Nano-hybrid core build-up composite/post cement has dentin-like hardness

**VOCO introduces dual-cured GrandioCORE DC**

German manufacturer VOCO is introducing GrandioCORE DC, a dual-cured, 77 percent filled nano-hybrid core build-up composite and post cement. Because of VOCO’s advanced nano technology used in all Grandio composites, GrandioCORE DC stands out in its physical properties with a very high compressive strength of 366 MPa and a dentin-like hardness of 107 MHV. The dentin-like hardness makes it easy to cut without ditching when going from the tooth structure to the core material.

The product’s stackable consistency and its automix syringe delivery system makes it easy to work with. An extremely high radiopacity of 365 percent Al makes it easy to see on X-rays. GrandioCORE DC comes with long endo intraoral tips and is also suited as a post cement. The clinician not only saves time by using the same material for post cementation and core build-up, but furthermore, a monoblock is created with the same physical properties for an increased success rate of the restoration. GrandioCORE DC is available in universal dentin shade and in a blue or white contrast shade for easy identification of preparation margins.


(Source: VOCO America)

Oral health site supports professional development

**Free dentistry resources**

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 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, visit the website www.colgateoralhealthnetwork.com.

(Source: Colgate-Palmolive, DTSC)
Narrow-diameter implants proven for long-term use

Research shows Atlas matches or beats conventional implants in bone-implant interface

In the event when patients become edentulous, dentures offer many advantages compared with other options. They are aesthetically pleasing, easy to maintain and cost effective. However, these benefits are often hampered by patient discomfort, and dentures may lead to difficulty in chewing, pronunciation and facial expressions. To compensate, denture wearers often change their daily routine and diet in ways that contribute to greater health risks.

There is, however, a treatment option that can dramatically improve the patient experience with a lower denture and prevent bone resorption. Meijer et al, reports that patients with mandibular overdentures supported by implants are more satisfied compared with patients without the implants. With the advent of narrow-diameter implants, this treatment option is now more accessible than ever before.

Dentatus has found that narrow-body implant-retained overdentures can overcome many hurdles, providing more patients with access to the latest and most beneficial treatments available.

Atlas narrow-diameter implants are built and clinically proven for long-term use. They are tested with university-based research from the around the world, the first results were published in 2004. In 2007, Dr. Sang-Choon Cho, Dr. Stuart Froum and his colleagues from the New York University department of implant published a study in Practical Procedures & Aesthetic Dentistry that said, ‘In this study, full mandibular dentures supported by nonplanted, dome-shaped narrow-body implants provided immediate occlusal loading and function with high survival rates of both the narrow-diameter implants (ie, 94.1 percent) and prostheses (i.e., 100 percent)’ In 2005, Journal of Oral and Maxillofacial Implants published Dr. Michael Rohrer’s histology study on Dentatus implants. Rohrer determined that the percentage of bone in contact with the body of Dentatus implants was in ‘the same range and sometimes higher than what is usually seen with conventional implants.’

These results support well-known literature about implant design and materials in the following ways: Atlas narrow body dental implants are composed of grade V titanium alloy. The threaded portion of the implant is mechanically roughened to increase surface area and maximize the bone-implant interface; and the tapered shape ensures bone resorption can be controlled. These results support well-known literature about implant design and materials in the following ways: Atlas narrow body dental implants are composed of grade V titanium alloy. The threaded portion of the implant is mechanically roughened to increase surface area and maximize the bone-implant interface; and the tapered shape ensures bone resorption can be controlled.

Patient data company jumps ahead in file-sharing features

eDossea program improves security, adds communication functions, meets HIPPA guidelines

eDossea, a provider of online tools for handling patient data, has expanded its secure online file-sharing service, eDossea 1.0. Unlike most online file-sharing programs, eDossea 1.0 was designed for health-care file sharing within guidelines of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The program complements current digital systems, doesn’t conflict with practice management software, enables sharing between members and nonmembers and includes secure online back-up of files.

With new enforcement of HIPAA affecting how dentists share patient records, eDossea is helping practices address the growing need to securely transfer files online. The cloud-based eDossea 1.0 service enables dentists and oral specialists to share X-rays and associated files from a secure network when referring patients.

eDossea continuously adds new features to the service, which are introduced instantly without the need for more software. In addition to providing a way to securely transfer high-quality X-ray images, eDossea 1.0 now includes electronic referral forms and the ability to upload multiple images (such as series of bitewings) at once. The program also enables dentists and a wide variety of specialists including periodontists, endodontists, orthodontists and periodontists.

By simplifying the system requirements, eDossea has enabled its system to be used by both digital and non-digital practices.

The eDossea 1.0 service is available for a monthly fee and does not require additional software, set-up or training costs.

A free 30-day trial is available on the company’s website: www.edossea.com.
While caring for their patients, dental and health care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents. It is therefore critical that the gloves they use provide the best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (PVC), have inferior barrier capability as shown by numerous studies.

Other synthetic gloves, such as nitrile and polyisoprene, perform much better than vinyl, but are more costly, especially polyisoprene gloves. Using gloves with inferior barrier capability could expose both the patients and users to undesirable/harmful infections.

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and user’s safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Gloves or the SMG) has currently been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness and low in protein/low allergy risks, in addition to providing excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are attempting to replicate. Furthermore, latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly (You can find more information online at www.smg-gloves.com and www.latexglove.info).

The use of low-protein powder-free gloves has been demonstrated by many independent hospital studies to vastly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More important, latex allergic individuals donning non-latex gloves can now work alongside their co-workers wearing the improved low-protein gloves without any heightened allergy concern. However, for latex-allergic individuals, it is important that they use appropriate non-latex gloves that provide them with effective barrier protection, such as quality nitrile and polyisoprene gloves.

Selecting the right gloves should be an educated consideration to enhance safety of both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and widely available in an extensive array of brands, features and prices. They can be sourced either factory-direct (www.mrepc.com/trade and click “medical devices”) or from established dental product distributors in the U.S.

(Source: Malaysian Rubber Export Promotion Council)
Clinical benefits of the ‘Inclusive Tooth Replacement Solution’

By Darrin W. Wiederhold, DMD, MS, and Bradley C. Bockhorst, DMD

A hallmark of the most successful modern clinicians is the ability to strike a balance between a daily load of 12 to 16 patients and maintaining the same high standard of care. No easy task when it comes to implant cases.

Currently, the manufacturer is responsible for the components, the laboratory for the restoration — after receiving the impressions. Restoratively that’s like erecting a house on an existing foundation, limiting the builder. Proper esthetics requires soft-tissue contouring that begins at implant placement, making stock components less than ideal.

With the new Inclusive® Tooth Replacement Solution from Glidewell Laboratories, custom-designed temporary components allow for immediate provisionlizational specific to each patient, and a matching custom impression coping communicates the final gingival architecture to the laboratory. Add the implant, surgical drills, prosthodontic guide, final custom abutment and final BruxZir® Solid Zirconia restoration (Glidewell), and the clinician receives all the components necessary to place, provisionalize and restore the implant.

The Inclusive Tooth Replacement Solution supports a streamlined workflow that ensures predictability and long-term success. Armed with the endgame in mind and the tools and road map to get there, experienced and novice clinicians alike can place and restore dental implants with greater confidence than ever before.

Implant treatment workflow
- Consultation and data collection
- Day of surgery protocol
- Healing phase
- Restorative phase: final impressions
- Delivery of final prosthesis

Consultation and data collection
For single-tooth replacement or full-mouth rehabilitation, comprehensive treatment planning is paramount. You’ll need:
- Full-arch upper/lower impressions (PVS)
- Bite registration
- Full-mouth radiographs (panoramic and CBCT scan, as needed. Note: If you do not have a CBCT scanner, refer patient to an imaging center)
- Shade match of existing dentition
- Preoperative photos

Once you’ve selected a diameter and length of implant, forward the diagnostic materials (impressions, models, bite registration, shade, implant size) to Glidewell for fabrication of the custom components. The laboratory will pour and articulate the models and assemble the components, delivered to you in an all-inclusive box (Fig. 1).

- Prosthetic guide (Fig 2a)
- Custom temporary abutment (Fig 2a)
- BioTemp® provisional crown (Glidewell) (Fig. 2a)
- Custom healing abutment (Fig 2a)
- Custom impression coping (Fig 2a)
- Surgical drills (Fig 2b)
- Inclusive Tapered Implant (Glidewell) (Fig. 2b)

Day of surgery protocol
Place the box contents alongside your usual surgical armamentarium. Confirm the prosthetic guide fits snugly around the teeth. Visually confirm the proposed location of the implant osteotomy correlates with your planned location.

After placing the implant, decide based on the level of primary stability whether to place the custom healing abutment or the custom temporary abutment and accompanying BioTemp crown. Either option will begin sculpting the soft-tissue architecture around the implant to develop the future emergence profile.

If there is adequate attached tissue, use a tissue punch to remove the soft tissue over the osteotomy site, otherwise, reflect a flap. Note that the margin of the custom temporary abutment is set at approximately 2 mm.

Depending on the thickness of the soft tissue, the abutment can be adjusted and BioTemp crown relined. The custom healing abutment BioTemp crown must be 1 mm to 1.5 mm out of occlusion to avoid occlusal stress.

Store custom impression coping with patient chart for the restorative phase.

Healing phase
Complete a simple prescription form included with the original box, select your final custom abutment and final shade for your BruxZir or IPS e.max® (Ivoclar Vivadent, Amherst, N.Y.) restoration, and simply forward these items to Glidewell.

There are no additional laboratory fees.

Delivery of final prosthesis
On the day of delivery, remove the custom temporary abutment and clean all debris from inside and around the implant. Try in the final Inclusive® Custom Abutment (Glidewell) and BruxZir or IPS e.max crown (Fig. 3). Check the contours, contacts and occlusion and adjust as needed.

The final occlusion should be light on the implant-retained crown, with forces directed along the long axis to minimize lateral forces.

The abutment screw is tightened to 35 Ncm, head of the abutment screw covered and crown cemented. All excess cement must be removed. Instruct your patient about home care, and set a recall schedule.

Fig. 1: Inclusive Tooth Replacement Solution Photos/Provided by Glidewell Laboratories

Fig. 2a: Prosthetic guide, custom temporary abutment, BioTemp provisional crown, custom healing abutment and custom impression coping.

Fig. 2b: Inclusive Tapered implant and disposable surgical drills.

Fig. 3: Final Inclusive custom abutment and final BruxZir or IPS e.max crown.

Schedule monthly follow-up appointments to ensure osseointegration is progressing and to adjust the provisional restoration.

Restorative phase: final impressions
Upon successful osseointegration, the restorative phase begins. Contours of the custom impression coping match those of the custom healing abutment or custom temporary abutment, so it’s simple to remove the custom abutment, seat the impression coping and take an accurate full-arch final impression using a closed-tray or open-tray.

Complete a simple prescription form included with the original box, select your final custom abutment and final shade for your BruxZir or IPS e.max® (Ivoclar Vivadent, Amherst, N.Y.) restoration, and simply forward these items to Glidewell.

There are no additional laboratory fees.

Fig. 3: Final Inclusive custom abutment and final BruxZir or IPS e.max crown.
Fix your own handpiece; save on downtime, 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 industry meetings.

XTend Ceramic kits and turbines for high-speed handpieces
With the XTend Ceramic line of turbines and kits, ProScore offers dentists the best quality do-it-yourself products for high-speed handpieces in the market. Not only are XTend Ceramic products backed by one of the best warranties in the business, one year for turbines and six months for rebuild kits, they outperform steel bearings, last longer and produce less noise and vibration. The ceramic bearing technology in XTend Ceramic products provides many performance benefits:
- 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 high costs and downtime associated with sending high-speed handpieces out to be repaired. Enabling the dentist to easily change 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, according to the company, is a high-performance, long-lasting turbine that outlasts others.

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.

Visit Henry Schein at teh CDA Spring Meeting, booth No. 2526, call at (800) 726-7365; visit online at www.scoredental.com, and follow ProScore through Facebook at www.facebook.com/proscore.

(Source: Henry Schein ProScore)
Introducing Inclusive®

Comprehensive patient-specific

BioTemps® Implant TCS (Tissue Contouring Solution) custom components to ensure ideal soft tissue contours included

Inclusive® Tapered Implant and required drills included

Prosthetic guide for ideal restorative placement included

As the only provider in the industry to combine dental device manufacturing capabilities with expert dental laboratory services, Glidewell Laboratories is uniquely positioned to offer a single-source, restorative-driven approach to implant treatment.
TOOTH REPLACEMENT SOLUTION
implant treatment, all in one box!

The Inclusive® Tooth Replacement Solution was designed to address planning, communication and component issues known to complicate implant cases between surgical and restorative phases.

Simple, Convenient, Affordable

This all-in-one, restorative-based solution includes everything needed to restore a missing tooth. Custom, patient-specific healing, temporary and impression components ensure ideal soft tissue contours are created from the day of implant placement. Inclusive — everything you and your patients need.

$695*
Complete case includes

- Prosthetic guide
- Implant and surgical drills
- BioTemps® Implant TCS
  - Custom healing abutment
  - Custom temporary abutment
  - Provisional crown
  - Custom impression coping
- Prescription for final Inclusive® Custom Abutment and BruxZir® Solid Zirconia or IPS e.max® crown (delivered separately)

*Price does not include shipping or digital treatment plan. Inclusive Tooth Replacement Solution with digital treatment plan and surgical guide is available at an additional cost.

#Not a trademark of Glidewell Laboratories

FOR MORE INFORMATION:
800-407-3379
www.inclusivedental.com

GLIDEWELL LABORATORIES
Premium Products - Outstanding Value
Patient payment model increases practice revenue

DentalBanc provides alternative to third-party financing, improves case acceptance rates

DentalBanc has designed a solution to help dentists offer monthly payment options to their patients without creating extra work for their staff. As an alternative to third-party financing, DentalBanc has saved practices thousands of dollars each year that would otherwise be lost to these third-party companies.

Not just another accounts receivable program

Through the use of DentalBanc’s credit recommendations, practices can easily identify patients who represent a low financial risk and offer those patients the right payment plan. This helps practices build an accounts receivable portfolio without giving up 10 percent of their treatment fee. In addition, DentalBanc fully manages the payment plan, boasting an impressive 99 percent on-time rate, while leaving the staff free to provide excellent dental care.

Are patients really price-shopping?

Let’s face it. Patient trends are changing. Whitening used to be just for the super-wealthy, and braces were just for teenagers. Today, the average American adult is willing to spend thousands of dollars to improve his or her smile. These changes in patient trends have enabled dental professionals to increase revenues by offering a wide variety of costly treatments to a new generation of appearance-conscious consumers. Just as patient care preferences are changing, so are patient payment preferences.

Cost-conscious patients are exploring their options, literally “price shopping” costly dental procedures by obtaining several quotes and researching payment options offered by various providers. As a result, consumers with good credit ratings expect no-interest financing — even on their dental treatments.

Finally, an alternative to third-party financing

While some finance companies boast a “12 months, no interest” payment plan, they are charging practices an administrative fee as high as 10 percent for these plans. Meanwhile, patients, believing they are receiving an interest-free option, find that only one missed payment results in retroactive interest as high as 23.99 percent. Third-party finance companies have done their homework and depend upon a calculated percentage of patients failing to meet their obligation of paying on time, thereby incurring usurious levels of interest.

Boost profits by 10 percent or more

Many practices feel these plans are detrimental and run counter to the relationship of trust being built with the patient. By offering a DentalBanc payment plan to patients with a low credit risk, practices can increase profits by 10 percent or more, maintain patient relationships and have the security that they will receive payment for services rendered.

Here’s how it works

Step 1: DentalBanc provides a credit recommendation to help an office determine the risk associated with each patient. There is no lengthy credit report to analyze. Instead, you receive a credit level along with a payment plan recommendation. DentalBanc’s credit inquiry does not affect the patient’s credit score. With DentalBanc, a practice can determine the risk associated with each patient and offer the appropriate payment plan.

Step 2: Once a practice decides to offer payment terms to a patient, DentalBanc will completely manage those accounts. Payments are drafted directly from the patient’s checking account or credit card. The funds are deposited directly into the practice’s bank account each month. If the payment fails for any reason, DentalBanc contacts the patient and schedules the secondary draft. Patients can even check their balance and print receipts directly from DentalBanc’s secure website.

Step 3: DentalBanc will deposit collected payments, four times per month, into the practice’s bank account and provide a deposit statement report with complete details for payment posting.

Take action

Consider your current payment options. Are you being flexible with your low-credit risk patients by offering them a true no-interest payment plan? Do you have an accounts receivable program? Are you collecting 100 percent of the treatment fees? Are you working with a professional payment management company that offers reliable, on-time payments so your office staff isn’t overwhelmed with managing customer accounts and collecting late payments?

If you answered “No” to any of these questions, there is a solution.

To learn more about how DentalBanc can work for your practice, call (888) 758-0584.

(Original: DentalBanc)

Another bubble?

By David Keator

There is an old adage, “Those who ignore history are destined to repeat it.” So let’s journey through a couple of the major milestones in the market since 1982. I’ve chosen 1982 because that was the time the market became the subject of daily media chatter. Paul Volcker was the chairman of the Federal Reserve at that time, and in August 1982 he lowered interest rates. This caused the stock market to take off. From that point onward, the market was a hot topic.

One of the first “derivatives” that emerged after that time was in the form of Portfolio Insurance. The idea was attractive. Essentially it was a program sold to institutions and large investors that “sold” their securities if the market hit certain levels. The large investors and institutions loved the idea. This “product” became so lucrative to Wall Street that it was repackaged and sold to smaller investors. Everyone started buying into this protection mechanism. In hindsight, this idea failed to recognize that it could become self-fulfilling. If the market started to fall, then the “insurance”...
Aribex NOMAD goes anywhere ... almost

Agency restrictions present barriers to care

Thousands of dental offices in the United States and in countries around the world have experienced the quality, proven safety, and convenience of the Aribex NOMAD handheld X-ray system (CDA Booth No. 2534). Because it is lightweight and rechargeable, the device has also been used to diagnose thousands of individuals in remote areas far from a regular dental operator.

NOMAD has also helped dental professionals in treating special needs patients such as the elderly, the handicapped, and those under sedation. And, thanks to the loving hearts of countless volunteer professionals, it has been proven to be of significant value for dental missions in clinics, orphanages and schools throughout the United States and in isolated villages in developing countries.

Even after the FDA clears an X-ray device as safe and effective, each state radiation control section must approve the device for use in its state. While most have approved handheld X-ray devices, some still have not. Unfortunately, the same NOMAD X-ray device used to help a child in Mozambique is not available in states such as New Hampshire, Kentucky, Maryland, Minnesota, Michigan, Delaware, or in Canada. Then there are a few states that severely restrict the use of handheld X-ray to specific circumstances, or apply burdensome requirements, which ultimately discourage use.

“Dentists in restrictive states and in Canada need to let regulators know that they want to provide the higher level of care available through handheld X-ray,” said Ken Kaufman, president of Aribex. “NOMAD has been tested extensively and found to be as safe as or even safer than the conventional units dentists are using now. State dental associations acknowledge that access to care is a major issue in their state, and the American Dental Association has worked to raise awareness. Still, some state regulators haven’t gotten the message that the NOMAD handheld X-ray is a huge part of the solution. Dentists need to let regulators know what they want.”

The FDA recently announced an investigation into foreign-made handheld X-ray devices being sold into the United States over the Internet. None of these units have been approved for use in any state.

“Aribex has spent years in painstakingly obtaining state approvals,” said Kaufman. “We’re concerned that inferior units being sold illegally will muddy the waters for regulators considering our device in their state. And that will mean additional roadblocks for access to care.”

(Source: Aribex)
Athletes are always looking for an edge against their competition, especially at the highest professional levels. The men’s and women’s USA Water Polo teams found that competitive edge when they partnered with Keystone Industries and the extensive custom-made Pro-form Mouthguards.

Athletes who play the rough and tumble sport of water polo need to have form-fitted mouthguard protection. That’s why this year’s USA Water Polo teams will head to the 2012 Summer Olympics in London armed with maximum mouth protection from Pro-form, which provides the competitive edge they need to reach for the gold.

During the team’s preparation for London, the Keystone booth at California Dental Association Presents will feature two silver-medal winners from the 2008 Beijing Olympic Games. USA Water Polo athletes Brittany Hayes and Rick Merlo will be signing autographs during the event and attesting to the benefits of the Pro-form line.

Hayes has a long list of professional achievements, including a second place finish in the 2008 Olympics and first place finishes in the 2007 FINA World Championship and the 2006 Holiday Cup. In the pool, the left-handed attacker is known for her ferocious competitiveness, but out of the pool she is known for a beaming smile. Because of Pro-form Mouthguards, she can preserve that perfect smile without sacrificing her aggressive play in the pool.

Merlo has a decorated career in water polo as well, including a silver medal finish in the 2008 Olympics alongside top-10 finishes in several international competitions. The 6-foot-3-inch tall, 2-meter defenseman certainly knows defense, which includes how to protect his mouth by using a Pro-form mouthguard.

Pro-form delivers a high level of protection, retention, comfort and fit without hindering speech, breathing and most of all athletic performance. The custom-fit mouthguard goes above and beyond typical boil-and-bite mouthguards because of a double layer of laminated sheet vinyl and a lingual plate imbedded behind the incisors. The mouthguard maintains its form because of the heat and pressure laminating process. The tensile strength is excellent due to the two layers of laminate while the density is maintained during the pressure laminated process for controlled, uniformed shape. Overall, the risk of injuries is lessened by about 90 percent when wearing a custom-made mouthguard.

Be sure to check out the competitive edge Pro-form can give your businesses while also meeting world-class water polo athletes at Keystone Industries’ Booth No. 460 during this year’s CDA.
would be triggered, which would in turn signal program selling. This would cause the market to fall as more and more program selling would ensue. This period in the market has been labeled “The Crash of ’87.” Let’s call this automatic pilot approach “complacency.”

Starting in 1995, new technology burst onto the scene, and the over-the-counter market (NASDAQ) — all those four-letter stocks — became the “new” hot investment. It was the subject of every analyst, commentator and/or neighbor with a computer. Sometimes the value of a stock would double in a day. It looked like there was no end to the money that could be made. It looked easy, and complacency took hold again. “How could you lose? The Internet isn’t going away. Technology has changed our lives.”

That bubble burst in March 2000, and the subsequent recovery was interrupted by the attacks on Sept. 11, 2001. This economic road-bump would keep further growth in the stock market at bay until March 2003, when stocks began to rally again.

Who would have guessed the next bubble would be real estate? There is another Wall Street axiom. “Trees don’t grow to the sky.” Housing prices soared, people were refinancing their mortgages and spending their equity as if going to an ATM machine. That bubble has now burst, and real estate values have plummeted from stratospheric highs. This has caused many consumers a tremendous amount of pain and panic. Many, feeling helpless, have walked away from their homes to the detriment of their credit scores and overall financial wellbeing.

We believe that this real estate adjustment is going to have long-term effects on our economy, as it will take time to work through the excess real estate inventory. Until that happens prices probably won’t rise. Although there are pockets of the country that have already seen some stabilization, it could be years before there is substantial growth in the real estate market.

We see the new bubble being interest rates. Remember that current yields are a function of income divided by price. If bond yields are low, then bond prices are high. Everyone is looking for someplace to invest their money for a better return. The U.S. Treasury is borrowing money for two years at a rate of less than 1 percent. Money market rates are less than one quarter of 1 percent (0.25 percent). So if you want to help reduce risk, you may need to endure some pain by accepting low current yields. If inflation stays low, then real return is OK. Unfortunately, if inflation starts to rise, then the net return on low yielding investments could be zero or worse. Looking for more income in the market is like walking through a minefield. If you exclusively hunt for yield without paying attention to quality, then your perceived “safe” investment might not perform to your satisfaction. It reminds me of another adage. “Buyer beware.” I can’t predict when, but interest rates will rise. They cycle just as all other asset classes and markets do. OK, so what do I do?

Here are six things you can do now:

Keep a good cushion (we call it a “buffer”) of available cash for emergency purposes. This could include money markets, certificates of deposit or short-term government bonds. No, the yields aren’t attractive now, but it will allow you to access funds if needed without forcing the sale of something at an inopportune time.

Keep your portfolio liquid. Stay clear of investments that tie up your funds and have large charges or limited liquidation rights. Have a diversified investment plan. By identifying future goals, you can back into the risk that you should be taking. If that is excessive, then you know you need to modify your goals and expectations.

Think globally when determining your asset allocation. There may be investment opportunities in the international markets that could potentially enhance a portfolio’s return. Look for transparency in your investments. What do you own? What does it cost? These are all appropriate questions to be asking your advisors.

Stay disciplined. Keep your consumer debt low, and continue to actively save for your future. Keeping these points in mind will help you avoid some of the pitfalls that investors have suffered over the last decade. It is through planning and discipline that we believe will have the best chance of reaching the financial future of your dreams.

**Notices**

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(Dental Tribune U.S. Edition | April 2012)
Did you know the average dental procedure generates airborne aerosols and droplets of saliva, blood and other materials from an open mouth? These droplets may contain potentially harmful germs that can land on almost any surface in the dental operatory. If these surfaces are not cleaned and disinfected properly, they can become a source of contamination for staff and patients. That’s why Sultan Healthcare offers VOLO™ disinfecting/deodorizing/cleaning wipes, the latest tool to help you decontaminate hard, non-porous surfaces in your dental office.

When cleaning and disinfecting blood spills or surfaces that may have come into contact with blood or body fluids, the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard requires the use of an intermediate level, Environmental Protection Agency-registered disinfectant. A disinfectant with a tuberculocidal kill claim is considered an intermediate level disinfectant. These types of products are not typically found in grocery stores; therefore, a significant amount of surface disinfectant products are purchased through dental dealers. VOLO wipes are an EPA-registered intermediate level disinfectant available only through your dental dealer, not retail stores.

Cleaning and disinfecting the dental operatory is typically a mundane, time-consuming task performed many times throughout the day. The person responsible for this job, usually a dental assistant, is under pressure to turn over the operatory quickly in preparation for the next patient. It is important to follow the label instructions for appropriate contact time to ensure proper germ kill. While many leading products offer a three-to-five-minute contact time, VOLO wipes are tuberculocidal, virucidal and bactericidal in just two minutes. The two-minute contact time helps minimize the wait for proper disinfection of the above-mentioned organisms.

The average human hand is approximately seven inches long. While most wipes sold in the dental market are sized smaller, at 6 by 6.75 inches. VOLO wipes, however, are 6 by 8 inches, sized to fit the human hand. The larger design aids in preventing cross contamination by helping to ensure the gloved hand does not contact the disinfected surface.

VOLO wipes are packaged in an easy-to-hold, tapered canister with a feeder tab on the lid. The feeder tab is a distinctive feature to help prevent fingers from getting stuck when initially dispensing the first wipe in the canister.

“VOLO disinfecting/deodorizing/cleaning wipes are bigger and disinfect faster,” said Tim Lorencovitz, marketing manager at Sultan Healthcare. “The two-minute contact time satisfies the ‘need for speed’ in preparing for the next patient. The larger 6-by-8-inch size is a more practical fit to the average hand. In addition, the larger size can potentially result in customer savings by using only one wipe — versus two of the smaller 6-by-6.75-inch wipes.”

VOLO wipes are sized to fit the human hand and disinfect surfaces in two minutes instead of the three to five minutes required by other wipes. Photo/Provided by Sultan Healthcare
Advances in dental implant impressions

By Gregori M. Kurtzman, DDS, MAGD, FACD, FFFA, FADI, DIICOI, DADIA

The Miratray Implant Advanced Tray simplifies the process of taking open tray implant impressions. The tray is provided in three maxillary and three mandibular sized trays, and the trays are unique in their design. The occlusal surface is covered by a transparent foil. This allows easy identification of the heads of the pins intraorally. Retention slots and an internal rim provide mechanical retention to keep impression material in the tray. Should the practitioner choose to supplement the retention with a PVS adhesive, it is recommended that it not be applied to the foil surface because this may obscure visualization of the pins when inserting the tray to proper depth.

The technique involves filling the tray with an appropriate impression material. The tray is then inserted over the open tray impression heads intraorally and pressed down crestally until the top of the impression pins are visible through the transparent foil. The practitioner then presses the tray further until the pins puncture the foil and are visible protruding through the foil. This contains the impression material within the tray without the potential problem often seen with use of custom or modified stock trays of the impression material obscuring the tops of the pins.

Upon setting, the pins are rotated in a counterclockwise fashion and removed from the impression, and the impression is removed intraorally. Because of the design of the tray, it can be used in all implant impression situations, whether the arch is partially dentate or fully edentulous.

Case example

Patient presented ready for prosthetic phase of a single implant in the maxillary second premolar and an adjacent crown on a natural molar. The treatment plan would restore the implant at the second molar with a custom abutment and restore the site with a cemented bridge with a cantilever pontic at the first premolar. Following preparation of the molar, an open tray impression abutment was placed on the implant fixture. The Miratray was tested in to verify it was large enough to capture all of the teeth in the arch without impingement on teeth or soft tissue. An impression material was injected around the gingival aspect of the open tray impression abutment and the sulcus of the molar preparation. The Miratray was filled with additional impression material and inserted intraorally. As the tray was pressed gingivally, the long pin was allowed to perforate the clear foil on the occlusal aspect of the Miratray. Upon setting, the long pin was removed, and the Miratray impression was removed intraorally and sent to the lab for prosthetic fabrication. A master cast was created from the impression and the prosthetics were completed and returned for insertion.

References

GREGORI M. KURTZMAN, DDS, MAGD, FACD, FFFA, FADI, DIICOI, DADIA, is in private general practice in Silver Spring, Md., and is a former assistant clinical professor in endodontics, prosthodontics and operative dentistry at the University of Maryland. He has lectured nationally and internationally on restorative dentistry, endodontics and implant surgery and prosthodontics, removable and fixed prosthetics, and periodontics. He has more than 200 published articles and is on the editorial board of numerous dental publications. Kurtzman also consults for multiple dental companies, is a former assistant program director for a university-based implant maxi-course and has earned fellowship in the AGD, AAPI, ICDI, Pierre Fauchard Academy and the Academy of Dentistry International (ADI). He has mastership status in the AGD and ICOI and diplomat status in the ICOI and American Dental Implant Association (ADI). Kurtzman has been included in the “Top Leaders in Continuing Education” by Dentistry Today annually since 2006. He can be contacted at dr_kurtzman@maryland-implants.com.