twin brushing with a manual toothbrush and toothpaste and flossing. At the end of the two-week trial, samples were taken from both pairs of twins and compared for levels of bacteria commonly associated with periodontal disease.

The study findings indicated that those twins who did not floss had significantly more of the bacteria associated with periodontal disease when compared to the matching twin who flossed in addition to tooth brushing with toothpaste.

“This study illustrates the impact flossing can have on oral health. The twins experimental model is a powerful tool to help sort out genetic and environmental factors that often confound the interpretation of treatment studies. This study demonstrates that flossing can have an important and favorable impact on an individual, as compared to that of a non-flossing individual with similar genetics and possibly similar habits,” explains Dr. Kenneth Kornman, editor of the Journal of Periodontology.

“Twins tend to share the same or similar environmental factors such as dietary habits, health and life practices, as well as genetics. In this case, the only difference was flossing, and the outcome was significant. Flossing may significantly reduce the amount of bad bacteria in the mouth.”

For more information, contact the American Academy of Periodontology, www.perio.org.
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