Esthetics, prosthetics, periodontics, implants and bisphosphonates

Controversy involving the oral cavity and the effects of using bisphosphonates is causing an obstacle for dentists to help patients achieve optimal health. The following case presentation demonstrates that the continuous use of oral bisphosphonates before, during and after treatment did not prevent an esthetic result involving implants, sinus augmentations, periodontal regenerative techniques, extractions and prosthetic restorative treatments.

This case presentation revolves around a 56-year-old woman who, for the past 10 years, had taken prescribed oral bisphosphonates for her osteoporosis. Her medical history, outside of her bisphosphonate, was non-contributory. The patient, whom we’ll call Mrs. G, is a lovely woman who enjoys traveling throughout the world. She was unhappy with her oral appearance and wished to improve it. She related a desire for oral health with a gracious glowing smile. She expressed that she didn’t want an overtly white smile, or one that looked too “fabricated,” but rather a bright and glowing smile.

Medically, Mrs. G’s sole abnormal note was the fact that she had been taking oral bisphosphonates for more than 10 years. Her medical doctor had prescribed these as an aid in treating osteoporosis.

Reviewing her existing image, radiographs, study models, and probing and charting all possible aids helped guide us toward our diagnostic goal. Most notable to Mrs. G was the mobility of her maxillary right posterior teeth, the worn smaller lower anterior teeth as well as the dull appearing smile. Preparing a sequential treatment plan, we initially recognized an occlusal relation discrepancy, among her other deficiencies.

Fig. 1: Pre-treatment, B-view: Please notice the shortened, worn lower anteriors appearing as stubs with tan-colored dentin; shortened, square-shaped and uneven maxillary incisors and occlusally worn and abraded mandibular posteriors. (Photos/Provided by David L. Hoexter)

Is your office OSHA compliant?

The Occupational Safety and Health Administration (OSHA) will likely be ramping up its inspections of dental offices in the upcoming months. Learn what you can be doing now to have the best possible outcome in case of an inspection. (Photo/Boguslavovna, www.dreamstime.com)
Cool stuff for your practice

By Robin Goodman, Dental Tribune America

Like most clinicians, you probably wait to check out new products and services during attendance at an annual dental meeting. We here at Dental Tribune attend many of those and would like to bring a few items to your attention in case they might be of interest.

Dental Ear: Can you imagine having to retire because you've lost your hearing? It may sound far fetched, but it's a true story for former maxillofacial surgeon Todd Erickson, who experienced permanent, noise-induced sensorineural hearing loss caused by exposure to the pneumatic surgical drills he used throughout his surgical career (www.dentalear.com).

DoctorBase: Move over Kung Fu Panda, because Doctor Base Panda is here! Why choose a panda to represent a website where patients can write their reviews of a dentist? Well, first off, you have to admit he's cute. Second, panda also stands for "Patient First." Why choose a panda to represent your practice, check out Amazing Animation: www.amazinganimationart.com

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com. If you would like to make any changes to your subscription (name, address or to quit out), please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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PBHS:
Indeed the company offers website design, but this full-service marketing firm has a broad portfolio of products and services to choose from. Founded in 1977 as a forms company, it's nearly impossible to think of something the company cannot help you with. The portfolio includes a variety of website design options, multime dia, practice identity and marketing as well as office forms and filing systems (www.pbhs.com).

xyWater: The xy is pronounced "zahy," and xyWater is a premium drinking water infused with Xylitol along with a hint of natural flavor. xyWater is appropriate for adults, children, diabetics and the elderly. Anyone who has (or had) a cavity or suffers from xerostomia can benefit from drinking this water (www.drinkxywater.com).

PBRad: If you'd like some original artwork that isn't going to require you to take out a second mortgage, check out PBRad for whimsical images that are sure to bring a smile to your patients' faces (and yours). Jared Eastman is a self-taught artist who works full time on his craft. You won't find him at a dental meeting, but he does make visits to some local art festivals. You can view prints of his artwork online, but there are also a number of original pieces for sale as well (www.jrodart.com).

Amazing Animation: If you have been thinking about purchasing some new artwork to brighten up your dental practice, check out Amazing Animation's unique and fanciful offerings (www.amazinganimationart.com).
NCOHF names Dr. Rebecca Slayton chief dental officer

Rebecca L. Slayton, DDS, PhD has been named chief dental officer of the National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF). As chief dental officer, she will continue to chair the NCOHF Scientific Advisory Board while assuming responsibility for oral health messaging, approval of preventive strategies and treatment protocols.

“We are honored to have Dr. Slayton serve as the NCOHF chief dental officer. Her wealth of experience, talent and expertise combined with her enormous passion and commitment to children’s oral health, will be invaluable to our organization,” said Fern Ingber, NCOHF president and CEO. Slayton is professor and chair of the Department of Pediatric Dentistry at the University of Iowa. She is a board certified pediatric dentist and a diplomate of the American Board of Pediatric Dentistry. Prior to coming to Iowa in 2008, she served on the faculty at the University of Washington School of Dentistry as the graduate program director and the chair of the Pediatric Dentistry Department at Oregon Health & Science University. She serves on the Council for Scientific Affairs and the Scientific Program Committee of the American Academy of Pediatric Dentistry and is a member of the Executive Committee of the Section on Oral Health for the American Academy of Pediatrics.

In addition to serving as an examiner for the American Board of Pediatric Dentistry and a site visitor for the Commission on Dental Accreditation, Slayton is a member of the American Academy of Pediatric Dentistry, the American College of Dentists, the American Association of Dental Research, the American Dental Association and the American Dental Education Association. She is the co-editor of a textbook, titled Early Childhood Oral Health, and the special issue on Children’s Oral Health, published recently by Academic Pediatrics. She has authored two textbook chapters and published numerous peer-reviewed articles.

The National Children’s Oral Health Foundation: America’s Toothfairy is a 501(c)(3) non-profit, dedicated to raising awareness of the No. 1 chronic childhood illness: pediatric dental disease, facilitating delivery of comprehensive pediatric oral health services, and eliminating this preventable disease from future generations.

The NCOHF draws on vast national resources to secure and distribute product and financial donations along with innovative preventive programs to a growing network of not-for-profit university and community based dental clinics, health centers and mobile programs throughout America.

More information about the NCOHF is available at www.americastoothfairy.org.

ADA guide to legal questions

The American Dental Association (ADA) recently launched The ADA Practical Guide to Frequently Asked Legal Questions as an e-book for the Amazon Kindle and Barnes & Noble Nook e-readers. This best-selling guide is a comprehensive publication that answers the most common legal questions encountered in a dental practice. The thorough listing of more than 180 questions and answers from ADA legal experts covers topics that the dental team encounters daily. When legal questions surface, having this guide available will prove invaluable. It provides plain language legal information on a wide array of legal issues.

As part of the ADA’s continuing initiative to make ADA publications available in a variety of formats, The ADA Practical Guide to Frequently Asked Legal Questions is available for wireless download on the Kindle and Nook for $89.95. Kindles and Nooks are mobile reading devices that allow readers to download books, magazines and other media for easy and portable reading. Visit Amazon’s website or the Barnes & Noble’s website to order the e-book.

The guide is also available in hard-copy through the ADA catalog online at $89.95 for ADA members and $154.95 for non-members at www.adacatalog.org or by calling (800) 947-4746.

About the American Dental Association

The not-for-profit ADA is the nation’s largest dental association, representing more than 156,000 dentist members. The premier source of oral-health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859. The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive.

The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly Journal of the American Dental Association (JADA) is the ADA’s flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit the Association’s Web site at www.ada.org.

Dr. Rebecca Slayton (Photo/National Children’s Oral Health Foundation)

(Source: NCOHF)
Obvious to her as well, her lower anteriors were worn and shortened, making us cognizant of occlusal relation discrepancies. Due to abrasive grinding, the teeth on her lower anteriors were shortened, exposing the different yellowish tan color of the dentin inside her teeth. Her vertical relationship needed correction. However, the color of her teeth needed to be corrected as well as their shape and size.

Also obvious was the shape of the maxillary incisors. The square shape is unnatural. The normal shape of maxillary incisors is usually one that is longer than they are wide. This is also a more youthful appearance than the square, “older” look she had at her initial visit.

Her gingival horizontal lateral line was uneven and asymmetrical. There was, however, an adequate zone of pinkish, keratinized gingival tissue, which could be utilized and manipulated for our final goal of a symmetrically appearing periodontal background of esthetics, health and its maintenance in the future.

Correcting her vertical relation required support in her posterior areas to support the correct prosthesis and its newly corrected occlusal height. The patient also requested that a “non-removable prosthesis” be prominent in our treatment plan goal.

The radiographs indicated adequate osseous support in her mandible posterior such that periodontal therapy, including surgical intervention, would be of a positive result, the latter of which will support the changes to be made to restore the vertical dimension.

The maxillary posterior, however, is a different entity altogether. This patient is utilizing prescribed oral bisphosphonates for her osteoporotic condition. By avoiding osteoporosis and its effects, she will be able to support and maintain oral endosseous implants and their functioning. Sinus-lift techniques to regenerate support for the maxillary posterior implants would need to be accomplished.

Would the fact that she is osteoporotic and utilized oral bisphosphonates hinder the acquisition of new regenerative support? All these factors are considered and discussed with the patient before commencing. If the patient desires, this one does, non-removable prosthesis replacements, then implants and sinuses lifts must be considered.

The maxillary right posterior had two prognostically poor teeth that were extracted. We recommended use of implants to support the new crowns with the corrected occlusal height restored. Yet, Mrs. G had inadequate bone support to support the implant in the posterior maxilla. Thus, we elected to initially use the sinus-lift technique to provide adequate support for the needed implants.

The patient has osteoporosis, and as previously stated, has taken oral bisphosphonates for more than 10 years. Questions that were discussed included the regeneration of osseous support be healthy enough or adequate to support the implants and their needed function.

Will such dental procedures be tolerated without being susceptible to osseous necrosis? Yes, because she has been on oral bisphosphonates all these years. Augmentation procedures were selected to acquire the adequate bone needed to support the implants.

Mrs. G’s upper left side had two teeth, #12 and #15, that were to be kept. Yet the area that initially had pontics above them, also needed a new bone to support forthcoming added implants, which will support the future restored crowns and the occlusal changes. A sinus augmentation procedure was done in the upper left to facilitate the fabrication of new osseous support. The existing UL bridge was kept as a provisional splint while the sinus-lift technique was accomplished even around and apical to the preserved molar. After six months of uneventful healing, a provisional splint was placed in the UL, replacing the existing permanent bridge. Endosseous implants were then inserted and integrated in the #12 and #13 edentulous area. After six months, we began the restorative phase.

Both the UR posterior sinus lift and the UL sinus-lift surgeries were accomplished during the same surgical appointment. However, the UR #5 and #6 had a very poor prognosis and were extracted during the same treatment with osseous grafts added to the voided sockets.

The restorative phase for the posteriors was accomplished at the same time and after the use of provisional crowns. Then they were adjusted to achieve the proper occlusal relationship, especially in the posteriors initially. After the posteriors were restoratively corrected in provisional, the anterior teeth were then treated. The maxillary anteriors were changed from the initial square appearance to a bright, more streamlined and youthful appearance.

With the posteriors restoring the vertical height, there was enough space and room for the return of correctly shaped lower anteriors. The chance to see her worn down stubs of older appearing teeth appear vibrantly youthful and regenerated in length, appearance and color was encouraging to Mrs. G.

All of this was made possible by restoring the correct vertical dimension by correcting the posterior teeth height. To achieve this, implants and sinus lifts with bone regeneration techniques were utilized. The restorative crowns allowed the stabilization and main-

![Fig. 2](image1.png)  
**Fig. 2:** X-ray pre-treatment UR.

![Fig. 3](image2.png)  
**Fig. 3:** X-ray UR post sinus-lift treatment and extraction of #3 and #5.

![Fig. 4](image3.png)  
**Fig. 4:** X-ray UR of inserted implants and prosthesis.

![Fig. 5](image4.png)  
**Fig. 5:** X-ray UL, pre-treatment.

![Fig. 6](image5.png)  
**Fig. 6:** X-ray UL with maintained splint and completed sinus lift.

![Fig. 7](image6.png)  
**Fig. 7:** X-ray UL of inserted implants and prosthesis.
Restoration of the desired vertical height. The anterior component now had the height to allow the shape and length of the desired anterior teeth.

This is an example of a patient with osteoporosis for years, who utilized an oral bisphosphonate delivery system for 10 years and wished to have a non-removable, restored dentition supporting the reclaimed vertical space. Mrs. G’s restorations have been functioning for more than 10 years now. She also continues with the oral bisphosphonates as prescribed.

Thus, by using sinus augmentation, periodontal regeneration techniques and endosseous implants with permanent non-removable dental restoration, an esthetically restored smile was achieved. Youthful, longer appearing teeth aid Mrs. G’s glowing smile, but have proved to be maintainable as well.

Editorial note: Part 1 of this series on bisphosphonates, titled Osteoporosis and bisphosphonates, appeared in DTUS Vol. 6, No. 5. Please e-mail the author at drdavid lhoxexter@gmail.com for a copy of Part 1. You may also contact r.godman@dental-tribune.com for a copy.

Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomat of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery.

He can be reached at (212) 355-0004 or drdavidlh@aol.com.
How health-care financing works for practices and patients

A 2011 report released by the Institute of Medicine, Advancing Oral Health in America, indicates that uneven and limited access to dental health care and coverage is a major factor contributing to the poor state of oral health across the nation. Especially in today’s economic climate, it’s no surprise that financial concerns are a major obstacle for patients in getting the dental treatments they need. Not everyone is covered by insurance, and patient costs are high. As a result, patients will often delay treatment or ignore provider recommendations and choose less than ideal procedures. But when outside financing options are available, patients have the opportunity to start treatments they might otherwise delay. And, they will usually choose more comprehensive procedures because they can spread payments out over time.

Providers, nonetheless, still find themselves asking why a patient financing program would benefit their bottom line, especially when they already accept major credit cards. The financial experts at Citi® have partnered with Henry Schein, the largest distributor of health care products and services to office-based practitioners, to demonstrate the advantages available to practices and their patients through the Citi Health Card Program.

Boost business

There has never been a better time for dentists to increase both optimal treatment acceptance and procedures, all while reducing costs for their practice. Thousands of health care providers in various industries already use patient payment plans to bring more success to their practices. And for over 16 years, Citibank and Henry Schein have backed such convenient plans.

The Citi Health Card is a perfect example. Its payment plans are designed to increase sales, create patient loyalty and generate first-time purchases. In addition, the program improves cash flow by expediting the payment process for providers, as treatment fees are electronically deposited within two to three business days. Because of this, providers are able to stay focused on patient care, rather than collections.

Also, the card offers the lowest no-interest and budget plan merchant discount rates in the dental industry, giving practices the potential to save money over other credit card or payment programs. And, there are no enrollment fees, minimum volume requirements or special equipment requirements.

New features include an Internet-based system for faster application and processing, pre-authorization, system-generated transaction receipts, online reporting and management tools, and security features that protect staff access and account information.

Ultimately, dental practices and patients who participate in the Citi Health Card Program have the freedom to make treatment decisions based more on health care concerns and less on financial ones. Patients can finance treatments or additional procedures and it’s just one more reason for them to stay loyal to a practice.

Help patients

Having a separate account for health care treatments gives patients peace of mind by allowing them to concentrate on their health instead of financial concerns.

The Citi Health Card gives them flexible payment plans that enable patients to get the care and treatments they need right now, and save the road. Patients value the flexibility of low monthly payments and no down payment. Plus, the card can be used as needed for additional treatments and for other family members.

The program also provides patients the benefit of having a separate revolving credit card for health care expenses so they can keep their bank-card credit lines available for everyday use.

Get started

Citi Health Card’s patient financing program makes the patient application process easy. Providers can submit consumer applications by phone or online, and eligibility decisions are made quickly so treatments can begin immediately.

Get support

Participating providers receive comprehensive program information, including simple train- ing videos and sales presentations for patients. Complete training and support materials are available online, and enrollment comes with access to online resources that help train new staff members and maximize the benefits of the program.

The program also features dedicated consumer service support as well as daily and monthly settlement reporting.

Dental providers who are interested in enrollment or additional information should call (800) 445-2756.

On the live meeting days, the AMED website will feature three separate tracks of live webcasts streaming simultaneously from presenters in various locations around the world. Attendees will be able to post questions and comments visible to the presenter and other viewers during and following individual presentations. Viewers aren’t locked into any single track and can jump back and forth based on their interests.

Skaggs says the presentations’ interactive component also will be part of the recordings, which attendees will be able to view via the website, much like a live conference with many sessions divided yet into the three separate live-stream tracks that will enable delivery of simultaneous live presentations via the website, much like a live conference with many sessions running concurrently.

All aspects of microscope-centered dentistry are covered during the three days of corporate forums, clinician presentations, and academic- and clinician-research presentations. Subject matters cross all disciplines and specialties, creating an inclusive forum devoted to exploring how precision dentistry can best serve patients and practices.

The “Foundations and Expansions” theme refers to how the profession’s embrace of innovative tools, such as the microscope, scanners, digital radiography and cone-beam-computed tomography occurs only when such advancements align with practitioners’ core intellectual skills and philosophical perspectives.

Online exhibit hall

The virtual meeting also includes an online exhibit hall, which will feature product and service information via text, pictures and video — along with opportunities to chat with company representatives during the three days of live meetings.

Following the live dates, these online exhibit-hall “booth” pages will remain accessible through at least March 1, 2012, when the new cycle begins.

Live-stream schedule

This listing of presentations isn’t divided yet into the three separate live-stream tracks that will enable delivery of simultaneous live presentations via the website, much like a live conference with many sessions running concurrently.

All presentations will be recorded so “attendees” missing a live stream can view the recorded webcast later.

(Photos/Provided by Citi Health)
What's good for your patients is good for your practice. Payment plans included.

Offering the Citi® Health Card can help you increase treatment acceptance and patient loyalty. Be there for your patients, and they’ll be good to your bottom line.

Plus, benefit from:

- Lowest No Interest and Budget Plan MDR’s in the dental industry – save up to 41% compared to other products*
- No enrollment fees or special equipment required
- Payment in 2 – 3 business days
- Less time, cost and risks than funding yourself
- Focus stays on patient care, not collections

Speak with a Patient Financing Specialist today.
Call 1-800-443-2756 and mention code 11RADHDTA10, or email hsfs@henryschein.com.

*Merchant Fee is the cost to your practice and is calculated as a percentage of the total sale.
The Occupational Safety and Health Administration (OSHA) is an organization of the federal government that ensures proper compliance with current workplace health and safety regulations. OSHA will likely be ramping up its inspections of dental offices in the upcoming months. In order to be prepared, dentists should be up-to-date with OSHA’s updated program and what they should be doing now so they have the best possible outcome in case of inspection.

‘Be prepared’

The best way to handle an OSHA inspection is to be prepared. It is important to have all paperwork current, all materials in proper order and established policies and procedures that ensure safety. Below are some general recommendations from OSHA and the Centers for Disease Control and Prevention (CDC) that should be followed, as well as what documentation should be included. In those instances, employees should wear an impervious gown instead of a jacket. These dress items should be properly maintained and cleaned and should be replaced when needed.

Training

Ensure that all dental office employees are receiving the proper training in compliance with OSHA’s Bloodborne Pathogens Standard and the CDC’s 2005 dental infection control guidelines. This training must be completed when a new employee is first hired to work in the dental office. At this time, the new employee should also have a TB test to rule out active tuberculosis infection. Moreover, any dental office employees who may be exposed to potentially infectious materials during employment at the dental office must receive a hepatitis vaccination immediately. If they were previously vaccinated, they must offer proof of such vaccination immediately.

All those same lines, dentists should complete an annual TB risk assessment to ensure the dental office is still considered a low-risk environment. This paper work should then be filed in the OSHA notebook kept in the office. Medical records for every employee of the dental office should be properly maintained. These records must be kept separate from other OSHA materials in order to comply with HIPAA regulations. These employee records should contain all relevant health information, including evidence of HEP B immunization and other immunizations, and any results of testing following an exposure incident.

Engineering and work practice controls

Engineering and work practice controls should also be used in the dental office to reduce the likelihood of exposure to potentially infectious materials. These controls will isolate the dentist from hazards. These controls include using plastic gloves when handling instruments and placing the appropriate items directly into sharps containers, needle recycling devices and ultrasonic baskets. Instruments should also be handled very carefully when used in order to prevent injury. The same procedures should be followed carefully so that they receive proper sterilization. Instruments should be carried to the sterilization area on a closed tray to prevent injury during transport.

Sterilization areas should be arranged so that there are separate areas for clean and dirty instruments in order to prevent the possibility of cross contamination. If an item is heat sensitive, it should be noted in a record kept within the office. To ensure proper cleaning for disinfection is being followed. An annual evaluation of devices with sharps safety features should be performed. If no such devices are used in the dental office, you are required to document why a specific device that does not come with available safety features was chosen for use.

Also, ensure that all instruments are being cleaned before sterilization, which is preferable to using disposable instruments. Cleaning instruments is with an ultrasonic because hand contact is minimized. If an ultrasonic is used, the ultrasonic solution should be changed every day and at any time the solution becomes too thick. All instruments should then be wrapped or bagged with a heat sensitive indicator placed on both the inside and outside of the package. This ensures that the instruments are reaching the correct heat and pressure levels for proper sterilization.

Once sterilized, the instruments should be put in closed drawers or cabinets in the office so that the cleaning remains proper and correct. The sterilizers should be tested at least once a week with biological indicators to ensure they are working properly. Make sure all waterlines are being properly maintained. This is essential to ensure all water lines do not get into a patient’s mouth and the drinking water quality at minimum. Furthermore, make certain that all clinical surfaces, walls, floors, sinks and the like are being kept clean and sanitary. To ensure proper cleaning is taking place, a cleaning schedule must be established, with the proper cleaning frequency for the type of surface and degree of contamination made clear.

Make sure the dental office has a working eyewash station in a clean sink. Moreover, the office should have a proper fire evacuation plan that is prominently posted and that every office employee is aware of. The office itself should be kept in a neat, sanitary and clean condition at all times, with exits clearly marked. OSHA controls contaminated waste while inside the dental office. In most cases, only sharps, and blood and saliva saturated materials are considered hazardous materials, which must be disposed of in a certain, regulated manner. When in the office, contaminated waste items must be placed in containers that are prominently labeled with a “biohazard” label. Employees must always wear personal protective equipment when handling these items.

When chemicals are outside of their original containers, they must be properly labeled and stored. There should be a current chemical inventory, which includes corresponding MSDS forms, located in the dental office. Nitrous and oxygen tanks must be secured and regularly inspected to ensure they are working correctly, and this should be noted in a record kept within the office.

If you have questions about the required compliance, there are some great OSHA and CDC publications. In addition, you can obtain checklists and other useful resources from organizations such as the American Dental Association and the Organization for Safety, Anesthesia and Prevention.

By Stuart Oberman, Esq.

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Only in New York City, ‘The Capital of the World’: The Greater N. Y. Dental Meeting

The largest dental and health care convention in United States invites you to the Greater New York Dental Meeting, Nov. 25–30.

With no pre-registration fee for all dental professionals and their guests, the Greater New York Dental Meeting continues to be at the head of its class, attracting 58,155 attendees from all 50 states and 152 countries, which included 19,431 dentists in 2010.

Exhibit floor
Last year, the Greater New York Dental Meeting’s exhibit floor included 800 exhibitors and more than 1,500 exhibit booths offering a unique opportunity to meet face-to-face with companies that export.

Their continuous partnership with the U.S. Department of Commerce International Buyer Program allows exhibitors a free listing in the GNYDM Export Interest Directory, the opportunity to meet many worldwide senior level volume buyers, export counseling by government specialists and additional benefits derived from their extensive international marketing efforts.

International pavilion
The GNYDM has significantly expanded its international program to accommodate 6,970 international visitors in 2010. In terms of education, the Greater New York Dental Meeting discounts all of its programs by 50 percent for international attendees and there is never a registration fee for international attendees.

In an effort to expand hospitality, free multi-language courses are offered in Portuguese, French, Spanish, and this year adds Italian and Russian to the mix.

‘Live’ Dentistry Arena: No tuition!
This revolutionary concept offers eight free “live” patient demonstrations right on the exhibit floor. By placing two large screens on either side of the stage as well as smaller screens scattered throughout the audience, attendees are able to get an up-close view of the procedures occurring in real-time. Attendees also have the chance to earn up to 24 hours of free C.E. credits.

Educational programs
Once again, the Greater New York Dental Meeting offers an unparalleled educational program, featuring some of the most highly regarded educators in the field of dentistry.

There are choices of 300 essays, full-day and half-day seminars as well as hands-on workshops, including exciting educational programs such as Salivary Diagnostics (offered in English and Spanish), Botox/Dysport and dermal fillers, lasers, orthodontics, endodontics and so much more.

The greatest city in the world has so much to offer during the holiday season. Attendees have access to discounted tickets to highly acclaimed Broadway shows, listings of top-notch restaurants with breathtaking views and historical sites that are walking distance to
Shofu presents BEAUTIFIL Flow Plus, an all-in-one flowable base, liner and final restorative. Approved for all indications (Class I–V) based on physical properties that rival leading hybrid packing techniques.

Featuring Shofu’s GOMIER “surface pre-reacted glass” (S-PRG) filler material, BEAUTIFIL Flow Plus also exhibits durable esthetics and sustained fluoride release and recharge that provide lasting benefits.

All-in-one base, liner and restorative BEAUTIFIL Flow Plus was specifically engineered to mimic the characteristics of the gingival ridge. High filler content and unique chemical properties ensure that clinicians have all of the material strengths found in leading hybrids. In fact, compressive strength, flexural strength, toothbrush wear and other crucial mechanical properties of BEAUTIFIL Flow Plus were either clinically equivalent or superior to leading hybrids on the market.

Stay-put handling and superior adaptation Traditional methods of filling and packing hybrids are time consuming and technique sensitive. BEAUTIFIL Flow Plus easily flows into the prep, self-levels and creates a tight marginal seal quickly and reliably. Unlike other flowables, BEAUTIFIL Flow Plus stays put and won’t spill out of the prep. This allows stacking all the way up to the occlusal surface. Two distinct viscosities are available: “F00” zero flow for controlled stacking and “F05” low flow, which handles more like a traditional base or liner but has the same physical properties as F00.

Clinically proven benefits Shofu’s proprietary GOMIER technology utilizes S-PRG filler, providing a wealth of benefits for patients. Unlike other fluoride-releasing materials, S-PRG filler is durable, esthetic and recharges in high-fluoride concentrations, carrying sustained preventative benefits.

As published in JADA in 2009, a University of Florida study on S-PRG restoratives found that restorations containing S-PRG filler showed no secondary caries, no postoperative sensitivity and maintained their luster over an 8-year period. A 15-year recall is currently underway.

Introductory kit offer For a limited time only, BEAUTIFIL Flow Plus is available in two introductory kit offerings. The standard kit (PN 2000S) contains two 2.2 gram syringes of both viscosities (F00 and F05) in shades A2 and A3, and the pedo kit (PN 2000P) contains two 2.2 gram syringes of both viscosities in shades A1 and bleach white.

Both kits contain samples of Shofu’s top-selling products, including BeautiBond, One Gloss, Super Snap and the hybrid material BEAUTIFIL II. The introductory kits are valued at $160 but retail for just $99.95.

For more information contact Shofu Dental Corp. at (800) 827-4658 or visit www.shofu.com.
Air-Flow Perio: biofilm removal to the base of the pocket

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

According to the manufacturer, the innovative Air-Flow® handy Perio is the first and only portable perio device that enables safe and effective removal of subgingival biofilm.

Based on the successful Air-Flow handy 2+ series and the Air-Flow Master, which was awarded an innovation prize, this handpiece again provides the dentist with an ergonomic masterpiece that EMS says is ideal for treating patients and enables the complete removal of biofilm.

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

Biofilm impairs the removal of bacteria

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

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

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

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

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

It's Palodent® Plus So Much More. From the original name in sectional matrix systems comes new Palodent® Plus. It's an entirely re-engineered system, based on the latest industry-leading technology. With this easy-to-use system, you'll find exceptional ring stability, reduced procedure time, and predictable, accurate contacts. Plus, you get the reassurance and convenience of a support team you already know and depend on from DENTSPLY Caulk. Visit PalodentPlus.com today.
The amazing opposable thumb

By Colene W. House, RDH

For four years, I’ve been fascinated with thumbs, and rightfully so. In fact, I’ve got a thumb that just doesn’t function the way it used to when I first started working as a hygienist 40 years ago. When I go out to dinner with my husband, I notice how other patrons handle their knife and fork. I find myself wondering things such as, “Why do they hold their eating utensils the way they do? Do they have arthritis? Why does that lady hold her glass in both hands, is there something wrong with her thumbs?” I even watch the wait staff and worry about how they’ll be able to heft the heavy trays with multiple plates of food.

Actors in movies, my patients, my friends, I encounter during the course of the day, I am watching them all. My husband says I’m obsessed. I freely admit that I am. The thumb is our main claim to fame as humans. No other species has a digit that is so singularly talented. Without your thumbs, it is infinitely more difficult to tie a bow, cut with scissors, use a can opener, blow your nose, button a button. Oh, here’s a good one: try typing without your thumb to use the space bar. Go ahead, I’ll wait. Now that I have your attention, try scaling someone’s teeth without using your thumb. There is one word for such an endeavor, and that word is impossible. There are several problems that can develop with our hands over time. The one we’ll focus on here is CMC arthritis. The long name for it is carpometacarpal arthritis, or in non-technical language, arthritis at the base of the thumb. CMC arthritis develops over time as we constantly applying tugging force all day long, attacking tenacious calculus and stain. Not for it is carpometacarpal arthritis. The long name for it is carpometacarpal arthritis, or in non-technical language, arthritis at the base of the thumb. CMC arthritis develops over time as we constantly applying tugging force all day long, attacking tenacious calculus and stain. Not

Crest Oral-B recognizes Donna Caminiti, RDH, as recipient of Pros in the Profession Award

Crest® Oral-B® recognized Donna Caminiti, RDH, of Springfield, Ill., as the first winner of the brands’ second-annual Pros in the Profession award program, honoring 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 Caminiti for the award based on her commitment to not only the oral health of her patients, but also their overall health and well-being.

Caminiti has been practicing dental hygiene for more than 34 years and holds a Bachelor’s of Science in dental hygiene from Loyola University. She earned her license in 1977 with a focus in teaching and graduated in 1978. For several years, Caminiti taught at the student clinic at Loyola University, and has worked in various private practice settings, both general and periodontic. Deeply committed to the prevention of oral cancer, Caminiti founded a smoking-cessation program that motivates her patients to quit smoking and displays their success on a bulletin board in Caminiti’s office.

“Donna’s smoking cessation program is just one of the many things that makes Donna a true pro and deserving of this recognition,” said Marni Baker, RDH, a close friend from Springfield who nominated Caminiti for the Pros in the Profession award. “Donna exudes understanding and the capability to go above and beyond the call of duty. Her genuine love for others is apparent in all she does, even outside of the professional realm.”

Caminiti is also an advocate for Oral-B power toothbrushes, and through another program she created, Caminiti displays photos of patients using their Oral-B power toothbrushes in unique locations across the world.

Caminiti stated, “I have to admit, some of the power toothbrush photo entries get quite creative, but at least I have proof that the patients are brushing!”

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

Nominations will be accepted through April 2012 either online at www.prosintheprofession.com or at the Crest Oral-B booth at upcoming dental conventions. Nominations should be submitted by dentists, fellows, dental assistants, professional colleagues and collegiate colleagues, conveying why their nominee is a true “pro.” Nominees must meet the following criteria:

- Registered dental hygienists with two or more 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.

To learn more about Pros in the Profession, including how to nominate a “pro” for consideration, visit, www.prosintheprofession.com.
Dental hygiene jobs:
Low stress, underrated, growing in number?

By Robert Selleck
Dental Tribune America

As “top-ranked” lists tend to do, a recent compilation that includes dental hygienist as one of the most underrated jobs of 2011 has been getting attention on business and job-hunting sites across the Internet.

The ranking was put together by the employment-resources website www.careercast.com, under the heading “Most Underrated Jobs of 2011.” CareerCast editors compiled the list by reviewing job-rating data supplied by its site users. Here’s how it describes the positions that it analysis revealed: “They’re professions that don’t woo people with the high salaries or notoriety, but instead have characteristics that make them especially worthy. For instance, our most underrated jobs typically have median-to-higher income levels, lower stress, lower environmental dangers and lower physical demands. And even in this tight economy, all share one great attribute: a lower than average unemployment rate.”

Coming in at No. 9 on the list of 12 jobs: Dental hygienist. CareerCast is better known for its annual listing of the “best” and “worst” jobs of the year. Interestingly, dental hygienist was one of only three jobs on the just-released “underrated” list to also make the “most hated” list at No. 10.

Another distinction for the profession in 2011 came with Canadian Living magazine’s compilation of “Canada’s 10 hottest jobs.” Coming in at No. 4: Dentist or dental hygienist. The magazine reported that “there are currently more job openings than there are qualified people to fill them, in both positions.” It also projected that the “industry will continue to grow as Canada’s aging population requires more care, more Canadians enjoy dental coverage, and the booming demand for adult cosmetic dentistry continues (thank you, Hollywood!).”

Some reader comments on the list on the Canadian Living site challenge the assertions to some degree, while other commenters enthusiastically concur with the findings.

A similar pattern in reader comments can be found on the various sites that picked up the CareerCast ranking. On its site, CareerCast projects the number of dental hygienists in the United States at nearly 240,000 by 2018, a 56-percent increase over approximately 175,000 in 2008. CareerCast scored jobs based on an extensive rating system within the categories of environment, income, outlook, stress and physical demands.

Making up the list of 12, in order, are: paralegal/legal assistant, accountant, loan officer, market research analyst, software engineer, computer systems analyst, insurance agent, dietician, dental hygienist, civil engineer, physical therapist and chiropractor.

(Sources: CareerCast and Canadian Living)
to mention struggling with stubborn lips, cheeks and tongues. Over the years, the force of constant pinching wears down the cartilage that is meant to protect the ends of the bones and help them move freely against each other. When that cartilage is worn away, the grinding of bone on bone gets painful, very painful.

Consider the mathematical problem of transference of pounds of pressure from the fingertips to the base of the joint where it meets the wrist. One pound of pressure at the fingertips increases anywhere from 10 to 16 times by the time it gets to the CMC joint. That’s a lot of pressure, and dental hygienists exert this force all day long and over a period of many years.

CMC arthritis symptoms

Most likely, the first symptom that is noticed is soreness and sometimes swelling in the pad of muscle at the base of the thumb. Another is difficulty putting your hand flat on the floor, especially trying to support your weight while doing pilates, yoga or push-ups.

Weakness in your grip is another symptom. I experienced sharp pain that radiated up my arm when I would turn the steering wheel of my car.

Fatigue occurs after doing things that never bothered you before. When you are fatigued, you start compensating by positioning your arm and shoulder in weird ways. The problem is then compounded.

However, don’t self diagnose if you feel discomfort. Go see a hand specialist. He or she will take an X-ray in order to make a final diagnosis of CMC arthritis.

Work smarter to work longer

After 40 years as a dental hygienist, two things come to mind. First, never use dull instruments. The duller they are, the harder you have to grip in order to remove any deposits on your patient’s teeth. The harder you grip, the more potential damage you do to your most important assets: those two money makers that are attached to the ends of your arms. Look at them. They are the only two hands you will ever be given.

I like to keep two or three sets of sharp instruments in an easily accessible place to switch out at a moment’s notice. Some hygienists keep a sharpening stone with each setup and sharpen as needed during the appointment.

Second, use powered scalers as often as you can. If you have to purchase your own, whether it be magnetostrictive, piezo-electric or even a sonic scaler, it will be one of the most important purchases you make. Invest in yourself. You are worth it. Your hands are worth it.

Make time for regular massages with a licensed massage therapist (LMT) who has in-depth knowledge of hands. My LMT knows what I do for a living, and that I have had multiple surgeries on my right hand. She carefully works on my arms, hands and shoulders, keeping the muscles in good shape, and the interstitial spaces between the bones open.

Even if you have to schedule a regular manicure to get a good hand massage, take the time. Learn what those simple stretches and massage techniques are so you can teach someone else to do it for you every day.

We know the importance of back care exercises, so why not give our hands the same consideration? Try this simple exercise. Place your hand, palm down on the seat of your chair and slightly spread your fingers. Now sit on your hand, slowly straighten your elbow, and hold it there for several seconds. Do this at each break you have. That little trick counteracts the position your hands have been in all day.

The practice of dental hygiene is hard on us physically. We all need to be proactive in our physical care, just as we advise our patients in the preventive care for their teeth. Be smart. Practice smart. Take care of those amazing opposable thumbs.

About the author

Colene W. House has been a clinical dental hygienist for 40 years and has a passion for researching CMC arthritis. House may be reached at colenehouse1237@charter.net.
CONGRATULATIONS, DONNA CAMINITI, RDH
FIRST CREST® ORAL-B® PROS IN THE PROFESSION®
WINNER FOR YEAR TWO OF THE PROGRAM

Donna Caminiti, Registered Dental Hygienist, has been practicing dental hygiene for more than 34 years, holding a Bachelors of Science in Dental Hygiene from Loyola University in Chicago. She earned her license in 1977 specializing in teaching and graduated in 1978. For several years, Donna taught at the student clinic at Loyola and has worked in various private practice settings, both general and periodontic.

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 is also an advocate for Oral-B power toothbrushes, and her patients share that passion. Through another in-office program created by Donna, patients showcase their love for Oral-B power by capturing photos of themselves “Brushing Around the World,” using their brush while traveling to unique locations and landmarks.

Log onto www.prosintheprofession.com or stop by the Crest Oral-B booth at upcoming dental conventions to learn more about the program and winners.

Five additional dental hygienists will receive:
• Recognition plaque
• 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!