Since the introduction of cone-beam computed tomography in 1999 in the U.S. market, there has been a gradual shift in radiography paradigms. Many of the early adopters were unfairly accused of overuse of this radiology technology with comments such as, “If you have a hammer, everything looks like a nail,” or, “It’s way too much radiation compared to a panoramic, and the information isn’t that valuable.” Others in the specialty fields or general dentists who had placed many implants over the years said, “It wasn’t needed and with enough experience no one would need it.” Interestingly enough, I had not met one of those doctors who had actually used the technology, much less purchased one to use in their own office.

As technology has improved in the last 10 years, we now have CBCT machines that rival periapical radiographs in clarity and diagnostic capability. The days of using 2-D images as the only diagnostic tool are fast approaching an end. As this technology progresses, dentists and patients will demand the best quality 2-D and 3-D images to diagnose and treatment plan their dental needs.

There are more than 17 manufacturers in the CBCT market today, offering a wide variety of machines. Some manufacturers offer machines that perform a multitude of tasks from a very large full head view to reconstructed panoramic, 2-D and 3-D images of every size with moderate to good resolution. Other manufacturers have chosen to use a smaller, flat-panel detector to give extremely high-resolution images for accurate diagnosis.

PreXion 3D is one of those machines with an 8x8 cm and 5x5 cm field-of-view (FOV). When performing surgical procedures, the multiplaner views (slices) can be viewed in any plane and thickness. Three-dimensional views allow the doctor to do virtual surgery before doing any invasive procedures on the patients. I have found that when showing patients their own scan and explaining it in the 3-D mode, there is greater acceptance and understanding of the treatment you have planned. It is true — “a picture is worth a thousand words.”

Another factor that cannot be ignored is the identification of defects not visible on panoramic or periapical films. This eliminates adding procedures during surgery that patients had not planned on. CBCT will change the way you view endodontics from the initial diagnosis to retreatments. The ability to look at a tooth from virtually any angle eliminates surprises. The high-quality images show

About the author

Daniel McEowen is a 1982 graduate of Loma Linda School of Dentistry and has been in private practice for 26 years. He is a founding member of the World Clinical Laser Institute and has been active in FDA approval of oral surgery techniques using erbium lasers. McEowen has been involved in cone-beam technology for more than five years and owns 3-D Imaging Center in Maryland. He lectures throughout the United States on the incorporation of cone beam in the general dentist office and is an advanced trainer for PreXion 3-D cone beam systems. McEowen is in active practice in Hagerstown, Md., where he incorporates many new technologies.
Pediatric advanced life support (PALS) customized for dentists

By Heather Victorn

If you are a pediatric dentist, a family practice dentist who treats children or a dentist who performs pediatric sedation, you should consider taking a pediatric advanced life support (PALS) course. Children are not simply small adults. Their anatomy and physiology is vastly different. Even practitioners who have attended advanced cardiac life support (ACLS) courses in the past should still seek additional PALS certification.

Leading sedation dentistry and emergency preparedness continuing education provider DOCS Education has expanded its curriculum to offer a top-in-the-nation PALS course customized for dentists.

Nearly every state requires dentists to have basic life support (BLS) or CPR for health care providers training. However, both courses only teach basic skills for sustaining a patient’s life and do not teach you how to use an automatic external defibrillator (AED) in the event of a cardiac emergency.

Furthermore, they do not address how to identify and treat the signs and symptoms that can lead up to a respiratory or cardiac emergency in children, particularly in the dental setting.

Recognizing these signs and symptoms can enable early intervention and prevent a small medical emergency from escalating into a large one.

Changes in behavior, mood or alertness can all be symptoms of an allergic response. Often times these first indicators of trouble are misinterpreted as simply nervousness or agitation. When taught to recognize the signs, the progression of respiratory and cardiac distress can often be resolved.

Because many of their allergies and sensitivities haven’t manifested themselves yet, treating children presents unique challenges.

“Children are history in motion,” says lead DOCS Education PALS instructor John Bovia, Sr. “Their history is developing moment by moment as they go through their formative years. They haven’t been labeled with certain allergies because they haven’t experienced them yet.”

DOCS Education’s PALS course teaches essential techniques for pediatric assessment and recognition of systems in distress, including airway obstruction, allergic reactions, respiratory insufficiency and hypoxemia.

Dentists learn standard pediatric emergency protocols and how to effectively run a mega-code emergency using dental office equipment.

The course also teaches participants how to use Broselow® Pediatric Tape, which provides pre-calculated emergency medication dosages based on a child’s height and weight.

Simulation is part of its foundation, and the course is designed to be user-friendly with an emphasis on practice drills performed on high-fidelity patient simulators.

These simulators provide real-time, real-world experience to maximize skill proficiency and preparation.

Training on how to use an AED on pediatric patients experiencing a cardiac emergency and understanding emergency drugs and their administration via intraosseous and other alternate routes of administration are covered in detail.

The next DOCS Education PALS course will take place on Nov. 6 and 7 in San Francisco. To learn more or register, visit DOCSeducation.org or call (866) 392-9617.

Start thinking ‘recovery’

By Roger P. Levin, DDS

The recovery is already under way for select practices. In fact, some offices managed to avoid the full effects of this downturn altogether. In spite of the worst economy in several generations, these practices continued to grow. Maybe not as robustly as earlier in the decade, but they are still growing today.

Levin Group clients are among this elite group. They have the high-performance systems, the pro-active leadership and a well-trained team.

These dentists experience consistent growth and the freedom to spend 98 percent of their day in direct patient care — diagnosing and treating patients — while their team performs all administrative duties independently and effectively.

It is this very reason that updated systems allow all dentists to experience greater professional satisfaction. Some of the proven systems we teach our clients include:

- **Greenlight Case Presentation**: Get 95 percent of patients saying “yes” to all forms of treatment.
- **Power Cell Scheduling**: A scientific method of time management that increases production-per-chair while greatly reducing practice stress. Increase production capacity by 50 percent.
- **The Hygiene Maximizer**: Use your hygiene time for more than just clinical care — educate patients about your full range of services. Add $100,000-$200,000 in new production.
- **Stage III Customer Service**: Treat all patients like VIPs and convert new patients into long-term patients. Increase patient referrals by 20 percent.
- **Power Scripting**: Know what to say and how to say it for all patient interactions. Have all routine conversations documented in writing!
- **The Immediate Collections Process**: Help all patients afford treatment while collecting monies owed on time. Collect 99 percent of fees at the time of service.

By implementing these systems and mastering training techniques, practices are recovering and growing during these difficult economic times. These systems are a few of many that our Levin Group experts teach clients.

The value of team training

For every new system, team members must train to understand and use these systems effectively. The goal of systems training is to make experts out of every staff member.

Once the team has completed training, practices see growth almost immediately. The improved confidence and skill level of the team members enables them to independently operate all practice systems, freeing you to focus almost entirely on direct patient care.

Conclusion

Recovery is happening for those dentists who’ve taken the necessary steps to safeguard practice growth. No matter what kind of economic conditions develop in the future, the right systems and advanced team training will lead you toward financial independence — sooner.

All dentists can choose recovery over survival. Which will you choose?

Dental Tribune readers are entitled to receive a 20 percent courtesy on the Levin Group’s Total Practice Success™ Seminar held for all general dentists on Oct 16 and 17 in Chicago. To register and receive your discount, call (888) 973-0000 and mention “Dental Tribune” or e-mail customerservice@levingroup.com with “Dental Tribune TIPS” in the subject line.
Making a ‘perfect product’ even better

An interview with DEXIS Sales Regional Manager Jeff Hales about the new Platinum Sensor

By Robin Goodman, Group Editor

**What’s new with DEXIS these days?**

DEXIS is a very unique product, and what I mean by that is that DEXIS had the best product on the market — we’ve had more users, more happy owners than any other company on the market, and DEXIS had the most awarded digital X-ray system — but the company didn’t sit still with it.

It went ahead and took, in my opinion, a perfect product, and made it better. It improved upon some of the things that have always made DEXIS a wonderful product.

For example, there’s no dead space on the sensor, it’s 100 percent active and the corners are rounded, which gives you the ability to do a full mouth series in less than five minutes with a single sensor.

Also, the way the cord is designed is unique.

There are several patents on the sensor; which make it easier, more ergonomic to fit in the patient’s mouth, so you get all of your images digital.

In addition, there is a direct USB. DEXIS took all the components and electronics out of the USB box and integrated it into the sensor.

So there’s no additional USB box with this system, making it easier and more portable to move from operatory to operatory.

With that said, there is image quality. Image quality with the DEXIS classic sensor was fantastic, yet with the new Platinum Sensor, it’s even improved.

There are more than 16,000 shades of gray. It gives you the ability to see things that most sensors cannot pick up.

And in fact, it’s even better than film. It’s very rare to have a sensor that not only is as good as film, but actually better.

If summarized the high points that you think would stand out for a practitioner, what would you say?

First, it’s patient comfort: the ability to get any shot whether you are dealing with children or adults.

Second, it’s ease of use of the software: it’s easier to use than anything out there. Third, it’s the image quality.

Those are primarily the three biggest things that DEXIS does.

In fact, we’ve done shootouts with other companies out there, doing a side-by-side comparison, and I just did one last week.

I was in Salt Lake City with a very analytical dentist I’ve worked with for about six months who has been doing a lot of research and wanted to have everything under the sun.

He finally decided the best way for him to do it was to have everybody come into his office, so the three top players in digital X-ray were there.

We were there, and two of our competitors were there. And, I have to say, it was not even a close contest, and the dentist bought from DEXIS. 😊
Every year in the United States, 30,608 emergencies occur in dental offices, according to the American Dental Association. In order for them to respond when one of them inevitably occurs in their office, dentists must have an appropriate emergency response plan and appropriate emergency response equipment to match. Savalife’s Quick Response M100 emergency drug kit includes the pre-filled syringes, sprays and inhalants needed to quickly and effectively treat common patient emergencies, including those related to angina, asthma, insulin problems, allergic reactions, fainting, heart attacks and more.

As convenient as it is necessary, the kit saves patients’ lives while also saving dentists’ practices, as appropriate emergency response can reduce dentists’ exposure to risk and liability.

What’s more, because the kit is free when practitioners sign up for Savalife’s Automatic Drug Refill Program, it allows dentists to invest their time and money where it belongs — with their patients.

For more information or to order, call (800) 933-5885 or visit www.savalife.com.