Most dental practices will encounter fraud

An interview with licensed private investigator and Prosperident President David Harris

By Robert Selleck, Managing Editor

The potential for embezzlement and theft is a problem no business is immune to. And research shows that smaller businesses are more likely to experience problems than larger ones. For dental practice owners, it’s not just being small that increases risk. The typical dental office management structure is inherently vulnerable to fraud, according to dental practice fraud expert David Harris. Adding to the challenge, Harris said, detection can be trickier in a dental practice compared with other small businesses. And the bad news continues: Harris, who has 20 years of experience in dental practice fraud investigation, puts little stock in deterrence. Instead he emphasizes early detection as the only viable defense. He shared those thoughts and more with Dental Tribune.

What is the likelihood of a dental office experiencing fraud? There have been several studies by the American Dental Association and others. Collectively they suggest that the probability of a dentist being a fraud victim in his or her career is between 50 and 60 percent. However, such statistics are necessarily low because there is an unquantifiable amount of fraud that is never detected or is detected but not disclosed.

Are there any reasons why dental practices would be more likely or less likely than other types of small businesses to experience fraud? Two main points influence the potential for fraud in dentistry. First, the clinical responsibilities carried by dentists effectively reduce them to being absentee owners in their own businesses. Second, the fact that so much of dentistry is paid for by third parties removes one of the most basic controls that businesses depend on.

Is there a difference in potential for fraud in a three- or four-person office compared with a practice with 20 or more? Intuitively, one would think that a larger practice should be able to have tighter controls through increased separation of duties. But many group practices are essentially several solo practices sharing space, thus offering no particular administrative synergy. When a group practice is run as a single unit, the dentists owning the clinic tend to delegate oversight of the administrative functions to a single dentist. Given that there are many thieves perpetrated against a solo dentist, imagine the fraud possibilities when one dentist is overseeing a much larger business activity.

Lagoon Bridge in Public Garden is among the countless Boston attractions awaiting those attending the Yankee Dental Congress, Jan. 25-29, where you’ll find nearly 28,000 fellow dental professionals, 450 exhibits and 300+ courses, lectures, workshops and live-dentistry sessions. Photo/Brandon Goad, www.dreamstime.com

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Do you have statistics for average or median losses to fraud based on various sized dental practices?

Unfortunately, there isn’t any published data specific to practice size. Bill Hiltz, who heads our investigation department, has a hypothesis that frauds typically range between 4% and 7% of monthly revenue while the fraud is going on. In its 2007 Survey of Current Issues in Dentistry, the ADA surveyed dentists who had been fraud victims. The average estimated loss was $14,134. Based on our own experience, this number is tremendously low. That’s not surprising because in the same survey only 31.3 percent of the dentists who were fraud victims completed a fraud investigation, raising questions on how the remainder determined their losses. We normally find that the amount of fraud that dentists are able to identify without the benefit of professional assistance is far less than the true fraud.

We surveyed our own files several years ago and found an average theft of more than $150,000. This is superficially consistent with the Association of Certified Fraud Examiners number of $200,000 for the average small business loss, but many of its “small businesses” are much bigger than most dental practices. We have seen a number of dental frauds of more than $200,000 and a few exceeding $1 million.

**What are the most typical types of fraud cases seen in dental practices?**

Most of the fraud that we see is “revenue fraud.” Some examples are writing off amounts that were actually collected, deleting treatment that was done so that collections are “off the books” and billing the full amount to two insurance companies when someone has dual coverage. A second type of fraud that we are seeing involves creation of “phantom” revenue. Insurance companies are billed for work that was never done, with funds either stolen directly or “lapped” (used to pay someone else’s balance to cover a stolen payment). Obviously, if discovered by an insurance company, this type of activity can have serious consequences for the innocent dentist.

Most thieves use more than one method of stealing, very few stick to a single methodology. Also, we are continually seeing new variants. For example, we recently saw a thief take advantage of a server crash to decrease some accounts receivable balances. When patients paid the correct balances, they would be paying more than the “official” balance in the practice management software, with the thief pocketing the difference.

**Is there a type of fraud more prevalent in a dental practice compared with other small or similarly sized businesses?**

Since we investigate only dental embezzlement, my knowledge of fraud patterns in other small businesses is limited to what I read. My perception is that much of the fraud committed against other businesses involves expenses: payroll, paying non-existent suppliers, padding expense claims, etc. The majority of embezzlement that we see in dental practices involves revenue.

While we do see a fair number of thieves who will steal revenue and also manipulate their payroll or create a phony supplier, very few will commit expense fraud while concurrently resisting stealing some of the cash that patients hand them daily.

**What about fraud that’s more indirect, such as questionable workers’ compensation claims?**

We have seen an astonishingly wide variety of unconventional thefts, everything from stealing the gold that is recovered from old restorations to misappropriating dental supplies and instruments and selling them online. However, embezzlement typically involves larger amounts and takes place undetected for a longer period.

**What motivates the typical perpetrator?**

We see two types of fraudsters. One type we call “dishonest” — these people typically believe that they should live better than their “official” compensation permits. I immediately think of one thief who rented a private plane with stolen funds for a New York City shopping trip with girl-friends. Funds from another major theft were used to purchase a yacht and the most expensive BMW available. The other group I would characterize as “desperate.” These people struggle to meet basic needs. There might be an addiction, an uninsured medical condition, a divorce or an unemployed spouse. In contrast to the dishonest fraudsters, these people have a moral compass altered by their desperation. Many initially plan to repay what they “borrow,” but a continuing deficit frustrates this. Interestingly, the desperate thieves have normally worked for more than eight years at their office.

**What are the strongest deterrents?**

Deterrence is effective with crimes of opportunity or where thieves can choose their target. Embezzlement is not a crime of opportunity, it is carefully planned with complete awareness of the control systems in place and it is crafted to bypass these controls. Implementing additional controls simply increases the circumvention challenge; most of the thieves we see can easily adapt.

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**Classmates fund scholarship**

To honor a professor who profoundly influenced their lives, four graduates from the New Jersey Dental Class of 1989 have established an endowed scholarship in his name.

“We have all been influenced by people as we travel through life. Sometimes one special person makes all the difference,” said Dr. George Lambera, 1989 class president. “Dr. William Cinotti was the one special person who made that difference for each of us.”

The graduates, Bambara, Dr. Michael Donato, Dr. Phil Echo and Dr. William Ranucci, were the four class of 1989 officers. Twenty years after graduation, reflections of their experience with Cinotti spurred their generous pledge of $25,000 to establish the William R. Cinotti Endowed Scholarship.

“Through Dr. Cinotti I learned life lessons while becoming a dentist,” said Donato, class secretary. “He taught me to give back to the community, to look out for my colleagues by helping them and to reach my goals through hard work.”

The scholarship is awarded to a dental student at the University of Medicine and Dentistry of New Jersey who...
Prototype tool uses 'cool flame' to improve fillings

A “painless” cavity-cleaning dental instrument is moving closer to market reality after lab results showed it reduces the cost of restorations while increasing the strength and potential lifespan of fillings.

According to the lab results, in less than 30 seconds, the plasma brush uses chemical reactions to distill and clean out cavities for fillings. In addition to the bacteria-killing properties, the “cool flame” from the plasma brush forms a better bond for cavity fillings. The chemical reactions involved with the plasma brush change the surface of the tooth to create a substantially stronger bond with the filling material than occurs without use of the device.

The effort to bring the plasma brush technology to market is backed by the National Institutes of Health Small Business Innovation Research (SBIR) program and the National Science Foundation, both of whom have contributed funding. The university researchers who created the device believe that results from human clinical trials now under way will support efforts to secure investor funding and enable the next steps needed to place the product on the market. If the studies go well and the U.S. Food and Drug Administration clears the use, the researchers’ time line suggests the plasma brush could be available to dentists as early as the end of 2013. The university researchers behind the plasma brush have formed the company Nanova to bring the technology to market.

“There have been no side effects reported during the lab trials, and we expect the human trials to help us improve the prototype,” said Qingsong Yu, associate professor of mechanical and aerospace engineering at the University of Missouri, Columbia. The University of Missouri, where much of the initial research was conducted, holds a co-patent for the plasma brush with Nanova. The university has a policy of sharing patents with its researchers and supporting efforts that turn such research into viable businesses. The researchers said that more than 200 million tooth restorations are performed every year in the United States at an estimated cost of $30 billion to patients and insurers. The team’s statistics also indicate that replacement fillings comprise 75 percent of a dentist’s work. “The plasma brush would help reduce those costs,” said Hao Li, associate professor of mechanical and aerospace engineering in the University of Missouri College of Engineering. “In addition, a tooth can only support two or three restorations before it must be pulled. Our studies indicate that fillings are 50 percent stronger with the plasma brush, which would increase the filling lifespan. This would be a big benefit to the patient, as well as dentists and insurance companies.”

Li, along with Yu and Meng Chen, formed Nanova, with Chen serving as chief scientist and leading the plasma brush device development through the SBIR program. The research and development team also includes Yong Wang from the School of Dentistry at the University of Missouri, Kansas City, and Liang Hong from the School of Dentistry at the University of Tennessee, Memphis.

Human clinical trials are expected to begin in early this year at the University of Tennessee, Memphis.

(Source: University of Missouri, Nanova)
**HR 101: Tees and tats causing a stir**

Too often dentists look at human resources polices as an expense rather than a necessary investment

By Sally McKenzie, CEO McKenzie Management

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**Definition of the work schedule.** This indicates that all employees are to be assigned work areas and ready to provide care for patients at a certain time. 

**Salary/payment policies.** This details when the employee can expect to be paid, how wage increases are handled, over-time, etc.

**Professional code of conduct.** This section clarifies the practice’s expectations regarding employee dress, punctuality, time-off policies, and some specialized software, this activity is looking for a needle in a field of hay-stacks. Fortunately for dentists, even though there are myriad ways to steal, the behavior of embezzlers is remarkably consistent. With the right knowledge, identifying embezzlement through behavioral analysis is painless and reliable. We have a behavioral assessment questionnaire requiring less than five minutes to complete, which dentists can request from our website.

**Is such insurance worth getting?**

This insurance is either included in the basic insurance package that offices already have or an “employee pol icyy” can be added. I don’t have cost details, but understand that it is quite inexpensive. Based on what I said about the probability of fraud in offices, I think everyone should have this coverage.

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**A**

member is an assistant in Dr. D’s office. She’s what you picture when you think “free spirited.” She likes to color her hair a new shade every month. Bleach blond, jet black, fiery red, etc. She has a few ear piercings. It’s a somewhat edgy style but not unbecoming. Recently, her latest dyes job is pink and green. She’s now sporting a large circular ring in her nose, a bar in her eyebrow, sleeve tattoos wind their way up both forearms and the letter “J-A-M-E-S” are now tattooed on her knuckles.

Dr. D. is about to drop dead. His prac-
tice is in Manhattan. Manhattan, Kan-
sas, that is, in the heart of the Midwest. Even in this college town, it’s fair to say that there is a somewhat conservative view of individual style. Dr. D has been in practice for 25 years and has many aging boomers who’ve long since forgotten the concept of free spirit and the psychedelic revolution.

The dentist is hoping appropriate dress is covered in the employee policies and procedures manual. There’s just one problem. He never actually got around to finishing and distributing the manual. There is no policy on appropriate dress or anything else. Truth be told, the dentist never really thought he would need the manual until, of course, he needed it.

Too often dentists look at human re-

sources policies as an expense rather than a necessary investment in protect-

ing the practice from potentially costly litigation. In other cases, a dentist may purchase a practice that has an existing manual and then simply assume that it is OK, that everything that should be ad-

ressed is… until the dentist discovers otherwise.

**Lawsuits on the rise**

When the economy tanked in 2008, the number of discrimination and wrongful termination lawsuits skyrocketed. When the economy is good and people can find jobs quickly, they don’t bother pursuing litigation. In this environment, it is much more likely that an unhappy employee will sue or file a complaint than it was five years ago. It’s essential that employ-

ers have policies and procedures in place. Certainly, dress and appearance are big issues in today’s workplace. Dentists need a guide line and a policy. You can bet everyone is going to wear scrubs. You can say no jeans are allowed. You don’t have to tolerate offensive or off-color attire. T-shirts with inappropriate sayings, crazy hair, etc., but it’s essential to have policies in place. However, dentists do need to be aware that if the clothing, such as a head scarf, is worn because of the employee’s religious practice, it is protected.

McKenzie Management’s HR Solutions division encourages dentists to work with a professional to create a “policies and procedures manual” that is specific to the individual needs of the practice. The manual may cover as many or as few issues in today’s workplace. Dentists need a guide line and a policy. You can bet everyone is going to wear scrubs. You can say no jeans are allowed. You don’t have to tolerate offensive or off-color attire. T-shirts with inappropriate sayings, crazy hair, etc., but it’s essential to have policies in place. However, dentists do need to be aware that if the clothing, such as a head scarf, is worn because of the employee’s religious practice, it is protected.

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**How does an economic downturn affect dental practice fraud?**

Difficult economic times create more of these desperate people I mentioned earli-

er, which creates more fraud. We did notice a much larger incidence of fraud in the De-

troit area after the auto industry downsiz-

ing a few years ago.

**What are the first critical steps a dental practice owner should take?**

If he or she sus-

pects internal fraud is occurring? Unfortunately, intuitive steps are not al-

ways the right ones at this point. Dentists try to conduct their own investigation, bring their CPA into the office, or call the police. Doing any of these will likely alert a perceptive thief to your suspicions.

The overarching objective is not to tele-

graph your suspicion to the suspect. When fraudsters think they are about to be dis-

covered, their strong urge is to destroy evidence. This invariably causes collat-

eral damage. Destruction might consist of wiping the computer’s hard drive and destroying all backup media.

In one spectacular case, the victims did not engage us but began their own (clumsy) investigation. The thief, once alerted, burned down the office! This is really the point where expert guidance is needed. We have an “immedi-

ate action checklist” for dentists who sus-

pect fraud in their office. They can request the checklist from our website.

Our investigative process is completely stealthy. I promise never to send a nerdy-

looking investigator to your office. This helps ensure that evidence is protected, and also that working relationships are not destroyed in the event that suspicions are groundless.

**What is the most unusual fraud case you have encountered?**

About once a month we see something in-

novative. The alteration of receivable bal-

ances and the total cash at the end of the day is — we suspect that the thief caused the server to crash. By placing a magnet inside one of our lab computers, we could repli-

cate the crash quite easily.

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**Continuation on page A6**

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**HR 101: Tees and tats causing a stir**

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**Toothsome**

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sic insurance package that offices already have or an “employee pol icyy” can be added. I don’t have cost details, but understand that it is quite inexpensive. Based on what I said about the probability of fraud in offices, I think everyone should have this coverage.

**How much of a problem is external fraud involving customers, vendors, suppliers or other business relationships compared with internal fraud?**

It certainly happens. We see a fair amount of identity theft from people trying to make use of someone else’s insurance cov-

erage or to obtain prescription medication. However, the financial and other damage that this type of activity can cause pales in comparison to the damage caused by embezzlement.

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**Dental Tribune U.S. Edition | January 2012**
The reviews are in!

“Excellent!”
Clinical Evaluator Rating — Rated by an independent non-profit dental education and product testing institute.

“Rated 4.0!”
Dental Product Shopper Peer-to-Peer Product Evaluation

“The ‘cuts like dentin’ phrase is overused... but this product truly lives up to its meaning.”
Christopher Esposito, DMD
Medford, NJ

Oxford Zircore NANO: The blockbuster core build-up material of 2011.

Reviewers agree, Oxford Scientific’s new dual-cure Zircore NANO is today’s four-star choice for core build-up for a number of very good reasons. To start, it cures to the ideal hardness. Reinforced with Zirconia nano particles, Oxford Zircore NANO really does prep and cut like dentin, virtually eliminating ditching. It’s extraordinarily versatile too, giving you the choice of light cure or self cure options — without compromising its flexural or compressive strength. And because Oxford Zircore NANO is thixotropic, yet flowable, it’s easy to build and sculpt cores.

Oxford Zircore NANO features:

- Preps and cuts like healthy dentin
- High flexural and compressive strength
- High radiopacity for unmistakable radiographic detection
- Dual Cure for convenience and flexibility
- Thixotropic, yet flowable for easy handling and application
- Can be used as core material or a post cement

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Internal root resorption rules out restoration

Permanent maxillary central incisor replaced with removable partial denture

By Dov M. Almog, DMD, and Odalys Hector, DMD

For decades, case reports and scientific studies have described the condition of internal root resorption. A recent web search related to internal root resorption revealed 247 results in PubMed and more than 1 million results in Google. According to many of the studies, internal root resorption is infrequently detected in clinical or radiographic examinations of teeth, but is a frequent finding in teeth with pulp inflammation or necrosis.

Case report

Many of the published works on internal root resorption condition are in the form of case reports similar to this one. Some, though, are scientific studies that examine the histological and biological aspects of the condition. A recent scientific study revealed that teeth with healthy pulps did not exhibit the condition of internal root resorption. By comparison, half of the teeth with pulps, and the majority of the teeth with necrotic pulps, had internal resorption. Inflammation was shown to be an important etiologic factor of internal resorption.

In our case, a 42-year-old African American male, a U.S. armed services veteran, presented for the first time to the Veterans Affairs New Jersey Health Care System Dental Service at East Orange, N.J., seeking dental care. The patient’s primary reason for coming to the Dental Service was for a complete dental exam.

This case report describes the condition of a permanent maxillary central incisor affected by internal root resorption. While the etiology of this pathology is unknown, most commonly it is associated with trauma or seen postoperatively following a large resins restoration. According to the literature, this type of progressive internal root resorption can be stimulated by ongoing inflammation from trauma.

A comprehensive oral and maxillofacial examination included an intraoral and extraoral exam with cancer screening, full mouth X-rays and a panoramic radiograph.

Among other things, the examination revealed extensive internal root resorption condition in tooth #8, coupled with a buccal fistula draining purulent discharge (Fig. 1).

After careful assessment of all the available diagnostic information, and upon further exploration of the feasibility of different treatment options to restore the patient’s tooth, the case was discussed and explained to the patient.

While root canal treatment has been the treatment of choice for this pathologic condition to date; after reassessing the extent of the internal resorption and describing the condition to the patient, including the potential associated postoperative ramifications, it was collectively decided to extract the tooth followed by socket preservation.

At the same visit, an immediate acrylic removable partial denture (RPD) was delivered.

Conventionally, all restorative, periodontal and prosthetic needs were addressed, including a cast RPD replacing tooth #8 and other already missing bilateral teeth.

Conclusion

As described in this case report, for decades it has been determined that internal resorption is seen frequently in teeth associated with pulp inflammation or necrosis. Following suggested course of action in the literature, when internal root resorption condition has progressed to involve an external communication with the periodontal ligament space, this condition should not be restored and maintained.

References


Photo by Shae Cardenas, www.dreamstime.com

- Page A4 to avoid — at great harm to the practice. Consider this all too familiar scenario.

The new employee, “Rita,” comes on board. She is bright and enthusiastic. Her responsibilities increase over the years. She has her way of doing things, which is fine with the dentist because he doesn’t have to worry about things getting done. Before you know it, she’s been with the office 15 years and knows the practice better than the dentist does.

The problem: That once bright, young, enthusiastic employee has become stubborn and controlling. She challenges the dentist and staff regularly. She’s negative, difficult, and regularly refuses to comply with routine requests. She has become the proverbial “employee from hell.”

The dentist has finally had enough. He spent the better part of the last two years — yes, two years — making excuses for her to the remaining staff who actually didn’t quit in disgust. “She’s going through a difficult time.” “She really is a good employee, you just have to look past her shortcomings.” “You have to admit, she’s very good with the schedule.”

As McKenzie Management HR Solutions division has found, this situation is a common scenario in dental practices. The dentist hands over so much responsibility to a key employee that the individual becomes central to the continued operation of the practice. This person changes over the course of weeks, months or years and issues surface.

In the case above, the dentist wanted to dismiss the employee. Somehow Rita learned of the dentist’s desire to terminate her and threatened to sue him for 15 years of back pay and overtime.

The dentist was terrified. Sadly, he spent months paralyzed from fear and trying to convince himself he could just live with her disruptive behavior. He couldn’t. This one employee was running his practice into the ground.

Eventually, he sought legal counsel and learned that he lived in a state where an individual had only one year to sue for back wages. But even at that, it was still far more than the dentist wanted to pay.

Moreover, the entire situation could have been avoided if the dentist had established office policies and procedures in place. He didn’t think he needed them until he needed them.

When faced with situations in which an employee must be terminated, first and foremost, procedures must have established policies and procedures. Second is to seriously consider offering severance agreements. Severance agreements in which employees give up all rights to sue are valid in every state. Offer a severance agreement with a modest amount of money to put the issue to bed and send the employee on his/her way.

The amount of severance awarded will vary based on the employee’s position in the practice and how long he/she has been there. It could be three or five months or years. And if you’ve been dealing with a seriously poisonous staff member, most dentists will do just about anything to get rid of this person. And most agree that a few months’ salary is well worth it.

Rita was eventually sent on her way with a few months’ salary, but when you’ve been dealing with a seriously poisonous staff member, most dentists will do just about anything to get rid of this person. And most agree that a few months’ salary is well worth it.

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Additionally, the agreement should assure that the employee will not disclose trade secrets. This can be taken care of up front when the employee is hired.

There should be a confidentiality provision in the handbook and the employee must be required to sign off that he/she is aware of it and agrees to follow it.

The key is preparation. Waiting until employee behaviors are so problematic that they are damaging the practice make the dentist and practice highly vulnerable to litigation.
As annual congress nears, courses already filling up

Even free courses at Yankee Dental Congress, Jan. 25–29, now require preregistration

A late-December visit to the 2012 Yankee Dental Congress (YDC) website showed more than 30 of the event’s 300-plus lectures, workshops and hands-on courses filled up more than a month before opening day of the five-day meeting.

A new policy requires preregistration for all no-charge courses, except the High-Tech Playground, student table clinics, student lecture and social/cultural programs. Registrant’s seats will be held for 10 minutes after the start of the course. When the room is filled, no additional people will be admitted and no standing is allowed per order of the fire marshal.

Diverse educational offerings

This year’s educational highlights include: presenters from the Scottsdale Center for Dentistry, the team leader of the first ever partial face transplantation; the Las Vegas energy of the Madow brothers, management tips from Disney Institute; and an actual head and neck dissection course.

The exhibit floor will once again feature exciting programs in the Live Dentistry Pavilion as well as no-cost presentations in the High-Tech Playground and the new Nutrition Nook.

The YDC has everything dental professionals need, all packed into five days in January that will inform, inspire and entertain. Nearly 28,000 dental professionals are expected at the Boston Convention and Exhibition Center for the 37th annual congress, Jan. 25–29.

Also during the congress, more than 450 of the hottest companies in the dental industry will showcase their newest products and services on the exhibit hall floor, with all of the exhibitors eager to do business and many of them offering show specials.

Two complimentary live dentistry sessions added

Two complimentary live dentistry courses were recently added to the exhibit floor educational offerings courtesy of company sponsorships.

Sponsored by MegaGen USA, the first newly added course features Samuel Lee, DDS, inventor of the “crestal window sinus technique,” presenting a sinus bone grafting diagnosis and treatment. The live-patient demonstration will include a detailed explanation of computed tomography evaluation, flap design, lateral window location, membrane elevation and implant insertion.

* Continue on page A10
Live dentistry stage returns to Pacific Dental Conference

Online registration for March event open at www.pdconf.com

The 2012 conference, March 8–10 in Vancouver, British Columbia, features timely C.E. programming, open sessions, hands-on courses and other educational opportunities for the entire dental team. Attendees can earn up to 15 C.E. credits.

Top speakers include: Marcus Abboud, Scott Benjamin, Jeff Brucia, Teresa Gonzales, Derek Hein, Jim Grisdale, David Clark, Jeff Coil, Shirley Gutkowski, David Hornbrook, Sam Kratzman, John Olmstead, Kate O’Hanlan, Ray Padilla, Mark Piper, Rob Roda, Stewart Rosenberg, Geza Terezhalmy, Neil Warshawsky and Daniel Haas.

You can browse through the speaker biographies and presentation descriptions at www.pdconf.com.

Live Dentistry Stage returns

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations on Thursday and Friday. The conference’s ever-expanding exhibit hall will keep you as busy as ever this year, with more than 250 companies in 540 booths. The hours for the exhibit hall are Thursday, March 8, 8:30 a.m. to 6 p.m. and Friday, March 9, 8:30 a.m. to 5:30 p.m. Dentists and staff attending the PDC can take advantage of special hotel rates. Book early to avoid disappointment.

(Direct source: Pacific Dental Conference)

The Pacific Dental Conference, combines all the excitement of Vancouver, named the world’s ‘Most Liveable City’ in 2011 by the Economist Intelligence Unit, with adventurous educational opportunities for the entire dental team. Photo/Michael Iwasaki, www.dreamstime.com
Academy offers five days of implant training in Jamaica

The American Academy of Implant Prosthodontics (AAIP) will join with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present five-day comprehensive implant training courses in Kingston, Jamaica, March 12–16 and July 3–7.

The courses include lectures, hands-on participation, surgical and prosthetic demonstrations, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of two to six implants and sinus lifts under course faculty supervision.

Upon completion of the one-week comprehensive implant training program, the clinician will be able to identify cases suitable for dental implants, diagnose and plan treatment for preservation and restoration of edentulous and partially edentulous arches, demonstrate competency in the placement of single-tooth implants, soft tissue management, and bone augmentation, obtain an ideal implant occlusion, work as part of an implant team with other professionals, and incorporate implant treatment into private practice with quality results, cost effectiveness and profitability.

A dental degree is required for participants. Patients will be provided, and malpractice insurance will not be necessary. The course is tax deductible and 35 hours of continuing education credits will be awarded upon completion. Patient treatment is provided in a Jamaican dental school with personalized training in small groups. The course is a cooperative effort of the Jamaican Ministry of Health and the American Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator; Dr. Leonard I. Linkow is course director; and Dr. Sheldon Winkler is course advisor. Additional course faculty include Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo and Robert E. Weiner.

Dental laboratory support is provided by DCA Laboratory, Citrus Heights, Calif., Dani Dental Studio, Tempe, Ariz., and Dutton Dental Concepts, Bolivar, Ohio.

Founded by Dr. Maurice J. Fagan, Jr. in 1982 at the School of Dentistry, Medical College of Georgia, the Academy of Implant Prosthodontics supports and fosters the practice of implant prosthodontics as an integral component of dentistry.


The academy holds an annual convention and international meetings in cooperation with its affiliate and component societies. It offers continuing education courses and sponsors a network of study clubs in the United States. The AAIP is designated as an approved program for C.E. (PACE) provider by the Academy of General Dentistry (AGD). These C.E. programs are accepted by AGD for fellowship, master-ship and membership maintenance credit.

Details on the AAIP/ADIS Jamaica implant programs, including tuition, faculty lectures, transportation and hotels, can be obtained from the course website, www.adiseminars.com; or call (551) 655-1909. AAIP membership information can be obtained from AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, Ariz., 85266-1058. (480) 588-8062; swinkdent@cox.net. The AAIP website is www.aaipusa.com.
AACD Scientific Session: 'Learn Outside the Lines'

Interdisciplinary approach to education includes mix of lectures and hands-on workshops

Registration is now open for the American Academy of Cosmetic Dentistry (AACD) 28th Annual Scientific Session in Washington, D.C., May 2–5.

Building on the success of last year’s session, the event will feature many heavy-hitting educators, social events and networking opportunities. Appropriately themed, “Learn Outside the Lines,” the conference will challenge attendees with an interdisciplinary approach to education, including a mix of lectures and hands-on workshops. Dental teams will return from D.C. with a renewed perspective on the field of cosmetic dentistry after having spent several days honing their skills and learning about new techniques and materials.

The session will be hosted at the Gaylord National Resort & Conference Center in National Harbor, Md., giving attendees the opportunity to engage in a world-class cosmetic dental education and also experience the dynamic city of Washington, D.C.

Educators scheduled to appear at the AACD Scientific Session include:
• David Garber, DMD
• Christian Coachman, DDS, CDT
• Eric Van Dooren, DDS
• Pete Dawson, DDS
• John Cranham, DDS
• Scott Finlay, DDS
• Carl Misch, DDS, MSD
• Gordon Christensen, DDS, MSD, PhD
• Paul Child, DMD, CDT
• Ron Goldstein, DDS

“The 28th Annual AACD Scientific Session will challenge attendees to think beyond the norm and realize the limitless opportunities cosmetic dentistry has for their practice and their patients,” said AACD President John Sullivan, DDS. “Along with great education, attendees can expect opportunities to network, make new friends, and reconnect with the old ones while spending time in the nation’s capital.”

AACD members, students, dentists, laboratory technicians, team members and dental auxiliaries are all welcomed by the AACD to attend.

Visit www.aacdconference.com for more information about the 28th Annual AACD Scientific session.

About the AACD

The AACD is the world’s largest nonprofit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function.

Composed of more than 8,300 cosmetic dental professionals in 70 countries worldwide, the AACD fulfills its mission by offering superior educational opportunities, promoting and supporting a respected accreditation credential, serving as a user-friendly exchange of knowledge and ideas, and providing accurate and useful information to the public and the cosmetic dentistry profession.

(Source: American Academy of Cosmetic Dentistry)
Winter Clinic attracts 3,000

The largest one-day dental convention in North America came off without a hitch at the Metro Toronto Convention Centre on Nov. 4. Toronto Academy of Dentistry Executive Director Billy Lowe said attendance at the 74th Annual Winter Clinic, which was more than 3,000, was up compared with last year for all sectors of attendees, but most notably among dentists.

The Toronto Academy of Dentistry event brings together dental professionals and top industry speakers from across the globe to explore industry trends, clinical advancements and new products and services. The academy is a respected leader and resource to the dental profession in the metro Toronto area.

The organization is dedicated to enhancing the professional lives of its members through guidance, education and service. Its membership is composed of four component societies: North Toronto Dental Society, Toronto East Dental Society, Toronto Central Dental Society and the West Toronto Dental Society, each of which is supported by a strong community of dental suppliers.

(Source: Toronto Academy of Dentistry)

Winter Clinic attracts 3,000

Dentistry’s biggest single day wows attendees in Toronto

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(Source: Toronto Academy of Dentistry)

Record numbers anticipated at Canada’s biggest dental meeting

Registration is now open for the Journées dentaires internationales du Québec, May 25–29 in Montréal. This 42nd edition of Canada’s largest annual dental meeting promises to once again break all attendance records, with more than 12,000 delegates expected from around the world.

Located in the heart of beautiful downtown Montreal, this annual gathering of the entire dental profession features five days of ADA CERP-accredited continuing education courses in lecture and workshop formats as well as two full days of C.E. courses in the exhibit hall. In addition to having more than 325 exhibitor booths, the exhibition floor will host the Dental Tribune Study Club Symposium, where 10 lectures will be presented over the two-day period, providing participants the opportunity to obtain C.E. credits at no extra charge. The exhibit hall also will feature an opening ceremony, drawings for iPads, a dentists’ art exhibition and much more.

The scientific program offers attendees a choice of more than 100 lectures in both English and French. The event presenter, the Ordre des dentistes du Québec (ODQ), has announced a fee reduction of more than 30 percent compared with last year for pre-convention courses. The ODQ is honored to feature Drs. Gordon Christensen, John West, Robert Margar, Gerard Kuget, Jose Luis Ruiz, Harald Heymann and Tim Donley among the invited speakers, just to name a few.

The limited-attendance workshops are quickly reaching their maximum number of registrants, so be sure to register early to avoid disappointment. To obtain more information, please visit www.odq.qc.ca, and click on the convention folder. The ODQ looks forward to seeing you in Montreal in the spring!

(Source: Ordre des dentistes du Québec)
Do-it-yourself handpiece repair saves time, costs

ProScore EZ Care Handpiece Maintenance Kit (coming soon)
The EZ Care™ Handpiece Maintenance Kit is the latest addition to the ProScore line of products. These maintenance kits are customized to your handpiece and include everything needed to keep the handpiece in optimal running condition: an XTend™ Ceramic turbine, the Smart Cleaner, gaskets, coupler o-ring sets, handpiece cleaner/lubricant, detailed maintenance instructions and other products. The EZ Care Handpiece Maintenance Kit complements both ProScore’s in-office repair product line and the ProRepair/ProService Handpiece and Small Equipment Maintenance Courses presented at various dental shows.

XTend Ceramic Kits and Turbines for Highspeed Handpieces
With the XTend Ceramic line of Turbines and Kits, ProScore offers dentists the best quality do-it-yourself products for highspeed handpieces in the market. Not only are XTend Ceramic products backed with the best warranties in the business, one year for turbines and six months for rebuild kits, XTend products outperform steel bearings, last longer and produce less noise and vibration.

The ceramic bearing technology in XTend Ceramic products provides many performance benefits, including the following. Reduced wear: Ceramic balls are twice as hard as steel balls. Increased durability: Ceramic balls are 40 percent lighter than steel balls, which reduces the internal forces and loads caused by highspeed rotation. Longer life: Ceramic bearings outperform steel under marginal lubrication. Quieter and smoother operation: Noise and vibration are reduced as a result of lower loads. ProScore’s other EZ Solutions offer dentists various do-it-yourself repair and maintenance options.

EZ Press III and EZ Rebuild Kits
The EZ Press III™ Repair System is the answer to the high costs and downtime associated with sending highspeed handpieces out to be repaired. Enabling the dentist to easily change those parts that have worn out, the EZ Press III uses simple procedures, requires no guesswork, and ensures precision placement of the bearings on the spindle.

EZ Install Turbines
For an instant repair, dentists can replace cartridges chairside with EZ Install™ Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine that outlasts others in the market.

Smart Cleaner
The Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue build-up in handpieces and coupler waterlines, but also clears away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear obstructions and debris.

EZ Care Cleaner and Lubricant
EZ Care™ Cleaner was formulated to flush debris and remove build-up for the handpiece’s internal rotating parts, improving long-term handpiece performance and sterilization efficacy. EZ Care Lubricant has been designed to minimize bearing wear and to resist corrosion. When used together, EZ Care Cleaner and Lubricant ensure that handpieces and accessories will achieve maximum longevity and maintain optimum performance.

ProScore has been dedicated to do-it-yourself handpiece repair and maintenance since entering the dental market more than 15 years ago as Score International. Now ProScore is part of Henry Schein’s “Family of PROs,” which includes ProRepair and ProService, to offer you the best fit for your repair needs.

For more information, visit ProScore at Yankee Dental Congress Booth #2140, call (800) 726-7365 or visit www.scoiredental.com. You can also follow ProScore on Facebook at www.facebook.com/proscore.

(Source: ProScore)
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* Ceramic upgrade available for billable rebuilds and turbine replacements on most highspeed models. Ceramic warranty is double the warranty of ProRepair Premium Services. Valid only through Henry Schein ProRepair® Division. Cannot be combined with any other offer. Repairs sent to manufacturers are not included in this offer. Must include original ad to be valid. All offers expire 1/28/12. Promo codes YN100, YN50, YN40.
Self-etch bonding agent works without separate activator

**Oxford Bond SE showed bond strengths superior to six of the leading self-etch adhesives on the market**

Oxford Scientific Dental Products introduces Oxford Bond SE, a simple-to-use, self-etching bonding agent. Oxford Bond SE is designed for use in both direct and indirect techniques. The agent provides strong, reliable bonding of composites, composites and resin-reinforced glass ionomer materials to dentin and enamel.

Like most self-etching bonding systems, Oxford Bond SE can be used for indirect procedures without adding a separate adhesive or dual-cure activator. This simplifies the procedure and makes it more reliable by eliminating any variability in mixing by various staff members, ensuring a tenacious bond with every procedure.

**Proven to be superior**

Oxford Bond SE provides all the benefits of a cutting-edge self-etch adhesive: less patient sensitivity, ease of use and fewer application steps. It exhibits superior bond strengths to both dentin and enamel. In a laboratory study (data available upon request), Oxford Bond SE showed bond strengths superior to six of the leading self-etch adhesives on the market.

Oxford Bond SE received a ++++ rating from The Dental Advisor. More than 50 percent of the evaluators stated they would switch from their current self-etch bonding agent to Oxford Bond SE.

Oxford Bond SE is simple to use. Application requires only three steps with a total time of 45 to 50 seconds. Light curing is achieved in 20 seconds and self-curing is achieved in five minutes.

Oxford Bond is supplied in 5 ml bottles or in 0.15 ml single doses. The single-dose delivery system is highly reliable. Gravity feeds the fluid in the upper chamber to the lower chamber, ensuring complete and homogenous mixing of the components.

Each single-dose container has enough bond to bond to at least three units. This single-dose system provides enough material for a standard procedure without wasting an inordinate amount of bonding agent in the mixing well. It also promotes good infection control.

Oxford Bond SE is competitively priced and represents a very good value for your supply dollars. Oxford Bond SE or to obtain additional information, call Finngan Enterprises at (888) 686-1950 or go to www.oxfordscientificdental.com.

**Oxford Scientific Dental Products**

Although the Oxford Scientific brand name may be new to North American dental professionals, the company has been manufacturing dental consumables for a number of U.S. companies for nearly 20 years. Oxford Scientific Dental Products are manufactured to the highest standards.

The facility is FDA registered and the products are C.E. certified. The company’s mission is to provide the dental consumer with the finest quality materials based upon state-of-the-art manufacturing and the pride of a dedicated workforce.

The company’s portfolio currently contains a core build-up material, Oxford Zircore Nano, a dual-cure, nano zirconia filler reinforced resin core build-up material that was rated “Excellent—Good” in an “independent, non-profit dental education and product testing institute” in its January 2011 newsletter. A complete line of temporary crowns and bridges, such as Oxford Temp, a temporary C&B material, Oxford Temp Cem, a temporary cement and Oxford Correct, a flowable composite repair material for the temporary C&B material. Oxford Correct was selected by the “independent, non-profit dental education and product testing institute” for its 2010 Buying Guide, published in its December 2010 newsletter.

Oxford Scientific Dental Products are exclusively marketed and distributed in North America by Finngan Enterprises of Meriden, Conn., (888) 686-1950.

(Source: Oxford Scientific Dental Products)

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**Every investor’s question: What next?**

**For many, it’s time to evaluate your safety net**

By David Keator, Keator Group

During the last 30 years, we have seen investment “bubbles” of different varieties that are nothing more than extreme investment swings based on numerous factors. Internet, commodity and real estate bubbles, to name just a few, have all caused many investors anxiety. The primary drivers of these inflated values are based upon momentum and greed. It comes from a feeling that everyone else is making money and the investor is missing out.

It is OK to be an optimist, but it is a good idea to be watchful when everyone is an optimist. Beware of crowds at the extreme. When we see the type of exuberance that typically leads to inflated values, we believe it is a good time to take a breath and put up a safety net.

In early spring, many economists and market analysts warned that bond prices would decline and the result would be higher interest rates. As a result, the conventional wisdom was to shorten the duration of a fixed income portfolio in an attempt to create a bunker. Because we have enjoyed unprecedented and historically low yields (high-bond prices), many heeded this call. Some saw a bond “bubble,” and it was time to take profits. On March 1, the five-year treasury yield was 2.33 percent. Four months later, on July 1, the five-year yield was 1.48 percent. When prices on bonds rise, their yields typically fall. That means the short-term investment call was premature, giving credence to market calls being more art than science.

So, what is being done with all of the cash that is being held? Investors are searching for a place to invest it. Short treasury yields (one year) have fallen in half from 30 basis points (one-third of 1 percent) to 16 basis points (one-sixth of 1 percent) between March 2010 and July 2011. This has caused investors to hunt for yield and seek higher income potential from more aggressive investments.

Theoretically, the higher the potential yield, the greater the risk, but the appetite for higher yield has been strong and that has the potential to cause a bubble in the high-yield market just as high demand for Internet stocks caused unrealistic valuations in the late 1990s.

Buyer beware: A fixed-income investment paying a 1 percent yield might not seem risky on face value, but if it is compared with the relative security of treasuries, then you can easily see a potential for a disconnect.

So, back to our title: “What Next?” The next step for each investor is to evaluate where your safety net is. Do you have an investment plan? Have you figured out your risk profile and adjusted your investments accordingly? Do you have a bunker? If the market drops by 10 to 20 percent, do you have enough cash and liquid investments as a reserve so that you can avoid selling under-valued assets to meet emergency or even day-to-day needs? Are you properly diversified?

It is painful to see CDs and short-term treasuries paying less than 1 percent. If it is part of your bunker, you have to stay disciplined if your investment time frame is short. You must be very careful of volatility. With a longer time frame, you could possibly take advantage of high-quality stocks with dividend potential or short-term corporate bonds.

Remember, we are in a global economy, so do not overlook investment opportunities throughout the world.

We believe one of the safest ways to invest is with a long-term horizon.

Editor’s note: David Keator is a partner at Keator Group. Contact him at (575) 54-85-85. The opinions expressed in this report are those of the author and are not necessarily those of Web Har- gol Financial Network (WFAN) or its affiliates. The material has been prepared or is distributed solely for informational purposes and is not a solicitation or an offer to buy any security or instrument or to participate in any trading strategy. Additional information is available upon request.

Investing in fixed-income securities involves certain risks, such as market risk of yield prior to maturity, and credit risk, especially if investing in high-yield bonds, which have lower ratings and are subject to greater volatility. All fixed-income investments may be worth less than original cost upon redemption or maturity. U.S. Treasury securities are guaranteed by the full faith and credit of the U.S. government for the timely payment of interest and principal if held to maturity. Investing in foreign securities presents certain risks not associated with domestic investments, such as currency fluctuation, political and economic instability, and different accounting standards. This may result in greater share price volatility.

Investment products and services are offered through WFAN, member SIPC. Keator Group is a separate entity from WFAN. Investments in securities and insurance products are not FDIC-insured/net bank guaranteed/may lose value.
20-second light cure ends wait time

New Integrity® Multi·Cure Temporary Crown and Bridge Material, available from DENTSPLY Caulk, is a dual cure 10:1 bis-acrylic material with improved flexural strength. Integrity Multi·Cure can be used as a self-cure material, but additionally provides the option to eliminate wait time by light curing each unit for 20 seconds. Integrity Multi·Cure has the fastest cure time range among leading competitive products. Integrity Multi·Cure is available in a convenient 76-gram cartridge delivery system with five refill shades: A1, A2, A3.5, B1, BW and an Introductory Kit including: Integrity Multi·Cure material, Integrity TempGrip cement, and cartridge dispenser. For more information visit www.integritymulticure.com or call (800) 532-2855.

(Source: DENTSPLY Caulk)

New oral health site supports professional development

Colgate-Palmolive, a world leader in oral care, has announced the launch of the Colgate Oral Health Network for Professional Education and Development – an online resource dedicated to helping dental professionals improve the oral health and well-being of their patients.

Through a partnership with the Dental Tribune Study Club (DTSC), the Colgate Oral Health Network provides access to some of the latest information and developments in oral health. The online network also offers educational resources such as live online webinars and on-demand seminars. Dental professionals can access the free benefits of the Colgate Oral Health Network by registering at www.colgateoralhealthnetwork.com.

“Colgate has been a long-standing partner of dental professionals worldwide,” said Barbara Shearer, director of scientific affairs at Colgate Oral Pharmaceuticals. “The launch of the Colgate Oral Health Network marks an expansion of our commitment to oral health education as we continue to help keep the profession connected with up-to-date news and e-learning opportunities.”

By offering these resources online, the Colgate Oral Health Network also serves as an interaction platform for dental professionals worldwide by incorporating various cultures and new perspectives into the educational mix.

To learn more or to join the Colgate Oral Health Network, please visit the website www.colgateoralhealthnetwork.com.

(Source: Colgate-Palmolive, DTSC)
Dental products manufacturer guided by clients' imagination

The history of Keystone Industries dates back to as early as 1900 and is one that the company is extremely proud of. Keystone Industries is composed of several dental and medical manufacturing and distribution subsidiaries, which include:

- National Keystone, founded in 1930;
- Tri-Dynamics founded in 1977;
- Mizzy (which also includes Syrijet) founded in 1900;
- Ped-O-Jet founded in 1968;
- T&S Dental and Plastics Manufacturing, founded in 1976, which is now known as Keystone Industries, Myerstown, Pa.
- Dental Resources, also located in Myerstown, was acquired in March of 2003.
- Keystone also merged with Deepak Products in 2008 with manufacturing in Miami.

Keystone Industries is a leading manufacturer in denture acrylics, thermal forming materials and machines, APF fluoride gels and foams, prophylaxis paste, high-volume evacuators and packaging material. In addition, Keystone runs the gamut from abrasives, carbides, chemicals, brushes, crucibles, Fleck’s cement, PIP paste and the Syrijet for the dental industry.

The company’s capabilities are bound only by its clients’ imaginations.

The company has the ability to manufacturer almost any resin, plastic or chemistry found in the marketplace on an original-equipment-manufacturer or private-label basis.

The perception that Keystone Industries is strictly a lab supply manufacturer is about to change, according to the company.

(Source: Keystone Industries)

Carestream Health has earned the National Quality and Excellence Award from the Israeli government for outstanding achievements and continuous improvement in computed radiography (CR).

This award, honoring the late Prime Minister Yitzhak Rabin, is the most prestigious award of its kind in Israel and recognizes Israeli organizations for excellence and a commitment to quality. The competitive application process and evaluation is sponsored by the prime minister’s office and managed by the Ministry of Industry & Trade, the National Institute of Standards and the Israeli Society for Quality.

The Israeli National Quality and Excellence Award is based on the Malcolm Baldrige National Quality Award established by the U.S. Congress and awarded annually by the president of the United States. Carestream applied for the Israeli award in 2011 and went through a long evaluation by an independent board of examiners in seven critical areas: leadership; strategic planning; customer focus; measurement, analysis and knowledge management; workforce focus; process management; and results.

The award recognizes Carestream’s Israeli organization responsible for designing and developing tabletop CR systems that enable medical professionals to acquire patient X-ray images digitally. Israel has created an environment that has helped nurture many successful health care and technology companies, including Carestream’s Yokneam team, which continues to produce outstanding technology and market-leading medical imaging innovations.

Carestream manufactures its CR systems in multiple locations worldwide and supplies them to clinics, imaging centers and specialty markets such as orthopedics, veterinary and dentistry. Call (800) 944-6365 or visit www.carestreamdental.com.

(Source: Carestream Dental)
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Integrity® Multi•Cure Temporary Crown and Bridge Material

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That's Integrity® Multi•Cure Temporary Crown & Bridge Material. Improved flexural strength with light cure option to reduce procedure time.
American Academy of Implant Prosthodontics
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Atlantic Dental Implant Seminars

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An incredible hands-on learning opportunity to place 2-6 implants on provided live patients, in a Jamaican dental school clinic.

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Our world-class clinicians, educators & researchers offer a comprehensive learning experience for general dentists and specialists.

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• Review of surgical and restorative protocols
• Participants can bring their own cases for discussion and guidance
• After course follow-up for assistance in diagnosis and treatment planning for implant cases

Course Objectives
Upon completion of this one-week comprehensive implant education program, clinicians will be able to accomplish the following tasks:
• Identify cases suitable for dental implants.
• Diagnose and establish a treatment plan for preservation and restoration of edentulous and partially edentulous arches.
• Demonstrate competence in the placement of single tooth implants, soft tissue management, and bone augmentation.
• Obtain an ideal implant occlusion.
• Work as part of an implant team with other professionals.
• Incorporate implant treatment into private practice with quality results, cost effectiveness and profitability.

“What a tremendous value this course is. Anyone who has taken implant courses but is still hesitant to start placing implants needs to sign up for this program. I enjoyed it so much I am considering returning to further progress my implant skills.” - Steven Bloom, DDS, St. Petersburg, FL.

“Now I am having more confidence in implant dentistry. I diagnosed 2 cases for new patients this past week. They are maxillary premolar cases. Thank you for your instruction and guidance in implantology.” - Alexander Zhang, DDS, Chico, CA.

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Guidance evolving on cleaning dental implants

Many dentists and hygienists are experiencing frustration and misunderstanding about the biology and the armamentarium used when maintaining dental implants.

By Stacy Ewing, BS, RDH

As a dental implant sales rep, I speak with many clinicians on a daily basis about implants. Coming from a background of 28 years as a dental hygienist, the topic of cleaning dental implants always seems to come up in conversation. These communications suggest that the majority of dentists and hygienists are experiencing a great deal of frustration and misunderstanding about the biology and the armamentarium used when maintaining dental implants. This article attempts to provide helpful information to the practicing professionals from evidence-based and anecdotal sources.

Initially, it is important to understand terminology. An implant, also referred to as the “fixture,” is the titanium screw, which inserts into the bone to replace the natural root. The most coronal part of the implant, often referred to as the collar, may have a smooth or rough surface. The structural component or attachment, which fits into the implant and provides the foundation for restoration, may have various names depending on the type of restoration (also called prosthetics or reconstruction). This attachment has a smooth surface. In the case of a single crown or bridge, this component is called the abutment or cuff. Restorations (crowns), which attach to abutments, may be screw-retained or cemented. Multiple abutments may be referred to as a roundhouse or multi-units. These multiple types may be standalone or attached to a bar (may be called a hybrid or high water). They may support single crowns, bridge-work, fixed partial denture or fixed full denture. Components that engage with a removable denture may be ball attachments or locator attachments. The implant prosthetic restoration terminology is the same as that used for natural teeth.

It is important to understand that biofilm and calculus may accumulate on all of these structures, just as with natural teeth. Also, whenever cement is used and residual amounts remain, it will cause irritation and needs to be effectively removed. The periodontium around an implant/attachment/restoration is different than around a natural tooth. In very simplistic terms, there are two important biological characteristics of the tissue surrounding the implant, attachment and restoration.

First, there is no connective tissue ‘at


Julie Wells Kroeker, RDH, first of six possible 2012 honorees, recognized for exceptional daily service

Crest® Oral-B® has named Julie Wells Kroeker, RDH, of McAllen, Texas, as the latest winner of the brands’ second annual Pros in the Profession® award program, which honors registered dental hygienists who go above and beyond the call of duty every day. After careful consideration of a pool of qualified candidates, a panel of judges selected Kroeker for the award based on her commitment to the oral health of not only her patients, but also those with special needs in her community.

Kroeker has been practicing dental hygiene for more than 28 years, holding a Bachelor of Science from the University of Oklahoma Health Science Center. She lives in the Rio Grande Valley with her husband and four children, two of whom also plan to go into the dental profession.

Kroeker works in a location that has a large Hispanic population, presenting a potential language barrier between her and many of her patients. Kroeker has overcome this obstacle by learning to speak Spanish, which has greatly improved her relationships and ability to communicate with many of her patients.

In her spare time, Kroeker enjoys educating the youth in her community about the importance of maintaining good oral health through frequent presentations at the local elementary schools and health fairs. Kroeker regularly visits the high school where her sister teaches students with special needs. Through role-playing and props, she ensures the students will feel comfortable, at ease and informed the next time they sit in the dental chair.

A personal struggle Kroeker has overcome is her diagnosis of rheumatoid arthritis 12 years ago. Through her positive attitude, combined with regular exercise and a healthy diet, Kroeker has been in remission for several years and fortunately, her career has not been impacted.

To Kroeker, one of the most important things she can do is help others not only learn about proper oral hygiene, but also take passion in their oral health as much as she does. Through her tireless dedication to her profession, Kroeker strives to reinforce the oral care and overall health of her patients and community.

Throughout the year, five other deserving professionals will join Kroeker as this year’s Crest Oral-B Pros in the Profession winners. Winners will receive a $1,000 monetary prize, recognition at a special award cocktail reception at RHI’s Under One Roof 2012 in Las Vegas, a recognition plaque, tributes in dental trade media news announcements and on the website www.dentalcare.com, and an exclusive trip to Proctor and Gamble headquarters. So those who know worthy “Pros” like Kroeker should help give those individuals the recognition they deserve by nominating them today.

Nominations will be accepted through April 2012 at www.prosintheprofession.com or at the Crest Oral-B booth at upcoming dental conventions.

Nominations should be submitted by dentists, fellow hygienists, dental assistants, professional colleagues and other college colleagues.

Submitted nominations should convey why the nominee is a true pro. Nominees must meet the following criteria:

• Registered dental hygienists with two-plus years of practice experience after graduation from dental hygiene school.
• Registered dental hygienists with community service involvement.
• General volunteer/non-oral health-specific examples are welcome, but oral health-related volunteer experience is preferred.
• Registered dental hygienists with examples of work that go above and beyond the call of duty. Examples include excellent patient relations/special care/retention, involvement in research and/or clinical experience, published work(s), and the ability to generate additional business for their practice.

To learn more about Kroeker, the other winners and the Pros in the Profession programs — including how to nominate a Pro for consideration — visit the website www.prosintheprofession.com.
The ergonomic 17-degree bend on the Emerald™ design significantly improves clinician comfort, while the prominent ridges found at the base will enhance the operator’s grip.

The latest addition to the line of disposable prophy angles is the new Emerald™ line. As a pioneering in disposable prophy angle manufacturing, the company is excited to introduce the innovative design.

The ergonomic 17-degree bend in the neck, as well as the superior gearing design of the angle, is designed to improve clinician comfort, while the prominent ridges found at the base will enhance the operator’s grip.

In addition, the unique color and finish of this disposable prophy angle will make for easy identification. The angle is not the only notable aspect of the Denti-Care Emerald, though, the soft, latex-free cup features external ridges to provide improved interproximal access along with enhanced stain removal.

The Denti-Care Emerald is available in either a 144-count box or a 500-count box. For more information, visit www.denticare.com or call Denti-Care with any questions or comments at (800) 227-3321. (Source: Denti-Care)

**ULTRASONIC TIPS**

**Magnetos**
- Dentsply Cavitron Soft Tip single-use plastic twist-on
- Advanced Ultrasonics single-use plastic screw-on
- Tony Riso multi-use plastic screw-on
- G. Hartzell & Son-multi-use silicon screw-on (also for use on piezo inserts)
- Parkell GentleClean single/multi-use instrument wrench-on

**Piezo**
- Sateltec/ACTEON AirMax
- EMS Pi Instrument multi-use plastic insert with chuck
- Brasserel USA/NSK Varios multi-use plastic insert with holder

Studies also vary on use of air abrasives and implants. Most agree that this is a safe and efficacious procedure; however, there is a great deal of variation in operator technique. Too much time on titanium surfaces can scratch. Some research indicates that a glycolic-based powder will scratch less than sodium bicarbonate or aluminum oxide powders. More definitive research is needed in this area.

**AIR ABRAZIVES**

- Kavo Prophylaxe
- Delident Jetstream, Jetpolisher and Jetsonic
- Dentply Prophyjet
- Sateltec/ACTEON AirMax
- EMS Air-flow
- EMS Air-flow Powder Soft & Perio: glycine-based

Rubber cup polishing is indicated on titanium surfaces with fine prophy paste, nonabrasive toothpaste or tin oxide. Abrasive polishing pastes are contraindicated. Finally, many periodontists I have spoken with on this topic have written the way I consider the most important observation. Each patient must be treated on an individual basis and given the necessary amount of education and recall frequency so that the amount of abrasions do not accumulate to the point of having to make questionable armamentarium choices.

A list of references is available from the publisher.
CONGRATULATIONS TO THE FIRST TWO CREST® ORAL-B® PROS IN THE PROFESSION® WINNERS FOR YEAR TWO OF THE PROGRAM

Donna Caminiti, RDH
Donna holds a Bachelor of Science in Dental Hygiene from Loyola University in Chicago. Through her life experiences, Donna has a personal connection with cancer and is deeply committed to utilizing her profession to prevent oral cancer and its consequences. In fact, Donna started a smoking cessation program in which she teaches her patients about the harm smoking can have on one's overall health and specifically their oral health. Donna motivates her patients to quit smoking and honors their success by posting their photos on a bulletin board in her office. Donna has been practicing dental hygiene for more than 34 years and lives in Springfield, IL.

Julie Wells Kroeker, RDH
Julie holds a Bachelor of Science from the University of Oklahoma Health Science Center. In her spare time, Julie enjoys educating the youth in her community about the importance of maintaining good oral health through frequent presentations at the local elementary schools and health fairs. Julie regularly visits the high school where her sister teaches students with special needs. Through role playing and props, she ensures that the students will feel comfortable, at ease and informed the next time they sit in the dental chair. Julie has been practicing dental hygiene for more than 28 years and lives in McAllen, TX.

SIX EXTRAORDINARY DENTAL HYGIENISTS WILL RECEIVE:
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- Recognition at a special award cocktail reception at RDH Under One Roof 2012 in Las Vegas, NV
- $1,000 monetary prize
- Recognition in dental trade media news announcements and on dentalcare.com
- Exclusive trip to P&G headquarters!

For more information about Donna, Julie and the program, visit www.prosintheprofession.com or stop by the Crest Oral-B booth at upcoming dental convention.

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Dr. Patrick O’Brien, Fayetteville, NC
November 2011 Lab Participant

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CE Online participant comment, December 2011