‘Filling the gap’ in Afghanistan

A unique dental program in Afghanistan is saving lives, raising the infrastructure level and bringing about social change for women and orphans.

Imagine that you have a dental problem, a toothache. The tooth is painful and getting more intense. What would be your best course of action?

Most people would be very concerned and want to contact a dentist to arrange for prompt treatment. You might be given antibiotics and pain medication, and your great concern would be lessened knowing that you had access to proper care.

In another country, you might not be as fortunate. You would know that no treatment was possible because there were no dentists. So you would resign yourself to endure the pain, as you had done in the past, and hope for the best. Or you might access a barber, who would take the tooth out without anesthetic.

No thought of antibiotics or pain medication would cross your mind, as these things are not available, either. All of your life you had lived in poverty, along with your neighbors and fellow villagers, with hardly enough to eat. You had never owned a toothbrush in all your life.

This country is Afghanistan.

Afghan health

Ninety percent of Afghans, 29 million people, have never seen a dentist. With only 154 dentists, each dentist would have to serve a quarter million people. However, dentists congregate in big cities, and rural areas have no access to care. Ninety percent of the Afghan population live in rural areas that are completely unserved by dentistry.

Dental conditions left untreated lead to eventual pulp necrosis and chronic infection. This is a progressive condition, eventually leading to multiple abscessed teeth and, in some cases, a systemic septicemia infection that is lethal.

Many people in Afghanistan die from their teeth problems. But now, there is hope for the dental needs of Afghanistan.

Fish fights gum disease

Recently published research suggests that polyunsaturated fatty acids (PUFAs), found in foods such as fatty fish and nuts, will help keep people’s smiles healthy, as they have been shown to help lower the risks of gum disease and periodontitis.

The research examined the diet of 182 adults between 1999 and 2004, and found that those who consumed the highest amounts of fatty acids were 30 percent less likely to develop gum disease and 20 percent less likely to develop periodontitis.

Lead researcher of the study, Dr. Asghar Z. Naqvi of Beth Israel Deaconess Medical Centre in Boston, said: “We found that n-3 fatty acid intake, particularly docosahexaenoic acid [DHA] and eicosapentaenoic acid [EPA] are inversely associated with periodontitis in the U.S. population.

“To date, the treatment of periodontitis has primarily involved mechanical cleaning and local anti-
‘Fatty fish and nuts have been shown to help lower the risks of gum disease and periodontitis.’

‘Toothy’ toys at National Museum of Dentistry

Members of the public are invited to take a trip into the not-so-distant past to discover childhood toys with a toothy twist. “Open Wide! Toothy Toys that Made Us Smile” is on view at the National Museum of Dentistry. The exhibit features more than 50 objects, ranging from the original Wind-up Yakiti Yak chatterteeth created in 1949 to Cabbage Patch dolls with teeth from the 1980s.

From Play Doh’s Dr. Drill-n-Fill to Barbie Dentist to an Evel Knievel battery-operated toothbrush complete with launching ramp, visitors to the museum can see games, dolls, puzzles and character toothbrushes. The exhibit also features a play-able Tooth Invaders video game from 1981 and a hands-on game corner where visitors can try their hand at classic dental-themed games such as Crocodile Dentist and Mr. Mouth. “Times change, and toys reveal what was important to us during certain times in our history,” said National Museum of Dentistry’s Executive Director Jonathan Landers. For example, Hopalong Cassidy cowboy toothbrushes were all the rage in the early 1950s when Westerns were popular. Westinghouse made a build-your-own rocket toothbrush during the space race in the 1950s. Barbie found a career as a dentist in the 1960s. “Many of these tooth-related toys are rare winnings into our past, while others are still being played with by kids, and adults, today,” Landers said. “They all show the creative ways we’ve encouraged children to care for their teeth over the years.”

This special exhibit is drawn from the National Museum of Dentistry’s 40,000-object collection of dental treasures and the toy collection of guest curator Elaine M. Miginsky, DDS. This exhibit, which will be on display through Jan. 30, 2011, is made possible in part by Welsh Mason.

(Photos/Provided by the National Museum of Dentistry)
The Tragedy of Afghanistan

More than 50 years of war have made Afghanistan into a desperate place. The nation is filled with poverty and hardship. More than 5 million orphans search for some kind of meaningful future. Widows and single mothers are everywhere, begging in the streets, trying to survive.

So many adults have died that the average age is only 14. Due to the great challenges of just staying alive, 70 percent of young children die before the age of 5. The birth/death rate is the highest of any nation in the world.

The Kabul School of Dental Technology

In 2007, the Kabul School of Dental Technology was formed. Students were selected from the local population of orphans, widows, handi- capped, single mothers and socially disadvantaged populations. The eager students study hard for four months of intensive course work and clinical experience to become certified dental assistants.

Graduates can immediately get a job with local dentists or choose to continue their education to get an additional certificate as a dental hygienist or dental laboratory technician. The program has allowed the boys to see many more patients and to provide a higher standard of care for the patients coming there. And it’s all provided free of charge.

Many of the students endure hardships in order to attend the school. They are extremely dedicated, always coming early and working hard to master the technical material.

In August 2009, the full-service commercial dental laboratory was opened and now dentists throughout Afghanistan have a reliable resource for their crowns and dentures, rather than sending their work to Pakistan for a questionable product. Recently, a chrome partial casting machine was added to the dental laboratory, which will soon allow production of chrome frameworks.

The first class of dental hygienists ever produced in Afghanistan is now working in the dental hygiene field, providing local dentists with a service that was not obtainable previously; you just could not get your teeth cleaned before these students graduated. Now, people line up for this service.

Making social change

The educational program has opened up new opportunities for these students. Orphans with no future now are able to determine their own lives as productive individuals. Women from the Afghan Dental Relief Project (ADR) program have become authority figures in a male-dominated society. The students have been able to access dental health care in a sophisticated system, which has improved their health and longevity. ADRP is a 501(c)3 non-profit organization. Donations can be sent to ADRP, 31 E. Canon Perdido St., Santa Barbara, Calif., 93101.

For more information, please visit the website www.adrpinc.org or e-mail the headquarters at adrp@verizon.net. Rolfe can also be contacted at (805) 965-2529.

(Source: Afghan Dental Relief Project)
How do you terminate the dentist-patient relationship?

By Stuart J. Oberman, Esq.

The American Dental Association’s code states that each dentist has a “duty to respect the patient’s right to self-determination.” Patients choose their dentists for a variety of reasons. These reasons may range from the type of insurance a dental practice may accept, the personality of the practice or the type of dental care a particular practice may provide.

A dentist’s main obligation to a patient is to provide complete and competent dental care. However, dentists do have discretion regarding the patients they choose to accept in their practice. Dentists also have the autonomy to terminate an existing dentist-patient relationship.

Yet, the termination of a dentist-patient relationship presents difficult issues, and a dentist must carefully follow the appropriate procedures for termination of the relationship.

When considering the termination of a dentist-patient relationship, a dentist should consult with his or her attorney to determine the proper procedure for termination of the relationship, which may vary depending on state law.

The termination of a dentist-patient relationship is legally justified when both parties agree to end it (such as when the patient’s dental insurance plan changes and the current dentist is not a member of the plan or when the patient moves out of town).

Another legally justified termination occurs when a course of treatment is completed. In this case, however, the patient should be made aware of the fact that the treatment has been completed.

Another example of a legally justified termination occurs when the patient decides to terminate the relationship unilaterally, typically over either unhappiness with the results of the treatment or over administrative, management or personality conflicts.

Abandonment
The type of termination that causes dentists to have potential legal challenges occurs when a dentist decides to unilaterally terminate the dentist-patient relationship. One of the biggest areas of concern when a dentist decides to terminate a patient relationship is abandonment.

Abandonment occurs when a dentist terminates a patient relationship without giving the patient adequate notice or time to locate another practitioner. Abandonment issues generally will not arise when a dentist properly dismisses a patient from his or her practice.

However, abandonment may occur when a dentist refuses to complete a patient’s treatment for no justified reason or when a dentist refuses to see a patient for a follow-up visit. Abandonment is difficult for the patient to prove if a dentist follows the proper and required steps in order to terminate the dentist-patient relationship.

How to terminate the relationship
Any dentist contemplating the termination of a dentist-patient relationship should notify the patient of the dentist’s intention to terminate the relationship.

A letter should be sent to the patient by certified mail with a return receipt requested, which informs the patient of the reasons that the dentist-patient relationship is being terminated. A copy of the termination letter should always be kept in the patient’s file.

The patient’s five obligations
A dentist may unilaterally terminate a patient relationship if the patient has breached one of the five obligations that he or she may owe to the dentist.

• The first obligation owed by a patient is to follow the dentist’s instructions and to cooperate in his or her own care.
• Second, the patient has the obligation to keep scheduled appointments.
• Third, the patient is obligated to compensate the dentist for any, and all, professional services rendered.
• Fourth, the dentist-patient relationship may be terminated if the patient is (or was) disruptive or abusive to the office staff or even to other patients in the office.
• Finally, the patient has breached his or her obligations to the dentist if he or she withheld information regarding his or her medical status or history.

The terminating dentist should provide the patient with adequate time in order to seek alternative care if the patient still requires continued care. The dentist should provide a specific timeframe, often defined by state law, during which the patient should seek a new dentist, such as 30 days.

This timeframe may vary depending on whether the dentist is a generalist or specialist, as well as on the availability of other practitioners in the area. During this timeframe, the dentist should be available for emergency care.

A dentist is not required to make a specific recommendation to a subse-
quent treatment provider. The dentist is only responsible for helping the patient find a subsequent provider if the patient requests it. It is sufficient for the dentist to refer the patient to a local dental society for a referral. It is also sufficient to simply provide the patient with a copy of the Yellow Pages listing of local dentists.

The only restriction on patient referrals imposed on the dentist is that a dentist should not refer a patient to a subsequent provider if the dentist knows that the subsequent provider is not qualified to satisfy the patient’s needs.

Finally, the dentist should inform the patient that, upon request, a copy of his or her records will be forwarded to him or her or to a subsequent treatment practitioner.

It is important to note that HIPAA compliance must be considered and followed regarding the transfer of any patient file. Legally, while it may be acceptable to charge the patient a fee for the copy of his or her records, it may not be prudent in this situation, and may give the patient grounds to consider retaliating by filing a complaint with the local dental board.

After patient termination
The office staff of a dental practice should be fully aware that a particular dentist-patient relationship has been terminated. Office staff must be aware that an appointment should not be scheduled for a particular patient after the specified termination date.

In addition, if a potential subsequent treatment dentist contacts a dental office in order to ascertain the reason behind the patient seeking a new dentist, office staff must be trained how to properly handle the discussion.

No member of the dental staff should malign the patient, as this might interfere with the formation of a new dentist-patient relationship. A member of the office staff, preferably the office manager or the treating dentist, should merely state that there were administrative differences to which the treating dentist and the patient could not agree upon.

Once a patient has been dismissed from a practice, the patient should not be accepted back to the practice. Dentists should understand that there are exceptions that apply to terminating a patient relationship. The decision to terminate a patient relationship must not be discriminatory.

In addition, a dentist should not dismiss a patient who is bleeding profusely, in excruciating pain, suffering from major swelling or in a life-threatening situation.

Dentists do have the right to discontinue ongoing treatment if, in their best clinical judgment, the patient’s best interests are served by doing so. This can be accomplished without the risk of having abandoned the patient.

When a dentist discontinues treatment, the patient still remains a patient of the practice and should be able to seek further treatment at any time.

The patient must consent to the discontinuation of treatment. However, if the patient refuses to consent, the dentist has the option of legally terminating the dentist-patient relationship based on the patient’s failure to follow the dentist’s medical advice and to cooperate in their own care.

The obligations and duties of both dentists and patients must be understood within the dentist-patient relationship.

Understanding the significance and ramifications of these duties and how and when to properly terminate a patient will minimize the risk of being sued by the patient or having a patient file a complaint with the local dental board.
‘Help! Things have got to change!’

Sally McKenzie, CEO

You want to change your practice. You know that you need to change the culture, the systems, perhaps even the staff. You have the desire, but desire alone doesn’t prepare you for the climb when you are standing at the base of what seems like Mt. Everest.

Singlehandedly achieving real change in the dental practice can be a truly Herculean effort. Team dynamics, history, patients, practice culture and technology all play significant roles in the transformation efforts, and each can erect seemingly insurmountable barriers to achieving the goals unless outside help is brought in to effectively and constructively remove those barriers.

Most likely, what you really want is not just change, but excellence. Excellence can be an intimidating concept. After all, an entire industry has been built searching for it since Tom Peters released his best-selling book in 1982.

With all the guides, books, formulas and motivational speakers who have dedicated countless pages of wisdom and endless hours of inspiration, we’ve learned this: Achieving excellence comes down to hard work, commitment and, most importantly, leadership.

At the root of excellence — or even just “very good” — is change. Change in any organization, be it a corporate giant such as Microsoft or your own dental practice, is a huge undertaking. In fact, studies have shown that 60 to 90 percent of the efforts to change the way things are done never come to fruition.

Why? It’s because the culture of most every business is “hard-wired” from the top down. In other words, if those driving the train don’t change course, everyone else is just another cart on the same track, along for the same journey, and on their way to the same destination yet again.

Creating change begins with you

The beauty of the dental practice is that if you, Mr. or Ms. Dentist, are not satisfied or don’t like the direction of your practice, you have the power to change it. In reality, only you have the power to change it. Yes, you need your team to be actively involved, but real change begins with you.

From there comes the development of the plan, which involves asking a few fundamental questions, starting with: What’s your vision for your practice? What does a really good dental practice do differently? How do we get there?

Next is fact finding. Talk to your patients about their experiences. You don’t need to conduct a formal survey, although it’s helpful if you can. At a minimum, ask how your practice can do things better.

Just remember that only a handful will be honest with you. Those who share less than stellar comments are doing you a huge favor in offering their candid opinions.

Studies indicate that if one person complains, at least seven others have had the same negative experience and each of them has told nine others about the problem.

This means that at least one negative comment about your practice has been shared with 63 others in your community. Thus, this is not exactly the word-of-mouth marketing you want circulating.

Begin to assemble the building blocks of practice excellence by examining each individual system and how it fits into the vision of the office that you have chosen to create.

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?
Dental pain can make anyone edgy

With Articadent® DENTAL, everyone can sit back and relax

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a substance that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people.

Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.

Please see Brief Summary of Prescribing Information on adjacent page.

For more information, call 800.989.0826, or visit www.dentsplypharma.com

© 2010 DENTSPLY Pharmaceutical, York, PA 17404
Articadent® is a registered trademark of DENTSPLY International and/or its subsidiaries.
4% Antacid™ DENTAL with epinephrine 1:100,000 (articaine hydrochloride 4% (40 mg/ml) with epinephrine 1:100,000)
4% Antacid™ DENTAL with epinephrine 1:200,000 (articaine hydrochloride 4% (40 mg/ml) with epinephrine 1:200,000)

BRIEF SUMMARY. [See Package Insert for Full Prescribing Information]

USE
Antacid™ is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For routine root dental procedures, Antacid™ with epinephrine 1:200,000 is preferred.

ARTICAC™ is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to soya bean oil.

WARNINGS
Accidental Intraarterial injection may be associated with convulsions, followed by central nerv- ous system depression, respiratory depression, and cardiovascular collapse. Arterial perforation may occur. Arterial puncture should be avoided at all times. Anesthetic solutions should not be injected into an arterial space. Arterial puncture may result in severe and occasionally fatal consequences. Arterial puncture should be avoided at all times. Intravenous injection may occur. Intravenous injection may occur. Intravenous injection may occur. Intravenous injection may occur.

Intravascular injection should be avoided. Avoid intravenous injection. Aspiration should be performed before Antacid™ is injected. The needle should be requisitioned until no return of blood can be elicited by aspiration. Note, however, that the absence of blood in the syringe does not guarantee that intravascular injection has been avoided.

ANATOMY
Antacid™ contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precau- tions for epinephrine administration should be observed.

ADVERSE REACTIONS
Adverse reactions to this group of drugs may also result from excessive plasma levels (which may be due to overdosage, unintentional intravenous injection, or slow metabolic degradation). Injection technique, volume, and injection technique, volume, and injection of anesthetic solutions may also influence the incidence of local anesthetic reactions.

The adverse reactions described above are derived from clinical trials in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.S. and in the U.
the strengths and weaknesses of practice systems and protocols? What changes would they recommend to improve them?

What protocols could be developed to reduce stress and improve the critical experience, practice productivity and the total culture of the office?

Develop your plan for each area and put it in writing. Focus on the specifics of each practice system and create a timeline for addressing individual areas.

Remember, keep it manageable and establish realistic goals. Change efforts frequently fall short because businesses attempt to take on too much too soon and quickly become overwhelmed. Some system changes can be implemented in a few weeks while others may require up to a full year.

**When to seek additional help**

Face the reality of your individual situation. In other words, recognize that there are many dental teams that simply cannot make the necessary changes on their own. Some dentists can successfully direct true system and cultural change in the practice on their own.

However, most don’t have the time, the energy or the mental fortitude to push through when seemingly everyone else is pushing back.

Often, dentist and staff are too close to the situation to be able to objectively consider what is truly working and what needs to be corrected.

Tough decisions become clouded by personalities, turf wars and tenure. In those circumstances, it’s critical to seek outside help from a professional.

Nevertheless, how do you distinguish between those that can deliver results and those that can’t? Like dentists, there are excellent consultants, good consultants and, unfortunately, bad consultants.

Companies can lump all practice management consultants in the same category, I suggest you conduct a simple evaluation. Consider the following questions.

First, is the practice-management consulting firm you are considering endorsed by a credible outside organization, such as your state dental society? For example, McKenzie Management is the only national practice management company endorsed by the California Dental Association.

Does the company or consultant you are considering come to you or must you and your team go to them?

Certainly, it’s valuable for your team to go off-site for a team retreat and continuing education, but there is no substitute for what happens on-site, day-after-day in your practice.

If you are trying to make major changes to critical systems, a consultant cannot make effective recommendations until he or she stands in your office, witnesses the challenges you face, understands your goals and vision, studies your practice data on-site, evaluates the demographics and psychographics of your community and stands alongside the team that makes or breaks your success.

Does the company have a record of proven success? You want numbers, you want data and you want references. The credible companies and consultants will not hesitate to share this information with you.

Can this company tailor its recommendations to address the specific needs and uniqueness of your practice? Perhaps yours is a specialty practice or maybe you have certain economic challenges in your community.

Possibly yours is an HMO office or maybe your practice is in a rural setting. Certainly, there are management systems that every practice must implement — such as scheduling, collections, production, etc.

Yet, no two practices are exactly alike. You want a consulting company that has the experience and breadth of knowledge to address the uniqueness of your practice.

What type of follow-up will this company or consultant provide? Is this a once-and-done operation? Does the company representative spend a day or a few hours with you, hand you a manual to follow and leave you to implement the recommendations on your own?

In most cases, that’s a strategy for failure. The dentist cannot make major changes in his or her practice singlehandedly. Alternatively, are the consultants on-site for as many days as the dentist would like? Regardless of the number of onsite days, it is imperative that you have a partner walking through the change process with you and your team for a full 12 months.

Ultimately, you want to work with a consulting firm that is prepared to provide individual attention and specific assistance to your practice over the long haul.

---

**About the author**

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of *The Dentist’s Network Newsletter* at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenziegmt.com; and *The New Dentist* magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.
A guiding light: Dr Lenard I. Linkow

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

It is said that America became great because of the ability of Americans to think creatively or, as the expression is used, outside of the box. Dr. Leonard Linkow is such a man, and he has had a tremendous effect on the field of dentistry and the quality of oral care afforded to patients. Linkow forged through battles of existing stagnation, adversity and legal precipices to achieve the correct utilization of implants.

In the ‘60s, Linkow designed the blade implant to avoid removable prostheses, and at about the same time he patented designs for the root form implants that are used today. Even in the ‘60s, he had the foresight to utilize titanium in his implants.

Although throughout the world Linkow is considered the “father of oral implantology” and even has a street named after him in Germany, he never claimed to have invented implants. In fact, he always gave credit to the Egyptians for such an invention, and he never failed to thank those who helped him along the way, such as Dr. Checherve from France, one of his earlier motivators.

What has made Linkow so outstanding is his passion and undeniable belief in the success of implants, along with his willingness to share. In the late ‘60s, just as the Beatles came to the United States, Linkow was spending a lot of his time lecturing throughout the world. Lugging the requisite boxes of slides, he would spend hours sharing with dentists all around the globe his ideas about the restoration of debilitated mouths.

No matter whether in Germany, France, Russia, Australia, Brazil, South Korea, Peru, Argentina, Canada, India, Japan or the Philippines, he energetically shared his knowledge with all.

While Linkow was practicing dentistry full time in New York City, he found the time to write 17 books on the subject. He graciously included me among the leaders in implantology noted in one of his books.

Linkow was also a clinical professor at four universities: New York University (NYU), Temple University of Pennsylvania, University of Pittsburgh, Lille University of France.

In addition, Linkow was one of the three founding fathers of the first esthetic dental society, and he helped create the American Society of Dental Esthetics, along with Dr. Irwin Smigel. He has the endowed chair in implantology at NYU, in perpetuity, known as the Linkow Chair.

Some years ago, Len and I were presenting lectures on the road and taking questions from the podium. At that time I was the first periodontist to place implants in the United States and an officer of the only organized implant academy at the time.

Someone in the audience asked a derisive question, trying to divide our positions. In response, Len placed his hand on my shoulder and stated firmly: “David and I are a team and work together.”

Linkow is a visionary with a wonderful imagination. He continues to present his vision of successful utilization of implants around the world. Foremost in his passion is his love for his family, his daughters, his grand-children and his friends.

Among his enduring strengths is his belief in the success of converting an orally debilitated mouth to a natural functioning rehabilitated one through implants.

Just as Len’s hand was always on my shoulder, I can only hope the same for all those in the dental field involved in implants, and the millions of patients who have and will receive the benefit of implants. May his hand be on your shoulder, too.

Dr. Linkow will lecture at the Greater New York Dental Meeting on behalf of the ADI at 10 a.m. on Sunday, Nov. 28.

About the author

Dr. Roger P. Levin is founder Levin Group, a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners.

Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practice dentistry.

Levin Group may be reached at (888) 975-0000 and customer.service@levingroup.com.

The missing systems

Reach your practice potential and achieve continuous growth

By Roger P. Levin, DDS

Most dentists will say, “I have good systems.” However, are they the right systems? Inefficient and outdated systems create a no-win situation for practices. The worse the systems, the harder the practice has to work. Yet, no matter how hard the practice works, it can’t reach its potential.

Unleashing the practice’s potential

Step-by-step systems allow the practice to reach its true production potential. The nine areas where excellent systems result in significantly higher production for the practice are:

1. Scripting
2. Scheduling
3. Collections
4. Case Presentation
5. Internal Marketing
6. The New Patient Experience
7. Hygiene
8. Customer Service

Practices that have implemented what Levin Group calls The Missing Systems; spend little or no time on plateaus and achieve greater financial success in a low-stress environment. These dentists report that they enjoy practicing dentistry more and have additional free time.

Dentistry in the 21st century

Today, dentistry is more complex. Patients expect more from their dentists. New dentists are facing higher and higher levels of debt. Competition for new patients is more intense. Dental practices have to be prepared to meet these challenges. Practices that are able to implement effective systems will gain the following:

• Improved production, profit and patient satisfaction
• Lower stress and a more enjoyable work environment
• Time for the dentist to focus on leadership and team-building without detracting from patient care
• Higher levels of patient care and satisfaction
• A motivated team that enjoys learning and is willing to participate in practice growth
• The ability to train new team members more efficiently
• The capability to rapidly adapt to change

Systems, the team and success

If team members do not have efficient, updated systems to rely on, stress and chaos will occur at some point. Stress will wreak havoc on you, your team and, ultimately, your profit potential.

Like the best businesses in other fields, top-performing practices understand that the time it takes to put step-by-step systems in place is critical to long-term success.

Even though it may require extra work on the front end, there are many long-term benefits. We have heard the phenomenon demonstrated routinely as clients transformed their practices into million-dollar businesses.

Conclusion

To make the jump to continuous growth, dentists need to implement The Missing Systems in their practices.

Improved business systems allow you to make the most of your clinical training, reaping the rewards of greater success.
4th Annual American Dental Implant Association Symposium

Featured Speakers:

- Robert Marx
- Scott Ganz
- Renso Casellini
- Jennifer Cha
- Arun Garg

... and many, many others!!

Las Vegas
Mandalay Bay Hotel
January 21-22, 2011

305-944-9636
www.implantseminars.com

Tuition only $495!
A word from Jérôme Estignard, FDI interim executive director

Jérôme Estignard was appointed interim executive director by the FDI Council during the 2010 FDI Annual World Dental Congress held in Salvador da Bahia. He will manage the FDI head office during the search for a permanent executive director.

Estignard has been with the FDI since November 2009 as finance and operations director. His prior experience includes five years as senior auditor at PriceWaterhouseCoopers in France and 12 years at SITA in France, Germany and Switzerland, including roles of financial reporting at SITA, Switzerland, from 2004 to 2008.

Estignard holds an MBA from the International University in Geneva (Switzerland), a degree in accounting and finance from the ICS Business School in Paris (France) and a degree in business economics from the University de Sceaux (France).

“Last month FDI hosted another Annual World Dental Congress in Salvador da Bahia, bringing together close to 10,000 participants worldwide. Striving toward better oral health never stops and we are now focusing on building a solid foundation for the work ahead of us,” Estignard said.

“The FDI is a membership organisation and as such, we are seeking to enhance services for our members, taking into account the advice and opinions from all members, national dental associations and stakeholders. “I am privileged with a trust that the FDI Elected have placed in me and am very enthusiastic about our future. With the support of the FDI Council, numerous volunteers, head-office staff and our partners, FDI is continuing its journey toward the vision of optimal oral health for all.”

“FOX aims to unify FDI members, governance and staff online contact through an intuitive application that provides information about FDI members, facilitates FDI member-to-member relationships, enhances visibility of oral health leaders and encourages knowledge sharing.”

National dental associations rally to help rebuild Haiti’s oral health infrastructure

When Chantal Noël, national liaison officer of the Association Dentaire Haitienne, spoke at the General Assembly and at the NLo Forum in Salvador, she expressed enthusiasm to work with VOX, the FDI’s new communication platform, in the quest to rebuild the oral health capabilities of her country. Eight months after an earthquake devastated Haiti, many of the dental offices are still in ruins.

Noël plans to enlist the support of national dental associations worldwide in the rebuilding and re-equipping efforts. She will use VOX to communicate with all FDI members about the equipment that is needed by Haitian dentists. Chantal gave insight into the need for Haitian dentists will not be able to rebuild their practices. The campaign aims to raise $500,000 by the end of 2010.

For more information or to donate, go to www.ada.org/4412.aspx.

2010 FDI/Unilever Poster Award Competition

The six winners of the 2010 FDI/Unilever Poster Award Competition were announced during the VIP reception at the 2010 Annual World Dental Congress on Sept. 2. They are:

- Comparison of resin-based sealers 2seal and AHPlus cytotoxicity on cell lines MG-63 and Saos-2, Maryam Ehsani*, Ebrahim Zabihi (Iran)
- Prostaglandin E2 induces receptor activator of nuclear factor kappa B ligand expression in human periodontal ligament cells via EP2 receptor, Navapam Sakorruwimon*, Auspre- waranop Phattharaokool, Prasit Pava- sath (Thailand)
- Prevalence/distribution of Porphyromonas gingivalis fim- brial subtypes in patients with severe periodontitis, Patrick Frank*, Sigrun Eick, Chong-Kwan Kim, Peter Eickholz, Ti Sun Kim (Germany)
- Activity of plant extracts from the Brazilian Panta- nal against Streptococcus mitis, Fernanda Loureiro-Girimbaut, Marcos José Salvador, Alberto Carlos Botazzo Delbem, Ádina Cléia Bolazzo Delbem, Cristiane Yumi Koga-Ito (Brazil)
- Tooth loss and oral health self-perception of adults covered by health strategy for the family in Salvador, Bahia, Brazil, Mercia Sacramento Dos San- tos, Gimena Mato Santos, Fabi- ana Baynal Flotao, Maria Isabel Pereira Viana, Maria da Conceição Nascimento Costa (Brazil)
- Sickle cell disease, oral health status and socioeconomic conditions of children in the state of Bahia — a cohort study, Felipe Fagundes de Souza, Thais Régis Aranha Rossi, Maria Is- abel Pereira Viana, Maria Cristina Teixeira Cangassu (Brazil)

The FDI received more than 120 submissions for the competition this year.

The best posters were selected as finalists prior to the congress and were then invited to present their posters and research to a panel of judges, followed by a question-and-answer session at the congress.

All winners received a free registration to a future FDI Annual World Dental Congress and $1,500 toward his or her participation in the congress.

Information on the 2011 contest will be posted on the FDI website once it becomes available.

FDI successfully launches new communication platform — VOX

The platform was presented to members in both the FDI General Assembly and National Liaison Officers forum, following online access being made available to members.

This new FDI web-based membership communication platform comes in response to requests from FDI members, and it is tailored to meet their diverse needs.

VOX aims to unify FDI members, governance and staff online contact through an intuitive application that provides information about FDI members, facilitates FDI member-to-member relationships, enhances visibility of oral health leaders and encourages knowledge sharing.

After the launch, members have been actively exploring VOX and communicating their feedback:

- “Congratulations on the...
The FDI World Dental Federation and Unilever Oral Care launched Phase II of their unique global partnership at the FDI Annual World Dental Congress in Salvador da Bahia, Brazil.

The new partnership follows a successful five-year Phase I collaboration that saw 40 different health promotion programmes implemented in partnership between national dental associations (NDAs) and Unilever Oral Care brands in 37 countries.

Phase II of the partnership will again involve NDAs working in partnership with Unilever Oral Care locally, with a new goal to work together to measurably improve oral health through encouraging twice daily brushing with a fluoride toothpaste.

With one goal aligning the partnership globally, it aims to have a greater and more measurable impact on oral health around the world.

Projects will work through key influencers such as dentists, other health professionals and teachers, aiming to reach specific target beneficiaries of families, school children and infants, to educate them regarding the benefits of twice daily brushing with fluoride toothpaste and support them in taking up this fundamentally important oral-health behaviour.

To mark the launch of Phase II, the partners held a Global Launch Workshop at the FDI Annual Dental Congress, attended by NDA representatives from participating countries and from the global partnership team at FDI and Unilever.

Two members of the FDI World Dental Development and Health Promotion Committee, Professors Prathip Phantumvanit and Juan Carlos Llodra, also gave presentations on the efficacy of twice daily brushing with fluoride and programme evaluation indicators.

The FDI World Dental Federation and Unilever Oral Care have committed to continue to work together to improve oral health globally and are pleased to be taking their partnership forward.

With its focused goal, aligned to the FDI Policy Statement 2008, “Promoting Dental Health Through Fluoride Toothpaste,” Phase II of the FDI/Unilever Oral Care partnership contributes significantly to the FDI’s ongoing vision to lead the world to optimal oral health.
The greatest challenge in treatment planning is to assign a predictable accurate prognosis. In the era of evidence-based dentistry, outcome studies have forced us to re-examine our treatment approaches. Periodontal prognosis refers to the expected longevity of teeth.

Determination of periodontal prognosis is an integral part of periodontal practice and it influences treatment planning directly whether to treat, retain or remove periodontally involved teeth. The prognosis of whole dentitions or individual teeth is “dynamic” and may require alteration of projections as health status or dental initiatives (e.g., oral hygiene) change.

While many considerations from the periodontal literature apply, new information and techniques should be considered to retain teeth or not. This article focuses on the primary areas for consideration of development of prognosis with the underlining goal of patient and clinical satisfaction and economic stability.

Periodontal prognostication systems

Historically, the prognosis of a tooth was defined based on tooth loss. Several authors have formulated and investigated their own prognostication systems with variable results, but showed that systems based on tooth loss were unpredictable over the long term.

The accepted, and generally used, classification of prognosis was suggested by McGuire and Nunn. This system contains a detailed stratification for individual teeth as seen in Table 1.

Another system was introduced by Kwok and Caton, which determines prognosis on future periodontal stability. Prognosis is considered “favorable” for teeth when the local or systemic factors can be controlled and the periodontal status of the tooth can be stabilized with comprehensive periodontal treatment and maintenance.

When the local or systemic factors may or may not be controlled, teeth are determined to have a “questionable” prognosis, although the periodontium can be stabilized with comprehensive periodontal treatment and periodontal maintenance if these factors are controlled. For teeth with an “unfavorable” prognosis, the local or systemic factors cannot be controlled, and periodontal breakdown is likely to occur even with comprehensive treatment planning.

### Table 1: McGuire and Nunn Prognostication System

<table>
<thead>
<tr>
<th>Prognosis</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good prognosis</td>
<td>Control of the etiologic factors and adequate periodontal support maintainable with good compliance</td>
</tr>
<tr>
<td>Fair prognosis</td>
<td>25 percent attachment loss, Class I furcations maintainable with good compliance</td>
</tr>
<tr>
<td>Poor prognosis</td>
<td>50 percent attachment loss, Class II furcations, Class I furcations</td>
</tr>
<tr>
<td>Questionable prognosis</td>
<td>&gt;50 percent attachment loss, poor root form, Class II furcations, 2+ mobility, significant root proximity</td>
</tr>
<tr>
<td>Hopeless prognosis</td>
<td>Inadequate attachment, extraction</td>
</tr>
</tbody>
</table>

Good prognosis

Control of the etiologic factors and adequate periodontal support maintainable with good compliance

Fair prognosis

25 percent attachment loss, Class I furcations maintainable with good compliance

Poor prognosis

50 percent attachment loss, Class II furcations, Class I furcations

Questionable prognosis

>50 percent attachment loss, poor root form, Class II furcations, 2+ mobility, significant root proximity

Hopeless prognosis

Inadequate attachment, extraction
Changing dentistry one injection at a time.

The BEST way to start every procedure!

Transform your practice with DentalVibe today:
- Increase Patient Comfort
- Reduce Personal Stress
- Generate Patient Referrals

GNYDM SHOW-ONLY SPECIAL:
Save $300 on DentalVibe, plus receive:
- FREE UV Travel Toothbrush Sanitizer (a $29.99 value)
- FREE bag of 50 Comfort Tips
- Plus a FREE GIFT just for stopping by

Valid only at Booth #5033, Greater New York Dental Meeting, November 28 - December 1

Also use for PAIN-FREE BOTOX Injections

Limited Time
7 Day Clinical Trial
Use code DTRB1110 when ordering.

www.DentalVibe.com  Product Videos  TV News  1.877.503.VIBE (8423)

“Off the Podium” Event

Your opportunity to mingle with recognized lecturers – Malcmacher, Blaes, Freedman, Kaminer and others.

Marriott Marquis
Sunday, 11/28 • 5:30pm – 7:30pm  Open Bar • Hors d’oeuvres Prizes  To qualify for a VIP PASS, visit Booth #5033.
periodontal treatment and maintenance. Finally, when the prognosis is “hopeless,” extraction is indicated.

Overall versus individual tooth prognosis

When projecting prognosis, many factors are to be evaluated. These factors are then synthesized into a scheme for determining a periodontal prognosis. Although longitudinal studies have indicated that non-surgical and surgical treatments generally were maintainable, long-term stability is still subject to many variables.1, 11

As shown in Table 2, factors influencing the overall periodontal prognosis include age, genetics, oral hygiene, systemic conditions, smoking, patient compliance and economic considerations. Tooth-specific influences include the amount of attachment loss, crown-root ratio, position in the arch, presence or absence of furcation invasions and other anatomic and restorative factors.2, 8 These parameters are recorded and weighed according to past clinical experience and prognosis is assigned.12

Overall prognosis

Factors that need to be considered when deciding on an overall periodontal prognosis include the following.

• Age. Studies consistently show more periodontal disease and generally greater severity of disease in older as opposed to younger people.1, 2, 6 Generally, an older patient probably has a better prognosis for a given level of attachment loss than a younger patient does.

• Plaque control. Bacterial plaque is the primary etiologic factor associated with periodontal disease. The patient’s ability to perform adequate plaque control is important in determining whether or not the disease can be arrested.2, 13

• Smoking. Individuals who smoke more than 10 cigarettes per day have an increased risk of more severe periodontal disease, a less predictable response to initial therapy and a more complicated therapeutic response. With all other factors being equal, a patient who continues to smoke will have a worse prognosis than one who either does not smoke or quits smoking.14–17

• Diabetes. Diabetic patients have a higher prevalence of periodontal disease and greater attachment and bone loss.18, 19 Patients with diabetes, especially poorly controlled diabetics, will generally have a worse overall prognosis than patients who are not diabetic (Fig. 1).

• Genetics. Genetic factors may play an important role in determining the nature of the host response. It was suggested that genetic polymorphisms in certain genes involved in the immune response (e.g., interleukins IL-1 and IL-10), may be associated with susceptibility to severe periodontitis in some populations.6, 12

• Stress. Physical and emotional stress as well as substance abuse may alter the patient’s ability to respond to the periodontal treatment performed.6 A recent meta analysis of the literature suggests that psychological stress can lead to increased periodontal disease.2, 20

• Patient compliance. One should consider the patient’s ability and consistency in performing plaque control when determining the overall prognosis. The better his or her plaque control, the better the long-term prognosis.21–23 This determination is an important part of the re-evaluation examination following initial root planning and oral hygiene instructions.1, 2

• Economic considerations. Persons with severe periodontal disease are likely to be less conscious of their health, resulting in a worse prognosis. The complex treatment of patients with advanced periodontal breakdown is very expensive.24

Table 2: Factors that may affect a prognosis.
“Monolithic” Is At Burbank ... IPS e.max® Introductory Offer $154/ Unit

Monolithic e.max Press & Stain Only Expires 12-31-2010

FREE Patient Ed. Model

Monolithic e.max Lithium Disilicate

Entire Crown 400 MPa Strong

Acrylic Metal-Free Replica Crown

CALL NOW FOR PATIENT ED. MODEL & SPECIALS

800-336-3053
sis and is affected by it. Many local and prosthetic/restorative factors have a direct effect on the prognosis for individual teeth in addition to any overall systemic or environmental factors that may be present. It was found that attachment loss, probing depth, furcation involvement, crown-to-root ratio, fixed abutment status and percent bone loss are the most important factors in determining tooth loss.\(^1,2,5,6\)

• Deep probing depth and attachment loss. Deep probing depths and attachment loss are associated with future periodontal breakdown due to limited access for maintenance and opportunistic changes in the environment to favor periodontal pathogens.\(^1,26,27\) Probing depths greater than 5 mm were difficult to maintain as healthy and had more residual plaque and calculus.\(^28\)

• Crown-root ratio. Crown-root ratio is also a measure of attachment loss, especially when dealing with short roots. The example on this page demonstrates poor crown-root ratio related to a developmental anomaly in a patient with short roots (Fig. 2).

• Furcation invasions. The greater the amount of attachment loss in the furcation, the worse the long-term prognosis for that tooth. Teeth with minimal (Class I) or no furcation invasions generally have a good prognosis. Teeth with complete loss of bone in the coronal aspect of the furcation (Class III) generally have a poor prognosis, and regeneration of this type of defect is not predictable for most clinical situations. Therefore, teeth with Class III furcation have an unfavorable treatment outcome.\(^2,8\)

• Anatomic factors. Teeth such as the maxillary premolars, which have pronounced root concavities, are also more difficult to instrument and maintain, and likewise have a worse prognosis than teeth with relatively straight roots.\(^8\)

• Tooth mobility. While some authors have found that increased mobility is a factor that negatively influences the survival of a periodontally affected tooth, others describe no association between tooth mobility and treatment outcome. Severe mobility of a tooth is generally an indicator of a poor long-term prognosis.\(^1,2\)

• Restorative and prosthetic factors. Overhanging restorations and ill-fitting crown margins represent an area for plaque retention and increased prevalence of periodontal lesions.\(^29\)

Depending on the supragingival or subgingival location of such factors, their influence on the risk for disease progression and periodontal prognosis has to be considered.

Fixed abutment status is a measure of occlusal load and also of the patient's ability to perform plaque...
Cool, yes.

Convenient and efficient, definitely!

Introducing ShortCut™.* The all-in-one retraction cord delivery system. Available with GingiBRAID+ retraction cords inside.

For a product tour, visit www.duxdental.com/shortcut

Contact your preferred dealer to order.

For more information contact DUX Dental
1.800.833.8267 | www.duxdental.com
Nearly 60,000 expected at New York meeting

By Fred Michmershuizen, Online Editor
and Jaime McNiff, GNYDM Education Coordinator

Every year, the Greater New York Dental Meeting (GNYDM) attracts nearly 60,000 dental professionals from around the world, giving attend- ees the opportunity to view innova- tive dental products, learn about the latest procedures and explore new tech- nologies. This year’s meeting, which organizers say will be better than ever, is scheduled for Friday, Nov. 26, through Wednesday, Dec. 1. Participants will come from around the globe to hear about and personally examine the newest prod- ucts and equipment available to the dental profession. The latest tech- nologies will be demonstrated on the exhibit floor, and representatives from each company will be there to teach attendees about these new offerings from around the world. Attendees will have the opportunity to touch, use and discover the newest materials.

The third annual Dental Tribune Study Club Symposium will also be held during the meeting. World-renowned experts will offer lectures on vari- ous topics. Participants will earn C.E. credits and will have the opportunity to learn about various aspects of den- tistry and how to integrate a variety of treatment options into their practices.

The Scientific Session will be held throughout the entire six days of the event, and the exhibit hall will be open Sunday, Nov. 28, through Wednesday, Dec. 1.

Here are some additional high- lights of this year’s event.

Joan Rivers
Monday’s Celebrity Luncheon will feature an American culture icon, Joan Rivers. As a comedian, TV host and CEO, Rivers is also a best-selling author, Emmy award-winning talk show host, Tony-nominated actress, Celebrity Apprentice winner, writer, director and savvy businesswoman. The Celebrity Luncheon is also a way for the GNYDM to honor out- standing leaders of the dental pro- fession. It is an opportunity to say “thank you” for the commitment they have made to further the welfare of the public. Attending the Celeb- rity Luncheon and seated honorably on the dias will be dignitaries from around the world.

Exhibit hall
As a global dental convention, the GNYDM designs its enormous exhi- bition from the perspective of its visitors and continues to invest in programs to benefit its exhibitors. This year, there will be more than 1,500 booths representing more than 500 exhibiting companies. Smart buyers are looking for a maximum return on investment when they shop for cutting-edge equipment and innov- ative products.

There are extensive tax advan- tages for making purchases in 2010.

Two Live Dentistry Arenas
The GNYDM offers two modern and high-tech free “live” dentistry arenas from Sunday through Wednesday. The interactive live program fea- tures dental procedures performed on real patients from a stage before 500 attendees on either side of the exhibit floor.

Topics include orthodontics, esthetics, endodontics, pediatrics, implants, oral surgery, lasers and a hygiene program. Attendees are advised to arrive early because seating is limited to 500 in each arena.

Educational programs
Value high-end exemplary programs, world-class clinicians, upscale pro- grams and top-of-the-line innova- tions place the GNYDM at the head of its class in education.

Seminars begin with Dr. Ross Nash on Friday, Nov. 26, at 9 a.m. in the Westside Ballroom at the Marriott Marquis Hotel.

More than 500 seminars, work- shops and essays are available from Friday, Nov. 26, through Wednesday, Dec. 1.

Botox/Dysport and dermal fillers
Cosmetic dentistry is on the up- and-up, gaining publicity across the nation and the globe. Dr. Bruce G. Freund and Dr. Zev Schulhof are co- founders of the American Academy of Facial Cosmetics and will present two full days of Botox/Dysport on Monday and Wednesday, and two full days of dermal fillers on Sunday and control.2

Conclusion
Developing a prognosis for the den- tition incorporates virtually all skills in the art and science of dentistry. Prognosis can be stratified in the prognosis of the overall dentition and prognosis of individual teeth. Prognosis should primarily have a scientific and evidence-based approach that also is predicated upon clinical experience, individual patient factors and luck.

Development of an accurate prog- nosis has an underlining economic importance. Prognosis of the over- all dentition leaves clinicians and patients to choose appropriate treat- ment plans based on the expected lifetime of the teeth.

For example, if the majority of teeth have a poor or questionable prognosis, treatment plan options may favor full-mouth extraction and complete dentures. Another patient with the majority of teeth with a poor or questionable prognosis may be motivated for dental implants and a fixed prosthesis.

Development of a prognosis for individual teeth or combined with dental implant treatments may add levels of complexity to the treatment plan and have far reaching econom- ic consequences. Utilizing natural teeth as abutments for a fixed pros- thesis or individual crowns must be reasonable.

Patient issues such as overall health, impacted medications, den- tal IQ, oral hygiene, etc., need to be assessed prior to dental therapies and reviewed at each exam and recall appointment.

The determination of a prognosis is an evolving and dynamic process. Therefore, it is reasonable to try to predict a long-term prognosis, but reassessment is often needed for a prolonged period.

Therefore, reprog nostication occurs after each examination of the patient.3

A complete list of references is available from the publisher.

About the authors

• Dr. Belinda Brown-Joseph is director of the graduate periodontal clinic and associate professor of periodontology and oral implantology at Kornberg School of Dentistry at Temple University, Philadelphia.

• Dr. Samia Hardan is an assistant clinical professor of periodontol- ogy and oral implantology at Kornberg School of Dentistry at Temple University, Philadelphia.

• Dr. David L. Hoexter is a clinical professor of periodontology and implantology at Temple University School of Dentistry, Philadelphia, and editor in chief of the Dental Tribune U.S. Edition

• Dr. Sebastien Dujardin maintains a private practice in periodontics in Lille, France.

• Dr. Jon B. Suzuki is a professor of microbiology and immunology at the School of Medicine, Temple University, and professor of periodon- tology and oral implantology at Kornberg School of Dentistry at Temple University, Philadelphia.
Tuesday, November 30

Participants will learn to use Botox/Dysport facial injectables for facial therapeutic and aesthetic treatments as well as learn to improve the appearance of the skeletal profile and lips to match the smile and dental esthetics of the individual patient.

Speakers will teach attendees about the most frequently used and highest rated types of facial fillers, including Restylane, Perlane, Juvederm and Radiesse.

Attendees are welcome to bring their own patients so they may treat volunteer patients.

25th anniversary General Practice Residency Fair

The General Practice Residency Fair provides dental students an opportunity to gather information regarding general practice residency and advanced education in general dentistry programs in an informal atmosphere. The 25th annual fair is on Sunday, Nov. 28, from 9:30 a.m. to noon. Admission is free.

Luncheon and Learning program

Tuesday’s Luncheon and Learning is a free program that includes a complimentary lunch ticket.

The panel will discuss how dental technology can help to maintain a patient’s physical health and possibly help reduce the risk of cardiac disease.

Sponsors of the program are Chase HealthAdvance, Electro Medical Systems, Hiossen, Sirona and Captek.

Pick up your free tickets at their booth on Sunday, Monday and Tuesday.

Invisalign Expo

The GNYDM is partnering with the third year students with Align Technology to offer the Invisalign Expo. These educational courses extend for four full days, Sunday, Nov. 28, through Wednesday, Dec. 1.

Taught by the most seasoned team of Invisalign specialists, dental professionals will learn the logistics of tooth alignment and other abnormalities.

Invisalign Clear Essentials I is scheduled on Sunday and Tuesday. Attendees can also complete Clear Essentials II on Monday or Wednesday.

Endodontics

The endodontic program begins on Saturday, Nov. 27, with essays discussing research and ideas on pain control, irrigation as well as the most important developments in the field of endodontics today.

Seminars, workshops and live demonstrations include topics on rotary instrumentation, resin-bonded obturation, endodontic techniques and new bioceramic technology.

The New York State Association of Endodontists program on Wednesday welcomes all professional attendees to this specialty program.

Implant Dentistry

Educational courses in implant dentistry are offered all day from Saturday, Nov. 27, through Wednesday, Dec. 1. Speakers in workshops, seminars and essays will discuss topics including surgery, restoration and partially edentulous implants.

In addition, attendees will have the chance to visit the free live patient demonstrations in implant dentistry offered from Sunday through Wednesday.

DTSC Symposia

The Third Annual Dental Tribune Study Club Symposium will be held from Nov. 28 to Dec. 1. Each day will feature from two to five individual one-hour lectures led by experts in their fields. The final day features the Oseoo University Summit, a program dedicated to implantologists.

The speakers have been carefully selected and are nationally and internationally renowned for their influence in enhancing dental education through extensive clinical experience and diverse backgrounds.

Participants not only earn C.E. credits, but they also gain an invaluable opportunity to learn diverse aspects of dentistry and how to integrate a variety of treatment options into their practice.

The program is held on the exhibition floor, in Aisle 6000, Room 5 and will feature the following agenda.

**Sunday, Nov. 28**

10:11 a.m., “Beautiful: Go with the FLOW” with Dr. Howard Glazer
11:20 a.m.–12:20 p.m., “Light Cured Adhesive Dentistry — Science and Substance” with Dr. John Fucuke
12:50–1:10 p.m., “Exciting New Tools for Superb Impressions” with Dr. Marc Gottlieb
1:20–2:20 p.m., “A Simplified Approach to Multi-Layer Direct Composite Bonding” with Dr. Martin Goldenstein
2:40–3:40 p.m., “Digital Impressions: Are they for me?” with Dr. Richard Rosenblatt
4–5 p.m., “Total Facial Esthetics for Every Dental Practice” with Dr. Louis Malcmacher

**Monday, Nov. 29**

10–11 a.m., “Eco-Friendly Infection Control — Understanding the Balance” with Noel Brandon-Kelsch
11:20 a.m.–12:20 p.m., “Incorporating New Advances In Dental Materials And Techniques Into Your Restorative Practice” with Dr. Gregori Kurgman
12:50–1:10 p.m., “A Game-Changing Approach to Difficult Class II Composites” with Dr. Marc Gottlieb
1:20–2:20 p.m., “Optimizing Your Practice With 3-D Cone-Beam Technology” with Dr. Damien Mulvany
2:40–3:40 p.m., “High Resolution Cone Beam With PreXion 5-D” with Dr. Edward Katz
4–5 p.m., “Soft-Tissue Lasers and Caries Diagnosis” with Drs. Friedman, Goldstep and Lynch

**Tuesday, Nov. 30**

10–11 a.m., “Soft-Tissue Lasers and Caries Diagnosis” with Drs. Friedman, Goldstep and Lynch
11:20 a.m.–12:20 p.m., “Soft-Tissue Lasers Adjunctive to Orthodontic Treatment” with Dr. Lou Chmura
12:50–1:10 p.m., “The Newest Developments in the Art and Science of Air Abrasion” with Dr. Marc Gottlieb
1:20–2:20 p.m., “Introduction to Cone-Beam CT (CBCT), Especially As It Pertains to Prevention of Failures in Oral Implantology” with Dr. Dow Almog
2:40–3:40 p.m., “Cleaning and Shaping With New Technology” with Dr. Bettina Basrani
4–5 p.m., “Contemporary Concepts in Tooth Replacement: Paradigm Shift” with Dr. Dwayne Karateev

**Wednesday, Dec. 1**

10–11 a.m., “Best Management Practice, Waste Management For The Dental Office, and OSHA Compliance” with Al Dube
11:20 a.m.–12:20 p.m., “Hard- and Soft-Tissue Lasers” with Dr. Glenn van As
1–4:30 p.m., “The Oseoo University Summit: A Collection from Masters of Implantology” with Dr. Benedict Bachstein, Dr. Ethan Panick, Dr. Enrique Merino, Dr. Jeffery Hoess, Dr. David Hoezter and Dr. Dwayne Karateev

For exact program details, please check the schedule at www.DTStudyClub.com/gnydm.

The symposia are free for registered GNYDM attendees, but preregistration is required. Also, due to limited seating, register early to ensure preferred seating. For registration visit www.gnydm.com.

The GNYDM is a joint venture of the New York Counties Dental Society and the Second District Dental Society, located in Brooklyn and Staten Island in New York state.

More information is available about the meeting by phone at (212) 598-6922, by fax (212) 598-6934, by e-mail at info@gnydm.com or online at www.gnydm.com.
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
Hello New York City!

By Fred Michmershuizen, Online Editor

If you are coming to the Greater New York Dental Meeting, keep in mind that there is always plenty to see and do in the Big Apple. It doesn’t matter whether you have an hour or all day, whether you have money to spend or you are on a tight budget. When your business is finished at the dental meeting, head out on the town for a memorable time. Here are some ideas.

Practice your figure eight
The Rink at Rockefeller Center is open to the public. You can skate beneath the gilded statue of Prometheus and the glittering Christmas tree. You can even get skating lessons there if you like. For more information, call 212-332-7654 or visit www.patinagroup.com/east/iceRink.

And if you are too shy to skate with thousands of tourists gawking at you from above, check out the Wollman Rink in Central Park, 212-439-6900, www.wollmanskatingrink.com; or the Sky Rink at Chelsea Piers at 23rd Street and the Hudson River, 212.336.6100, www.chelseapiers.com.

Escape to Houdini exhibit
Through impossibly daring feats, Harry Houdini (1874-1926) captivated audiences worldwide, and his legendary escapes instill awe to this day. “Houdini: Art and Magic” — the first exhibition in a major American art museum on the master magician and his lasting influence in visual culture — features magic apparatus, posters, broadsides, period photographs, archival films and contemporary artwork inspired by the great magician and escape artist.

The exhibition reveals how Houdini’s reputation has evolved over time, and how the edgy performances and physical audacity excited audiences at the turn of the twentieth century. It’s at the Jewish Museum, 1109 Fifth Ave. at 92nd Street, (212) 423.3200, www.thejewishmuseum.org.

Visit an Irish pub
New York City has some of the best ethnic restaurants in the world. You don’t have to spend a fortune to have a great meal, either. Whatever your tastes, there is something sure to please your palate.

For example, if you want traditional Irish fare, wander in to one of the many pubs scattered throughout Midtown. If you are hungry for Italian food, you can’t go wrong at any of the authentic eateries along Mulberry Street. Those who have a taste for Indian will want to head to Gramercy Park or the East Village.

Kick it up with the Rockettes
If you are in town with children, you might want to treat them to the annual Radio City Christmas Spectacular, featuring the Rockettes.

This Christmas tradition has been delighting audiences young and old every holiday season for the past 75 years. For tickets, call (212) 907-1000 or visit www.radiocitychristmas.com. Shows are every day, but they sell out months in advance. So if you strike out with the box office, ask the concierge at your hotel to help you.

Get to the Top of the Rock
You can see just about everything in New York City from top of Rockefeller Center, an Art Deco masterpiece of a building. The lines for Top of the Rock are much shorter than at the Empire State Building, yet the views are just as awe-inspiring. Tickets are expensive but worth it. It’s located in Midtown at 50 Rockefeller Plaza.

For information, call (212) 698-2000 or visit www.topoftherocknyc.com.
Thank You

for bringing the global community together...
the journey never ends.

Dr. David Babin: Victoria, British Columbia, Canada
Dr. Curtis Westersund: Calgary, Alberta, Canada
Dr. Daniel Daniel: Halifax, Nova Scotia
Dr. Edmond Suh, Wake Forest, North Carolina, USA
Dr. Arturo Garcia: Sugarland, Texas, USA
Dr. Jerry Lim, Singapore
Dr. Craig Newman, Merimbula, NSW Australia

"I have never felt so reassured in my lab partner even though you are halfway around the world. You have been very calm in handling the unexpected."
—Jerry Lim, B.D.S., FRACDS

800.713.5390 • 408.342.6269
Bob@WilliamsDentalLab.com
7510 Arroyo Circle • Gilroy, California 95020
Adjustment-free appointments are actually possible and can be routine. Delivering veneers, inlays, onlays, crowns, bridges and partial dentures with very little or no proximal and occlusal adjustment can be common when a laboratory adheres to a strict protocol of die handling and die spacing, and has a firm understanding of cusp to fossa occlusion and anterior guidance.

The laboratory must also possess a strong understanding of how to properly equilibrate correctly mounted stone models and understand solid model verification.

Basic cusp to fossa occlusion occurs when cusp inclines on posterior teeth do not touch other posterior inclines. Cusp tips must hit static stops in central fossa.

In laboratory model equilibration there is nothing more than the removal of all incline interferences and allowing cusp tips to occlude at 90-degree angles to opposing marginal ridges and central fossa. Anterior guidance should allow complete freedom from maximum intercuspation, immediately with lateral guidance on the canines. This will not activate the elevator muscles, therefore decreasing any chances of TMD.

Equilibrating mounted casts is crucial to achieving adjustment-free delivery appointments. Less than 1 percent of technicians understand why we need to, much less, how to perform this task. Because of this, the following are common techniques used to try to achieve adjustment-free cementation appointments:

- Placing metal foil under the working die to create a space. If too much foil is used, the crown may be shy of occlusal contact. When that tooth does erupt into occlusion, it may work into an incline interference, creating an avoidance pattern for the mandible.
- Pushing die up so crown appears out of occlusion on the model. After all,
dentists do not want to adjust occlusion, so just leave it out of contact altogether.

The flaw with both of these techniques is there is no way to gauge how much to leave the crown out of occlusion so it is correct in the mouth. These techniques can never be exactly correct, and they both create problems for proximal contacts because they raise the proximal contact up, which makes the proximal contact shy at the delivery appointment.

This also creates an unstable situation because that tooth can now drift either mesially or distally, creating possible occlusal interferences.

The only way to have predictable, adjustment-free delivery appointments is to correctly equilibrate the accurately mounted working casts. This will take a trained technician approximately five to six minutes per case.

This technique should be used for all restorations whether Emax, Empress, LAVA, Cristobal+, Belle-Glass, Implants, PFM, etc.

It can also be used on all partial denture cases. Anything involving natural teeth, from full-arch impressions or double bite trays — this technique should be employed, always!

An example of model equilibration for a #50

1) Centric equilibration
   - Opposing model and working models are both poured in liquid/powder ratio measured die stone. (Cru-cial!)
   - After mounting accurately, verify the mounting. Bite should not be taken with base plate wax but with a polysi-nyl bite material that can be trimmed to allow only cusp tip show through. Use double-sided, Exacta-film red/black of 19-micron thickness, use black for centric, tap models together. Notice not all teeth are in contact.
   - Initial incline contacts should be removed. Do not ever remove cusp tips. Remove only inclines, as would be done for intraoral equilibration.
   - A black dot stable holding contact should be found in the fossa of adjacent teeth; #51 and #29 in this example.
   - 3b) There should be no contacts found on inclines, only on cusp tips and fossa. These holding contacts are found on all teeth. You can now proceed to the anterior guidance equilibration process.

2) Lateral equilibration
   - There should be no change in vertical dimension of the equilibrated models in centric because this replicates a “power clinch” of all teeth. (Periodontal ligaments are fully depressed.)
   - With the red side of Exacta-film, move models laterally and remove all red marks except those on canines, without removing black holding contacts on posterior teeth. The goal is to have black dots on all posterior teeth and red marks on the anterior teeth.
   - At Williams Dental Laboratory, we go one step further to absolutely ensure no posterior interferences. We know all healthy teeth intrude into their periodontal ligament and move laterally. In this example, imagine the canine will move laterally 56 to 75 microns in a clinching lateral force.
   - We safely remove approximately 5 degrees off of canine disclu-sion to further “shallow” the guidance to ensure no posterior interferences. We know all healthy teeth intrude into their periodontal ligament and move laterally. In this example, imagine the canine will move laterally 56 to 75 microns in a clinching lateral force.

Now, and not until now, are the models ready to be utilized as an accurate portrayal of the mouth.

This system, along with the use of a solid proximal contact model and soft-tissue model, should be employed on all cases in the laboratory regardless of material choice.

About the author
Bob Clark, CDT, LVIM, is the first and only lab technician in the world to receive mastership status with LVI. He is co-owner of Williams Dental Laboratory, a small family-operated, full-service lab located in Gilroy, Calif.

He and his team have been working and training with LVI dentists for many years. Clark may be reached at (800) 715-5590 or bob@williamsdentallab.com.

FREE HANDS-ON MICROSCOPE TRAINING COURSE
FOURTH QUARTER PROMOTION!

Purchase an iQ or Evolution Dental Operating Microscope and receive a full day, hands-on training course.

A $1,495.00 value

- Hotel for Friday, January 21st included

PRESENTATION BY DR. DAVID NUNEZ, DDS

Date: January 22, 2011
Time: 8:00am to 4:00pm
Location: Baylor College of Dentistry
Registration: Please contact Nick Toal or Dane Carlson for more information
Phone: 800-489-2282 extension 345 or 365
Email: micro@seilerinst.com

Please RSVP immediately. Registration is on a first come, first serve basis.
Why is hand hygiene so mean?

Now it doesn’t have to be with NEW Moist SURE™.

A complete line of hand hygiene products to care for professional hands and encourage compliance.

Clinically proven to moisturize your skin... important for dental professionals who are washing their hands all day.

Far more effective than store-bought products. Moist SURE soaps and sanitizers meet FDA proposed requirements for a healthcare personnel handwash. The retail stuff doesn’t.

Try it FREE at moistSUREsample.com
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-hygiene] 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 30 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 four-, six-, or even nine-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, profitability and your quality of life!
Which one of these are you still using?
It’s time, embrace the new technology.

Injection Technology Reinvented
- More consistent anesthetic effect reduces patient anxiety and reduces operatory stress
- Faster onset allows you to get right to work
- Avoid collateral anesthesia of the face, lip and tongue
- Painless palatal injections that can numb up to 6 teeth

Contact Milestone Today For Your FREE ROI Consultation
800.862.1125
www.milestonescientific.com

Milestone Scientific, the Wand, and STA Single Tooth Anesthesia System logo are registered trademarks of Milestone Scientific, Inc. © 2010 Milestone Scientific, Inc., All Rights Reserved.
Dental websites attract new patients

With the explosion of online searches, mobile web browsing and social media sites such as Facebook, more people than ever are going online to find their dentist. In fact, last month, there were more than 1 million searches for a dentist on the Internet.

As people turn to the Internet to find their dental providers, websites have become a powerful tool to attract new patients. A website can provide valuable information to prospective patients, including information about you, your staff and the services you provide. This allows new patients to get comfortable with your practice even before they pick up the phone.

Your website can also show positive testimonials and before-and-after photos that give patients confidence in the results you deliver. Getting referrals from current patients is also made easier with a website because they can easily send your website link to their friends and relatives.

If you still haven’t invested in a website, or have an old website...
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.
A savvy marketing guru has joined forces with Dr. Steven Goldberg, the inventor of DentalVibe,™ DentalVibe, a comfort injection system, utilizes patented VibraPulse™ pain blocking technology to send a message to the patient’s brain, intercepting the pain and sensitivity associated with a traditional injection, Scott Mahnken has helped companies such as SS White®, KOMET®, AMD LASERS, Milestone Scientific and others promote their products to dentists.

Mahnken has already launched an eye-opening professional marketing campaign as you can witness by scouring any of the leading dental journals or visiting the company website. At this year’s ADA meeting in Orlando, DentalVibe was a huge hit with dentists.

What’s next for DentalVibe? An aggressive, direct-to-the-consumer campaign that includes billboard ads on Dr. Oz in major markets, a print-to-consumer campaign, an online consumer strategy and, just recently, the company aligned with a social marketing expert.

“Our commitment is to do what so many other dental manufacturers dream about doing, but simply don’t pull the trigger,” said Mahnken.

“My research showed that dentists need help. The introduction of new products and technologies creates a bit of a drain on the revenue stream, yet it’s vital for all dentists to equip themselves with the best instruments.

“The combination of higher operating costs—reduced patient visits and an underlying tone of stress makes dentists think of the revenue glory days of yesteryear,” Mahnken explained.

The company conducted tests with dental offices in Texas that marketed the DentalVibe (they sent an e-mail and put DentalVibe on their website homepage) to attract new patients, and as a reminder to existing patients that it was time for their office visits and noted that “Now we have DentalVibe!”

“The results were outstanding. We had one office that called us in a panic because they had patients scheduled before their DentalVibe arrived, therefore, we had to ship one FedEx,” Mahnken said.

The next test was conducted in California, where DentalVibe was marketed to “needlephobes,” and again DentalVibe proved successful.

As one dentist said: “When a needlephobe entered as a new patient, we were able to reduce his or her anxiety by explaining and then implementing the DentalVibe. Needlephobes need lots of dental work, so gaining one as a patient is terrific for the office and the patient.”

In the coming weeks, DentalVibe will be introducing their DentalVibe Patient Kit, offered to all DentalVibe offices. It includes patient literature, advertising slicks, a DentalVibe diploma and other referral generating tools for the practice.

“We’re extremely excited about the future, and one of the reasons is a very sophisticated ‘dentist locator’ that will be implemented to complement the consumer awareness campaign and will feature profile information for DentalVibe offices.

“Our research has shown that the dentist locator will create significant value to our customers. Certainly, DentalVibe was created to offer outstanding clinical value—we take pride in helping dentists deliver stress-free palatal and block injections—yet the practice-building benefits are undeniable and measurable,” stated Mahnken.

How has DentalVibe taken dentistry by storm in such a short time? The company didn’t start selling products until June, but they’ve already earned two prestigious awards. “Dentistry Today” has awarded DentalVibe a Top 50 New Technology Products, and Dental Products Report® has awarded the DentalVibe the Editors Choice Top 40 New Products award.

Notable dental speakers, such as Dr. Louis Malamcher, Dr. Fred Margolis and a handful of others, are incorporating DentalVibe into the lectures.

DentalVibe is already achieving international recognition. The company has received inquiries from 91 countries, and most recently a Turkish distributor ordered 250 DentalVibe units.

“There have been other instruments that were developed to enhance the injection experience, including some that I have marketed, yet none have achieved a universal market share,” Mahnken said.

“DentalVibe is ideally positioned to become the standard of care for every dental injection. DentalVibe is offered for $795 on the company website and occasionally the company offers special promotions,” he noted.

For pedodontists, DentalVibe offers special collectable finger puppets that attach to the end of the DentalVibe and provide a fun distraction and gift for well-behaved kids.

“DentalVibe has the ability to put the magic back into your practice. Recapture the energy and positive vibes among your staff and patients as you give them something to talk about,” Mahnken added.

The company knows what you’re thinking: “I already give a great injection.” Well the fact is that patients don’t complain to the dentist, they complain in silence and by not maintaining their appointments. We’ve yet to see a dental office with an official complaint department.

Potential new patients don’t know that you’re great, thus consider how the California dentists marketed to needlephobes, and how successful it proved to be for their practices and their patients.

Try DentalVibe risk free for 30 days to witness the difference with your patients, yourself, your staff and your revenue. Call (877) 503-8423 or visit www.dentalvibe.com.™

(Photos/Provided by DentalVibe)
Hand hygiene has received a lot of public attention in recent years, fueled by the H1N1 pandemic and fear of “superbugs” such as MRSA. According to the Centers for Disease Control and Prevention, the No. 1 way to prevent the spread of infection is hand hygiene. The message to health-care workers is direct and unwavering: Wash your hands, a lot.

But for dentists, hygienists and office staff, the price for frequent hand hygiene is often chronically dry and irritated hands.

To combat this problem, Sultan Healthcare offers Moist SURE — a complete line of hand hygiene products designed exclusively for dental practices. The line offers professional-level protection, but without the irritating side effects of frequent hand washing. The product line consists of:

- Moist SURE Liquid Sanitizer: A powerful, 65-percent isopropyl alcohol sanitizer that’s clinically proven to moisturize as well as a lotion. It is the only brand for dental practices that kills MRSA and VRE in five seconds.
- Moist SURE Foaming Sanitizer: A 62-percent ethyl-alcohol foaming sanitizer that’s as effective as 4 percent chlorhexidine-gluconate surgical scrub, yet so gentle it keeps skin hydrated for up to two hours after application.
- Moist SURE Lotion Soap: A smooth and soft, antimicrobial, health-care personnel hand wash that contains 0.5 percent triclosan. Its clinically mild formulation has a pleasant, light fragrance.
- Moist SURE Foaming Soap: A clinically mild, foaming, health-care personnel hand wash with 0.75 percent triclosan. Its performance is comparable to a 4 percent chlorhexidine hand soap.
- Moist SURE Lotion: A skin conditioner with a long-lasting moisturizing effect, even through several hand washes.
- Moist SURE Automatic Dispenser: A touch-free, contained dispensing system that minimizes cross contamination. (For use with both Moist SURE Lotion Soap and Moist SURE Liquid Sanitizer.)

“Time and again, dental professionals I speak to complain about dry, cracked skin from having to wash their hands so often,” said Tim Lorencovitz, product manager for Moist SURE.

“They don’t realize, though, that the hand hygiene products they buy at the grocery store are not designed for the high-frequency use of a health-care professional … and their hands are paying the price.”

What makes Moist SURE unique, according to Lorencovitz and the products’ substantial clinical data, is that it offers the efficacy dental workers need, but without the drying effects of many products available on the market. Moist SURE soaps and sanitizers meet FDA proposed requirements for a health-care professional-level protection in formulas clinically proven to be mild to the skin. This will minimize the common complaint from dental workers that their hands are overly dry from frequent hand washing.

(Sultan Healthcare’s new Moist SURE hand hygiene products are available through dental dealers. The products provide professional-level protection in formulas clinically proven to be mild to the skin. This will minimize the common complaint from dental workers that their hands are overly dry from frequent hand washing. (Photo/Provided by Sultan Healthcare)

Hand hygiene product line protects and soothes
Air-Flow perio: biofilm removal to the base of the pocket

With the Air-Flow handy perio, EMS is now penetrating into the subgingival area

According to the manufacturer, the innovative Air-Flow® handy perio is the first and only portable perio device that enables safe and effective removal of subgingival biofilm. Based on the successful Air-Flow handy 2+ series and the Air-Flow Master, which was awarded an innovation prize, this handpiece again provides the dentist with an ergonomic masterpiece that EMS says is ideal for treating patients and enables the complete removal of biofilm.

The transparent dome and the power chamber have come out in white. In this combination, the white, handy instrument is once again an eye-catcher. Together with the Air-Flow powder perio, the single-use perio nozzle reaches down to the base of the periodontal pocket.

Biofilm impairs the removal of bacteria

Microorganisms establish themselves and multiply. The bacterial community develops its own protection: microbes come off and colonize new areas. In some cases, the body’s immune system is helpless.

To prevent the penetration of microbes, the body triggers a bone deterioration process as an “emergency response.”

Because the biofilm protects the bacteria against pharmaceuticals, treatment has been very difficult to date.

That is why EMS wants to mount an attack on damaging biofilm as part of subgingival prophylaxis treatment with an application summed up in the words “Air-Flow kills biofilm.”

Using this method, dentists can also effectively treat the never-ending increase in the number of cases of peri-implantitis among implant patients and counter the impending loss of implants.

Electro Medical Systems S.A.
Chemin de la Vuarpillière 31
CH-1260 Nyon, Switzerland
Phone: +41 22 99 44 700
Fax: +41 22 99 44 701
welcome@ems-ch.com
www.ems-dent.com

‘Trifles go to make perfection and perfection is no trifle’ — Michelangelo

By Craig S. Kohler DDS, MBA, MAGD

The mouth is a harsh environment to work in. Teeth are small and aligned next to one another in a dark, wet environment. The gum tissue, cheeks and tongue bleed readily on contact with any dental burr.

The ever-present bacteria are constantly invading any weak link in the oral structures to destroy. A dentist’s work does not last.

When intraoral cameras were introduced in the 1980s, the dentist was able to impress the patient with pictures and videos on the condition of the patient’s mouth under high magnification.

With a microscope and a video camera, the dentist is not only able to show the patient the dental disasters, but is able to work under higher magnification to repair the cause.

The dentist is able to document the procedure so patients can see for themselves the painless but extensive decay. The patients can then own the problem. The dentist is more of a guide or navigator to the various types of treatment options. This reduces a tremendous amount of stress for the dentist.

The application of a surgical dental microscope increases the dentist’s sight more than loupes, and he or she is able to accomplish care that is more exciting. Decay is efficiently removed. Tooth structure removal is kept at a minimum. Clear retentive grooves hold fillings in place longer.

Smooth preparations allow for easier impressions and seating of restorations. Better preparations allow for restorations to go in easier. Occlusal discrepancies and mobility can be addressed easier.

Preparations can be made parallel.

With Air-Flow perio, implant deficiencies can be seen.

This helps dentists give care that is more comprehensive.

Patients want permanent work, dentists will never reach that perfection. The surgical microscope will make it easier and a joy to get the trifles right.

Moist SURE is just one of Sultan Healthcare’s complete cycle of infection prevention products, designed to help protect dental workers before, during and after patient treatment. To learn more, visit www.sultanhc.com.
Join California Implant Institute

The California Implant Institute was developed in 2001 by Dr. Louie Al-Faraje to provide quality continuing education on the subject of dental implants and related topics using a hands-on approach.

As director, Al-Faraje has trained more than 1,000 clinicians in a hands-on, yearly forum of education in implant dentistry.

Al-Faraje holds diplomate status at the American Board of Oral Implantology, fellowship status at the American Academy of Implant Dentistry and fellowship status at the International Congress of Oral Implantologists.

The California Implant Institute offers a one-year comprehensive fellowship program in implant dentistry.

This program is made of four sessions designed to provide dentists with practical information that is immediately useful to them, their staff and their patients.

The four sessions combined offer more than 180 hours of lectures, laboratory sessions and live surgical demonstrations.

The goal of the faculty team, which is composed of some of the most respected instructors from the United States and around the world, is to provide you with comprehensive knowledge that will enrich your practice and improve your clinical skills so you can confidently perform predictable, prosthetically driven implant dentistry.

Session one topics
During the first session of this one-year comprehensive hands-on implant training program, the following topics are covered: anatomy, bone physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, step-by-step implant surgical placement protocols, impression techniques, restorative steps for implant crown and bridge and more.

Session two topics
During session two, computer-guided implant placement and restoration using SimPlant® software, immediate-load techniques for single and full-arch cases, biology of osseointegration, mini implants, bone grafting before, during and after implant placement and pharmacology will be discussed.

Implant prosthetics for fully edentulous patients, high-water design, bar overdenture, CAD/CAM designs, etc., will highlight the prosthetic portion of this session.

Session three topics
Advanced implant surgical techniques, such as alveolar ridge expansion with split cortical technique, guided bone regeneration, sinus lift through the osteotomy site and more, are covered in this session.

Hands-on pig jaw workshops using regenerative materials are performed by the class, and there are live surgery demonstrations by faculty.

The restorative portion of this session will focus on biomechanical principles, biomaterials and implant occlusion.

Session four topics
This session will focus on sinus lift through the lateral window, ramus block graft and chin block graft as well as the J-Block grafting procedures. PRP and other advanced bone grafting materials such as rh-BMP2/ACS grafts with titanium mesh.

The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

For more information or to register, please contact Jennifer Betten-court at (858) 496-0574 or visit www.implanteducation.net.
Isolite Systems dental isolation technology garners more industry recognition

Popular Isolite brings home another industry accolade, new Isodry® named Top Technology Product

Isolite Systems, maker of innovative dental isolation technology, announced on Nov. 1 that its products have received new industry recognition. Dentistry Today magazine recognized the Isolite dryfield illuminator as one of the Top 100 Products for 2010 for the dental industry.

The Isolite dryfield illuminator is an innovative dental 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. The device gently holds the patient’s mouth open, keeps the tongue out of the working field and guards the patient’s vulnerable airway, all while continuously evacuating saliva and excess moisture.

The super-soft mouthpiece used with the device makes for a more comfortable experience for the patient, and allows dental professionals to work more efficiently with greater control over the oral environment.

Additionally, the company announced that its Isodry®, a non-illuminated dental isolation system, was named to Dentistry Today magazine’s Top 50 Technology Products for 2010. Isodry® performs all the same functions as Isolite, with the exception of intra-oral illumination. The Isodry® was first introduced to the dental industry in Feb.

Both dental isolation systems utilize the patented Isolite Isoflex mouthpiece. The unique shape and softness of the mouthpiece is key to the systems’ advanced dental isolation.

The latex-free mouthpiece comfortably allows fluids and debris to be aspirated from deep within the oral cavity. Built-in tongue, cheek and throat shields protect the patient from injury and provide an added measure of assurance that the airway is better protected from possible dental debris. Single-use Isolite mouthpieces are available in five sizes to fit the spectrum of patients, from a small child to a large adult.

Other recognition received by Isolite Systems for its Isolite dryfield illuminator includes:

- DrBicuspid.com Dental Excellence Award: Best New Instrument (2009)
- Named a Best Product 2008 by Dental Product Shopper magazine; received a 4.8 rating (out of a possible 5.0) by reviewing dentists
- Isolite Systems and Thomas R. Hirsch, DDS, received the Inventor Award from the World Congress of Minimally Invasive Dentistry (2004)

For more information about Isolite Systems, please call (800) 560-6066 or visit www.isolitesystems.com. Both Isolite and Isodry® will be exhibited at booth No. 323 at the Greater New York Dental Meeting, Nov. 28–Dec. 1 at the Jacob K. Javits Convention Center.

DEFEND+PLUS sterilization pouches

DEFEND+PLUS sterilization pouches, available from Mydent International, offer the superior design and quality construction necessary for effective infection control procedures. Manufactured with lead-free, built-in, dual internal and external indicators, DEFEND+PLUS sterilization pouches ensure the correct sterilization temperature is reached in the autoclave chamber as well as inside the instrument compartment, eliminating the need for internal indicator strips.

The durable DEFEND+PLUS pouches are constructed with triple-sealed seams and strong materials to help prevent instrument penetration and tears. Their blue-tinted, transparent film assists in detecting tears should they occur.

The easy-to-use DEFEND+PLUS pouches offer effortless opening and sealing and are more sturdy when wet than comparable products, according to Mydent International.

DEFEND+PLUS sterilization pouches are an ideal component of precautionary infection control as they provide effective, consistent sterilization of dental instruments. They are available in five standard sizes and come in boxes of 200. Mydent International, home to DEFEND® infection control products, disposables and impression material systems, celebrates 25 years of offering dependable solutions for defensive health care.

Headquartered in New York and partnered with a state-of-the-art distribution facility in Pennsylvania, Mydent is dedicated to providing unparalleled customer relations.

For more information on Mydent International and the DEFEND brand of products, call (800) 275-0020, e-mail sales@defend.com, visit www.defend.com or stop by the booth, No. 2609.
The STA-intraligamentary injection replaces the PDL and mandibular block

By Eugene R. Casagrande, DDS, FACD, FIED, Milestone Scientific

There are major differences that should be considered between the traditional PDL injection, delivered with the dental syringe, the Ligmaject or the Peri-press, and the STA (single tooth anesthesia) (Fig.1) administered intraligamentary injection (STA-II); some of them are as follows:

• The PDL is usually the injection of last resort when the mandibular block fails. The STA-II (Fig.2) should be the primary injection for any maxillary or mandibular tooth and can replace mandibular blocks and supraperiosteal infiltrations, which cause collateral numbness to the patient’s lip, face and tongue.

• With the PDL, a small amount of anesthetic is injected under excessive pressure, which produces a short duration of anesthesia. The STA-II delivers a larger volume of anesthetic under minimal pressure resulting in longer duration (40 minutes).

• The STA is a computer-controlled, consistent and computerized, allows you to know when the needle has been placed into the gingival sulcus or no postoperative discomfort. The STA-II is an effective injection, and a clinical study shows it causes no tissue damage or bone resorption and can cause postoperative discomfort. The STA-II is a comfortable injection, and a clinical study shows it causes no tissue damage or bone resorption and little or no postoperative discomfort.

The STA, using Dynamic Pressure Sensing, allows you to know when you have arrived at the correct site (the periodontal ligament space) for a successful intraligamentary injection.

It also indicates if you have left the site and if the needle has been blocked by obstruction or pressure.

Check out the simple injection technique for the STA-II below and more on the STA-II on the STAis4U.com website.

It’s easy to do. Try it you’ll like it! And so will your patients.

The ShortCut

Using retraction cord in a bottle comes with some notorious hassles that include cord slipping back into the bottle, cord getting tangled, inaccurate lengths and infection control issues. These are just some of the concerns dentists and assistants mentioned during recent research on their use of retraction cord.

While retraction cord in a bottle has been available for more than 50 years, there hasn’t been any revolutionary improvement on the system, unlike other areas of dentistry where automix syringes and cartridges have replaced tedious delivery and dispensing methods.

Enter a simple yet innovative new product from DUX Dental, introduced during the recent ADA meeting in Orlando, ShortCut is a solution to the problems and concerns dentists and assistants face when using retraction cord in a bottle. ShortCut offers a convenient, all-in-one delivery system for retraction cord.

With ShortCut, the cutter is built-in so there is no need for sterile scissors to be handy. In addition, the same amount of cord dispenses each time with a simple “click,” easing communication between the dentist and assistant when the need for cord unexpectedly arises during a procedure.

Many of the dentists and assistants polled on their use of cord in a bottle related issues with communication during a procedure over the length of the cord and having to re-cut or toss out pre-cut cord. With ShortCut, the dentist and assistant have the ability to use the “clicks” to ease communication.

Three to four clicks would provide the perfect length for most anterior restorations, and four to five clicks would work for posteriors. Furthermore, because the cord is encased and the end is unexposed, infection control issues are avoided.

Available in cord sizes 0, 1 or 2, ShortCut is pre-loaded with DUX Dental’s GingiBRAID retraction cord. The cord can be ordered impregnated with either epinephrine/alum 87 or aluminum potassium sulfate medicaments. It’s also available as a non-impregnated cord. GingiBRAID is a popular braided cord that has less memory than traditional braided cords and is easily placed into the gingival sulcus without causing gingival bleeding and soft-tissue damage. GingiBRAID works best when it is wet or soaked in a hemostatic agent.

Because the bottom line, which depends on efficiency and value, is more important than ever, ShortCut will increase procedural efficiency on many levels. Visit the DUX Dental website www.duxdental.com for a virtual tour of ShortCut or contact DUX Dental with any questions at (800) 853-8267. DUX Dental will showcase ShortCut at the Greater New York Meeting at booth No. 4215.

Curvy: 3-D shaped anatomical wedges

The Curvy Anatomical Dental 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 tape 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 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.

<table>
<thead>
<tr>
<th>LVI &amp; THE AURUM GROUP PRESENT:</th>
<th>LVI, THE AURUM GROUP AND MICRODENTAL PRESENT:</th>
<th>LVI &amp; MICRODENTAL PRESENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2011 EVENTS</strong></td>
<td><strong>2011 EVENTS</strong></td>
<td><strong>2011 EVENTS</strong></td>
</tr>
<tr>
<td>Tampa, FL</td>
<td>Park City, UT</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>Sarasota, FL</td>
<td>Phoenix, AZ</td>
<td>Lubbock, TX</td>
</tr>
<tr>
<td>Vancouver, BC</td>
<td>Madison, WI</td>
<td>Santa Barbara, CA</td>
</tr>
<tr>
<td>Kelowna, BC</td>
<td>Shreveport, LA</td>
<td>Arcadia, CA</td>
</tr>
<tr>
<td>Regina, SK</td>
<td>Yuma, AZ</td>
<td>Galveston, TX</td>
</tr>
<tr>
<td>Grande Prairie, AB</td>
<td>Racine, WI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>March 18-19</td>
<td>February 25-26</td>
</tr>
<tr>
<td></td>
<td>March 25-26</td>
<td>March 4-5</td>
</tr>
<tr>
<td></td>
<td>April 1-2</td>
<td>March 4-5</td>
</tr>
<tr>
<td></td>
<td>April 1-2</td>
<td>March 4-5</td>
</tr>
<tr>
<td></td>
<td>April 15-16</td>
<td>March 25-26</td>
</tr>
<tr>
<td></td>
<td>April 29-30</td>
<td>April 15-16</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)

No Interest Tuition Financing Available Through [ChaseHealthAdvance](http://www.ChaseHealthAdvance.com) | 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. For does it imply acceptance of credit hours by boards of dentistry. LVI Global designates this activity for 11 continuing education credits.

Sponsored by

[Image of LVI Global logo]

[Image of MAC logo]

Check with your provider to see which fees are included. Valid for purchase of $1,000 or more. Interest will accrue during the promotional period at an APR of 14.99% to 29.99% (depending on creditworthiness). Your APR will vary with changes in the prime rate. Minimum purchase amount required is $1,000. Payoff in full by due date to avoid finance charges. Interest is calculated on the average daily balance after any credits are applied. Variable APR up to 29.99%. Offer valid through 03/31/2011.
Replacement of a faulty posterior restoration

By Sushil Koirala, Nepal

A 21-year-old male patient presented complaining of sensitivity and mild pain when chewing on tooth #36.

During examination, an under-filled tooth with poor marginal seal and marginal discoloration was visible. The peri-apical radiograph indicated secondary caries.

After careful removal of the faulty composite restoration, the cavity was treated with the fluoride-releasing bonding system Fi-Bond II and restored with Beautifil Flow as a base and Beautifil Fluoride-releasing materials (all Shofu).

Effect colors were used on the occlusal surface to mimic the adjacent tooth.

The main challenges in this case were the removal of the faulty composite restoration with minimal intervention of the healthy tooth structure and the mimicking of the occlusal anatomy and proper shade.

Masters of Aesthetic Excellence: 34th Annual ASDA Conference

The 34th Annual ASDA International Aesthetic Dental Conference was held at the JW Marriott Hill Country Resort and Spa in San Antonio on Oct. 20-23. The conference brought together top leaders in aesthetic dentistry.

Speakers and presenters included: Dr. Irwin Smigel, Dr. Paul Belvedere, Dr. George Kirtley, Dr. Robert Lowe, Dr. Hamid Shafie, Dr. Lawrence Hamburg, Dr. Marvin Fier, Dr. George Freedman, Dr. Howard S. Glazer, Dr. Robert Weller, Adrian Jurim, MDT, Dr. Fay Goldstep, Dr. Craig Zunka, Dr. Jack Griffin, Dr. Elliot Mechanic, Chuck Maragos CDT, Jenny Wohlberg, CDT, and Dr. Dan Ward.

A hallmark of the conference was the daily hands-on participation workshops presented by Masters of Aesthetic Dentistry.

The conference embodied three complete days of lectures and workshops. Lunch and Learn sessions enhanced the presentation of new products and treatments. An impressive Thursday evening ceremony included the induction of nine new members, fellowship to Dr. Paul Landman, and the induction of Dr. Jordan Soll to the American Board of Aesthetic Dentistry.

The presentation of the coveted Smigel Prize to Dr. Seok-Kyun Kim by NYU Assistant Dean Ken Beacham highlighted the evening. The conference concluded on Saturday evening with the 34th annual gala dinner/dance in which ASDA members playing as the “Irwin Smigel Experience” rocked the attendees with their performance.

The ASDA is the oldest esthetic society and was established in 1976 by Smigel, who envisioned the growing interest of the public in esthetic dental procedures. Conferences have been held yearly to train and motivate dentists to provide the best treatment for their patients. Conferences are unique for their comfortable size, their warm and nurturing atmosphere and the open interaction and sharing among the members.

About Dr. Irwin Smigel, DDS

Smigel has been regarded for years in...
He is perhaps the most respected dental professional of our time. Smigel introduced the first-ever cosmetic bonding procedure in 1979 on the nationally televised, hit TV show, “That’s Incredible,” demonstrating how easily and painlessly people could beautify their smiles in as little as one visit to the dentist. At that very moment, in front of 50 million viewers, Smigel put the specialized field of dental esthetics on the map.

Smigel’s contributions to the field of dental esthetics run deep. He founded the ASDA in 1978, of which he is the current president, and in June 2009 Smigel was officially recognized by the Smithsonian Institution in a permanent installation called “The Smile Experience,” a two-floor exhibit in Baltimore that pays homage to his contributions to the field of modern dentistry.

Smigel has worked on some of the most famous teeth in the world, from Elizabeth Taylor and Tony Bennett to Jennifer Lopez, Marc Anthony, Jimmy Fallon, Kelly Ripa, Johnny Depp and Justin Timberlake. His office is a regular beauty spot for the fashion elite, including Calvin Klein, Diane Von Furstenberg, Betsey Johnson, Jill Stuart and Tommy Hilfiger (and the list goes on and on).

He is the inventor of Supersmile®, Intelligent Smile Care, a clinically proven collection of premium whitening, breath-freshening and cavity-fighting formulations designed to deliver the most comprehensive, safe and effective oral care.

Smigel was the first to create and patent a tooth-whitening formula, called CALPROX® — a proprietary form of calcium peroxide mixed with additional beneficial ingredients that work to dissolve the protein pellicle on teeth to which stains, plaque and bacteria adhere. Without this clear, sticky substance to latch onto, stains are brushed away, leaving teeth noticeably smoother and whiter. This ingredient allows for his whitening toothpaste to be the only formulation of its kind proven to remove stains on both artificial and natural tooth surfaces. Supersmile has had tremendous growth since it was originally developed in the early 1980s. The company currently generates more than $20 million globally and is one of the highest grossing whitening lines in the country.
Fig. 3: Isolation of tooth 36 with rubber dam.

Fig. 4: Application of self-etching primer on the entire cavity.

Fig. 5: Uniform application of bonding agent and subsequent light-curing.

Fig. 6: Application of a thin layer of flowable resin on the cavity floor.

Fig. 7: Application of flowable opaque (#UO) to mask the discoloration.

Fig. 8: Build-up of the dentin layer, obtaining occlusal anatomy.

Fig. 9: Build-up of the enamel layer and carving of the pits and fissures to achieve natural anatomy.

Fig. 10: Application of dark brown stain on the pits and fissures to match adjacent tooth 7, and light-curing.

Fig. 11: Checking the occlusal contact with articulating paper.

Fig. 12: Reduction of the high points with Dura White Stone #FL2.

Fig. 13: Note the restored anatomy comparable to the natural adjacent tooth.

Fig. 14: Restoration after finishing and polishing.

About the author

Dr. Sushil Koirala, VISA president, can be reached at skoirala@wlink.com.np.

This article first appeared in the Dental Tribune International magazine Cosmetic Dentistry: beauty & science, No. 2, 2009. (Photos/Provided by Dr. Koirala)
SUCCESS IS EASY
Press Here

UNDERSTAND HOW TO DEVELOP THE IDEAL RESTORATIVE PRACTICE

CORE I

Advanced Functional Restorative Dentistry
The Power of Physiologic Based Occlusion

CORE I is an exciting three-day, hands-on course that shows you how to evaluate which cases to treat and how to gain treatment acceptance from your patients using advanced restorative dentistry. This program will increase the level of comprehensive care and enhance the lives of your patients, excite your team and increase the fun and passion you have at work!

“LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career was not a mistake.”
– Dr. Charles Shin

“On a scale of one to ten, LVI is a twenty. I feel like my head and my heart have finally found a home, this is something I can believe in.”
– Dr. Atty Smith

“Not only did I learn what I didn’t know about dentistry. I learned how to help my own history of pain in the head and neck. Thanks for the missing link!”
– Dr. Paul Bell

Call LVI at 888.584.3237 to Register Today and
Receive a $500 Tuition Reduction When You Mention Code GNYDM2010

Visit www.lviglobal.com For a Complete Course Description