Need for oral health recognizes no borders
An interview with ADA President Raymond Gist

The first African-American dentist in history elected as president of the American Dental Association (ADA) started his mandate in a decisive way. Less than a month after assuming the presidency in October, the ADA issued an official apology for “not taking a stronger stand against discriminatory membership practices during the pre-civil rights era.”

The measure is symbolic, but it signals that the ADA under Dr. Raymond Gist is changing, that it is capable of learning from its mistakes and, as he put it, that “in looking forward, we also must look back.”

The actions of the ADA, one of the largest dental institutions in the world with 157,000 members and a 2011 budget of $116 million, have an impact in the United States and sometimes within foreign dentistry as well.

Right now, its commitment to ethnic diversity among its members, cooperation agreements with foreign organizations and its campaign to help Haitian colleagues after the earthquake, suggests that it is looking to an inclusive future.

Historically, the very best advances in dental technology have sprung not from geeks in corporate R&D departments but rather from regular dentists working in their practices. That’s perhaps because most dentists are thinkers and tinkerers. They are constantly coming up with innovative ways of improving upon procedures, increasing efficiency or doing something in a manner that hasn’t been tried before.

Until now, one obstacle many dentists-who-would-be-entrepreneurs have encountered, once they have built their better mousetrap, is coming up with the necessary clinical resources to make their ‘better mousetrap’ succeed.

The ADA’s ‘decision guide’ can help clinicians make difficult choices.

Dr. Douglas Terry, left, and his Dental Assistant Melissa Nix, prepare before his lecture on ‘Anterior Fiber-Reinforced Composite Resin Bridge’ at the Live Dentistry Arena No. 1 on Nov. 29. If you weren’t able to attend the GNYDM, check out our photo scrapbook of the event to see a little bit of what you missed. (Photo/Robin Goodman)
priority! Oral health is essential to overall health, which is why I want to bring increased national and global attention to the need for providing and sustaining good dental health.

Would you provide an overview of the ADA sessions in Orlando?

Our 2010 annual session in Orlando was a great success. There were nearly 26,000 dental professionals in attendance; including approximately 7,700 dentists and 5,300 dental team members. Additionally, we were also pleased to welcome 1,000 international attendees from 80 different countries who were able to experience our World Marketplace Exhibition and participate in our scientific sessions.

The Opening General Session and Distinguished Speaker Series were very popular with approximately 5,000 in attendance. The 2010 Distinguished Speaker, best-selling author Malcolm Gladwell, offered a tailored presentation and signed books for more than an hour following his presentation.

Next year’s annual session will be held in Las Vegas Oct. 10–15 and we invite you to attend.

What programs set the ADA apart from other associations?

We have a respected voice and strengths that are unique to us. Since 1859, the ADA has been promoting the art and science of dentistry. Today, we have more than 157,000 members and policy makers trust that when the ADA speaks, we speak for organized dentistry.

The ADA’s resources are tailored to help make the professional and personal lives of dentists much easier. ADA members have access to countless programs and support services, including our best-read scientific monthly journal, The Journal of the American Dental Association, our Center for Evidence-Based Dentistry, our Dentist Health and Wellness program, our online practice enhancement tools and our legislative advocacy efforts at both state and federal levels. In 2009, more than 1,500 pieces of legislation directly affected the oral health industry.

Our members can also take advantage of products offered at a discount through the ADA Catalog, and free reports from our Survey Center for continuing education courses offered at the annual session and online. In leveraging the collective buying power of our membership, our members have access to competitively priced ADA insurance and financial and retirement programs.

Additionally, we are helping people with programs that really make a difference in their lives, such as our Give Kids A Smile for children and Old Age Longevity for older adults.

Overall, I believe the programs and support we enjoy as ADA members are unmatched for their depth and comprehensiveness. I invite readers to visit www.ada.org for additional information about the ADA and its various offerings.

What are the main problems for dentists practicing in the United States?

The United States offers tremendous opportunities for those wanting to practice dentistry. The U.S. economy has affected some dental practices more than others, but the economy is getting better as we slowly emerge from our recession.

As for our new dentists, many of them are facing tremendous debt obligations from dental school and we must look for ways to assist them in reducing debt and in establishing their own private practices if they choose to do so.

How is dental tourism affecting U.S. professionals?

Dental tourism has not had a major impact on the United States as a whole. Survey results indicate that 2.76 percent of U.S. dental patients have had some dental tourism experience. Since cost is the significant incentive and most dental treatment does not reach cost levels that make dental tourism attractive, three trends emerge from discussions with promoters and providers of foreign dental services.

1. Dental areas immediately adjacent to available lower-cost care continue to be the most common examples of dental tourism. Additionally, expatriates living in the U.S. that visit their home countries regularly may access less costly dental care when they are home for a regularly scheduled visit.

Lastly, some treatment plans at the highest end of dental cost may prompt a look at less costly alternatives in a foreign country. However, the procedures involved in these treatment plans are commonly the most technical and often have long periods of treatment for completion, both of which are disincentives for dental tourism out of the U.S.

What’s the ADA doing in terms of ethnic diversity?

The ADA’s recent public apology reinforces its commitment to a diverse membership. The ADA officers and board of trustees felt compelled to act after the striking and deeply personal testimony presented during the June 2010 National Sum-

From left to right, FDI President Roberto Vianna, past ADA president Ronald Tankersley, IFP Global Professional and Scientific Relations PIG Professional Health Care Paul Warren, and ADA President Raymond Gist greeting FDI guests at the ADA dinner in Salvador, Brazil. (Photo/Jan Agostaro, Dental Tribune Hispanic & Latin America Edition)
mit on Diversity in Dentistry on the history of exclusion in organized dentistry.

The summit was jointly planned and convened by the National Dental Association (NDA), Hispanic Dental Association (HDA), Society of American Indian Dentists and the ADA. In July and September, the ADA Board developed and approved resolutions that were designed to strengthen diversity and inclusion in the profession.

As an African-American, do you feel a special pressure? I don’t feel a special pressure to perform because of my race, but I do pressure myself to deliver because I know my capabilities. I want the dental profession to realize its potential, and I want to deliver that message effectively and consistently.

Is there a way to increase the low number of Hispanic dentists in the U.S., which causes cultural and language barriers to treatment? Doors have opened, but more can be done to encourage careers in dentistry because enrollment in U.S. dental schools is not keeping pace with the growth of underrepresented minorities in the U.S. population.

For example, U.S. Census Bureau data for 2009 reveal that the Hispanic American population totaled 16 percent of the U.S. population. Yet, ADA survey information for the 2008/2009 school year indicate only about six percent of students were Hispanic American.

The ADA believes in guiding young people from diverse backgrounds toward the dental profession and is committed to increasing diversity, including through its outreach programs, such as the Institute for Diversity in Leadership, which provides a diverse group of dentists with education and experience to set new leadership paths within the profession and their communities; the Student Ambassador Program; and the Council on Dental Education and Licensure’s Career Guidance and Diversity Activities Committee (Committee D).

Committee D is composed of 14 members, including representatives of the NDA, HDA and the Society of American Indian Dentists.

We also believe that options for the repayment of dental school loans are very important to increasing diversity in dental schools.

For example, community service options should be available to dental students that would ease the financial burden of their dental school education and, at the same time, make a positive contribution to the public’s oral health.

Why do you offer Spanish-language courses at ADA sessions? In recognition of the prominence of the Spanish language in the United States and the notable presence of annual session visitors from Spanish-speaking countries, the ADA, in its commitment to hosting a world-class meeting, decided to offer select continuing education courses in the Spanish language.

Allowing Spanish-speaking attendees to learn in their native language enhances the learning experience and the caliber of the annual session event.

What’s the ADA doing with foreign dental associations? Engaging the international dental community and maintaining positive rapport with dental organizations around the world is a priority for the ADA, especially given that oral health recognizes no borders.

The ADA continues to seek collaborations with national dental associations and other organizations in Latin America through the FDI World Dental Federation, through ADA participation at international dental conventions, through collaborations with the Pan American Health Organization and through collaborative agreements with international dental organizations in Latin America.

For example, the ADA recently collaborated with the Mexican Dental Association on identifying prominent Spanish-speaking experts in Mexico to present their courses in Spanish at the ADA annual session in Orlando. The ADA is also working with the Haitian Dental Association to raise funds to help rebuild and restore the dental offices in Port au Prince that were destroyed by the earthquake in January through the Adopt-a-Practice: Rebuilding Dental Offices in Haiti campaign.

What was your experience at the 2010 FDI World Dental Congress in Brazil? The annual FDI World Dental Congress offers the ADA a unique opportunity to connect with dental organizations from around the world, forming new relationships and nurturing existing ones.

The 2010 FDI World Dental Congress in Salvador allowed the association to gain visibility among Brazilian and other Latin American dental professionals.

Being that the 2011 congress will be held in Mexico City, the ADA will have a second opportunity to heighten its awareness in Latin America while identifying new projects and programs that could deliver value to dental professionals in this region of the world.
Arizona Dental Association honored for its efforts to reduce smoking

The organization is recognized during the Great American Smokeout event

The Arizona Dental Association (AzDA) received a Health Leadership Award on Nov. 18 from Arizonans Concerned About Smoking. The award recognizes the AzDA’s ongoing work in the fight against tobacco and its effort to promote a smoke-free environment.

The AzDA was one of the first two organizations to announce support for the Smoke-Free Arizona initiative in 2005. A year later, voters approved Proposition 201, which established a smoke-free workplace and public place law.

“As dentists we see first-hand the devastating impact tobacco products have on oral health. We’re proud to be a partner in the fight against the harmful effects of tobacco and smoking.”

The AzDA was established in 1909 and is a non-profit professional organization representing a large majority of the active licensed and practicing dentists in Arizona.

About the AzDA
Established in 1909, the Arizona Dental Association is a nonprofit professional organization representing a large majority of the active licensed and practicing dentists in Arizona.

Its component societies are the Central Arizona Dental Society, Northern Arizona Dental Society and Southern Arizona Dental Society.

The AzDA was one of the first to establish a smoke-free environment.

As a constituent of the American Dental Association, the AzDA’s goal is to establish the highest standard of care for the public and support members in the pursuit of professional excellence.

The Health Leadership Award was presented at the Phoenix Indian Medical Center as part of the Great American Smokeout event in Phoenix.

Arizonans Concerned About Smoking is a non-profit, pro-health, organization that aims to save lives through public awareness regarding the hazards of tobacco use and by advocating public policy that promotes a more healthy smoke-free society.

For more information visit www.arizonansconcernedaboutsmoking.com.

As a constituent of the American Dental Association, AzDA encourages improvements in public oral health and promotes the art and science of dentistry through leadership, education and information.

Approximately 5,000 dental professionals attend AzDA’s annual Western Regional Dental Convention (www.WesternRegional.org). For more information about AzDA and its members, visit www.azda.org.

GNYDM executive director Edwab rings opening bell at New York Stock Exchange

By Fred Michmershuizen, Online Editor

As everyone knows, it is considered quite an honor to ring the opening bell at the New York Stock Exchange (NYSE), and on Friday, Dec. 3, Dr. Robert R. Edwab, executive director of the Greater New York Dental Meeting (GNYDM) was among dignitaries selected to kick off the day’s trading along with executives from Marriott International.

The New York Marriott Marquis was celebrating its 25th anniversary and its more than 20-year partnership with the GNYDM, and it was a fitting occasion for the ceremony, coming just two days after the conclusion of the 86th annual GNYDM event.

Located in Times Square, the New York Marriott Marquis is one of Marriott International’s flag-ship hotels, with 1,949 rooms and more than 100,000 square feet of banquet and meeting space.

Twenty-five years ago, no one could have imagined the thriving Times Square neighborhood as it is today. Back then, the area was so notorious for crime that even cab drivers avoided it, and the hotel gave away free lunches to cab drivers just to acquaint them with the neighborhood.

The GNYDM is one of the hotel’s most important clients and one of the largest dental congresses and expos in the United States. This year’s event ran from Nov. 26 to Dec. 1, and it attracted nearly 60,000 dental professionals from around the world to the Jacob K. Javits Convention Center.

Marriott officials said they appreciate their business partnership with the GNYDM throughout the years.

At the conclusion of trading on Dec. 5, the Dow Jones Industrial Average was up 19.68 points for the day, closing at 11,382.09.

GNYDM executive director Edwab rings opening bell at New York Stock Exchange

Dr. Robert R. Edwab, executive director of the Greater New York Dental Meeting, fourth from right, helps ring the opening bell at the New York Stock Exchange on Friday, Dec. 3. With Edwab are executives from The New York Marriott Marquis. (DYTE/Photo NYSE Euronext/Valerie Caviness)
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Now in its third year, Dentcubator is a group of investors and shareholders from 15 countries and 26 different states. Their goal is to seek out the most promising advances in new dental technology and bring these ideas to fruition.

This is an elite group. Among many others, it counts among its members such notables as Dr. William Arnett, Dr. Paul Feuerstein, Dr. Ron Jackson, Dr. Sonia Lezis, Dr. Ken Malament, Dr. Joerg Struh, Dr. Mauro Fradeani, Dr. Sonia Seid, Dr. Bill Dickerson, Dr. Hoy Maier, Dr. Manfred Pfeiffer, Dr. Brahm Miller, Dr. Gianluca Gambarini, Dr. Marco Martignoni, and Dr. Pedro, Leandro and Rogério Velasco of The Velasco Group in Brazil.

Dentcubator has 10 standing committees that receive proposals and evaluate them. In 2010 alone, Dentcubator fielded 70 proposals. Not only does the organization have the brains, they also have the much-needed financial capital and managerial expertise to make new products a reality.

Dentcubator is currently in the prototyping and testing phase for several new products, ranging from a new endodontic file system to advanced periodontal technology and even new software. A bit further back in the pipeline are a new obturation system, a bur made of a completely new material and number of biomarkers.

During the recent Greater New York Dental Meeting (GNYDM), Dentcubator held its third annual meeting. In attendance, among others, were Dr. L. Stephen Buchanan, Dr. Marc L. Nevins, Dr. John T. McSpadden, Dr. Richard Meissen, Dr. Lorne Lavine, Dr. Thomas J. McGarry and Barbro K. Brånemark of the Brånemark Osseointegration Center in Gothenburg, Sweden.

Dentcubator members said that New York is a fitting location for the group given the GNYDM’s position as the premier international dental meeting in the United States. The group’s leaders expressed gratitude to organizers of the GNYDM for helping spread the word about what it does.

“Dentcubator received an enormous number of submissions this year thanks to publicity we received through the e-mail blast the GNYDM sends to its members,” the chairman of Dentcubator said.

“To our delight, we received responses from a number of countries as far away as India, and they said in their submissions that they read about Dentcubator in the GNYDM e-mail blast.”

Dentists who would like to submit proposals to Dentcubator are invited to contact the group at ideas@dentcubator.com.
Protecting the value of your practice: non-compete & trade secret agreements

By Stuart Oberman, Esq.

Dentists are often concerned about how to best protect their patient base when an associate dentist leaves the practice. The owner of a dental practice must make sure that associates cannot take the practices' patient base or employees with them when they leave.

There are two methods of preventing this type of devastation to a dental practice, which are: (1) non-compete agreements and (2) trade secret agreements. Both of these types of agreements should be incorporated into an associate's employment agreement. In order to ensure an employment agreement is properly drafted, you should consult with legal counsel who is familiar with dental employment agreements.

Non-compete agreements

Dentists may have been exposed to a wide variety of terms when contemplating the issue of protecting their patient base, such as non-compete agreements, non-competition clauses, covenants not to compete and restrictive covenants. These are all different terms used to essentially describe a non-compete agreement.

A non-compete provision is typically a section of an employment agreement, however, a non-compete agreement may also be a separate document that an associate may be required to sign as part of his/her employment.

A non-compete agreement allows the owner of a dental practice to limit a former associate from starting his/her own dental practice that competes with his/her former employer, and a non-compete agreement may prohibit an associate from working for a competitor. Generally, non-compete agreements are enforceable, however, state laws may vary. The owner of a dental practice should always consult with his/her attorney before entering into any type of non-compete agreement.

In order to ensure that a non-compete is enforceable, there are some general requirements that must be complied with. The non-compete must be reasonable in that it protects the legitimate interests of a dental practice. The dentist's interest in protecting the time he/she put into training a new associate must be balanced by the associate's freedom to work where he/she chooses and the public's interest in obtaining the services of a particular dentist.

Time limit. The second requirement for an enforceable non-compete agreement is that the agreement must have a specific time limit. The shorter the period of time, the more likely the agreement will be upheld. Typically, a non-compete agreement with a time period less than three years will be enforceable.

Geographic limit. The third requirement for an enforceable non-compete agreement is that the agreement must contain a reasonable geographic limitation. If a former associate moves to a dental practice within a 10-mile radius of his/her previous employer, and the former associate has a 10-mile non-compete agreement (depending on state law), the court would likely uphold the agreement as valid and issue an injunction against the former employer.

However, if a non-compete agreement attempts to restrict an associate from practicing within a 50-mile radius of the associate's former practice, the non-compete may be considered too broad as to the geographic restriction and, as a result, the agreement may be considered unenforceable.

If a court determines that certain provisions of a non-compete agreement violate state law, the court may utilize the Blue Pencil Rule. This rule allows a judge to modify the terms of the non-compete agreement that may be too burdensome to one party and yet enforce the remainder of the agreement to make the agreement more reasonable.

For example, if the non-compete agreement reasonably protects the employer's legitimate interests and has a reasonable geographic limitation but the agreement states that the non-compete is to be enforced for a period of five years, the court may strike the five year time period and replace it with a two year time period and enforce the remainder of the contract.

However, some states prohibit the use of the Blue Pencil Rule and, as a result, the agreement will be either upheld or invalidated in its entirety. For this reason, it is extremely important that a non-compete agreement comply with state law.

Non-compete agreements are widely used in the purchase of a dental practice. If a dentist purchases a dental practice, the purchase price by way of special allocation typically includes the personal and corporate "goodwill" of the seller and patient accounts. However, without an effective non-compete, the seller of a dental practice may open another dental practice across the street.

A non-compete agreement would prevent the seller from competing with the buyer in a specific geographic location once he/she sells the practice, for a specified period of time, which would in turn permit the purchaser of a practice to establish his/her new practice.

Additionally, when hiring a new employee, a dentist should always ensure that the new employee is not subject to a non-compete agreement with his or her previous employer. In some states, a new employer may be held liable for hiring an employee who violates a non-compete agreement with a former employer.

Trade secrets

Trade secret provisions in an employment contract will also help protect the patient base of a practice. A trade secret provision should provide that all patients and their confidential information are trade secrets of the practice, and sanctions will be enforced against any associate or employee who attempts to use this confidential information for his/her own personal gain.

Generally, trade secret laws have three components, which are:

- any information that is not generally known to the public,
- that confers some type of economic advantage to the owner of the information.
- that the owner of the information is using reasonable efforts to maintain the confidentiality of the information.

Trade secrets laws are very fact-specific and vary greatly by state. If you are unsure of your legal rights under your state's trade secret laws, please consult with a qualified attorney who specializes in intellectual property law.

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f
	nomic benefit on the holder of the confidential information from not being publicly known, and
• to which the beholder has taken reasonable efforts to maintain its secrecy.

In dental practices, patient lists are clearly not public knowledge and such patient information definitely confers economic benefit on the owner of a dental practice. As long as an owner of a dental practice takes reasonable steps to maintain the privacy of his/her patients, patient information is deemed trade secrets and shall be protected accordingly.

In a dental office, patient lists are probably the most important assets. In determining whether a patient list constitutes a trade secret, courts will generally look at whether the information on the patients — such as the status of their health, the dental procedures the patients have completed and those procedures still needed, the type of insurance the patients carry, and the amount of insurance patients have — as not easily ascertained by a competitor.

Although information readily accessible through public records cannot be considered a trade secret, generally, patient lists in a dental practice constitute trade secrets and may not be used by a former associate to solicit patients.

While it is true that patient names, telephone numbers and addresses may be a matter of public record, the health records of the patients, the dental treatments they require or the patients’ general health insurance information is not accessible to the public.

This information would therefore constitute a confidential trade secret and should be protected through an employment agreement.

The owners of a dental practice should be able to prevent an associate from taking valuable assets when he/she leaves the practice. Detailed patient lists are protectable. Dentists should be familiar with non-compete and trade secret agreements, and they should have these agreements incorporated into their employment agreements.

All associates should be required to sign a non-compete and a trade secret agreement at the beginning of their employment. Without these agreements in place, patient lists are not protected and the dentist is exposed to the risk of an associate leaving the practice and taking patients with them.

The Greater New York Dental Meeting’s annual Dinner Dance took place Saturday evening, Nov. 27, at the New York Marriott Marquis Hotel. The black-tie event featured cocktails, dinner and dancing with music provided by The Ultimate Entertainment.

Who needs Charlie? Pentron has its own set of ‘Angels’; from left, Colleen Thomas, Patricia Peckham, Adrienne Collins, Bethany Camarda and Justine Kilbride.

The leaders of FOLA (the Latin American Dental Federation) present an award to Javier Martinez de Pisón, editor-in-chief of Dental Tribune Latin America, and Torsten Oemus, publisher and chairman of Dental Tribune International, in recognition of their efforts to promote dental health in Latin American countries.

Henry Schein Chairman and CEO Stanley M. Bergman welcomes attendees at the 2010 FOLA leadership breakfast on Nov. 29.

Sherman Specialty is known for creating smiles. These furry creatures certainly help. Just ask Debbie Walbrecher, left, and Juan Philip Nobel.

Who needs Charlie? Pentron has its own set of ‘Angels’. (at left) Attendees are flocking to the DentalVibe booth for good reason. The system, which allows for comfortable and predictable injections, was available at a discount during the GNYDM.

Who needs Charlie? Pentron has its own set of ‘Angels’. (at left) Attendees are flocking to the DentalVibe booth for good reason. The system, which allows for comfortable and predictable injections, was available at a discount during the GNYDM.

(Photos/By Robin Goodman, Fred Michmershuizen and Sierra Rendon unless noted otherwise)

About the author

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

For questions or comments regarding this article, visit www.gadentalattorney.com.
Bob Gannon of SybronEndo teaches meeting attendees about endodontic files.

A football signed by Eli Manning at the Aseptico booth.

Noel Brandon-Kelsch stopped for a photo just before she took to the podium for ‘Eco-Friendly Infection Control: Understanding the Balance’ during the first lecture on Monday, Nov. 29, at the Dental Tribune Study Club Symposium lecture area.

From left, Ortal Cohen, Irina Pociak, Elana Magreli and Merav Kaplan introduce GNYDM attendees to the ImageWorks facial imaging mobile vehicle.

Wouldn’t it be nice to have someone come straight to your office and fix your broken equipment instead of having to send it away and lose a week’s worth of business? That’s the idea behind Dental-Fix. Robert Iavarone, left, Guelin Ramirez and Dave Pereira were there to explain how this works.

A vibrant visual reminder for the 2011 FDI meeting, which will take place in Mexico.

Attendees at the Center for Hearing Communication mobile unit wait for a turn to test their hearing.

Dr. Edmond Bedrossian during his Sunday morning workshop on ‘Fabricating A Fixed Immediate Load Provisional for the Fully Edentulous Patient’ in one of the glass classrooms on the exhibit floor. This lecture was sponsored by Nobel Biocare.

Dr. Dirk Gieselmann and Dr. Maria Ryan pose for a picture in between their independent lectures at the Dental Tribune Study Club Symposium lecture area. (Photo/Carlo Mesina, F/X Video & Photo)

Henry Schein ProScore gives you the ability to repair your own handpieces. Dyan Jayjack demonstrates how.

At the Cadwell Therapeutics booth, VP of Sales Cherami Cadwell, left, prepares a ‘silent sleep’ oral appliance for Dr. Paul Gabin of Secaucus, N.J. The appliance has FDA approval for snoring and obstructive sleep apnea.

A football signed by Eli Manning at the Aseptico booth.

You can find more images and news from the GNYDM at www.dental-tribune.com
Denture wearers’ oral health affects systemic health

A review of the GSK-supported symposium, ‘Impact of Tooth Loss on Oral and Systemic Health’

By Lisa Townshend
Dental Tribune U.K. Edition

As new evidence emerges about denture plaque and biofilms, the indication of an increased risk to denture wearers in the development of oral and systemic diseases is an issue that needs to be discussed.

At the FDI’s Annual World Dental Congress, held recently in Brazil, GSK supported a timely symposium dedicated to the importance of denture and oral hygiene in denture wearers and its potential impact on their oral and systemic health.

Key messages from this symposium included:

• Unclean dentures are a chronic source of potentially harmful bacteria and fungi that may be associated with oral and systemic diseases.
• Dentures need to be cleaned daily with effective antimicrobial and antifungal agents.
• Dental professionals play an important role in educating patients and helping them improve their oral and overall health.

Claudio Fernandes, professor of prosthodontics at Fluminense Federal University at Nova Friburgo, Brazil, chaired the international panel of experts. Fernandes highlighted the growing edentulous population globally, the resultant oral health implications and the role of dental professionals in dealing with associated issues.

“Dentists must take a look beyond how dentures are fitting and functioning; dentures must integrate into patients’ health. If they are fulfilling their function, we are really restoring health for patients,” Fernandes said.

The symposium speakers and their key points included:

• Dr. Zvi Loewy, vice president of Dental Care R&D at GSK, and a faculty member of New York Medical College and Drexel University in the United States, looked at “Edentulism: Public Health Impact.”

Prevalence of denture wearing patients ranges from 12 percent to 63 percent globally. Studies show an increased risk of certain systemic diseases in denture-wearing patients, which have an impact on the public health system.

• Dr. Angus Walls, professor of restorative dentistry and director of research at the School of Dental Sciences, Newcastle University in the United Kingdom, discussed “Implications of Oral Health and Nutrition on Systemic Health.”

Dietary changes associated with the loss of teeth can result in an unhealthy diet, low in fruits and vegetables and with increased fats and sugars, Walls said. Denture stability is key to improving confidence in chewing ability, and is one of the parameters necessary to help patients improve diet and quality of life.

The use of denture adhesives may help to stabilize the dentures or help improve masticatory efficiency. Evidence shows that as edentulous patients’ nutritional intake declines, the function of the immune system and body repair is suppressed; perfect conditions for the development of oral and systemic diseases, Walls said.

• Dr. Wenyuan Shi, chairman and professor of oral biology at UCLA School of Dentistry, and professor of microbiology and molecular genetics at UCLA School of Medicine in the United States, discussed “Microbiology of Denture Patients,” and reiterated the deep connection between microbiology and dental diseases.

Between 65 to 80 percent of denture patients have stomatitis caused by Candida albicans and Candida glabrata, and other pathogens present on dentures are implicated in respiratory and gastro-intestinal infections. He advocated the elimination of microbial pathogens on dentures as very important, Shi said.

• Dr. Steven Offenbacher, Ora-Pharma distinguished professor of periodontal medicine, chairman of the department of periodontology in the School of Dentistry at the University of North Carolina at Chapel Hill in the United States, presented on “Strategic Approaches for Denture Wearers Based on Periodontal and Prosthodontal Research.”

He detailed the importance of edentulism in systemic diseases, not as a major cause but more as a risk factor. He reiterated that den-
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An interview with Jean-Marie Badoz, sales and marketing director of MICRO-MEGA

There are more than 1,000 manufacturers of products for dental purposes, but only a few of them have contributed to modern development with real innovations. One of them is MICRO-MEGA, founded in the beginning of the 20th century as a simple craft business manufacturing precision tools for the clock industry.

Please tell readers about the company and its history.

Jean-Marie Badoz: Located in Besançon, France, MICRO-MEGA was founded in 1905 by two workers toiling in a small shop. The company first specialized in the watch-making industry and then adapted its production to modern needs, particularly in the field of dentistry.

In 1907, MICRO-MEGA manufactured its first nerve broaches, which brought the company worldwide recognition. In 1935, MICRO-MEGA decided to diversify by producing handpieces, which until then were the exclusive purview of the German firm Kavo. In the 1960s, in addition to nerve broaches, MICRO-MEGA began manufacturing other root canal instruments, which gave MICRO-MEGA its current reputation of being a leader in endodotics.

MICRO-MEGA innovated in 1965 by creating the GIROMATIC® and related instruments — the GiroFile®, Blip® and HeligoFile® to which are used throughout the world today by hundreds of thousands of dentists. From the introduction in 1984 of the Sonic-Air MN 1500, then the Micromic MN 1400, which transmit acoustic waves the length of special endodontic instruments, MICRO-MEGA has continued to be at the cutting edge of canal enlargement using the micro-bursting technique to remove mineralized tissues. Launched in 1996, the HERO 642® used continuously rotating [300 to 600 rpm] nickel-titanium instruments with different tapers to clean and shape root canals. After several years, we felt a need to take the HERO 642 further and improve its performance.

First, while preserving the principle of the instrument with a triple helix cutting edge, we made the pitch length of the blade and the cutting portions varying according to the taper. These modifications increased the flexibility of the instruments and made it possible to offer a six-instrument kit, the HERO Shaper®, files, prepared for the apical zone with a 4 percent taper. More recently, MICRO-MEGA launched R-Endo®, the first method designed for endodontic retreatments. MICRO-MEGA is now proud to announce the launch in the United States of the Revo-S®, a brand new nickel-titanium rotary system.

This new sequence, with only three nickel-titanium files, simplifies even more initial endodontic treatment and optimizes the cleaning action. The asymmetrical cross section of Revo-S facilitates penetration by a helical movement, and offers a root canal shaping that is adapted to the biological and ergonomic imperatives. This system promotes a thorough root cleaning, and offers apical finishing that is adapted to the anatomical and ecological criteria of the canal. This sequence functions according to a cutting, clearance and cleaning cycle, thus allowing an active upward dentinal chips elimination.

In 2005, the company celebrated its 100th anniversary.

Please discuss your products and the advantages they offer.

MICRO-MEGA designs, manufactures and sells products in the dental and medical fields. Its range of products includes endodontics, handpieces and hygiene devices.

The area of endodontics includes root canal instruments, which are small instruments [weight: +/-0.5 g] that are mass-produced and that enable one to clean and shape root canals.

MICRO-MEGA manufactures stainless-steel hand instruments [Nerve Broaches, K-Files, K-Reamers, etc.], stainless-steel mechanical root canal instruments [GIromatic, Endo Sonic] and nickel-titanium root canal instruments [HERO 642, HERO Shaper, R-Endo, Revo-S].

Nickel-titanium, a derivative of orthodontic nitinol, first appeared in 1988 and began to be used in endodontics in the United States in 1992.

Our handpieces and contra-angles are precision instruments with multiple components — on average 50 components with a total weight of approximately 50 g — manufactured in small to medium production runs and used to trigger a rotary or vibration movement of burs and dental instruments.

For rotation, the speed reached by the various instruments varies from 1 to 350,000 rpm.

In the hygiene range: pre-disinfectors developed since 1990 are larger than traditional MICRO-MEGA products [approximately 8 kg and 600 components]. X-Cid® cleansing, pre-disinfects and lubricates handpieces and contra-angles according to the latest hygiene standards.

MICRO-MEGA also meets other demands for derived industrial applications that are in line with its expertise.

Coming back to the dental field, MICRO-MEGA is the only manufacturer to produce by itself, in its headquarters, handpieces and linked root canal instruments. That gives MICRO-MEGA the ability to create systems having perfect ergonomics.

Working with high-ranking engineers and professors ensures MICRO-MEGA products fit a clinician’s highest clinical expectation.

What are the company’s inventions and contributions to dentistry?

MICRO-MEGA is committed to the area of research and development with the understanding that we know our strength and future is shaped by focused market-driven R&D initiatives. The research and development department is fitted with equipment that makes extensive detailed research possible.

The department has over the years created and developed products and product enhancements. MICRO-MEGA has, as a result, been able to provide a technical service specific to the dental industry.

MICRO-MEGA is always looking forward to providing dentists with the latest innovations and technologies. For example, we were the first to invent the electrical micro motor. We were also among the first companies to introduce the use of nickel-titanium in dentistry, first with HERO 642 then HERO Shaper and now with the brand new Revo-S. Our goal is always to offer rapidity, more safety and comprehensive solutions to dentists worldwide.

Our philosophy can be expressed with the four letters MISS: Make It Simple and Safe. That is the way we designed HERO 642 and HERO Shaper, and now Revo-S with only three files. For safety, a blade design that gives great resistance, and an instrument and sequence validation through a clinical investigation according to the laws and standards in force.

“MISS spirit” is ever present with us and thus, we followed this path to creating Revo-S for more simplicity, but still with so much safety. ENDOFLARE® was developed not to simplify the sequence, but to make canal access easier.

In the hygiene area, MICRO-MEGA has always pushed us to the design of non-breaking files rather than to imagine solutions and means to avoid the rupture due to friction.

Inherent as the concept of research and development is to manufacturing concerns such as ours, so too is quality assurance. MICRO-MEGA subscribes to the concept of total quality control. Our quality assurance program starts at the customer, runs through all facets of our operations and extends beyond into our supplier base.

MICRO-MEGA spared no effort to achieve ever-increasing reliability. MICRO-MEGA is certified compliant with ISO 15485 standards and EEC directive 93/42.

What are the company’s future goals?

Our mission is to be innovators in the endodontic field, setting the standards for general dental practitioners worldwide, while providing unmatched technical and scientific expertise to the dental market. MICRO-MEGA’s technical expertise, in addition to the development and manufacturing of its own machines, has put it ahead of the competition.

In 2010, MICRO-MEGA is a traditional company with performance at its best, backed by a 100 years of experience, warranties, service and technical support.

Our will is to supply clinicians with instruments, but more importantly to provide them with high-performance operational tools that are optimized and give predictable clinical results.

Therefore, we will continue to offer easier and faster endo solutions coupled with enhancements in the fields of hygiene. With its merger with SciCan, a Canadian company specializing in infection control devices, the group is one of the 10 largest dental equipment manufacturers in the world of innovative products for the dental and medical markets.

Today I am proud to announce the launch of our new group, Sanavis Group, and I am also proud to announce the creation of MICRO-MEGA USA, which you may contact toll free at (855) 563-6872.
Switzerland’s E.M.S. Electro Medical Systems wants to demonstrate how treatment with an ultrasonic scaler can be enhanced even more with the brand new Piezon Master 700. EMS points to the special refinements of integrated i.Piezon technology.

It is designed to assure smooth interaction between the original Piezon handpieces and the EMS Swiss instruments made of biocompatible surgical steel to ensure the best possible patient comfort. EMS says that the i.Piezon module assures instrument movements that are perfectly aligned with the tooth surface, and vibrates 32,000 times per second to make it extremely effective. The intelligent feedback control minimizes damage to the tooth substance.

The result is a uniquely smooth tooth surface and a maximum of soft-tissue protection. As EMS says, this is the formula for incomparable precision and therapy that is practically painless thanks to optimum instrument movements. The balanced Piezon handpieces show how substantially improved illumination of the oral cavity can be achieved with the six LEDs arranged around the tip of the handpiece.

In the words of the manufacturer, which describes itself as the leading maker of dental hygiene systems, this advance enables dentists to handle ultrasonic instruments with even greater precision. This means even greater precision for periodontal and root canal treatments, calculus removal, cavity preparation and other conservative treatments.

The seamless housing of the Piezon Master 700 has an aesthetic, ergonomic and hygienic design that promises a high degree of operator comfort. The touch panel can be rapidly and precisely operated by simply touching the self-explanatory operating elements or tapping on the desired action. This enables the system to meet all the requirements in respect to ease of use and especially hygiene. The two replacement bottles with a capacity of 550 ml or 500 ml for holding various antiseptic solutions are resistant to UV radiation and can be replaced easily and quickly thanks to their snap-shut cap.

E.M.S. Electro Medical Systems S.A.
Chemin de la Vuarpillière 31
CH-1260 Nyon, Switzerland
welcome@ems-ch.com
www.ems-dent.com

The balanced Piezon handpieces show how substantially improved illumination of the oral cavity can be achieved with the six LEDs arranged around the tip of the handpiece.
Laboratory communication

Is it possible to achieve minimal to no adjustment bonding appointments?

By Bob Clark, CDT, LVIM

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 how to properly equilibrate correctly mounted stone models and understand solid modeling 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 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, Cristobalite, 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

Centric equilibration
1) Opposing model and working models are both poured in liquid/powder ratio measured die stone. (Crucial!)
2) After mounting accurately, verify the mounting. Bite should not be taken with base plate wax but with a polyvinyl 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.
3) Initial incline contacts should be removed. Do not ever remove cusp tips. Remove only inclines, as would be done for intraoral equilibration.
4a) A black dot stable holding contact should be found in the fossa of adjacent teeth; #51 and #29 in this example.
4b) 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.)
4c) 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.
4b) 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.
4c) We safely remove approximately 5 degrees off of canine discusion to further “shallow” the guidance to ensure no posterior interferences. Posterior interferences must then be rechecked. Remember: the key is that lateral equilibration will not change the vertical dimension, only shallow the discusion, further ensuring no posterior interferences.

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.

Bob Clark, CDT, LVIM, is the first and only lab technician in the world to receive masters 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.
Thank You

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

Dr. David Babin: Victoria, British Columbia, Canada
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When esthetics matter

The use of new materials in dental esthetics

By Stefen Koubi, France
and Hilal Kuday, Turkey

One of the major issues leading to unsatisfactory results in fabricating several ceramic restorations in the anterior region is shade integration. Commonly, patients have a combination of discolored prepared teeth, metal constructions and teeth showing no discolouration. Achieving a harmonious overall appearance in these situations is a challenge.

Currently, the use of glass-ceramic materials, such as lithium disilicate (Ivoclar Vivadent), is the textbook approach in terms of esthetic integration. These materials offer the possibility of creating unique translucent restorations that mimic dental enamel.

A wide array of possibilities for cementation also facilitates the creation of lifelike results.

In the past, severe discoloration was often a reason that glass ceramics could not be used to fabricate restorations. The continual improvement of the materials, however, has led to the development of comprehensive systems such as IPS e.max.

This system offers the advantages of press ceramics, including accuracy of fit and esthetics, while eliminating previous drawbacks, such as restricted use on dark preparations. That we have glass ceramics in various levels of opacity and translucency at our disposal opens up a whole range of new possibilities.

We can now cover the entire spectrum of single-tooth and small bridge restorations with glass ceramics, regardless of the underlying tooth structure. Discolored teeth or metal structures are also no longer reasons for avoiding lithium disilicate glass ceramics.

The use of frameworks and restorations in different levels of translucency is illustrated here by means of a multidisciplinary case study.

The objective in this case was to re-create the esthetics of the patient’s anterior teeth on a natural tooth and a metal core buildup.

The patient expressed the wish to improve the appearance of his anterior teeth.

Clear communication between the dental practitioner and laboratory was essential to ensuring that both the clinician and laboratory had the same information regarding the preparation.

The initial examination revealed that the periodontal tissue was inflamed and in generally poor condition (Figs. 1a, 2).

The patient expressed the wish to improve the appearance of his anterior teeth.

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Creating unique translucent restorations that mimic dental enamel

Outreach program provides free oral health services to the underserved

Heraeus Kulzer recently hosted and coordinated an outreach program in collaboration with The L.D. Pankey Foundation to provide free oral health services to those without access to dental care. The two-day clinic, called Pankey Dental Access Days, was held at Heraeus’ Education Facility, located on the Heraeus campus in Indiana.

“This event is an opportunity to reach out to our community and to help provide services to those who need them most,” said Chris Holden, president of Heraeus. “We recognize that a two-day clinic does not solve the larger issue of health care access, but it can certainly bring attention to the tremendous need for oral health care, both in our community and across the U.S.”

Pankey Dental Access Days is dedicated to providing free oral health services to underserved people across the United States. The event is largely dependent on local volunteers, including dentists, hygienists, assistants and others who believe in providing oral health care to those in need.

The mission of each local two-day clinic is to provide as much care to as many people as possible. In keeping with this goal, approximately 100 patients were given dental care at the South Bend event, which was held Aug. 13 and 14. Most received a mix of services, including cancer screenings, hygiene/cleanings, fillings, extractions, root canals and crowns.

The L.D. Pankey Foundation’s Dental Access Days is operated through a cooperative effort of individual Pankey-trained dental professionals and dental companies that provide support through monetary and in-kind product and service donations.

Heraeus Kulzer, whose North American manufacturing plant is based in South Bend, is donating many of its flagship products to the effort, including Venus, Venus Diamond, Gluma and iBond.

“Heraeus is honored to be part of Dental Access Days,” Holden said. “We are truly inspired by the work of the L.D. Pankey Foundation and its passion and commitment to help people in need.”

Dr. Keith Phillips and John Lane of the Pankey Foundation in Florida work on a set of dentures during the recent Pankey Dental Access Days, hosted at Heraeus Corporate Headquarters in South Bend, Ind. (Photo provided by Heraeus)
After the initial treatment, the condition of the periodontal tissue had improved enough to allow the restorative procedure to be conducted with adhesive cementation. An analysis of the situation presented by the patient from an aesthetic point of view revealed that older ceramic restorations and numerous composite root canal posts created an inharmonious appearance. An esthetic concept based on the existing tooth shapes was developed to help preserve the individual facial characteristics of the patient. Subsequently, the necessary preparations were carried out (Figs. 3, 4).

IPS e.max Press ceramic restorations, including veneers and crowns, were fabricated for the entire maxilla (Figs. 5–8). The IPS e.max Press frameworks were layered with one laying ceramic (IPS e.max Ceram), regardless of their translucency level, which yielded a balanced appearance. The restoration design was dictated by the underlying tooth structure. For crowns that were placed on metal substrates, pressing ingots with a high opacity were used. In addition, the thickness of the restorations was increased in order to mask the metal color and achieve lifelike layering. The veneers were considerably smaller, and low translucency ingots with a translucency higher than that of medium opacity or high opacity ingots were used. A thickness of approx. 0.5 mm was sufficient to allow the dentine...
Restorations were cemented with Variolink (transparent; Ivoclar Vivadent), while using a rubber dam to ensure that every restoration was isolated (Fig. 9).

By using a versatile ceramic and cementation system and by imitating the light effects, lifelike restorations were fabricated in spite of the unfavorable initial situation (Figs. 13–15).

Particular attention was paid to the surface treatment and design of a macro- and micro-pattern in order to achieve natural-looking light effects (Fig. 12).

After try-in and adjustment, the restorations were prepared and polished (Fig. 14).

Dr. Stefen Koubi

Dr. Stefen Koubi is currently in private practice in Marseille, France. He may be contacted at koubi-dent@wanadoo.fr.

Hilal Kuday, CDT

Hilal Kuday, CDT lives in Istanbul, Turkey. He may be contacted at hilalseramik@superonline.com.

(From the article was first published in the Dental Tribune Asia Pacific Edition, No. 1, Vol. 8.)
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Know pain and gain results: hypersensitivity and anxiety

By Anastasia L. Turchetta, RDH

Identifying whether or not your patient’s tooth is truly hypersensitive vs. a session of dental anxiety may have been an illusive task a few years ago. The truth is dentin hypersensitivity affects 40 million people in the United States annually. As for dental anxiety, approximately 50 percent of the population has a dental phobia. Interestingly, 85 percent of anxiety is from past experiences with a dental professional.

Fortunately, we have the products to treat either “pain.” This article will review the causes of gingival recession, symptoms of dental anxiety and products to consider for our patients’ comfort.

Hypersensitivity
Hypersensitivity occurs when fluids within the tubule are disturbed by certain stimuli: thermal, evaporative, tactile, osmotic. The most common clinical cause for exposed dentinal tubules is gingival recession.

All too often, documentation of gingival recession is missed during either periodontal charting or a comprehensive exam. In addition, some of your patients may be mislead by associating dentinal hypersensitivity with their whitening sensitivity. Whitening sensitivity will depend on length of exposure, how the tray fits and the concentration of the material used. Although some patients may not know this information, your established patients will have the documentation in their chart.

The causes for gingival recession include:
• Brush abrasion
• Prominent roots
• Inadequately attached gingiva
• Oral habits
• Crown preparation
• Pocket reduction/periodontal therapy
• Cervical decay

Many times, hypersensitivity may be in conjunction with the following:
• Cracked tooth
• Xerostomia
• Erosion
• Decay
• Sinusitis
• Recent dental treatment
• Nutritional choices

One approach for determining whether your patients’ pain is hyper-sensitivity or another cause of sensitivity is to ask detective-like questions beginning with a thorough health history. For example, ask which stimuli trigger the sensitivity. From a scale from 1 to 10 — with 1 being least sensitive and 10 the most — which number describes your sensitivity? Does it ache, throb or is it tender to biting?

Have you used an over-the-counter (OTC) product for sensitivity? If so, did you use the product according to its recommendations? For example, sensitive toothpastes propose a daily use plus two-week timeframe to notice results.

As for clinical assessments, docu-

ment recession, occlusion, abfra-
tion, attrition, erosion and inflamma-
tion. Continue your clinical assess-
ment with intra-oral photos; digital x-rays, complete periodontal record-
ing and carries risk evaluation.

Choosing the product
Once hypersensitivity has been diag-
nosed, product selection is the next task. Two types of treatment options are to desensitize the nerve inhibiting the stimuli’s effect or occlude or block dentinal tubules.

Selecting a product will depend upon your patients’ habits, whether they are willing to change them, their current oral health and understanding of product use.

Those whose hypersensitivity is minimal may best benefit from OTC toothpaste containing 5 percent potassium nitrate. Potassium nitrate will not excite the nerves, thus lessening the sensation to stimuli. Some brands to seek out are Sensodyne by

Tips for great oral health in 2011

Many people ring in a new year by making health-related resolutions to improve their lives, but how many of those lifestyle changes are kept past January? The Academy of General Dentistry (AGD) has compiled some easy-to-keep oral health tips that consumers can work into their everyday routines and continue to perform throughout the year.

“Oral health means more than just an attractive smile,” says AGD spokesperson Raymond Martin, DDS, MAGD. “Poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life. And, in many cases, the condition of the mouth mirrors the condition of the body as a whole.”

Oral Health Tips
• Floss every day. It’s the single most important factor in preventing gum disease, which affects more than 50 percent of adults. Spend two to three minutes flossing at least once a day. Not flossing because it irritates your gums? The more often you floss, the tougher your gums will become.

  • Brush your teeth for at least two to three minutes twice daily. If you’re not sure whether you’re brushing long enough, simply brush for the length of an entire song on the radio.

  • Change your toothbrush or toothbrush head (if you’re using an electric toothbrush) before the bristles become splayed and frayed, or every three to four months. Not only are old toothbrushes ineffective, they may harbor harmful bacteria that can cause infections, such as gingivitis and gum disease.

  • Drink sugary beverages through a straw. This will minimize the amount of time that the sugars are in contact with your teeth, which can minimize the risk of developing cavities.

  • Replace carbonated beverages, which cause enamel erosion and cavities, with water, milk, tea, or coffee.

  • Chew sugarless gum that contains xylitol after meals and snacks. This will help cleanse your mouth and prevent the bacteria associated with cavities from attaching to your teeth. Even better, gum will increase your saliva production and reduce bad breath!

  • Wait one hour to brush your teeth after consuming highly acidic food or drinks, such as wine, coffee, citrus fruits, and soft drinks. Otherwise, you run the risk of wearing away the enamel on your teeth.

A final word
“One last reminder to patients is that they should make an appointment to see their general dentist every six months,” adds Martin.

“More than 90 percent of all systemic diseases have oral manifestations, meaning that your dentist could be the first health care provider to diagnose a health problem.”

(Photos/Chronis Chamalidis, dreamstime.com)

Patient after patient, hour after hour, day after day hygienists can be heard delivering oral hygiene instruction (OHI) to their patients. This task has the ability to become mundane. So mundane that other team members can repeat this conversation verbatim.

Hygienists go into autopilot during their formal education years about several learning styles, but typically, this education is not transferred into the clinical arena.

The psychological world has devoted much time and energy attempting to understand how people learn. Hygienists are educated during their formal education years about several learning styles, but typically, this education is not transferred into the clinical arena.

Understanding how each patient is motivated is necessary in order to make a change. There is the idea of avoidance and approach to motivation. Thinking about a person who prefers one of these over the other will assist in an effective delivery of OHI.

Avoidance motivates a person who likes to choose to do one thing to avoid another. In this situation, maybe a patient would avoid sugar in order to avoid decay. The approach method differs in that the person would actually do something to reach the desired goal.

For instance, an approach motivated patient would probably engage in brushing more often in order to remove sugars from his or her teeth. Realizing this behavior will reduce the incidence of decay.

Another theory centers around goals and rewards. The reward theory states people repeat behaviors that make them feel good (positive reinforcement). In contrast, the goal theory makes them feel good (positive reinforcement). Avoidance motivates a person who is motivated is necessary in order to achieve the task every day for a designated amount of time. Actually putting this program into action and reaching the goal would motivate this type of person.

Yet another theory centers around the patients’ needs. This theory states that people can be categorized into one of seven areas based upon which needs are currently being met.

At the bottom of the pyramid are physiological and safety needs. People who are not having these needs met will not be able to engage in behaviors that do not address these needs.

Spending time exploring, understanding and applying motivational theories certainly will assist the dental hygienist to understand how to motivate patients to improve oral health. Similarly, talking with patients and determining what motivates them will cure the boring nature of OHI.

Best Regards,

Angie Stone, RDH, BS

GlaxoSmithKline, Colgate Sensitive

Colgate-Palmolive and Crest Sensitivity by Procter & Gamble

Professional treatment selections range from toothpaste, liquid, light cured on to paint. Depending on the intensity of the pain, you may opt to professionally apply a treatment before your preventative service.

Colgate’s Pro-Relief with Pro-Argin, NuPro’s NUsolutions with Novamin and GC America’s MI Paste with ReCaldent may be applied with a slow-speed handpiece. Each will occlude dentinal tubules before preventive treatment and establish comfort for your patient.

Post treatment options for hyper-sensitivity may include reapplying the previously mentioned products; custom trays for take home use of professionally dispensed products; or paint on products such as, fluoride varnish or an aqueous solution containing glutaraldehyde and ions/salts.

Note that soft tissue may become irritated if solution overflows from the root surface upon placement. Additional options are the use of lasers, gингival grafts and resins.

Symptoms of anxiety may challenge our diagnosis of true dentin hypersensitivity. You may begin by asking your patients what their past dental experiences were and what made them uncomfortable. Next, it’s helpful to observe the general symptoms and underlying conditions that contribute to your patients’ anxiety.

General symptoms include sweating, difficulty concentrating; a fast breathing pattern or sighing often; restlessness; choking; gagging; anticipating a certain smell, taste or feeling. Underlying conditions of anxiety are depression, stress, heart disease, cancer, medications, dementia and substance/physical/emotional abuse.

As you already know, medications and health ailments contribute to xerostomia. When treating anxiety coupled with dentin hypersensitivity, product selections may be narrowed.

Dental anxiety treatment options

When selecting a topical anesthetic, know the onset and duration. This information will be imperative for your patients’ comfort from the appointment. Topical anesthetics that contain 20 percent benzocaine will have an onset in 30 seconds and duration of 5 to 15 minutes.

Oraqix, lidocaine/prilocaine, is a thermal setting agent where fluid becomes a gel at body temperature. It is easy to apply, onset occurs within 30 seconds and it lasts 20 to 50 minutes.

If you are providing periodontal therapy and your patients have local anesthetic, you may offer Orava-Verse. A reverse soft-tissue anesthetic, your patient will have feeling return in 50 to 90 minutes vs. residual numbness of 3 to 5 hours.

Finally, oral conscious sedation may be considered for patients who have dental anxiety no matter what treatment they are visiting your office for. Once ingested, onset is 30 minutes and lasts 1.7 to 5 hours.

Conclusion

Whether your patient is experiencing...
More professionals choose Patient's Choice preventives from Crosstex

Crosstex protects patients' oral health with innovative products that deliver a better treatment experience

Crosstex International, a subsidiary of Cantel Medical Corp. (NYSE: CMN) and a leading global provider of infection control and preventive products, announces that its innovative Patient's Choice® line of preventives has become among the fastest-growing brands in a highly competitive marketplace.

In bringing the line to market, the company devoted significant resources to developing products that would lead their category in quality and performance, according to Crosstex's Vice President of Sales and Marketing Andrew Whitehead.

"Crosstex is best known for innovative infection control products that help protect health-care professionals," he said. "When we decided to enter the preventives arena, we were committed to apply the same level of research and innovation to products that protect patients' oral health."

The Patient's Choice preventives line from Crosstex includes the following:

**Twist®** and **Sparkle® prophy angles & Sparkle EZ contra angle**

These unique products address widespread issues with traditional prophy angles: vibration, noise, spatter, frictional heat and operator ergonomics. Twist is the first and only disposable 90-degree reciprocating prophy angle. Its unique, patented oscillating motion eliminates spatter and heat.

Sparkle, developed with feedback from hygienists, has a patented second-generation gear design that runs vibration free and noise free.

Sparkle EZ delivers all the benefits of Sparkle along with an advanced ergonomically designed contra angle that reduces operator hand fatigue and micro-traumas.

**Sparkle V® 5% Sodium Fluoride Varnish with Xylitol**

Introduced at the 2010 ADA Annual Meeting, Crosstex's entry into the fast-growing fluoride varnish arena utilizes a highly effective formula in a convenient single-use disposable delivery system. Sparkle V 5% Sodium Varnish with xylitol delivers the optimum fluoride dosage that dries to a natural tooth shade on contact.

The smooth, easy-to-apply, non-clumping formula sets rapidly in the presence of saliva, so there is no need to isolate teeth. Its innovative single-use package provides for simple, mess-free application and easy cleanup: just peel open and brush on.

The package also includes a bendable brush applicator to eliminate risk of cross-contamination. Sparkle V provides the benefits of xylitol and is gluten, aspartame and saccharin free.

**Sparkle and Sparkle FREE® prophy paste with xylitol**

Recently awarded 4 Stars from The Dental Advisor, both Sparkle prophy pastes offer a variety of patient-pleasing fun flavors in a choice of grits and an advanced spatter-free formula. Sparkle™ prophy paste contains 1.25 percent fluoride ion and is gluten free.

It has a time-set formula for superior consistency and offers maximum stain removal with minimal enamel loss. Sparkle FREE is 100 percent free of dyes, fluoride and gluten and it is the ideal prophy choice for patients during or after whitening or bleaching of teeth. Both provide the benefits of Xylitol.

**Zap® Fluoride Gel, Zap Neutral pH Fluoride Gel and Zap Dual Arch Fluoride Trays**

Patient's Choice high-quality fluoride and convenient trays facilitate the treatment process and provide greater patient acceptance. Zap fluoride gel contains 1.23 percent APF fluoride ion.

Its gluten-free formula contains xylitol and has long-lasting flavor for greater patient acceptance. Smooth, creamy thixotropic formula flows easily under pressure for greater coverage. Fast, one-minute treatment.

Zap 2 percent neutral pH fluoride gel provides an ideal non-acidic balance and is safe for patients with porcelain or resin cosmetic restorations. Zap dual arch trays make application of fluoride gel and foam an easier experience. They have a soft, anatomical design for a comfortable fit, with buckle ridges to improve fluoride access to teeth. A unique “space-saver” package provides easy storing and dispensing.

**GumNumb® Topical Anesthetic Gel**

GumNumb topical gel contains 20 percent benzocaine for effective relief of discomfort from local anesthetic injections, periodontal curettes, impressation taking and intra-oral radiographs. All six patient-pleasing flavors provide rapid onset within just 50 seconds.

For information on the full line of Crosstex infection control and preventive products, please contact Crosstex at (651) 582-6777 or visit www.crosstex.com.

Determine which professionally dispensed products to supply your patient for the daily home care regimen. Address habits such as lifestyle, nutrition, occlusion or home care for oral health that the patient may be willing to change. Eliminate what isn’t working and document it for obtaining future comfort. Our goal is to accurately diagnose dentin hypersensitivity, which may co-exist with anxiety.

What may have seemed a daunting task a few years ago, holds much promise in gaining comfort for many patients today and in the future.
DTSC NEW COURSES – GNYDM ’09
RECORDED AT THE LIVE DENTISTRY ARENA LAST YEAR. REGISTRATION FEE FOR EACH ONLINE COURSE IS $95.

FRANK J. MILNAR, D.D.S.
A DIASTEMA CLOSURE – LIVE PATIENT DEMONSTRATION TO INSURE MAXIMUM ESTHETIC RESULTS
This live patient procedure is designed to provide you with information and tips that will help you quickly select products and develop the techniques required to restore a diastema that esthetically meets today’s patient’s demand.

LARRY ROENTHAL, D.D.S.
& MICHAEL APA, D.D.S.
IN-OFFICE CAD/CAM – A LIVE PATIENT DEMONSTRATION
A live patient step-by-step demonstration of a posterior onlay restoration is performed using the latest chairside CAD/CAM technology.

JACK RINGER, D.D.S.
DESIGNING AND CREATING BEAUTIFUL PORCELAIN LAMINATES PREDICTABLY – LIVE PATIENT DEMONSTRATION
This live patient program is designed to demonstrate the most predictable, efficient and successful protocol available today in creating porcelain laminates from initial consultation with the patient to completion.

MICHAEL H. MORGAN, D.D.S., M.S.
REAL-TIME COMPUTER NAVIGATION TO OPTIMIZE IMPLANT PLACEMENT USING THE IGI – IMAGE GUIDED IMPLANT DENTISTRY SYSTEM – LIVE PATIENT DEMONSTRATION
Live demonstration utilizing the state of the art IGI – Image Guided Implant Dentistry System by Image Navigation Ltd. for the planning and placement of dental implants is shown.

GARY BEY, D.D.S.
GET TO THE APEX MORE SAFELY AND EASILY – LIVE PATIENT PROCEDURE
This live demonstration is designed for the practitioner who is seeking new ways to practice endodontics safely, predictably and more frequently.

BRUCE J. LISH, D.D.S.
MINI DENTAL IMPLANTS TO RETAIN LOWER DENTURES – LIVE PATIENT PROCEDURE
The use of mini dental implants to help retain and stabilize a complete lower denture has helped improve the quality of life for many patients.

THE BEAUTIFUL SIMPLICITY OF COMPOSITE RESIN BONDING: A LIVE DEMONSTRATION
Composite resin restorations offer a conservative and viable alternative to porcelain. Restorations that were once thought to be impossible or “heroic” at best, can now be achieved easily, reliably, and consistently with composite resin.

FRANK J. MILNAR, D.D.S.
PREDICTABLE TECHNIQUES TO CREATE A POST AND CORE AND LIFE-LIKE PROVISIONAL- LIVE PATIENT DEMONSTRATION
This live patient demonstration teaches the attendees how to create esthetic transitional restorations and use minimally invasive concepts when preparing and restoring a post and core.

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