The American Dental Association (ADA) recently acknowledged that it deeply regrets not taking a stronger stand against discriminatory membership practices during the pre-civil rights era.

ADA President Raymond Gist, DDS, said making the announcement public reinforces the ADA’s commitment to a diverse and inclusive profession, moving us forward in a new spirit of collaboration to advance the dental profession and the oral health of the public.

“In looking forward, we also must look back,” stated Gist, the first African American to serve as ADA president. “Along with acknowledging past mistakes and to build a stronger, collaborative platform for future accomplishments, the ADA apologizes to dentists for not strongly enforcing non-discriminatory membership practices prior to 1965. These are not my words alone — they embody a resolution adopted by the ADA Officers and Board of Trustees.”

Improvements in diversity

Gist said that in the 45 years since he was a dental student, there have been improvements in the diversity of the dental profession, membership and leadership of the ADA, and in initiatives to reduce disparities in the public’s oral health.

He said that although doors have been opened, more can be done to encourage careers in dentistry, citing enrollment in U.S. dental schools not keeping pace with the growth of underrepresented minorities in the U.S. population.

Gist explained that U.S. Census Bureau data indicate in 2009, African Americans and Hispanic Americans each totaled about 12.9 percent and 15.8 percent of the U.S. population, respectively. Yet, ADA survey data for the 2008/2009 school year indicate only about six percent of dental students were African American and six percent were Hispanic American.

Gist also noted that when it comes to the oral health of the public, African Americans and Hispanic Americans suffer higher rates of dental diseases.

Earlier this year, the National...
The National Museum of Dentistry is offering an online oral-health resource for adults age 60 and over. (Photo/Provided by the National Museum of Dentistry)

Executive Director Jonathan Landers. “Get MouthPower is an engaging resource for older adults to learn about changing oral-health issues and options specific to their age group. The more you know, the healthier and happier your golden years will be.”

The web resource covers several main topical areas:

- **Your Sparkling Smile**: A great smile is possible at any age. Oral-health tips will help older adults keep their smiles in top condition, including how to address emerging mobility and dexterity issues, how to care for implants and dentures, and how to be prepared for dental visits.

- **About Your Mouth**: Our mouth is constantly changing as we age, including changes in tooth color and enamel, gum tissue and sensation. Find out what’s going on and what can be done about tooth loss, dry mouth and more. Plus, take a risk assessment for oral cancer.

- **Fit to Eat**: Nutritional needs change at every stage of life. Check out these food tips to boost health, including a calculator to measure daily calcium intake and an entertaining nutritional boxing bout between your favorite foods.

- **The Mouth/Body Connection**: Your mouth and body are interconnected. Learn about the connection between oral health and overall health, and how periodontitis can affect heart disease, stroke and diabetes.

- **Interactive Timeline**: An interactive oral-health timeline that shows how a visit to the dentist has changed over the years, how dentistry has influenced pop culture, how toothbrushes and concoctions for a sparkling smile have evolved through the ages, and who are some famous and infamous dentists. Get MouthPower was created by the National Museum of Dentistry. It was made possible by the financial support of Colgate-Palmolive.

(Source: National Museum of Dentistry)
**NCOHF and Boys & Girls Clubs of America bring oral health services to at-risk children**

The National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) and Boys & Girls Clubs of America have announced a partnership that will expand oral health-care access to millions of underserved children through Tomorrow’s SMILES and the America’s Toothfairy Dental Home Program.

Tomorrow’s SMILES was created and initially funded by a gift from Dr. Ronald Goldstein, a clinician, author and lecturer.

NCOHF has developed partnerships with leading dental organizations to identify caring professionals in communities across the country willing to provide promising at-risk teens with pro bono care.

Through this program, eligible Boys & Girls Club members will receive comprehensive aesthetic and restorative services, transforming their smiles, renewing their self-esteem and ensuring that they are better prepared for healthy and productive futures.

In return, Tomorrow’s SMILES students will share valuable oral-health lessons with younger club members through the program’s Pay-It-Forward component, ensuring that good hygiene habits are instilled early in a child’s life.

Through the America’s Toothfairy Dental Home Program, NCOHF will work with its national volunteer network of dental professionals to ensure Boys & Girls Club members can receive regular, comprehensive dental care in a compassionate health-care environment.

NCOHF volunteer professionals donate their ongoing services to a child or children in need, giving them a “dental home” and laying the foundation for proper oral-health practices and increased opportunities for future success.

“A beautiful smile can truly enhance a child’s life,” said Sharon Hemphill, Boys & Girls Clubs of America’s senior director, health and life skills. “Through our partnership with the National Children’s Oral Health Foundation, we can help our club members learn healthy habits that last a lifetime.”

Fern Ingber, NCOHF president and CEO, stated: “We are proud to partner with the Boys & Girls Clubs of America, a celebrated national organization that shares our commitment to ensuring all children have the building blocks to reach their full potential.”

“Our collaboration will not only expand access to life-changing care for deserving youth, but America’s Toothfairy educational messaging will give both Boys & Girls Club members and their caregivers the tools to establish healthy habits at home that last a lifetime.”

Underserved children and teens will be identified through their local Boys & Girls Club and matched with a nearby NCOHF volunteer dentist to receive the care they need and deserve.

All dentists and dental offices are invited to participate as Tomorrow’s SMILES and America’s Toothfairy Dental Home Program volunteers by contacting NCOHF at (800) 559-9858 or info@ncohf.org.

(Source: NCOHF)
Campaign to help Haitian dentists is getting results

By Javier M. De Pisón, Dental Tribune Hispanic and Latin America Edition

The American Dental Association’s campaign to rebuild dental practices in Haiti was in full swing at the 2010 Annual Session from Oct. 8–11. In just a few months, the Adopt-a-Practice campaign has collected more than $62,000 to help Haitian colleagues who lost their practices in the Jan. 12 earthquake. The goal is to collect a total of $300,000 to rebuild 50 dental offices in Haiti.

A clear sign of ADA’s commitment to humanitarian aid is that the association designated a special exhibit area to honor volunteer efforts during the 2010 Annual Session and World Marketplace Exhibition, featuring the Adopt-a-Practice: Rebuilding Dental Offices in Haiti and Give Kids A Smile program.

Sponsored in part by SS White, the Volunteer Celebration Area on the ADA exhibition floor was a focal point for dental professionals wanting to learn how to make a difference and a source of information for national and international access-to-care volunteer opportunities.

The campaign to help Haitian dentists began when Dental Tribune Hispanic and Latin America brought the president of the Haiti Dental Society, Dr. Samuel Prophete, to ADA headquarters in Chicago during the 2010 Chicago Midwinter Meeting to discuss strategies to repair Haiti’s devastated health practices, initiating the Help Haiti campaign.

About 50 dental practices in Port-au-Prince — nearly a third of the city’s dental offices — were damaged or destroyed. It’s estimated that approximately $10,000 can help rebuild each practice.

Your support is essential
The Adopt-A-Practice initiative addresses the need to restore a sustainable system for oral-health delivery in Haiti. A shortage of good dental care already existed before the earthquake in Haiti.

Without help, most Haitian dentists will be unable to rebuild their practices on their own because they don’t have the protection of casualty insurance and their incomes are not comparable to those in more developed countries.

With approximately 550 dentists for a population of 9 million, Haiti has the lowest ratio of dentists per capita in the Western hemisphere. Due to the depressed economy in Haiti, even a small contribution can make a difference.

New York University School of Dentistry’s Henry Schein have already shown their support by donating chairs and sending technicians. Nancy Kelly, executive director of ADA’s Health Volunteers Overseas, said that several companies have said they will match donations.

To donate to Adopt-a-Practice: Rebuilding Dental Offices in Haiti, please contact Health Volunteers Overseas (HVO) of the ADA foundation at www.hvousa.org or call HVO at (202)–296-0928.

For more information you may also contact the ADA Division of Global Affairs at international@ada.org.

ADA conference to seek oral-health solutions for vulnerable older adults

The American Dental Association (ADA) is extending invitations to those concerned about the oral health of vulnerable older adults and people with disabilities to attend a national conference and help shape the future of oral health care for this underserved and growing population.

The national coalition conference, titled Oral Health of Vulnerable Older Adults and Persons with Disabilities, is scheduled for Thursday, Nov. 18, at the JW Marriott in Washington, D.C.

“We look upon this conference as the first step in building a consensus among a multi-disciplinary group of professionals in seeking solutions about oral health care for the vulnerable older adult and the disabled,” said Dr. Raymond F. Gist, ADA president.

“We are looking for attendees’ ideas, collaboration and support in helping frame the conference’s recommendations that could be used by many sectors, including educational institutions, professional organizations and policy makers.”

Professionals concerned about oral health for vulnerable older adults and people with disabilities, including dentists and dental hygienists, geriatricians, nurses, oral-health advocates, aging and disability advocates, long-term care providers and policy makers and legislative staff, are encouraged to register for the conference.

Dental experts will present topics of critical importance in meeting the oral-health needs of special populations, including collaboration between disciplines, oral-health delivery systems, policy implications, medical-dental considerations and coalition building.

Responding to each presentation will be an expert from outside dentistry, representing geriatric medicine, long-term care, aging advocacy, state health and policymakers. Active audience participation will follow as attendees have the opportunity to provide input as they discuss the presentations.

“The conference is a unique opportunity to help shape the future of oral health care and improve the quality of life for vulnerable older adults and those with disabilities,” said Gist. “We highly encourage interested professionals to attend.”

(Source: American Dental Association)
It’s time to Choose OrthoBanc!

Thousands of orthodontists nationwide have already chosen OrthoBanc.

ACH Draft and Credit Card Payment Options

ZACC Credit Analysis with Recommendations

Complete Management of Your Accounts

Credit Bureau Reporting and Collection Service Integration

Integrated with Leading Technology Companies

Time For Change

Using credit recommendations will help your practice decrease risk and increase case starts.

Eliminating manual credit card processing will decrease your staff work load while saving you money.

Outsourcing monthly payment management will help assure that payments are received on time every month while freeing your staff to handle other office duties.

Call 888.758.0585 and discover why you should Choose OrthoBanc!

OrthoBanc

Professional Payment Management

www.OrthoBanc.com
The importance of privacy

By Stuart J. Oberman, Esq.

Privacy is something we all value. It should not come as a surprise to anyone that dental patients want to ensure more than ever that their personal information will not be shared with anyone without a legitimate need to know. Under the U.S. Department of Health and Human Services (HHS.gov), HIPAA Rules were created to ensure that all health-care professionals respect and protect a patient’s privacy.

HIPAA gives patients significant rights regarding their personal health information. The HIPAA Privacy Rule does not cover all types of personal health information needed for patient care and other important purposes related to patient care.

About HIPAA

The Security Rule under HIPAA specifies a series of administrative, physical, technical and security measures required for covered entities (dentists who transmit patient information in electronic form) to use in order to assure the confidentiality, integrity and availability of electronic protected health information. The main objective of the HIPAA legislation is to protect the privacy of individual health information by imposing strict security requirements on health-care providers with access to confidential patient information. As a part of HIPAA, Congress mandated the establishment of standards for the privacy of individually identifiable patient health information.

The HIPAA Privacy Rule requires that dentists (and other medical practitioners) obtain patient consent before using or disclosing a patient’s personal health-care information, which may be needed for treatment, payment and other health-care related purposes.

Private health information, also known as PHI, is any information relating to a patient’s health, treatment or payment for health care that identifies a patient. Private health information includes, but is not limited to names, addresses, phone numbers, fax numbers, e-mail addresses, credit card information, certificate numbers, license numbers, account numbers, diagnoses, treatments, medications taken. Many dental employees, including dental assistants, dental hygienists, lab technicians and front office staff, may come in direct contact with a patient’s PHI. PHI should be carefully secured and traced throughout the dental office to ensure patient confidentiality.

HIPAA does not require that dentists sound-proof rooms to ensure that confidential conversations are not overheard; however, a patient’s right to privacy should make every reasonable effort to ensure that confidential conversations take place in areas away from other patients. Also, computer printers, faxes and file cabinets or other containers where patient records are stored should be placed in secured areas without patient access.

Although compliance is mandatory only for “covered entities,” the American Dental Association suggests that dentists who are not covered entities adopt the same privacy practices that HIPAA mandates for covered entities. It is estimated that HIPAA privacy laws may establish an industry standard among dental practices, and the failure to comply with the industry standard may result in liability for the owner of a dental practice.

Understanding the value of PHI and its relationship with HIPAA, the owner of a dental practice should be able to answer some very important questions such as: How is PHI stored in our office? How is patient information secured? Who is authorized to access the information? How and when is this patient information destroyed? Where in the office is it appropriate to discuss personal health information? Have we implemented proper training procedures? Answers to these questions cannot be left to interpretation.

The owner of a dental practice must adopt and implement comprehensive privacy procedures for the office in order to ensure that patient records are kept in a secure space. In addition, employees in a dental office must comply with HIPAA policies and procedures that have been established.

Most of the information obtained regarding patients does require the implementation of security measures. If employees are not aware of HIPAA standards as established by the owner of a dental practice, a violation of HIPAA may be costly.

Patient rights

The HIPAA Privacy Rule gives patients considerable rights in controlling their identifiable health-care information. Covered entities must provide a Notice of Privacy Practices to each patient, which details how the practice can use and disclose confidential patient health-care information. Under HIPAA, a health-care provider must obtain a patient’s authorization before releasing protected patient information. However, a health-care provider may use or disclose patient information for specified health-care related purposes, such as for remitting payment or for patient referrals to treatment.

As for patient records, patients are permitted access to their own records. In addition, patients may request restrictions on the disclosure of their personal health-care information. Patients may also request an amendment to any information in their medical file that they believe is erroneous.

HIPAA violations

Failure to comply with HIPAA can result in both civil and criminal penalties, and the penalties can be stiff. These penalties vary based on the nature of the violation and the extent of the resulting harm. Health-care entities and individuals who obtain or disclose individually identifiable health information face a penalty ranging from $50,000 to $100,000 per violation, as well as imprisonment for up to one year.

For questions or comments regarding this article, visit www.gadentalattorney.com.

Conclusion

The owners of a dental practice must determine whether the office is HIPAA compliant. A failure to properly implement HIPAA security and patient privacy rules could result in potentially large civil and criminal penalties.

The employees of a dental practice must be trained in both HIPAA regulations and security measures. A patient’s individually identifiable health-care information is confidential and should be treated accordingly.

Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning and other business transactions that a dentist will face during his or her career.

For questions or comments regarding this article, visit www.gadentalattorney.com.

(Front page photo/Saniphoto, www.dreamstime.com)
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 corded, 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.
The Best Seminar Ever

The place for dentists and their teams to be in 2010 will definitely be Las Vegas. But they’re not necessarily going for the gambling or the world-class shopping. And the fact that Vegas boasts more restaurants and entertainment per capita than anywhere else in the world may not particularly phase them.

Sure, all of those things are great. And as everyone knows, “What happens in Vegas stays in Vegas.” But the real reason dental offices will be heading to Vegas in November is to be a part of TBSE 2010.

In case you are not familiar with TBSE, it stands for “The Best Seminar Ever.” The event, which is two full days of fun and learning, is produced by the Madow brothers, Drs. David and Richard Madow, who are co-founders of The Madow Group.

Back in 1995, the Madows came up with an idea and formula to put on a multi-day dental seminar that would be different from all of the other ones out there. The first seminar sold out within days of the announcement, and they’ve been packing the house every year since. In 2010, Rich and Dave promise to crank it up a few notches and give dental offices something they have never before experienced in their lives.

“Our goal is to have dentists and their teams feel that this was the most incredible event they have ever been to. Better than any rock concert or Broadway show,” said Rich Madow. “We will have the best lineup of speakers we have ever had at TBSE, and we will have an expanded exhibit hall and learning area where dentists will be able to discover brand new products and other cool things that can help them practice better,” Rich added.

“Rich and I are proud of the fact that we produce the very best dental show in the world,” Dave Madow said. “We have been studying the art of dental seminar production for more than 15 years now. TBSE has withstood the test of time. Sure, there are a lot of choices out there, but the people know — and always come back to — the one that is the best!”

Rich and Dave have figured out how to make a dental seminar feel more like a rock concert. Many offices dress up in crazy costumes and clothes. They get in line early to assure front-row seats. They stand, they cheer, they laugh and they cry. When it’s all over, they leave with the best success, team building and motivational ideas that they can put into use in their practices as well as their lives.

This year, TBSE will take place at The Hard Rock Hotel and Casino from Nov. 12 and 13. TBSE will be using the same stage that is used by musical legends such as Santana and Paul McCartney. The Madows will be working with a production team that promises a sound and vision experience previously unheard of at a dental seminar, let alone any concert or theatrical production.

“We will be bringing in all of our staging, lighting, audio and video equipment, as well as our own stage crew,” said Jason Reppenhagen of LV Productions. “It will take several 18-wheelers to get everything there, and the result will make TBSE unlike any other production.”

“Just trust me: TBSE 2010 will be the most talked about event in the history of dental seminars,” Rich said. “Our attendees know we have always put our hearts and souls into TBSE. The only thing they don’t know is that they haven’t seen anything yet! Just wait.”

For more information about TBSE 2010, please go to www.tbse2010.com or call (888) 88-MADOW.
Buchanan Courses
Accountability for your learning experience is built into everything we do

The Art of Endodontics Two-Day Laboratory Course
with live patient demonstration

State of the art laboratory designed for endodontics
visit endobuchanan.com to view a slide show of our state-of-the art facility

In picturesque Santa Barbara, California, join Dr. Buchanan in one of the most sophisticated, fully operational, independent endodontic teaching facilities in the world. Working with a leading innovator makes this the perfect setting for mastering new information and techniques.

"Since attending your course, my procedures have produced consistently solid (good...great...) results. I'm trying not to brag, but I am so excited that I learned your technique and that I can actually apply it in practice...thank you, thank you!" - Dr. Christine Moleski, Juneau, Alaska

World class instruction
Limited to 14 participants, our flagship hands-on program allows you to work closely with Dr. Buchanan to refine your skills, maximize your clinical results and improve your profitability. Self-paced exercises and personalized coaching enable participants to train-up from fundamental concepts to complex case strategies, regardless of their specific experiences and skill levels.

"Dr. Buchanan is an incredibly effective educator and mentor, and he has the uncanny ability to foster a new paradigm about how we view Root Canal Therapy. After attending his root canal courses, I was able to understand why my failures occurred and how to better approach and finish my endodontic cases with predictability, efficiency and success." - Dr. Andrew Kwon, Los Angeles, CA

Tuition includes Procedural Atlas of Endodontic Therapy DVD as pre-course didactic material.

Location: Santa Barbara, CA / Course Fee: $2585 / CE Credits: 16
Courses offered monthly. Upcoming 2010-11 Dates: Nov 18-19, Jan 20-21, Feb 10-11

For more information on this and other programs visit endobuchanan.com
EMS Air-Flow Master: prophylaxis now also available for periodontal pockets

With the new Air-Flow Master from EMS, prophylaxis is entering a previously unexplored area. This instrument gives periodontal pockets a thorough cleaning by air polishing.

The biokinetic energy, applied in a powder-air-water mixture, removes the biofilm down to the base of the pocket, brings about a sustained reduction in bacteria, firms the gum and reduces the pocket depth.

The patient benefits twice over: because the procedure is not only more efficient, but also more comfortable than conventional curettes or instruments that scrape the tooth.

This "subgingival deep diving" uses a special single-use nozzle, combined with extra-fine grain Air-Flow Powder that is non-abrasive on the tooth surface.

The flat and tapered, slightly bent nozzle has three openings from which the powder-air-water mixture emerges in the subgingival area with gentle turbulence.

The special construction of the nozzles ensures that the powder is thoroughly washed out of the pocket, along with the removed biofilm, according to EMS. The nozzle is simply fitted onto the Perio-Flow handpiece, which has a magnetic holding device and can therefore be removed flexibly.

The Air-Flow Master does not simply take care of periodontal pockets, but also provides supra-gingival prophylaxis. Whether plaque or hard deposits — the Air-Flow handpiece "strokes" the tooth surfaces clean with the appropriate powder gently and selectively. In addition to the classic powder, EMS has developed a soft powder for more sensitive teeth.

And recently, patients have acquired a taste for this treatment. The classic powder is available not only in a "neutral" flavor, but also in cherry, black currant, tropical, lemon and mint flavors.

Futurabond M: all-in-one self-etch adhesive

Futurabond M, a new all-in-one self-etch adhesive, ensures high bond strengths on dentin and enamel. The new adhesive from VOCO is reinforced with nano particles. Thanks to nano-technology, Futurabond M achieves the highest level of stability and uniform adhesion, both with the tooth substance and restorative.

Nano-scaled silicon dioxide particles with a diameter of approximately 20 nm (0.00002 mm) provide for cross-linking of the bond's resin components and improve its film formation properties.

The adhesive optimally wets the released collagen fibres and the micro-retentive etching pattern is created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 55 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO's patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M Single Dose can be opened just seconds before use, and thus reliable results are guaranteed each time.

Visually, Futurabond M is orange. The far-reaching resin tags are created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 55 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO's patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M Single Dose can be opened just seconds before use, and thus reliable results are guaranteed each time.

The Curvy Anatomical Den- tal Wedge is three-dimensionally shaped to follow the contour of the tooth. Other wedges bend only two-dimensionally. The synthetic Curvy wedge follows the anatomy of the tooth and will create significantly less tissue irritation and postopera- tive discomfort. It will help to adapt the matrix band more precisely for a faster finish of the restoration by achieving more accurate interproximal contacts and less chances for overhangs. It is easy to insert and remove with cotton pliers.

Curvy comes in three different sizes — small, medium and large — in clockwise and counter-clock- wise wedges. For critical marginal adaptation, the clockwise and the counter-clockwise wedges should be used simultaneously from oppo- site sides of the tooth.

Curvy wedges are supplied in circular blister packs from which they can very easily be extracted. The different colors facilitate quick selection of the required wedges.

The wedges with clockwise curvature are orange and those with counter-clockwise curvature are blue, and the two colors are shaded differently for each size of wedge. The adhesive optimally wets the released collagen fibres and the micro-retentive etching pattern is created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 55 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO's patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M Single Dose can be opened just seconds before use, and thus reliable results are guaranteed each time.

The Curvy Anatomical Den- tal Wedge is three-dimensionally shaped to follow the contour of the tooth. Other wedges bend only two-dimensionally. The synthetic Curvy wedge follows the anatomy of the tooth and will create significantly less tissue irritation and postoperative discomfort. It will help to adapt the matrix band more precisely for a faster finish of the restoration by achieving more accurate interproximal contacts and less chances for overhangs. It is easy to insert and remove with cotton pliers.

Curvy comes in three different sizes — small, medium and large — in clockwise and counter-clockwise wedges. For critical marginal adaptation, the clockwise and the counter-clockwise wedges should be used simultaneously from opposite sides of the tooth.

Curvy wedges are supplied in circular blister packs from which they can very easily be extracted. The different colors facilitate quick selection of the required wedges.

The wedges with clockwise curvature are orange and those with counter-clockwise curvature are blue, and the two colors are shaded differently for each size of wedge. The adhesive optimally wets the released collagen fibres and the micro-retentive etching pattern is created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 55 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO's patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M Single Dose can be opened just seconds before use, and thus reliable results are guaranteed each time.

The Curvy Anatomical Den- tal Wedge is three-dimensionally shaped to follow the contour of the tooth. Other wedges bend only two-dimensionally. The synthetic Curvy wedge follows the anatomy of the tooth and will create significantly less tissue irritation and postoperative discomfort. It will help to adapt the matrix band more precisely for a faster finish of the restoration by achieving more accurate interproximal contacts and less chances for overhangs. It is easy to insert and remove with cotton pliers.

Curvy comes in three different sizes — small, medium and large — in clockwise and counter-clockwise wedges. For critical marginal adaptation, the clockwise and the counter-clockwise wedges should be used simultaneously from opposite sides of the tooth.

Curvy wedges are supplied in circular blister packs from which they can very easily be extracted. The different colors facilitate quick selection of the required wedges.

The wedges with clockwise curvature are orange and those with counter-clockwise curvature are blue, and the two colors are shaded differently for each size of wedge. The adhesive optimally wets the released collagen fibres and the micro-retentive etching pattern is created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 55 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO's patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M Single Dose can be opened just seconds before use, and thus reliable results are guaranteed each time.
Improve production, profitability and your quality of life!

By Paul Zuelke

In many practices, the amount of treatment diagnosed that remains unscheduled is huge, often exceeding six months of normal production. Case acceptance in many offices is less than 40 percent and the average across the country is less than 60 percent (calculate total work diagnosed in the past year; calculate total dentist [non-hygienist] work done in the past year; work done divided by work diagnosed is your rate of case acceptance). That is a lower rate of case acceptance than what the profession had 50 years ago, yet too many dentists have accepted today’s rate as the norm and therefore believe that their only path to growth is more new patients.

A never-ending search for more new patients is rarely the solution to greater production or to greater profitability. Instead, the answer is to increase the percentage of diagnosed work that your patients schedule. Note that I did not say work that your patients “accept.” Every month dentists see thousands of dollars of accepted diagnoses go out the door, never to be actually scheduled and completed. The responsibility of the dentist is to make it easy for his/her clients (patients) to buy the product (dental care) that he/she sells (diagnoses). However, far too many dentists have forgotten or perhaps never understood that 80 percent of patients/parents cannot afford to write a check for $3,000, $5,000 or more (sometimes much more).

In addition, what about the rock solid blue-collar family with five kids that just had to fix the transmission in the family car? Can this family even afford to write you a check for $800 today? All too often the answer is no.

Dental practices’ aggressive financial policies, the insistence on payment in full, and the almost futile efforts to push patients into outside financing, have done more to kill case acceptance than any other single factor. And then, a recession comes along.

Our advice to our clients, since 1980, has been to be negotiable and flexible with respect to financial arrangements. If 0% down payment and 4, 6, or even 9 month financing is necessary in order to get a patient to accept the entire diagnosis, and if the responsible party is credit worthy, then grant that type of in-office credit to your patients. Are you really willing to lose a $5,000 or more case because your patient/parent cannot afford to pay you in full or cannot afford the 50 percent down payment you are asking for?

Notice the key phrase above is “if the patient is credit worthy.” There is nothing worse for the quality of life within the practice than to get into a negative financial relationship with a financially weak patient. Missed appointments, poor clinical cooperation, zero referrals, etc., are always the result.

So, while it makes sense to be financially liberal with quality patients, it is a major mistake to do so with patients/parents who are immature, unstable, and/or unwilling to or incapable of keeping their financial agreements. Fortunately, with modern electronics and communications, in less than 60 seconds a practice can make a high-quality credit decision identifying the potential financial risk of any given patient. What is it worth to you to know that your patient/parent has, for his entire life, paid all of his/her bills perfectly? Conversely, what is it worth to you to know that this person has never paid a bill and has been sued by every credit grantor in town?

Seventy-five percent of most practices’ new patients are in the low to zero financial risk category, what we call “A” patients. Twenty-five percent are in the moderate to high-risk category, “B” and “C” patients. Take the time to find out which of your patients are in which category. Grant credit proportional to that risk and you will improve your production, your profitability and your quality of life within the practice.

Various products are available to help you assess risk as described above. Consider the Zuelke Automated Credit Coach (ZACC), a web-based tool specifically designed for the dental practice.
Xerostomia and hyposalivation are not such ‘dry’ subjects

The opening plenary session, ‘Xerostomia and Hyposalivation: Mechanisms and Solutions,’ at the European Association of Oral Medicine Meeting

By Lisa Townshend, Dental Tribune
U.K. Edition

The 10th biannual meeting of the European Association of Oral Medicine (EAOM), held in London, was a truly collaborative effort. Organised by the EAOM and London’s three dental schools (King’s College London, Queen Mary University of London and the Eastman Dental Institute of University College London) and supported by GSK, the conference highlighted the importance of oral medicine in diagnosing and treating conditions such as xerostomia and hyposalivation.

The opening plenary session of the main part of the conference was dedicated to this topic. After opening remarks by Baroness Gardner of Parkes and Chief Dental Officer for England Dr. Barry Cockcroft, it was time to turn over the session to the two chairs, Prof. Isaac van der Waal (head of the department of oral and maxillofacial surgery and oral pathology of the VU University Medical Center/ACTA Dental School, Amsterdam) and Prof. Crispian Scully, CBE (director of special projects at the UCL-Eastman Dental Institute and professor of special care dentistry, University College London).

After setting the scene for the session, they introduced the first speaker, Prof. Stephen Porter. Porter is director and professor of oral medicine of UCL Eastman Dental Institute. His presentation, “Hyposalivation: Prevalence, assessment, differential diagnosis and quality of life impact,” gave a general overview of the problem of xerostomia in terms of prevalence.

He discussed the age factor in the condition, as well as issues such as immuno-suppressant disease and drug/radiotherapy treatments. He also looked at the issue
from the point of view of the patient, whose quality of life can be affected because of reduced sleep and impaired eating function.

Next to speak was Dr. Jackie Brown, specialist in oral and maxillofacial radiology. She is a consultant in dental and maxillofacial radiology at Guy’s and St. Thomas’ Hospitals Foundation Trust, and is senior lecturer at King’s College London Dental Institute of Guy’s, King’s College and St. Thomas’ Hospitals and at the Eastman Dental Institute.

Brown’s presentation, “Contemporary imaging in salivary gland disease diagnosis,” looked at the role of imaging in the distinguishing and identifying of diseases affecting the salivary glands. She discussed the various imaging equipment available, including ultrasound and cone-beam computed tomography (CBCT), and their advantages and disadvantages.

Then it was the turn of Prof. Gordon Proctor, professor of salivary biology, head of salivary research unit, department of clinical diagnostics sciences, King’s College London Dental Institute. He discussed “Drug related hyposalivation: a review of physiology and sites of drug action.”

Proctor highlighted the relationship between drug therapy and salivary flow rates. He discussed the findings from various studies looking at this relationship, including one specific paper by Wolff et al., “Major salivary gland output differs between users and non-users of specific medication categories” (published in Gerodontology in Feb. 2008).

Speaking just before the coffee break was Prof. Jennifer Webster-Cyriaque, associate professor, departments of dental ecology and microbiology and immunology, University of North Carolina Chapel Hill Schools of Dentistry and Medicine.

Her presentation, “Viral infections of salivary glands resulting in hyposalivation,” took a look at various viral infections that can affect saliva production, including HIV, herpes and polyomaviruses including BKV. One of the main challenges, said Webster-Cyriaque, is determining how viruses get into and infect the salivary cells.

Following the coffee break, where there was a chance to network and discuss the morning’s presentations, came Prof. Roland Jonsson, vice-chairman of the Gade Institute at the University of Bergen. His lecture dealt with “Immunopathology resulting in hyposalivation.”

He mainly focused on Sjögren’s Syndrome, stating that it is a condition that is not easy to diagnose in its early stages.

He stressed that biopsies are very important for diagnosis and understanding the pathogenesis of the condition. Detailing various studies, Jonsson hypothesised that it might be a virus that triggers the inflammation.

Again focusing on Sjögren’s Syndrome, Dr. Elizabeth Price then followed Jonsson’s presentation with “Systemic disease associations of hyposalivation.” Price has a specialist interest in Sjögren’s Syndrome and runs a specialist Sjögren’s clinic at the Great Western Hospital in Swindon.

She discussed the condition in more detail and highlighted that along with dry eyes and mouth, tiredness and fatigue are also common symptoms. She also discussed the condition’s association with thyroid disease and osteoarthritis.

Next, Prof. Sue Lightman, Medical Research Council senior clinical fellow and senior lecturer at Moorfields Eye Hospital in London, looked at “Ocular associations of Sjögren’s Syndrome.” She detailed how quickly dry eyes can occur and how conditions such as Sjögren’s Syndrome are initiated.

The final speaker of the session was Dr. Philip Fox, visiting scientist at the department of oral medicine, Carolinas Medical Center, in Charlotte, N.C., and an independent biomedical consultant focusing primarily in the area of clinical trial design and analysis.

This was the part of the session where it took a more practical turn as it focused on the treatment of patients suffering with xerostomia.

The first thing clinicians have to remember, Fox said, is at the end of the day we have to treat patients. One thing clinicians can do is encourage patients to chew and stimulate the masticatory function.

Fox also looked at other different ways of trying to manage xerostomia, including different formulations such as Biotene produced as gels, gums and mouth rinses.

He concluded by saying that one of the most important issues a clinician can consider is the patients and what makes the mouth feel moist and comfortable for them.

This session was a very detailed look at some of the causes of xerostomia and hyposalivation and allowed delegates to get a better understanding of how these conditions affect salivary flow; as well as get an update in the thinking behind many of the products clinicians can recommend to patients for relief.
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. Recess-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.

<table>
<thead>
<tr>
<th>City</th>
<th>Date</th>
<th>City</th>
<th>Date</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlsbad, CA</td>
<td>November 12-13</td>
<td>Lubbock, TX</td>
<td>March 4-5</td>
<td>Vancouver, BC</td>
<td>April 1-2</td>
</tr>
<tr>
<td>Pittsburgh, PA</td>
<td>November 19-20</td>
<td>Phoenix, AZ</td>
<td>March 4-5</td>
<td>Shreveport, LA</td>
<td>April 1-2</td>
</tr>
<tr>
<td>Kitchener, ON</td>
<td>November 26-27</td>
<td>Santa Barbara, CA</td>
<td>March 4-5</td>
<td>Yuma, AZ</td>
<td>April 1-2</td>
</tr>
<tr>
<td>Park City, UT</td>
<td>February 11-12</td>
<td>Tampa, FL</td>
<td>March 18-19</td>
<td>Regina, SK</td>
<td>April 15-16</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>February 25-26</td>
<td>Sarasota, FL</td>
<td>March 25-26</td>
<td>Galveston, TX</td>
<td>April 15-16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arcadia, CA</td>
<td>March 25-26</td>
<td>Las Vegas, NV</td>
<td>April 29-30</td>
</tr>
</tbody>
</table>

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

For complete details visit [www.LVIREgionalEvents.com](http://www.LVIREgionalEvents.com)

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.
Making HIPAA safety simple
Are you getting ready for mandatory electronic health records in 2014?

By Patti DiGangi, RDH

Major portions of our day-to-day lives are online using e-commerce options. More than 53 percent of airline booking is online. Nearly half of us (48 percent) shop online. More than 65 percent of us pay medical bills online. How secure are those records? One hundred percent we hope, right?

If we can shop online, bank online and book travel online, isn’t it time for health records to be online? Interoperable electronic health records (EHR) are inevitable. EHR will include a patient’s entire medical history, pharmacy, vision, laboratory test results and other clinical information. Dentistry is not exempted from this in the near future.

However, the transition is inevitable and on track for 2014. This fact strikes fear, concern and anger in many health-care providers, leading them to ask:

“Why is this necessary? What about privacy and security? What about the cost?”

The real potential of EHR is to improve the quality, safety and efficiency of care to help practitioners make better clinical decisions. Interoperability will allow the appropriate information to be portable and to move with patients who consume health care from one point of care to another.

EHR moves from record and practice management toward cross-provider clinical decision support tools. The ideal is for clinical decision support to provide clinicians and patients with clinical knowledge and patient-related information at the appropriate time to enhance patient care.

Key information will be intelligently filtered and presented in a way so that this patient-centric information can be used to manage wellness and assist with personal healthcare decisions.

EHR is not only valuable to health-care professionals. Patients will have the opportunity to be proactive consumers in the management of their own health.

Who can/should access personal health information? When? Why? How? These questions are vital. The HIPAA Privacy Rules provide federal protections for personal health information and give patients an array of rights with respect to that information.

At the same time, the privacy rule is balanced so that permits the disclosure of personal health information needed for patient care and other important purposes.

In nearly a year since the passage of the American Recovery and Reinvestment

How to let kids enjoy candy without doing permanent damage to teeth

By Fred Michmershuizen, Online Editor

While Halloween may be over, the candy left over from this annual night of merriment can remain in the house for weeks or even months. Dental professionals say that when it comes to oral health, there are some important things to keep in mind before indulging too heavily in the sweet stuff.

“Long after the scary costumes are put away, the horror of cavities remains,” said Ellen Standley, president of the California Dental Hygienists’ Association (CDHA), one of several dental associations that recently offered tips on getting through the Halloween season without causing damage to teeth. “Parents can let their children enjoy some candy, but just do it in a responsible way.”

More children suffer from dental decay than from asthma. In fact, according to the American Dental Hygienists’ Association, dental carries is the most chronic disease of childhood. It affects 50 percent of children by middle childhood and 70 percent by late adolescence.

“Fun as it is, Halloween is really the start of the country’s candy and dessert intensive holiday season,” said Fred Joyal, founder of 1-800-DENTIST. “Between now and New Year’s, Americans will consume millions of sweets. Being smart about what is eaten and what they eat will help them avoid starting 2011 with serious dental problems.”

Excessive consumption of candy creates the perfect recipe for tooth decay. All candy is not created equal. Sour candy is the worst. This candy has an acid content on par with battery acid and has the power to cause even more damage to your teeth than regular sweets.

“How is this necessary? What about privacy and security? What about the cost?” said Dr. Nigel Carter, chief executive of the British Dental Health Foundation. “It takes the saliva in the mouth up to an hour to neutralize the acid. This means every time sugary foods or drinks are consumed, the teeth are under attack for an hour. If children are constantly snacking on sweet foods, their teeth never have a chance to recover completely.”

Parents should axe the sour candy and take other steps to protect their children’s teeth this Halloween.

Sour candy comes in dozens of varieties and forms, including hard, soft, chewy, gummy, gels, liquid sprays, crystals, foam sprays, powders, cotton candy and chewing gums. According to the CDHA, most people think this type of candy is safer, but it is not.

With repeated exposure and frequency, sour candy can also lead to a host of oral-health problems, including increased cavities, tooth sensitivity, staining, soft-tissue sensitivities and dulling of teeth, according to the CDHA.

Here are more tips for people who want to enjoy sweet treats while preventing tooth decay:

• Avoid hard candy. Hard candy is risky. Bite into a piece the wrong way, and you might wind up with a cracked tooth or broken crown. Suck on a piece of hard candy too long and your teeth will be over-
The temporary dilemma

Across the United States, full-time hygiene positions are difficult to come by for the unemployed hygienist. This situation leads many hygienists to rely on working in an office only a couple days a week.

If there are not enough hours available, other hygienists are forced into being a “fill in” or “temporary” hygienist for an office. While some hygienists prefer to work as a temporary worker, the greatest share of hygienists would prefer to have an office to call their work home.

Temping has many pros and cons. On the up side, the hygienist has the ability to choose when and where she wants to work. If a requested day does not work into her schedule or if the location is too far away from home, she can decline the day.

Filling in also provides an opportunity to see how the office operates without having to commit to a permanent position. There is no need to return to an undesirable office situation. Working in many different offices exposes the temporary worker to different equipment, products, technology, etc. This is a great opportunity to learn new things.

On the other side, it can be difficult to provide a high-quality dental hygiene experience to patients when temping. When a hygienist is not accustomed to the equipment, supplies and office environment, the focus of the appointment can land on these issues when the focus should be on the patient. In addition, difficulties can arise if the office is not practicing to the same standard of care the hygienist is familiar with.

In this situation, should the hygienist practice in his usual fashion or should he fall in line with how the temporary office operates? This has the potential to be a dilemma for the hygienist. On one hand, there is a standard of care that needs to be met.

On the other hand, the office has its standard and is likely not going to appreciate a different approach. In order to keep a temp in the position, the hygienist may feel the need to comply with standing office procedures. Keeping a job in this job climate is of ultimate importance, but so is standard of care.

Many hygienists have been in the “temporary dilemma.” I welcome your feedback on how our readers handle this situation.

Best Regards,

Angie Stone, RDH, BS
Patti DiGangi is a vision-driven person who finds strength and direction from her inner convictions. Like most true visionaries, she views obstacles as learning experiences that can be used for self-development.

As a lifelong learner, her energetic, thought-provoking and successful program development and mind-bending view of what can be shines a bright light for others to preview the future and find their place in it. DiGangi can be contacted through her website at www.pdigangi.com.

Web-based solutions can provide clinical decision support to enhance patient care and productivity. Patti DiGangi is a vision-driven person who finds strength and direction from her inner convictions. Like most true visionaries, she views obstacles as learning experiences that can be used for self-development.

As a lifelong learner, her energetic, thought-provoking and successful program development and mind-bending view of what can be shines a bright light for others to preview the future and find their place in it. DiGangi can be contacted through her website at www.pdigangi.com.

Web-based solutions can provide clinical decision support to enhance patient care and productivity.
Hundreds of millions of people of all ages around the world suffer from deadly obstructive sleep apnea; from infants to elderly. Obstructive Sleep Apnea (OSA) has been linked to Cardiovascular Disease, Cerebrovascular Insult, Endocrine Disorders and Obesity and our medical colleagues are asking for our help, NOW! OSA is considered a disease of craniofacial anatomy so the ONUS is on dentists to identify and help manage OSA sufferers.

NEW AT LVI

Level 1: Dental Sleep Medicine Foundations
This three-day introduction to evidence-based Dental Sleep Medicine is designed to prepare dentists and their teams to confidently identify, refer and help co-manage patients with snoring and deadly obstructive sleep apnea. Participants will have the opportunity to learn about the relationships between sleep breathing disorders, neuromuscular dentistry and health. They can discover how to get started, immediately expanding their diagnostic acumen and scope of practice.

Instructed by LVI Faculty member, Dr. J. Brian Allman

Visit www.lviglobal.com for complete instructor and course information.

December 15-17, 2010

FOR MORE INFORMATION AND TO REGISTER VISIT;
WWW.LVIGLOBAL.COM
OR CALL 888.584.3237