‘Dental caries is not easily prevented or treated in the most susceptible children’

An interview with Prof. Jill Fernandez and Drs. Neal Herman and Lily Lim of New York University

In July, pediatric dentistry specialists will gather in Pasay City, the Philippines, for the seventh biennial congress of the Pediatric Dentistry Association of Asia. Group Editor Daniel Zimmermann spoke with presenters Prof. Jill Fernandez and Drs. Neal Herman and Lily Kim from the New York University College of Dentistry about their participation and recent developments in the field.

The U.S. congress recently approved a new proposal for health care reform. In your opinion, what impact will this policy change have on children’s dental care?

Prof. Jill Fernandez: It is still too early to know what the final health reform bill will entail exactly, but as of now it does include mandatory pediatric dental care that requires dental coverage be offered as part of any essential benefits package for children younger than age 21.

The new law will enable stand-alone dental plans to offer dental benefits as part of any health insurance exchange and/or subcontract with medical plans. The impact of this on the public and the profession could be monumental — the message is to begin oral health preventive interventions early in the lives of children, and that oral health is an integral part of overall health.

The oral health of children in the epidemic of pediatric dental disease and to help break its cycle. NCOHF is a nonprofit organization dedicated to raising awareness of and fighting pediatric dental disease — the No. 1 chronic childhood illness — by facilitating delivery of comprehensive oral care for vulnerable children. NCOHF was recently featured in a special section dedicated to oral health in The Wall Street Journal. As America’s Toothfairy, NCOHF is positioned to help shed light on the silent pandemic of pediatric dental disease and to help break its cycle.

So you’ve graduated from dental school and are ready to dive into private practice? Or perhaps you’ve been out of school for a year? Well, even if you’ve practiced for 10 years already, we’re willing to bet you’ll find some pearls of wisdom in this article by Sally McKenzie. See page 4A.

NCOHF featured in Wall Street Journal

By Fred Michmershuizen, Online Editor

National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) was recently featured in a special section dedicated to oral health in The Wall Street Journal. As America’s Toothfairy, NCOHF is positioned to help shed light on the silent epidemic of pediatric dental disease and to help break its cycle.

NCOHF is a nonprofit organization dedicated to raising awareness of and fighting pediatric dental disease — the No. 1 chronic childhood illness — by facilitating delivery of comprehensive oral care for vulnerable children.
AAE uses Root Canal Awareness Week to dispel myths

By Fred Michmershuizen, Online Editor

Everyone’s heard the jokes, the innuendos and the comparisons to unpleasant things. Nothing can be so bad, according to popular perception, as having to undergo a root canal procedure. (Except perhaps an IRS audit.) That’s why every spring, the American Association of Endodontists (AAE) holds Root Canal Awareness Week.

The idea behind the event, according to the AAE, is to help dispel long-standing myths about root canal treatment and increase the public’s understanding of the procedure as one that is virtually painless. The week also seeks to raise awareness of endodontics as a specialty and highlight the importance of endodontists.

This year in particular, the AAE used its Root Canal Awareness Week, held in the spring, to help encourage general practitioners to refer more cases to endodontists and to help patients make more informed decisions about whether to see a specialist.

With their use of advanced technologies and expertise in administering anesthesia, the AAE pointed out that endodontists perform virtually painless root canal treatments that can last a lifetime. The AAE also says that patients who require endodontic therapy should ask general dentists about the benefits of consulting an endodontist, even if the GP does not recommend a specialist.

After all, the AAE pointed out, when it comes to serious health needs, family physicians turn to specialists such as cardiologists for heart disease and podiatrists for foot troubles. However, when it comes to dentistry, general practitioners refer less than half of patients who need root canals to colleagues who specialize in the procedure, according to a recent survey by the AAE.

According to the survey, dentists refer an average of 46 percent of root canal patients to endodontists, yet almost all general dentists surveyed, 84 percent, say they have a positive or very positive perception of endodontists as well as the care they provide.

With more than 15 million root canals performed annually, the AAE used Root Canal Awareness Week — which ran March 28 to April 3 this year — to remind dental patients of the advanced pain-eliminating endodontist收到的compete for this complex dental treatment.

Reacting to remark by Obama

Speaking of the public’s perception of root canal treatment, the AAE did not let a negative reference to the procedure by President Barack Obama in his first State of the Union address earlier this year go unchecked.

Obama uttered the phrase “as popular as a root canal” when outlining the many difficult challenges facing the nation. The AAE pointed out that Obama unintentionally reinforced a myth and outdated misconception about the “unpopular” nature of root canal procedures.

“When we certainly understand the president’s intent, people need to know that root canals don’t cause pain, they relieve it,” remarked Dr. Gerald N. Glickman of the AAE, after Obama’s address.

“Root canals can be a daunting dental experience, but they can be done successfully and efficiently, with little or no pain involved. The result is a restored natural tooth that can last a lifetime.”

The AAE also explained that most root canal treatments can be completed in one visit and are extremely comfortable. A national consumer survey published in 2009 showed that an overwhelming majority of root canal patients use positive words to describe their experience.

According to a previous AAE poll, those who had a root canal performed by an endodontist were six times more likely to describe it as “painless” than those who had never had the procedure.
life-changing oral health programs for underserved children. NCOHF affiliates across the country continue to show impressive results in their efforts to provide quality, comprehensive care to the children who need it most.”

“We are extremely grateful to Sybron Dental Specialties for their generous product donation to our affiliate partner, The Children’s Dental Center,” said Fern Ingber, NCOHF president and CEO. “Sybron provided the leadership gift to establish NCOHF and continues to be a dedicated partner in our mission to eliminate children’s suffering from preventable pediatric dental disease.”

In addition, DENTSPLY International donated dental products valued at more than $165,000 to NCOHF in 2009 to provide vital dental treatment for underserved children across the United States.

NCOHF is proud to support NCOHF

NCOHF is proud to support NCOHF

News

Drive into Savings

Smart Products for a Healthy Smile.

Score and Win

www.ncohf.org
Three essential lessons for every new dentist

By Sally McKenzie, CEO

After years of schooling, thousands of dollars in tuition, hours upon hours of clinics and exams, and tests and on and on, finally you entered the working world as a dentist. Just you and the patients. Wouldn’t it be great if it could really be that simple?

It’s likely that it didn’t take you long to realize that once your tour in dental school was over, the learning process had only just begun.

Moreover, there are at least three key lessons that were probably barely touched upon in the dental school curriculum.

Lesson No. 1: How to deal with people

I’m not talking about the patients. You’ve been trained to manage the people you see every day, the ones you work with to elbow, those you depend on to represent you, to carry out your work. You’ve converged on enough money to pay your bills, to keep your schedule on track, etc.

Obviously, I’m talking about your team. Your success as a dentist is directly dependent upon your employees’ success. Unfortunately, one bad hiring decision can cost you a small fortune — estimates range between 1.5 to 5 times annual compensation — it can also damage patient relations, staff morale, and overall effectiveness of the practice.

Given what’s at stake, pay close attention to Lesson No. 1: Do your best to hire the best and never hire under pressure. Follow these steps and take a clear and measured approach to ensure that every employee you hire is the best fit for your growing practice.

Assess the systems before you bring in a new employee. If you’re hiring an office manager, look at business operations first. Are the business systems, scheduling, collections, recall, etc., working efficiently? If not, this is your chance to fix them, to integrate new protocols and establish up front how you want these handled in your practice.

Take 15 minutes. Set aside 15 minutes to think about what you want the person in this position to do. Make a list. Consider what you are looking for in this individual.

Write a job description. Once you’ve given some thought to the position, update or write a job description for the job tailored to attract the employee you need. Include the job title, job summary and specific duties. This clarifies what skills the applicant must possess and explains what duties she/ he would perform.

Develop an ad and place it on multiple websites and in different publications. Promote those aspects of the job that will have the greatest appeal, including money. Sell the position.

Keep the copy simple but answer the reader’s questions — job title, job scope, duties, responsibilities, benefits, application procedures, financial incentives and location. Direct prospects to your website to learn more about your practice and the position.

Read the resumes; don’t just scan them. Highlight those qualities that match the position’s requirements. Look for longevity in employment. Be careful of those applicants that only list years, such as 2008–2009. Chances are this person was hired in December of 08 and fired in January of 09.

Watch for sloppy cover letters. The applicant may have poor attention to detail. Flag resumes with “yes,” “no,” or “maybe.” The “yes” candidates are the first to be considered.

Pre-screen applicants on the phone. Address your most pressing concerns up front. If there are gaps in employment history, now is the time to find out why. Ask the applicant what salary range she/he is expecting. Listen for tone, attitude and grammar on the phone, particularly if the position requires handling patient calls. Based on the applicant’s phone demeanor, would this person represent your practice well?

Prepare for the interviews. Conduct interviews using a written set of standard questions. Ask follow-up questions based on the applicant’s responses. Jot down personal details to keep track of who’s who. The candidate is likely to be on her/his best behavior in the interview. If the applicant doesn’t impress you now, it will not get better after she/ he is hired.

Test for the best. Take advantage of Internet testing tools that are available to dentists. Such testing has been used in the business sector for years to help companies identify the better candidates for specific positions.

Check ‘em out. Once the interview and testing process has enabled you to narrow the selection down to a couple of candidates, check their references and work histories. This step can yield tremendously helpful information and will save you from multiple hiring horrors.

Budget for training. Give your new employee the tools and the knowledge to achieve her/his best, and you’ll both benefit significantly.

Above all else, when it comes to staff hiring, make your decisions based on real data, not a candidate’s sunny disposition or your “gut feelings.”

Lesson No. 2: Lead your team to excellence

If you’re frustrated by what you perceive as average or below average team performance, determine if you’ve given them the foundation to achieve the standards you expect.

First, avoid the most common pitfalls in leading employees: Assuming, judging, over-controlling, and micro-managing. If you’re frustrated by what you perceive as average or below average team performance, determine if you’ve given them the foundation to achieve the standards you expect.

First, avoid the most common pitfall in leading employees: Assuming. Know how to achieve her/his best, and you’ll both benefit significantly.

Above all else, when it comes to staff hiring, make your decisions based on real data, not a candidate’s sunny disposition or your “gut feelings.”

Lesson No. 2: Lead your team to excellence

If you’re frustrated by what you perceive as average or below average team performance, determine if you’ve given them the foundation to achieve the standards you expect.

First, avoid the most common pitfall in leading employees: Assuming, judging, over-controlling, and micro-managing. If you’re frustrated by what you perceive as average or below average team performance, determine if you’ve given them the foundation to achieve the standards you expect.

First, avoid the most common pitfall in leading employees: Assuming, judging, over-controlling, and micro-managing.
SPACE-AGE TECHNOLOGY.
NEW-AGE AFFORDABILITY.

WITH FEATURES LIKE DUAL WAVELENGTH TECHNOLOGY, IT’S A MODERN MARVEL.

With dual wavelength output, you can be sure that the SmartLite® Max LED Curing Light cures your light cure materials. It also features high output – up to 1400 mW/cm², a built in radiometer, plus four output modes. And never worry about running out of battery in the middle of a procedure again – the SmartLite® Max LED Curing Light can be used both cordless and cored, with an illustrative LED display that tells you exactly what you need to know.

All of this, without an astronomical price tag.

For more information contact DENTSPLY Caulk at 1.800.LD.CAULK, visit www.smartlitemax.com or call an authorized DENTSPLY distributor for more information.
from the beginning. Do not convince yourself that because they’ve worked in this dental practice for X number of years, they know how you want things done.

They don’t, and they will simply keep performing their responsibilities according to what they think you want unless they are directed otherwise.

Recognize the strengths and weaknesses among your team members. All employees bring both to their positions. The fact is that some people are much better suited for certain responsibilities and not others. Just because “Rebecca” has been handling insurance and collections for the practice doesn’t mean she’s effective in those areas. Look at results.

Rebecca may be much more successful at scheduling and recall if she’s not the one to restructure responsibilities to make the most of team strengths. In addition, be open to maximizing those strengths through professional training.

Give ongoing direction, guidance and feedback to your team so that they know where they stand.

Don’t be stingy. Give praise often and appraise performance regularly. Verbal feedback can be given at any time, but it is most effective at the very moment the employee is engaging in the behavior that you either want to praise or correct.

Nip problems in the bud and you’ll avoid numerous thorns in your side. If an employee is not fulfilling her/his responsibilities, address the issue privately and directly with her/him. Be prepared to discuss the key points of the problem as you see it as well as possible resolutions.

Use performance reviews to motivate and encourage your team to thrive in their positions. Base your performance measurements on individual jobs. Focus on specific job-related goals and how those relate to improving the total practice.

Use effectively, employee performance measurements and reviews offer critical information that is essential in your efforts to make major decisions regarding patients, financial concerns, management systems, productivity and staff in your new practice.

Lesson No. 3: Keep your hands in the business

Certainly, it doesn’t take long to recognize that there are many hats for the dentist to wear. The hat that says “The CFO” is just as important as the hat that says “The Dentist.” It is critical that you completely understand the business side of your practice.

There are 22 practice systems and you should be well-versed in each of them. If not, seek out training for new dentists. The effectiveness of the practice systems will directly, and profoundly, affect your own success today and throughout your entire career.

For starters, routinely monitor practice overhead. It should breakdown according to the following benchmarks to ensure that it is within the industry standard of 55 percent of collections:

- Dental supplies: 5 percent
- Office supplies: 2 percent
- Rent: 5 percent
- Laboratory: 10 percent
- Payroll: 20 percent
- Payroll taxes and benefits: 5 percent
- Miscellaneous: 10 percent

Keep a particularly close eye on staff salaries. Payroll should be between 20 and 22 percent of gross income. Tack on an additional 5 to 10 percent for payroll taxes and benefits. If your payroll costs are higher than that, they are hammering your profits. Here’s what may be happening:

- You have too many employees.
- You are giving raises based on longevity rather than productivity/performance.
- The hygiene department is not meeting the industry standard for production, which is 35 percent of total practice production.
- The recall system, if there is one, is not structured to ensure that the hygiene schedule is full and appointments are kept.
- Maximizing productivity. Hand-in-hand with practice overhead is production, and one area that directly affects your production is your schedule. Oftentimes, new dentists simply want to be busy, but it’s more important to be productive. Follow these steps to maximize productivity.

First, establish a goal. Let’s say yours is to break $700,000 in clinical production. This calculates to $1,575 per week, not including four weeks for vacation. Working 40 hours per week means you’ll need to produce about $564 per hour. If you want to work fewer hours, obviously per-hour production will need to be higher.

A crown charged out at $900, which takes two appointments for a total of two hours, exceeds the per hour production goal by $86. This excess can be applied to any shortfall caused by smaller ticket procedures. Use the steps below to determine the rate of hourly production in your practice.

The assistant logs the amount of time it takes to perform specific procedures. If the procedure takes the dentist three appointments, she should record the time needed for all three appointments.

Record the total fee for the procedure.

Determine the procedure value per hourly goal. To do this, take the cost of the procedure (for example, $900) divide it by the total time to perform the procedure ($900 ÷ 120 minutes). That will give you your production per minute value (= $7.50). Multiply that by 60 minutes ($7.50 x 60 = $450).

Compare that amount to the dentist’s hourly production goal. It must equal or exceed the identified goal.

Now you can identify tasks that can be delegated and opportunities for training that will maximize the assistant’s functions. You also should be able to see more clearly how set up and tasks can be made more efficient.

A career in dentistry is one of the most personally and professionally fulfilling fields you can choose. With the right team, clear leadership and effective business systems, you can enjoy tremendous personal success and lifelong financial security for you and your family.
The Future of Dentistry
What's In, What's Out: Materials and Methods to Keep You on the Cutting Edge

Just because the economy is unstable does not mean that your practice has to be.

LVI will steer you in the right direction!

Now is the time to take the driver's seat and invest in yourself and your future.
Recession-proof your practice with an education from LVI.

Bring a new enthusiasm to yourself, your practice, your team, and your patients!
You can have the practice of your dreams, and we can show you how.

Williamsburg, VA
July 9-10
French Lick, IN
July 16-17
Appleton, WI
July 30-31
Rapid City, SD
August 20-21
Helena, MT
August 20-21
Cincinnati, OH
August 27-28
Minneapolis, MN
September 10-11
Long Beach, CA
September 17-18
Wichita, KS
September 17-18
Rohnert Part, CA
September 24-25
Burlington, AB
September 24-25
Lincolnshire, IL
September 24-25
Portland, OR
September 24-25
Hilton Head, SC
September 24-25
Sudbury, ON
September 24-25
Edmonton, AB
September 24-25
Omaha, NE
October 1-2
Sioux Falls, SD
October 1-2
Toronto, ON
October 15-16
Palo Alto, CA
October 15-16
San Diego, CA
October 15-16
Stockton, CA
October 22-23
Montreal, NB
October 22-23
Littleton, CO
October 22-23
Madison, WI
October 22-23
Kansas City, MO
November 5-6
Carlsbad, CA
November 12-13

LVI is bringing 11 CE credits TO YOU with The Future of Dentistry in your area!

For complete details visit www.LVIRegionalEvents.com

No Interest Tuition Financing Available Through ChaseHealthAdvance® | CHASE

If paid in full within the promotion period of 12 months, interest will be charged to your account from the purchase if the balance is not paid in full within the promotional period 12 months, if you make a late payment, or if you are otherwise in default.

ADA CERP® Continuing Education Recognition Program
LVI Global is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hour by boards of dentistry. LVI Global designates this activity for 11 continuing education credits.

Sponsored by

LVI GLOBAL

MAC

ADAPT, INC.

PACE Program Provider
PDG/MAGD Credit
6/1/07 to 5/31/11

CHANGING DENTISTRY. CHANGING LIVES.

ChaseHealthAdvance® is an optional customer financing program available for qualified purchase transactions at participating locations. Offer may end without notice. Interest will be charged to your account from the purchase date if the balance is not paid in full within 12 months. Offer subject to credit approval. Offer available on qualifying transactions only. Offer excludes standing orders, emergency services, and consultation services. Chase is not responsible for the accuracy or timeliness of the information displayed on this page. Chase reserves the right to modify this offer at any time.

Check smart payment services may only be eligible for available rebates or discounts during the promotional period of 11/1/08 to 5/31/11. Present offer to your pharmacist at time of purchase. A pharmacist must be present for you to purchase at any location participating in the offer. A fee for transfer of claims may apply. Chase is not responsible for the accuracy or timeliness of the information displayed on this page. Chase reserves the right to modify this offer at any time.
Simple estate and tax planning for dentists

Failing to plan can have a devastating effect on your dental practice and your loved ones

By Stuart Oberman, Esq.

Statistically, 70 percent of all dentists who fail to implement tax-saving strategies during their lifetime will die without a will, and that number could be higher for dentists who fail to implement tax-saving strategies during their lifetime.

A failure to plan could directly affect the amount of estate taxes your estate may be required to pay to the IRS, and the amount of taxes you may be required to personally pay on a yearly basis. In some cases, estate taxes may be substantial.

Outlined below is essential estate planning and tax information you need to know today, so you can plan for tomorrow.

Make a will
You should state precisely who will receive your property at the time of your death (i.e., spouse, children, etc.). If you have minor children, you should appoint a guardian for your children. By preparing a will, you not only plan for the distribution of your property, but you also plan for your children’s future.

Consider a trust
There are two kinds of trusts, an irrevocable trust and a living trust. An irrevocable trust may be used for a variety of reasons, such as to avoid potential estate taxes, as well as asset protection.

If you have a life insurance policy, one of the easiest ways to avoid estate taxes on your life insurance proceeds is to establish an irrevocable life insurance trust (ILIT).

A properly prepared life insurance trust may protect your life insurance proceeds from estate taxes. A living trust is used to control your property while you are living and to avoid probate.

Make health-care directives
By creating a health-care directive, you will be able to set forth in writing your health care wishes and intentions.

Unless you outline in writing your health care wishes and intentions (life support, coma, vegetative state), someone other than a loved one may be forced to make life and death decisions for you.

Make financial power of attorney
A general power of attorney will allow you to appoint a trusted person to handle your finances if you are unable to do so yourself.

If you become incapacitated or disabled, who has the authority to handle the day-to-day operations of your dental practice?

Protect your children’s property
If you have minor children, you should appoint a trustee in your will (or trust) to handle the disposition of your children’s property in the event of your death.

If you fail to plan, your children may receive a substantial amount of property (land, dental practice, etc.) when they turn 18 years old. How long would $500,000 last in the hands of an 18 or 20 year old? Your will (or trust) should state what age(s) you wish your children to receive their property (21? 25? 30?)

File beneficiary forms
If you have a bank account or investment account, you may be able to designate a beneficiary for those accounts.

Many bank and investment accounts are “pay on death accounts,” which will allow the funds in such accounts to be paid directly to your designated beneficiary. In most cases, “pay on death accounts” are excluded from the probate process.

Consider life insurance
If you have substantial assets (home, investments, dental practice), you must have life insurance. However, in order to avoid estate taxes (which may be as high as 51 percent of your estate), you should consider establishing an ILIT (irrevocable life insurance trust).

Understand estate taxes
If you have accumulated any type of assets whatsoever (house, bank account, investments, life insurance and especially a dental practice), you must take the necessary steps in order to reduce your estate taxes. You have worked hard all of your life, and if you fail to plan, your family may lose everything.

Protect your business
If you are the sole owner of a dental practice or have a partner, you must have a business succession plan.

A succession plan should specifically outline what happens to your dental practice or your ownership interest in the dental practice at the time of your death. If you have a partner, you must have a shareholder’s agreement.

Store your documents
In order to ensure a smooth estate planning transition, the following records should be easily accessible:

• Will
• Trusts
• Insurance policies
• Real estate deeds
• Certificates for stocks, bonds, annuities
• Information on bank accounts, mutual funds and safe-deposit boxes
• Information on retirement plans, 401(k) accounts or IRAs
• Information on debts: credit cards, mortgages and loans, utilities and unpaid taxes

As the owner of a dental practice, you constantly deal with the day-to-day pressure (accounts receivable, employee problems, marketing, patients, etc.). In the rough and tumble world of dental practice management, don’t forget to manage your own estate.

Key estate planning numbers for the year 2010

Estate tax reform: As of December 31, 2009, Congress had not yet acted to reform the existing estate tax law.

AD

The New Standard for Dental Isolation
Now with Two Solutions!
Both the original Isolite™ with 5 levels of brilliant intraoral lighting and the new lightless Isolite™i systems provide continuous adjustable suction, tongue and cheek retraction, throat protection, and a comfortable environment. Professionals using this award-winning isolation technology are experiencing:

30% Faster Procedures • Improved Patient Comfort • Reduced Ergonomic Strain

To Learn More about Isolite, Call 800-550-6066 OR VISIT ISOLITESYSTEMS.COM/SIR2010

AD

(Continued on page 10A)
Accordingly, as of Jan. 1, there is a one-year repeal of the estate tax. After 2010, unless Congress has acted, the estate tax will revert to the rules that existed before the Economic Growth and Tax Relief Reconciliation Act of 2001 where the highest estate and gift tax bracket is 55 percent, and the applicable exclusion amount is $1,000,000.

Annual gift tax exclusion

The gift tax annual exclusion remains at $13,000 for 2010.

Generation skipping transfer tax

As of Jan. 1, there is a one-year repeal of the generation skipping tax. Congress may attempt to reform the estate and generation skipping tax law in 2010. If Congress does not act, the generation skipping tax will revert to the rules in effect before the Economic Growth and Tax Relief Reconciliation Act of 2001.

Retirement plans/defined benefit dollar amount

For defined benefit plans in 2010, the maximum benefit at age 65 under IRC Sec. 415(b) cannot exceed the lesser of (1) $195,000 or (2) 100 percent of the participant’s average compensation for his/her high three years of active participation.

Defined contribution annual maximum

The annual limitation applicable to defined contributions plans for 2010 remains at the lesser of (1) $49,000 or (2) 100 percent of the participant’s annual compensation.

Elective deferral limit for SIMPLE IRAs and simple 401(k) plans

The limit on SIMPLE plan contributions remains at $11,500 in 2010. Catch-up contribution limits for individuals age 50 and older is $2,500.

Traditional IRA and Roth IRA

The traditional IRA and Roth IRA contribution limit for 2010 remains at $5,000. The IRA catch-up limit is $1,000 in 2010.

Personal exemption phase-out

Taxpayers are entitled to claim a personal exemption for themselves and for their dependents. This personal exemption decreases their income subject to tax. The personal exemption amount remains at $3,650 for 2010. The personal exemption phase out is repealed for 2010.

A final word

As with any type of estate planning and yearly tax planning, you should always seek the assistance of a CPA, financial planner, your financial advisor and an attorney. Proper estate and tax planning can be very easy. However, the consequences of failing to plan can have a devastating effect on your dental practice and your loved ones.
United States is poor and carries figures are at an all-time high. What are the reasons for this?

Fernandez: Actually, the oral health of children in the U.S. has improved significantly over the past few decades when you look at a national sample across all age groups. Today, most American children have excellent oral health, but a significant subset suffers from a high level of oral disease.

The recent advanced disease is found primarily amongst children living in poverty, some racial/ethnic minority populations, children with medical problems, and children with HIV/AIDS infection.

You might be referring to the National Health and Nutrition Examination Survey, which demonstrated an increase in dental caries from 24 percent to 28 percent in the 2- to 5-year-old group.

The reasons for this are presently unclear, but this increase has rekindled efforts in the U.S. to improve access to care for this age group and in the U.S. to treat very young children in our population.

Early childhood caries (ECC) has increased not only in the U.S., but also worldwide. Should this area be considered a new priority in pediatric dentistry?

Fernandez: Early childhood caries, and efforts in the intervention and treatment of early dental decay, has always been a major priority.

In order to combat the current national epidemic of ECC in young children effectively, a more comprehensive, collaborative approach to the education of parents by all newborn and pediatric health-care providers, such as nurses, pediatrician and general dentists, dental hygienists, pediatricians, pediatric nurse practitioners, obstetricians and gynecologists, is essential.

The American Academy of Pediatrics [AAP] began a collaborative effort with pediatric dentists to address the issue of ECC. The AAP has made strides in developing educational programs for pediatricians and family physicians to identify at-risk children and refer them for dental treatment.

However, for many children, access to dental care remains a problem and the number with dental caries seems to be growing. Many children do not have dental insurance; thus, they postpone dental treatments until the problem is so advanced that it can no longer be reversed.

It is unfortunate that even parents who have third-party coverage for dental care [Medicaid, Child Health Plus] and are from lower socioeconomic backgrounds often fail to seek dental care as part of general health-care services. As a result, pre-school children with Medicaid may still have untreated decayed teeth.

Frequent bottle feeding at night has been identified as a driving factor for ECC. Other studies have found a microbiological connection between mother and child, labeling ECC a transmissible disease. What is your opinion on this latest research and will it affect the way children should be treated?

Dr. Neal Herman: The nursing bottle is a major source of many common factors in ECC. What we conclude from the latest research is that dental caries is highly complex and perplexing, not easily prevented or treated in the most susceptible children.

It is believed these days that there are nutritional, behavioral, immunological and bacterial factors that must be considered in order to understand and prevent dental caries.

The traditional approach to ECC — the “drill and fill” solution of placing restorations in teeth as they become cavitated — has long been proven futile and often counter-productive. Therapeutic interventions, particularly utilizing fluoride varnish, have shown promise in preventing, arresting and reversing serious lesions.

Much more work must be done to document its success, but at least this “medical model” has begun to address the fact that ECC is a bacterial disease that requires more than just filling up the holes that are merely its symptoms.

Root-canal treatments in primary teeth are also becoming more common. Does the treatment differ in any way from that of permanent teeth?

Dr. Lily Lim: We’re not sure that pulp therapy is on the increase but if it is, it’s probably because more parents and dentists realize it’s best to try to preserve a primary tooth rather than extract it whenever possible.

The goals of treatment for primary teeth are not much different from that to permanent teeth. In both cases, diseased portions of the pulp are removed in an attempt to preserve the hard structure of the tooth for functional or cosmetic purposes. Anatomical and physiological differences between primary and permanent teeth make a difference to the principle of root-canal treatment.

A permanent tooth requires an inert, solid, nonresorbable material that can last a lifetime, and gutta-percha fits that bill.

The ideal root-canal filling material for primary teeth should resorb at a similar rate to the primary root in order to prevent normal eruption of the successor tooth; not be harmful to the underlying tissues or to the permanent tooth germ; fill the root canals easily; adhere to the walls and not shrink; be easily removed, if necessary; be radiopaque; be biologic; and not cause discoloration of the tooth.

There is currently no material that meets all these criteria, but the filling materials most commonly used for primary pulps are non-reinforced zinc-oxide-eugenol paste, iodoform-based paste [Kri], and iodoform and calcium hydroxide [Vitapex].

A study in the Netherlands has found that prevention involving the counselling of parents on caries-promoting feeding behavior is often ineffective in the long term. Is there a lack of quality intervention strategies?

Herman: If we, or the World Health Organization, could answer this question, we’d have found the key to unlocking the mystery of improving or enhancing human immunization motivation. It is probably true that without continual and periodic follow-up, counselling will wear off even amongst highly motivated individuals.

We think the key lies with education that begins early and promotes a sound nutritional and sustainable oral-hygiene model for parent and child alike. As you might imagine, this is a task not well-suited to the traditional dental care delivery model, and will require some serious paradigm changes to permit effective implementation.

What preventative measures do you recommend based on your clinical experience in New York?

Herman: Preventive measures and conservative therapies that confront the cause of the disease, rather than treat the symptoms, are the most effective and work the best. Fluoride varnish has proven to be a godsend, although most of the evidence to date is empirical and anecdotal. Good long-term longitudinal studies are needed to prove conclusively what we already know as clinicians — an intensive regimen of fluoride varnish, along with advice for the measures, can control and often reverse dental decay, as well as prevent it.

Lim: Starting in infancy, children at risk for dental decay should be receiving twice yearly applications of fluoride varnish, whether by a dentist or dental professional, or as part of the well-baby care from their pediatricians.

More than 40 states in the U.S. have implemented such programs, and the outcomes are impressive — as much as 40 percent fewer children with early signs of ECC.

Fernandez: Collaboration between other health providers and the dental professions is key to combating the incidence of ECC.

You will be presenting at this year’s PDAA Congress in Pasay City. What will the participant be able to take home from your presentation?

Lim: At New York University [NYU] through education, outreach, training and collaboration with other health professionals, we have developed a multi-faceted approach to the many aspects of oral-health problems. Our presentation will describe the coordination of the strategies and programs that NYU employs, particularly in combating ECC.

Herman: Our presentation will examine and offer solutions to the management of ECC. We will offer a clinical therapeutic protocol that effectively stabilizes and/or arrests active caries, and that suggests a disease-intervention model of care that replaces restoration of teeth as the primary approach to the treatment of ECC in infants, toddlers and pre-school children.

Fernandez: Participants will learn about setting up an infant oral health program in their offices using an auxiliary. The auxiliary should be able to conduct a risk assessment, provide anticipatory guidance and prescribe an individualized preventive program. Our presentation will outline the steps in establishing an infant oral-health program in the dental office.
As the second largest dental organization in the world, the AGD’s 2009 annual meeting attracted more than 3,000 attendees, which the AGD notes was its second most successful meeting in 10 years. This year’s event in New Orleans the AGD has augmented its course offerings and events. Here are few highlights of note for the upcoming event.

**Dates to note**
- July 6 to 8: AGD House of Delegates
- July 8 to 11: AGD Annual Meeting & Exhibits

**Featured speakers**
- "Clear Aligner Therapy: How to Use it Successfully in Your Practice"
  
  Willis J. Pumphrey, DDS
  8 a.m.–5 p.m., Friday, July 9
  
  Learn the basic concepts of Clear Aligner Therapy and gain a better understanding of how it works and how to apply it

- "The Artistry of Direct Composite Veneers: Contour is King"
  Michael R. Sesemann, DDS and Elizabeth M. Bakeman, DDS, FAGD
  8 a.m.–5 p.m., Friday, July 9
  
  Learn to place, sculpt and contour for to six direct resin veneers.

- "Materials Selection for Esthetic Efficient Composite Resin Dentistry"
  John O. Burgess, DDS, MS
  8 a.m.–5 p.m., Friday, July 9
  
  This is a demonstration as well as a hands-on course. Create life-like anterior and posterior restoration by using new composite resin materials, adhesives, finishing materials and matrix systems.
  
  Learn why some materials work and other don’t, and get answers to your most difficult clinical questions.

**Special events**
- **Welcome Reception**
  5 to 7 p.m., Thursday, July 8
  
  Hobnob with those of a like mind over cocktails and conversation. As you wander, you can also peruse the newest products and technological advancements in the Exhibit Hall.
  
  There will be hor d’oeuvres and a cash bar, as well as entertainment. If you have kids along, the Kids’ Corner will be open during the cocktail hours.

- **5K Fun Run/Walk 5K**
  6 a.m., Saturday, July 10
  
  You’ll need a ticket to run or walk along the Mississippi River at this early hour, but know that it will benefit the AGD Foundation.

- **Convocation**
  4:30 p.m., Saturday, July 10
  
  Held at the Hilton New Orleans Riverside, join in honoring the AGD fellows, masters, and lifelong learning and service recognition recipients. Your friends and family are also welcome to attend.

- **Savor Your Saturday Night**
  8 to 11 p.m., Saturday, July 10
  
  Join the AGD at Mardi Gras World, which overlooks the Mississippi River.
  
  The site features an indoor plantation that translated into fun for the entire family. Browse Mardi Gras floats from the days of yore to the present and indulge in Creole cuisine.
  
  For more information about the meeting, visit www.agd.org.
The spirit of Boston

By Robin Goodman, Group Editor

Here are selected highlights for each day of the IACA meeting. In general, there are from three to six speakers during each time block for each day.

For the complete listing, please download the schedule on the IACA website at www.IACA.org.

Thursday, July 22
8:30–10 a.m.
• “Realizing the Dream,” Dr. Steve Rasner

10:30 a.m.–12 p.m.
• “Heart Attack, Stroke, Obesity: Is Dentistry to Blame?” Dr. J. Brian Allman
• “Building a Practice that Fits Your Personality,” Dr. Kent Johnson

1:30–3 p.m.
• “Scan 18: Friend or Foe?” Dr. Anne-Marie Cole
• “Sleep in Your Practice,” Dr. Volinder Dhesi

3:30–5 p.m.
• “Solving All Whitening Frustrations,” Dr. Rod Kurthy
• “Dental Alchemy: Using Prime-Speak to transform an apathetic patient into your ideal patient,” Dr. Michael Sernik

July 23
8:30–10 a.m.
• “Insurance Panel: How To Soar in an Insurance Controlled World Where They Want to Keep You Down,” Drs. Kurt Doolin, Jeffrey Haddad, Amy Norman, John Paulowicz, Shahin Safarian and Ed Suh with Dr. Bill Dickerson moderating

10:30 a.m.–12 p.m.
• “Dr Thomas Understood: The Signs and Symptoms of TMD,” Drs. Norman Thomas and Heide Dickerson
• “The 5 Ms of a Successful Practice,” Sally McKenzie

1:30–3 p.m.
• “IDS: Immediate Dental Seal — An Important Adhesion Update,” Dr. Ron Jackson
• “Perio Update,” Dr. Dee Nishimine Seminars: Imaging Systems; Cadent iTero

3:30–5 p.m.
• “3-D Cone-beam CT and Neuromuscular Occlusion,” Dr. Dick Greenan
• “Marketing: Just When You Think You Know It All, the Game Keeps Changing,” Dr. Curtis Westersund Seminars: Loyal Patients (3:30 p.m.); Compliance Services (4:15 p.m.)

July 24
8:30–10 a.m.
• “Why Are Women So Strange and Men So Weird?” Dr. Bruce Christopher

10:30 a.m.–12 p.m.
• “The Critical Missing Element to Complete Care: What You Need to Know About Orofacial Myofunctional Therapy,” Barbara Green
• “Six Steps to A Paperless Practice,” Dr. Lorne Lavine
• “Periodontal Therapy for the Laser Hygienist,” Angie Mott

1:30–3 p.m.
• “Advanced Cosmetic Smile Design: Let’s Take It To The Next Level,” Dr. David Buck
• “Implants: How to Incorporate Them Into Your Practice for An Immediate ROI,” Dr. Leo Malin
• “Team Environments: Dramatic, Draconian or Down-Right Amazing,” Tim Twigg

3:30–5 p.m.
• “The Real Truth About Success,” Garrison Wynn

IACA After Dark
This fun-filled event will be screening video clips from dental folks with talent outside the practice. (Note: the video clip are PG rated).
Isolite dryfield illuminator

The Isolite dryfield illuminator is an innovative dental isolation tool that combines the functions of light, suction and retraction into a single device, solving many of the frustrations that dental professionals deal with on a daily basis.

Isolite gently holds the patient’s mouth open, keeps the tongue out of the working field and guards the patient’s airway, all while continuously evacuating saliva and excess moisture.

The super-soft Isolite mouthpiece used with the device makes for a more comfortable experience for the patient and allows dental professionals to complete procedures on average 50 percent faster.

Latex-free Isolite mouthpieces are available in five sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while shielding the airway.

Recently, the company debuted an even brighter, more technically advanced LED Smart Stick for the Isolite. The LED Smart Stick is a key component of the Isolite system and hosts the system’s light source, cooling technology and illumination settings.

In addition to boosting the LED Smart Stick’s light output by 100 percent, the engineering team at Isolite Systems made improvements to the structure and strength of the polycarbonate lens, improved the self-regulating cooling technology and made the electronic component almost completely resistant to water/spray. To learn more, call (800) 560-6066 or visit www.isolite systems.com. (Photo/Provided by Isolite)

Fight oral cancer!

Prove to your patients just how committed you are to fighting the disease of oral cancer by signing up to be listed at www.oralcancerselfexam.com. This website was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations. Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

Conducting your own inspection of patients’ oral cavities provides the perfect opportunity to mention that this is something they can easily do themselves as well. You can explain the procedure in brief and then let them know about the website, www.oralcancerselfexam.com, that can provide them with all the details they need.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?

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 six weeks to process.
It's the best shot I've ever had.

I use the STA Single Tooth Anesthesia System for EVERY injection.

STA Single Tooth Anesthesia™

**BLOCKS:** Reduce the number of missed blocks – eliminate needle deflection

**PALATAL:** Comfortable for you and your patient – no more white knuckles

**AMSA:** Ideal for periodontal procedures – allows you to administer two injections vs. six

**STA:** Predictable and maximum comfort is achieved with the new STA Intraligamentary Injection

**LEARN WHY THOUSANDS OF YOUR COLLEAGUES HAVE MADE THE SWITCH.**

VISIT US AT THE AGD PREVIEW AND SHOW • BOOTH # 304

PURCHASE A STA UNIT AND RECEIVE 2 FREE BOXES OF STA HANDPIECES

(PROOF OF PURCHASE REQUIRED) (FIRST 100 INJECTIONS FREE)

www.stais4u.com
testimonials / product videos / recent articles
800.862.1125
EXECUTE YOUR STRATEGY NOW

1. Survive Economic Downturn
2. Increase Services Offered
   = Take Neuromuscular Based Orthodontics for Children Course at LVI

LVI GLOBAL

NEUROMUSCULAR BASED ORTHODONTICS FOR CHILDREN

Each participant in this three-day course will be instructed on the various options of orthodontic diagnosis, case selection, treatment timing and treatment modalities from the neuromuscular perspective. To facilitate a complete learning experience, numerous hands-on typodont projects will be utilized as well as project exercises and mini-clinics. These teaching methods will allow each participant to return home and immediately put into practice the learned techniques. Visit www.lviglobal.com for complete course information.

The next class is September 28-30, 2010, reserve your seat today!

REGISTER NOW!
www.lviglobal.com
888.584.3237

Ortho Organizers is a proud supporter of Dr. Jay Gerber and the Orthodontics Program at LVI.

ADA CERP®

LVI Global is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. LVI Global designates this activity for 22 continuing education credits.

There are no prerequisites for this course. Begin your orthodontic study now. Increased dental services means increased value. Set yourself apart from the competition. See you in Las Vegas!

- Dr. Jay Gerber
  Director of Orthodontics

Academy of General Dentistry
Approved PACE Program Provider
FAGD/MAGD Credit
6/1/2007 to 5/31/2011
Curve Dental receives ‘best of class’ technology award

Curve Dental, developers of Web-based dental software announced the company was one of 15 companies to receive the Pride Institute’s Best of Class Technology Award for 2010. Curve Dental was a winner in the emerging technology class.

“We’re honored to have been selected by the Pride Institute and recognized for the accomplishments we have made in dental software,” said Jim Pack, CEO of Curve Dental.

“We like nothing more than to create web-based tools that improve productivity, are more flexible to the doctor’s lifestyle and much more convenient. A web-based platform lets us think outside the box and deliver on our promise to provide a fresh alternative to dental software.

“And as a result, doctors every day are choosing Curve Dental over traditional software because they see us as a solution with less stress and more freedom. Pride Institute’s acknowledgment of what we are bringing to dentistry is a major achievement for Curve Dental."

A panel of dental technology experts, organized by the Pride Institute, a dental practice management consulting firm based in Novato, Calif., placed Curve Dental on the list of winners in the emerging technologies class.

The winning companies and their products were chosen through an unbiased, rigorous assessment selection process in conjunction with a distinguished panel of known technology experts.

The winning technologies were selected by majority vote and divided into four categories: foundational, diagnostic, therapeutic and emerging.

The Pride Institute Best of Class Technology awards were launched in 2009 as a new concept to provide an unbiased, non-profit assessment of available technologies in the dental space. Winners of the award are invited to participate in a technology fair showcased at the American Dental Association’s annual meeting.

“We deeply felt a gap in the area of technology education and integration,” said Lou Shuman, DMD, CAGS, President of the Pride Institute. “We feel the technology awards are fair and are an ideal model to fill that gap. Pride Institute’s commitment is to provide the finest information and counsel in all areas of practice management.”

The panel consists of seven dentists with significant knowledge of and experience in dental technology, including Dr. Shuman; John Flucke, DDS, writer, speaker and technology editor for Dental Products Report; Paul Child, DMD, CDT, CEO of Clinician’s Report; Titus Schleyer, DMD, PhD, associate professor and director, Center for Dental Informatics at the University of Pittsburgh, School of Dental Medicine; Marty Jablow, DMD, technology writer and speaker; Para Kashalia, DDS, assistant professor of restorative dentistry at the University of the Pacific, School of Dentistry; and Larry Emmott, DDS, technology writer, speaker and dental marketing consulting.

“I feel very fortunate that a panel of this magnitude has agreed to contribute to the selection process,” said Dr. Shuman.

About Curve Dental

Founded in 2005, Curve Dental provides web-based dental software and related services to dental practices within the United States and Canada.

The company is privately held, headquartered in Orem, Utah, with offices in Calgary, Canada and Dunedin, New Zealand. Dentists can call (888) 910-4576 or visit www.curbedental.com for more information.

Duration air/water syringe tips

High-performance stainless steel tips eliminate enormous amounts of ECO waste while saving you more than $4,000 over a 5-year period.

Imagine the environmental impact if every practice would stop sending more than 4,000 single use single-use plastic air/water syringe tips to landfills each year. Hager Worldwide did, and the result is Duration air/water syringe tips:

• High performance (excellent spray pattern with multiport air ports)
• Stainless-steel tips (made of medical grade stainless steel)
• Eliminate wastes (say no to single-use air/water syringe tips)
• Save the average practice more than $4,000 over a 5-year period with Duration vs. cost of disposables.

Thus, over those five years, the average practice (with 4.1 operators) will use 21,550 single-use plastic tips, at 21¢ apiece. That comes out to $4,458.81.

Meanwhile, if over that same period of time that average practice would instead use Duration, the cost would be just $146.78 — a savings of nearly $4,300! And that’s to say nothing of the landfill space saved worldwide.

In addition, Duration is backed by a five-year warranty, and a percentage of Duration sales is donated to the World Wildlife Fund.

To place an order for Duration air/water syringe tips, please call your preferred dental dealer.

For more information on this or any product from Hager Worldwide, e-mail info@hagerworldwide.com, visit www.hagerworldwide.com, or call (800) 3280-2555.

Pulpdent website features case studies

The Pulpdent website now includes case studies from Save That Tooth, the popular book by Pulpdent founder Dr. Harold Berk. The excerpts describe evidence-based, research-supported techniques for treating the vital pulp and the pulpless tooth.

Case studies on the site include “Congenital Defect, Youngest Pulpotomy Case Ever Reported” (Baby Gilbert), “Traumatic Injury” (Johnny the Newspaper Boy), and “Ectopic Eruption of a Dilacerated Central Incisor” (Kirk). The online content can be accessed at www.pulpdent.com.

Berk practiced dentistry for nearly 65 years and taught on the faculty of Tufts University School of Dental Medicine from 1946 to 2005. Save That Tooth contains his clinical memoirs and chronicles the original research in vital pulp therapy and root canal therapy, the techniques he pioneered and some of the fascinating and often complicated cases that were routinely treated by this most talented of educators and dental practitioners.
Do your patients know the truth about dietary acids?

Acidic food and drinks, such as fruits, juices, soda and wine, are becoming increasingly popular. Many patients may not know that dietary acids are a daily threat to teeth. Sensodyne® ProNamel™ is specifically designed to protect tooth enamel from the effects of acid erosion. Now isn’t that worth them knowing?

Daily protection against acid erosion

References:
Erosion comes to the fore
A report from a symposium dedicated to enamel erosion in children and adolescents

By Lisa Townshend, Dental Tribune U.K. Edition

Tooth wear due to factors such as acid erosion has become one of the hot topics of dentistry in recent years. With the recent appearance of products such as toothpastes, mouth rinses and mousses in the consumer market, the profile of enamel erosion has risen in both the public consciousness and clinical spheres.

The pre-congress symposium of the 10th Congress of the European Academy of Paediatric Dentistry, held jointly with the British Society of Paediatric Dentistry, focused entirely on the issue of tooth surface loss in children and adolescents.

The event was well attended for a Tuesday afternoon with almost 500 people ignoring the pull of beautiful sunshine in the Yorkshire moors to attend.

A first for paediatric dentistry, and chaired by Sven Poulsen and Jack Toumba, the afternoon started off with a look at the general issues surrounding tooth wear and some of the different products on offer that clinicians can recommend to patients presented by Prof. Monty Duggal.

The science of erosion
Duggal is currently professor and head of paediatric dentistry at Leeds Dental Institute and spoke about “The Science of Erosion and Challenges for Children,” discussing the significance of the introduction of consumer products aimed at combating tooth erosion. These products have caused massive interest research-wise about the efficacy of the products, and many discussions of the importance of tooth surface loss as a condition.

Duggal discussed how it is becoming a significant problem globally, and the size of the challenge faced by clinicians both in prevention and management of tooth surface loss.

Duggal looked at the aetiology of the condition, citing that one of the main difficulties in dealing with surface loss is that it is multi-factorial; a combination of acid erosion, attrition, abrasion and abfraction.

One interesting point he made is that clinicians are not necessarily “programmed” to look for tooth wear, being more “addicted to carry.” In terms of diagnosis, how good are clinicians at looking for and recording instances of surface loss?

In terms of research, Duggal detailed a study he has been undertaking looking at a combination of products aimed at treating the condition to see what was more efficacious and in what combinations.

Duggal is very clear in his thoughts that the use of a combination of products and advice in a patient-tailored regimen is the most beneficial to patients. From the study, he found that one of the best combinations was a mix of GSK’s Pronamel toothpaste and GC’s Enamel Mousse for helping to manage surface loss.

Solving the mystery
Next up to the stage was Dr. Martha Ann Keels. Keels is currently the division chief of paediatric dentistry at Duke Children’s Hospital, located in North Carolina in the United States. Her presentation, “Solving the Mystery of Tooth Surface Loss, Role of Non-dietary Factors such as GORD and its Management,” was very specific in its look at gastrointestinal reflux disease (GORD, or GERD as the U.S. spelling variants) as a major causal factor of tooth surface loss.

Keels treats the oral damage caused by GORD in children and sees the various levels of tooth wear that it can cause. She detailed some of the risk factors, including eating habits, emotional stress (school, family issues, etc.), asthma sufferers and special needs patients. It has been noted that the condition is more prevalent in boys.

Using case studies, Keels highlighted some of the treatment options available for sufferers and explained the indices used to monitor the progress of tooth surface loss. While her preference is dietary change over medication or surgical interventions, the list of treatments available is fairly broad. The “5, 4, 3, 2, 1, almost none” lifestyle mantra is used at Duke Hospital:

• 5 portions of fruit/vegetables
• 4 glasses of water
• 3 structured meals
• 2 hours or less of screen time
• 1 hour of activity
• almost none: sugar

In addition, trying to treat child stress using easy breathing techniques, or relaxing before bedtime, is used to help alleviate any condition.

Keels looked at various medications that have been prescribed to help reduce the acid production in the patient’s stomach, including acid reducers and acid blockers. In some patient cases, surgery is necessary in the form of a Nissen Fundoplication.

When managing the dental effects of GORD, Keels described her simplified index, which can be utilised by team members to chart the progression of surface loss, being verified by the clinician and then used as a patient and parent visual aid to describe what’s going on.

Preventing dental erosion
After a short break for coffee, the delegates were treated to a presentation from Prof. David Bartlett, head of prosthodontics at Kings College London Dental Institute as well as a consultant in restorative dentistry and specialist in prosthodontics.

His presentation focused on “A Risky Situation: Aetiology and Prevention of Dental Erosion.” He discussed the different causes of erosion and what actually happens to a tooth as the enamel is eroded, using a series of images from a scanning electron microscope.

Bartlett looked at the need for the dietary advice given to patients, emphasising the need for the advice to not conflict with medical advice for healthy eating. His opinion was that it’s not what is eaten or drunk, but the frequency and how it is consumed. Using photos of tooth wear, he illustrated his points with anecdotes of patients he had seen in his career, including one who would take all day to eat an orange segment by segment.

He then discussed the research into tooth erosion he had been involved in over the years, and discussed the difficulties that clinical studies have in validating their research. The use of superimposition of impression scans taken at regular intervals gave the researchers reference points to examine the surface loss over a distinct period of time; in his case, three years.

Bartlett’s final message to delegates was very clear: clinicians can have an effect on preventing tooth erosion with a combination of treatment and advice.

Adhesion to dentine
The final speaker of the afternoon caused much excitement with the handing out of 3-D glasses for his presentation, “Adhesion to Dentine in Primary and Permanent Teeth.”

Prof. Dr. Roland Frankenberger is professor and chairman of operative dentistry at the University of Marburg in Germany and began his presentation with the acknowledgement that restorative therapy in children is not an easy task. Much of his talk centred on the relative merits of the different etch and bonding systems on both primary and permanent dentition.

Frankenberger stated that self-etch adhesives are very successful for primary teeth, but that the three-step systems were better for permanent teeth. “Use more bottles for permanent teeth” was his mantra.

He also used many images to illustrate the bonding strengths under different conditions, some in 3-D to fully demonstrate the processes taking place between tooth and adhesive.

A relevant topic
This pre-congress symposium was a fascinating look into the topic of tooth wear in children’s teeth, and raised many discussion points amongst the delegates.

As a topic that is becoming more relevant in today’s paediatric dentistry, the four presentations gave a very thorough grounding in what clinicians should be looking for, as well as providing a guiding hand in finding the evidence base needed to do the best for patients.
DENTSPLY Midwest® has introduced a handpiece with Speed-Sensing Intelligence (SSI) and Superior Turbine Suspension (STS), technologies that solve two longstanding challenges facing dentists: load-based variations in speed that can cause stalling and require time-consuming feathering and bur deflection and chattering that occur at high speeds and can affect accuracy and precision.

The Midwest Stylus™ ATC’s Speed Sensing Intelligence (SSI) automatically optimizes the delivery of power, no matter the load, to provide smooth, consistent cutting speeds for unmatched efficiency and fastest removal of material — an industry first.

Superior Turbine Suspension (STS) allows the handpiece to operate at speeds of 330,000 RPM under a constant speed, even under load, with no noticeable bur deflection or chattering. This provides outstanding control time after time. No handpiece on the market addresses these challenges so effectively.

The result is a cutting experience that is smoother and more effortless, efficient and more powerful than any other handpiece being offered today.

The website, found at www.StylusATC.com, provides clinical experiences and technological presentations as well as additional product information, user testimonials and product reviews. Visit it today.

Dr. Len Litkowski, DDS, and director of professional relations for DENTSPLY Professional stated: “This is the greatest breakthrough in high-speed, air-driven handpieces since their introduction by Midwest in the 1950s. Bringing electronic control to the dental handpiece to provide a constant speed, even under load, will make the dentist’s experience more efficient, effective and stress-free.”

In addition to Speed-Sensing Intelligence and Superior Turbine Suspension, Stylus ATC offers these advantages:
- Most powerful air-driven handpiece available
- Exceptional swivel for freedom of movement
- Low pitch and tone for more relaxed Patient and Dentist
- Mini and mid-size heads available for exceptional visibility
- Light weight for all-day comfort
- Regular and short Shank bur compatibility
- Brilliant fiber optic light for superior illumination

Free in-office demonstrations can be arranged. Visit www.StylusATC.com to schedule a demonstration or to request additional information.

For more information, please contact your local DENTSPLY Professional Field Sales Representative or your local dealer representative, call DENTSPLY Professional Customer Service at (800) 9890-8825 or visit www.StylusATC.com.

### STA: essential for cosmetic dentistry

**System works well for P-ASA injections**

The STA Injection System, a computer-controlled local anesthetic delivery or C-CLAD (Fig. 1), is not only great for single-tooth anesthesia but is also very useful for administering multiple-tooth anesthesia injections such as the palatal-approach anterior superior alveolar block (P-ASA).

The P-ASA is a single-site palatal injection into the nasopalatine canal (Fig. 2), which can produce bilateral anesthesia to six anterior teeth and the related facial and palatal gingival tissues (Fig. 3) without causing collateral numbness to the patient’s upper lip, face and muscles of facial expression (Fig. 4). Patients have said they really appreciate this.

Using significantly less anesthetic, this easy-to-administer injection can take the place of at least four supraperiosteal buccal infiltrations and a palatal injection.

It is valuable for cosmetic restorative dentistry procedures such as composites, veneers and crowns because you can immediately assess the patient’s smile line when the lip is used as a reference point.

The P-ASA is also useful for endodontic, periodontal and implant procedures. In fact, it is recommended as the primary injection for any or all of the six maxillary anterior teeth.

During administration and post-operatively, the P-ASA is a very comfortable injection for your patients because of the STA computer-controlled flow rate below the patient’s pain threshold, the use of minimal pressure and the ability to easily control the needle using the wand handpiece.

Check out the simple injection technique for the P-ASA on the STAis4U.com website.

Milestone Scientific asserts it’s easy to do, you’ll like it and so will your patients.

### Missed the latest editions of Dental Tribune? You can now read some of the contents online!

www.dental-tribune.com/articles/content/scope/politics/region/usa/id/1793

One in five U.S. children lacks access to dental care

www.dental-tribune.com/articles/content/scope/specialties/section/cosmetic_dentistry/id/1839

Free yourself from the daily ‘grind’

www.dental-tribune.com/articles/content/scope/specialties/section/practice_management/id/1906
Air polishing primer

By Stephanie Wall, RDH, MSDH, MEd

Studies have shown that adequate plaque control can prevent gingivitis, periodontal disease and dental caries. Plaque control is achieved one of two ways — mechanically or professionally.

Mechanical control includes the self-care methods of proper brushing and flossing by an individual.

Professional control includes the in-office use of rubber cups or brushes, scalers and curets, or ultrasonic devices by a dental professional. Air polishing was introduced as an alternative that is less time-consuming and labor-intensive than the previously mentioned professional methods.

The air polishing system uses air and water pressure to deliver a controlled stream of specially processed sodium bicarbonate in a slurry through a handpiece nozzle. Fine particles of sodium bicarbonate are propelled by compressed air in a warm spray.

Water temperature is controlled and maintained at about 57 degrees Celsius or 100 degrees Fahrenheit. Air polishing has been firmly established as an equally safe and effective alternative to traditional methods of plaque and stain removal.

The first air polishing devices became available in the 1970s with mechanics that have not changed much since that time. The device uses pressurized air, water and sodium bicarbonate powder as the polishing medium. The inlet air pressure from the device is about 60 psi with the outlet pressure being delivered at about 58-60 psi. The water pressure ranges from 10-50 psi.

The sodium bicarbonate is a food grade tribasic combined with small amounts of calcium phosphate and silica that allow the powder to remain free flowing.

This powder, combined with the pressurized air and water, will remove surface stains, plaque and other soft deposits frequently found on the tooth surfaces.

The decision to use air polishing should be based on the patient’s medical history and patient assessment. Indications for use include:

• General post-scaling procedures
• Cleaning of pits and fissures
• Interproximal cleaning
• Tooth preparation prior to etching
• Neutralization of acids prior to other procedures
• Removal of temporary cement residue
• Surface cleaning
• Cleaning of orthodontic bands and brackets

Contraindications for use include:

• Patients with respiratory, renal or metabolic disease
• Patients with exposed cementum or dentin
• Prolonged polishing of root surfaces
• Patients taking potassium, diuretics or steroid therapy

The air polishing technique is one that can be used with all systems. A correct technique prevents undue aerosols from deflecting back to the clinician and from being directed into the patient’s soft tissues.

To control aerosols, high speed evacuation should be used. The handpiece nozzle should be used in a circular pattern with the tip kept 3 to 4 mm away from the enamel surface.

The angulation of the tip is critical in order to prevent tissue trauma. The universal angulations are: 60 degrees to the anterior teeth away from the gingiva, 80 degrees to the posterior teeth, and 90 degrees to the occlusal surfaces.

If directed at 90 degrees to the anterior and posterior surfaces, there will be deflection of the spray toward the patient and clinician.

Research indicates there are many advantages to the use of air polishing over that of traditional polishing. These include:

• Removal of up to 100 percent of bacteria and endotoxins
• Use on implants
• Creation of uniformly smooth root surfaces
• Greater access for stain removal in pits and fissures
• Less abrasiveness
• Use before bonding or sealant placement
• Increased patient comfort
• No heat generation
• No tooth contact
• Reduced operator fatigue
• Temporary relief of dentinal hypersensitivity

Air polishing is safe for use on amalgam, gold, porcelain and orthodontic bands and brackets. It is not safe for use on all types of composite, glass ionomers, and luting agents.

Air polishing with the recommended sodium bicarbonate mixture does not damage titanium used for implants and is the method of choice for decontamination.

Recently new air polishing powders have been developed that include glycine, calcium carbonate and calcium sodium phosphosilicate (NovaMin®).

Glycine is available in two grades: pharmaceutical and technical. Glycine crystals can be grown using a solvent of water and sodium salt and then prepared for use in powder formulations.

Calcium carbonate, a naturally occurring substance, is often used as a filler for pharmaceutical drugs and as a main ingredient in antacids.

Calcium sodium phosphosilicate is a bioactive glass. It has the ability to interact with oral fluids and release sodium, calcium and phosphate ions resulting in remineralization of tooth enamel.

Consider including air polishing in your professional armamentarium as an effective and safe...
alternative to traditional methods.

References
- Barnes, C. An In-depth Look at Air Polishing. Dimensions of DH, March 2010.

Stephanie Wall has been a dental hygienist for more than 20 years.
She recently completed training as an orofacial myologist and will be opening her practice, The Orofacial Myology Center of South Carolina, this year. She is also an active member of Career-Fusion.

Wall resides with her two cats in Mount Pleasant, S.C. You may contact her at rdhms@live.com.

Have you been thinking ‘outside of the box’ and seeing wonderful results? If so, share your story with us and it might be featured in Hygiene Tribune! Please send stories to Group Editor Robin Goodman at r.goodman@dental-tribune.com.

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 articles about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com.

We look forward to hearing from you!

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.

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 articles about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!
Xylitol, the dietary substance long used in the management of diabetes and weight control, is proving to be a healthcare powerhouse, say scientists and dental professionals around the world. Repeated studies indicate the sugar substitute has strong cavity-fighting properties when used several times a day. Studies have also shown xylitol to reduce sinus and ear infections.

“The action of sugarless gum and candy containing xylitol has been a happy surprise to the healthcare community,” said Dr. Allan Melnick, a clinical dentist from Encino, Calif. “This therapeutic sweetener substantially reduces the bacteria streptococcus mutans in the mouth. It lowers oral acid levels, adjusts pH and reduces tooth plaque, resulting in less tooth decay and gum disease.”

Xylitol is a sugar alcohol found in plants such as berries, corn and plums. It also is produced in humans during normal metabolism. Dental effects include inhibiting decay-causing bacteria from multiplying in the mouth, research shows. These bacteria, which love to feed on sugar, produce sticky acids that adhere to teeth. Decay in small children can have a devastating effect on the development of their adult teeth and urgently needs to be prevented, say dental experts.

“A 40-month, multinational chewing gum study published in the Journal of Dental Research showed decreased tooth decay for children chewing xylitol gum in comparison to those who chewed none or had gum sweetened with other substances,” Melnick said. “In a follow-up study five years later by the University of Washington, xylitol subjects showed a 70 percent reduction in tooth decay — evidence of long-term benefits. That’s huge, especially for high-risk groups.”

The sweetener has been linked to tooth self-repair, reduction in bacterial levels, improved saliva levels in dry mouth patients and reduced ear infection cases in children, said Trisha O’Hehir of Arizona, a dental hygienist, educator and a well-known xylitol expert. She noted that there is no aftertaste and xylitol has only half the calories of sucrose. Xylitol also has a slower rate of absorption than sugar — 88 percent slower — which helps to keep blood sugar levels stable.

Additional research has shown that xylitol — like bacteria — has the ability to adhere to body tissues. In a controlled study, solutions of xylitol were able to reduce the presence of staph bacteria. Lab animals given xylitol also exhibited an increase in white blood cells, which are part of a body’s natural defense against bacterial infections.

Animal studies in Finland indicate xylitol in the diet promotes the intestinal absorption of calcium and has the potential to reduce or reverse bone loss in humans. Its use is being considered as a preventive measure to deal with osteoporosis, which affects more than 10 million people in the United States.

The U.S. Army promotes the use of this sweetener in its “Look for Xylitol First” initiative, and in the last two years dental associations in Wisconsin, Hawaii, California and Arizona have endorsed xylitol for its preventive benefits. Several other state dental associations are planning the same endorsement shortly.

“The average American consumes half a cup of sugar a day in some form or other. It’s having a devastating effect on our teeth and overall health,” Melnick said.

“So, it’s crucial that we make changes. While diet modification, brushing and dental office visits are obvious, something as simple as chewing xylitol gum a couple times a day can help dramatically. It tastes good, it’s something you can carry in your pocket, and you don’t have to make an appointment. I recommend it to all my patients.”

(Source: PRWeb)
Back to the Future: Combining Fundamental Principles with New Technologies for the Next 25 Years

26th Annual Meeting
March 3-5, 2011

Walter E. Washington Convention Center
Washington, D.C.

www.osseo.org
COLOR-CODED BASIC emergent-ez DRUG KIT:

**AUTOMATIC DRUG REFILL SERVICE**

CONTENTS OF KIT RECOMMENDED BY DR. STANLEY MALAMED, DDS

**Model SM30**

**YELLOW**
- Twinject 0.3mg auto-injector (epinephrine injection, USP 1:1000)
- Twinject 0.15mg auto-injector (epinephrine injection, USP 1:1000)
- Epinephrine Ampules
- Diphenhydramine
- Albuterol Inhaler

**ORANGE**
- Nitrolingual Pump Spray
- Aspirin

**RED**
- Ammonia Inhalants

**BLACK**
- 3cc Disposable Safety Syringes
- CPR Pocket Mask

**BLUE**
- Tube Glucose 15

**Closed Kit Dimensions:**
13" x 12" x 3"

**PROTECT YOURSELF... BE PREPARED!**

**ORDER YOUR MEDICAL EMERGENCY TRAINING DVD TODAY**

This interactive DVD is written, directed, and narrated by Dr. Stanley Malamed, dentistry’s leading expert in the management of medical emergencies.

- Contains 14 different situations that can and do arise in the dental office including Cardiac Arrest, Seizure, Allergic Reaction and many others...
- The Kit Includes Pado Dosage
- Dr. Malamed breaks down these scenarios using high definition 3D animations and stunning dramatizations.
- Great for in-office training sessions or individual training.
- 7 Continuing dental education credits available.

**HealthFirst Corp.**
22316 70th Ave. W., #A
Mountlake Terrace, WA 98043
1-800-331-1984
website www.healthfirst.com

**Dr. Stanley Malamed**
Dentist Anesthesiologist

"You don’t get a chance to save a life you’ve lost. So get it right...the first time."
Designing multiple restoration types using one dental CAD/CAM system

To date, dental CAD/CAM systems have primarily focused on creating only one specific type of fixed restoration — zirconia copings. As the digital evolution in the dental industry continues, innovative software combined with tightly integrated hardware, as well as new materials and fabrication techniques, are making it possible for dental labs to purchase one system and use it to create multiple types of restorations.

For example, newer systems allow the digital design of removable restorations — metal and flexible partials — along with full contour crowns and bridges.

With Baby Boomers and the current economic conditions fueling demand for removable prosthetics, along with the ability to design removables digitally instead of painstakingly by hand, many labs that may have outsourced partials in recent years now view investing in CAD/CAM to produce them in-house as a viable way to grow their businesses.

Our lab has been using the SensAble Dental Lab system since late 2008. We have completed almost 14,000 restorations with it — including both partials and crown and bridge work — and the time savings is tremendous.

We can digitally design and wax a three-unit bridge in less than 10 minutes, compared to hand waxing, which used to take us 90 minutes. We can complete a press over metal (PoM) crown in less than four minutes.

Fig. 1a
(Photos/Provided by SensAble Dental Products)

Two of our most recent cases illustrate the system’s flexibility and the time-savings we are able to achieve — time that frees us to do other cases — as well as the added

To our system to accommodate partials, compared to crown and bridge work. We have found that the system’s presets and built-in features deliver consistent results, regardless of which restoration type we create or which of our technicians designs it.
An introduction to the Lab Tribune

Dear fellow dental professional,
Welcome to the inaugural issue of Lab Tribune!
Both dentists and laboratory technicians alike can agree that a commitment to invest in developing an excellent working relationship is time well spent.
As dental professionals, we need to recognize the important contribution we make together for the patients we serve and continue to expand our knowledge and develop our skills to excel in the dental profession.
With that in mind, we have launched Lab Tribune as a monthly insert for our Dental Tribune biweekly.

Our purpose is to bring to our readers — both technicians and dentists — information on topics that are of utmost importance toward fostering an excellent working relationship between the laboratory team and the dentists they work with.
In addition, we would also like to create an open forum that presents the current discussions on new technologies, challenges we face and solutions to everyday situations we encounter.
We look forward to hearing any suggestions you might have for article topics, as well as hearing any general feedback you would like to share with us.
Please do not hesitate to contact me at laura@lkdentalstudio.com.

Sincerely,
Laura Kelly
Accredited Technician, AACD

Sirona also enlisted an impressive who’s-who list of dental industry speakers for the seminars, including:
• Eddie Corrales
• Russell Giordano, DMD, DMSc, FADM
• Greg Harris, vice president, Novadent Group
• Imtiaz Manji, CEO, Scottsdale Center for Dentistry
• William R. Mrazek, BS, CDT
• Matt Roberts, CDT, AACD
• Mike Skramstad, DDS

For more information about Sirona and its products, visit www.sirona.com periodically.

About Sirona Dental Systems
Recognized as a leading global manufacturer of technologically advanced, high-quality dental equipment, Sirona has served equipment dealers and markets a complete line of dental products. Visit www.sirona.com for more information about Sirona and its products.

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.
precision that comes from working digitally.

**Partials case**

In the first case (Figs. 1a, 1b), the patient had only six of his natural teeth remaining on his lower arch, and was about to lose two more—the first bicuspids on each side (#21 and #28). These two teeth were helping to retain the patient’s current restoration in place.

SensAble’s system made it fast and straightforward to design a new removable restoration specifically to meet the challenges of this case.

Our technician designed a partial with four I-bar clasps that contact the four remaining teeth to provide ample retention, while still being positioned low enough as to not show when the patient smiles.

Additionally, we added lingual plates for the required bracing on all four teeth. These lingual plates will also be incorporated into each bridge design that the patient will need in the future.

Built in time-saving features such as digital survey and block out; presets for clasps, mesh designs and lingual bars; a digital waxing tool that allows us to precisely set wax thickness; and a special tool that rapidly creates sprues on the digital model, enable us to complete our digital designs in record time.

On this case, we surveyed and blocked out in less than one minute and digitally designed the partial in less than 20 minutes — compared to 45 minutes to 1 hour using traditional methods.

We also saved more time, and reduced costs, because we didn’t have to create or wait for a refractory model before we could get started or purchase the refractory material.

When you hand wax a partial, there’s plenty of opportunity for human error, but with the SensAble system, the accuracy is superb! Once the digital design is complete, the system prints a resin pattern, which is then invested and cast using traditional methods and materials. The metal frameworks are so accurate that we literally take them out of the casting oven and sandblast them, and they’re ready to polish.

We also save time and completely eliminate the possible errors associated with using grinding wheels and stones to finish the metal partials.

Additionally, because we have a digital file of this partial, we can easily modify this design to accommodate future needs.  

---

**In today’s economy, labs are seeking more ways to work smarter as well as more efficiently to produce precise, high-quality restorations.**
moderate any future loss of dentition that this patient may have. If we were hand-waxing this partial, we would basically have to start anew. With the SensAble system, our technician can simply recall the original design and change it as needed, without requiring the patient to return to the dentist — making it easier for the patient and freeing up the dentist to see other patients. Having digital files of our designs also saves us time in the case of a miscast.

Full-contour crown case
One of our other cases (Fig. 2) involved a patient who completely sheared off the top of a molar, and required a crown to restore the tooth.

In this case, we felt an all-ceramic press restoration (monolithic) would provide a better solution than a porcelain fused-to-metal (PFM) crown because the high tensile strength of a ceramic pressable restoration could withstand the constant pressure of chewing, required of a molar.

Also, an all-ceramic crown would be more esthetically pleasing — all-white as opposed to white with an unappealing, thin, black metal line where the crown and gum tissue meet.

In this case, the dentist prepared the top of the patient’s remaining tooth.

Using one of the integrated tooth libraries in the SensAble system, the technician designed a full contour crown (Fig. 2), literally in two minutes — a crown that anatomically matches the patient’s other teeth and fits perfectly.

Next, the digital design was printed in resin, which was used to create an investment mold. Then, in one final step, the heated ceramic ingot was pressed into the pre-heated mold to produce the final pearly, luminous restoration.

Conclusion
In today’s economy, labs are seeking more ways to work smarter as well as more efficiently to produce precise, high-quality restorations. New, highly versatile dental CAD/CAM systems that deliver multiple types of restorations, along with consistent results, regardless of which technician does the work, give labs a greater return on their technology investment.

Labs that purchase with an eye toward maximizing the use of their CAD/CAM systems will ultimately win out as our industry continues to transition to a digital future.

John Aitchison, CDT, owner of Minot Dental Laboratory, has more than 35 years of experience in the dental lab industry. Minot Dental Laboratory is one of the oldest continually operating full-service dental labs in the United States, founded in 1906, with more than 20 staffers and a commitment to quality and innovation.

Bob Steingart, president of SensAble Dental Products, has more than 25 years experience in successfully transforming innovative technologies into commercial solutions. He has held executive positions in business development, product management and marketing at Avid Technologies, EMC, Lotus Development, Sitara Networks and Kurzweil Applied Intelligence. Steingart holds an MBA from Harvard Business School and BSEE and MSEE from MIT.
Emdin International Corporation is celebrating its 25th anniversary of providing premium quality dental laboratory products. The company manufactures dental casting investments, gypsum stones and plasters, alginate impression material and an assortment of other products including die lubricant, gypsum hardener and debubblizer for dentists and dental laboratories.

As an added convenience to its customers, the company now also provides premium non-precious alloys, waxes, aluminum oxide and other products to meet the needs of laboratories.

Emdin specializes in developing and manufacturing investments to maintain the high standards of the industry. For the past 25 years, Emdin has been providing Starvest, its premier micro-fine phosphate-bonded universal investment for all alloys and pressable ceramics, to the dental laboratory industry.

Since its introduction in 1986, millions of castings have been made in Starvest by thousands of dental laboratories and jewelers in more than 20 countries and, according to the company, it remains a very popular crown and bridge casting investment in the United States.

Laboratories appreciate the versatility of the material as it can be used for both standard and rapid burnout, overnight and repeated burnout, ring or ringless technique, for precious and non-precious alloys, as well as pressable ceramics and implants.

Starvest is known for having the smallest particle size on the market, smooth and bubble-free castings, an easy-to-mix and creamy consistency, excellent working and setting time, ultra smooth castings, superb batch-to-batch consistency, reduced finishing time and materials and far less rework.

To learn more about Starvest and other Emdin products, please visit the website at www.emdin.com or e-mail info@emdin.com.
Flexible partials were first developed in the early 1950s. Arpad Nagy of New York commercialized the first nylon-based flexible partial denture system, called Valplast, in 1953.

At the time, academics felt that a partial denture must be rigid in order to distribute masticatory forces to the remaining dentition. As a result, the usage of flexible plastic partial dentures was limited.

Another New York-based company introduced a product in the early 1960s called Flexite. It was similar to Valplast, but offered several varieties of materials.

As the “Hollywood Smile” became a quest for dental patients in the 1970s and ’80s, dentists were forced to look for prosthetic solutions that were both esthetic and functional.

Flexible partial dentures were becoming an accepted treatment plan for some patients who demanded high esthetics and had healthy remaining dentition.

In 1999, DENTSPLY International introduced FRS, a flexible partial system based on the “Success” injection system. One objective of this system was to address a common complaint among dental professionals using flexible partial denture materials: adjustments/polishing.

Valplast has a relatively low melting temperature, so when a clinician adjusts the material chairside, the heat of a bur causes the material to melt and form small balls on the surface. These surface defects are difficult to remove, leaving users frustrated.

The FRS material has a higher melting temperature, thus this problem was reduced. However, the higher melting temperature of FRS results in more potential for fracture as compared to Valplast.

While an acrylic complete denture is easily repaired with methylmethacrylate, with a nylon-based flexible partial it is very difficult, if not impossible, to make a permanent repair.

The growth of flexible partials is now in full swing.

The newest material on the market, introduced in 2008, is called FlexStar, from Nobilium in Albany, N.Y. This material uses advancements in plastics technology that result in slightly higher melting temperatures as compared to Valplast.

These features result in a material that is easier to adjust and polish chairside. In addition, it retains flexibility in the mouth and is virtually unbreakable. Some patients with severe periodontic problems are not good candidates.

However, as long as “Hollywood” is producing smiles, there will be a demand for esthetic and functional removable appliances.

(Source: Nobilium)
Aurident Incorporated was founded by Howard and Fredelle Hoffman in 1974 with one basic philosophy — to manufacture dental alloys that provide crown and bridge laboratories and dentists nationwide with excellent quality and service, and competitive prices.

In the past 35 years, Aurident has grown extensively worldwide, and has developed a wide range of PFM and casting alloys.

“We’re committed to superior customer service and satisfaction,” said Leonard Hoffman, general manager of Aurident. “Our goal is to become a primary source for alloys and dental materials in the years ahead. Dental laboratories reliant on fast service, quality and competitive prices continue to benefit from purchasing Aurident alloys.”

Recently, Aurident reinstated its rewards program, which provides points for each alloy purchase. Points can be redeemed for free silver or gold coins.

Aurident is based in Fullerton Calif. Local dental laboratories enjoy same-day delivery as alloy orders are placed, or they may them pick up anytime during business hours for same-day convenience.

For more information on Aurident, call (800) 422-7375 or visit www.aurident.com.

(Source: Aurident Incorporated)

Aurident’s Auritex-40 reduces costs on a high noble PFM alloy

Auritex-40 from Aurident is an affordable white high noble alloy for PFM applications.

Containing 40 percent gold, 40 percent palladium and 10 percent silver, Auritex-40 is designed to help laboratories reduce costs for a white high noble alloy.

Compatible with a wide range of porcelains, Auritex-40 is easy to use and work with. The alloy is ideal for high-stress applications such as longspan bridges and as single units. Earn six Aurident Rewards Points for each ounce of Auritex-40 ordered.

For more details on Auritex-40 or to place an order, call Aurident at (800) 422-7375 or visit www.aurident.com.

Aurident’s GH gold casting alloy lowers costs

Aurident’s GH is a high noble, fine-grain, type III crown and bridge gold alloy containing 52 percent gold, 0.1 percent platinum, 8 percent palladium and 21.5 percent silver.

Excellent castings with a rich gold color can be produced at a lower cost than higher gold content alloys, without compromising quality.

Outstanding mechanical properties make GH suitable for single units and bridges. GH is easy to cast and work with, resistant to tarnishing and can be efficiently used by either high- or low-production laboratories.

You also earn six Aurident Rewards Points for each ounce of GH alloy ordered.

For more information on GH or to place an order, call (800) 422-7375 or visit www.aurident.com.