Oral cancer saga
Eva Grazel urges early detection with her moving story
By Robert Selleck, Managing Editor

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26,000 expected in Anaheim
California Dental Association spring meeting is global event

Dental professionals from throughout the world will gather in Anaheim May 3–5 at the Anaheim Convention Center for “California Dental Association Presents: The Art and Science of Dentistry.” More than 26,000 attendees are expected, along with nearly 600 exhibiting companies showcasing the latest in dental technology, products and services. The exhibit hall opens at 9:30 a.m. on all three days, closing at 5:30 p.m. on Thursday and Friday and 4:30 p.m. Saturday. The event features a deep and broad selection of educational sessions for all dentists, dental assistants, hygienists, office staff members, laboratory technicians and dental students. The scientific sessions include lectures, workshops, corporate-sponsored forums, and express lectures (up-and-coming speakers who are new to CDA Presents).

Washington, D.C., is the site of the American Academy of Cosmetic Dentistry Scientific Session, May 2–5, at the Gaylord National Hotel and Convention Center. The wide variety of educational sessions includes the opportunity to earn up to 21 certified C.E. credits. Photo/By Jake McGuire provided by Destination DC.

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It’s great to be on top...

28th Annual
AADC
Scientific Session
May 2–5

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• Aribex NOMAD goes anywhere
• Keystone mouthguards ‘go for gold’
• VOLO wipes disinfect operatory fast
• Miratray Implant Advanced Tray

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Keeping the faith

By David I. Hoexter, DMD, FACD, FICOI, Editor in Chief

Sometimes, you hear about the death of a famous person who was extraordinarily giving, and the story needs to be told. That person is Gary Carter, and I am a New York Mets fan because of him. This is the same Gary Carter enshrined in baseball’s Hall of Fame, the same wonderful catcher voted MVP for his accomplishments on the baseball field, the same one who won a World Series championship and received a ring, and the same one who had so much enthusiasm while playing baseball that he was called the “kid.”

After his active playing days, Gary managed minor league baseball clubs. His teams almost always won their league championships. I wondered why the parent team, the Mets, never called him in to manage them because his teams always played with enthusiasm and heart.

Seeking to my opening thoughts, years ago my wife and I had friends whose son, Jon, was diagnosed with leukemia. Jon was 8 years old at the time. His ambition in life was to be a professional baseball player. Now what? Time. His ambition in life was to be a professional baseball player. His mother took the idea and ran with it.

Jon’s mother took the idea and phoned the Mets. Her phone call was transferred to the Mets’ clubhouse, where the person picking up the phone repeated her request out loud. Gary Carter was passing by while getting dressed for a game, and hearing the word “leukemia,” took the phone and started chatting with her. He not only visited Jon once a day, he got some of his teammates to converse or visit with him. What great medicine.

Quite some time later, Jon fortunately got better and visited the Mets and see Gary Carter. Gary not only met him, but took him to the dugout and handed him a ball on which he had written, and told Jon, “Keep holding this ball and you’ll hang on to life.” I found out later that unknown to us, Gary’s mother had passed away from leukemia when Gary was 9 years old.

Among others in the clubhouse who enthusiastically encouraged Jon was Mel Stottlemyer, the former Yankee great, and at that time the pitching coach for the Mets. Mel had lost a son to this same dreaded disease. It was their ability to give and help that raised the bar and made a huge difference in Jon’s life.

Jon fortunately got better and eventually became a spokesperson for the American Leukemia Society, encouraging awareness and supporting its research. He finished No. 1 in his class at college, got married and is now a father of a healthy young boy. Jon’s parents are still very active in the Leukemia Society and are proud to give and participate, always appreciative of the hope and encouragement that they were fortunate enough to receive.

Gary Carter recently passed away. Shortly after, I was shown a letter that Jon recently had written to Gary to express his deepfelt appreciation. “Weakened and fattened by chemotherapy, without hair, I met Gary outside of the Mets dugout before the game. There was no more baseball for me with the inscription ‘To Jonathan. Get well soon! Keep the faith. Best of luck. God Bless, Gary Carter.’ Over the next three years, I received scores of painful spinal taps and bone marrow biopsies as part or my treatment. At every procedure, I held Gary’s autographed ball in my hands for strength. Having his words in my hands and his baseball near my heart gave me comfort and reassurance.”

Other teams may win more games, produce more championship teams, have longer TV contracts, but for me, the Mets had a winner who taught how to give without worrying about material rewards. His caring and decency is being passed on. Let’s go Mets!

Dental device giant

A new dental device giant is taking form in Japan. According to business reports, Kuraray and Noritake are to merge their dental operations. The transaction has been filed for clearance by the Japan Fair Trade Commission and is expected to be finalized this month, representatives of both companies said.

Kuraray’s dental business, which is owned by Kuraray Medical, a fully owned subsidiary, is composed of bonding agents and fillings based on polymer and organic synthetic technology. Noritake Dental Supplies currently distributes dental ceramics in more than 90 countries. Both companies are reported to achieve combined sales of approximately $1.04 billion worldwide and to hold a 40 percent share of their respective market segments in Japan.

Under the agreement, both businesses will be joined in a new holding company and effectively merged sometime in April. It is also reported that Kuraray will be taking a two-thirds majority stake in the new company.

Kuraray Medical President Sadaaki Matsuyama said that with the merger his company wants to strengthen its share in domestic and overseas markets. Overall, the company aims to boost sales to nearly $245 million in the next seven to eight years, Matsuyama said.

According to industry reports, domestic medical and dental device sales in Japan have declined in conjunction with a lowering in demand for dental services. In particular, dental patients are buying fewer higher-end products and services, such as implants and ceramics.

With annual sales of $20 billion, the Japanese market for medical and dental equipment is the second largest in the world. The country imports only 20 percent of such equipment.
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ORAL RADIO THERAPY TECHNIQUE
TARGETS ONLY CANCEROUS TISSUE

Researchers at the University of Granada, and the Virgen de las Nieves University Hospital in Granada, Spain, have developed a new radiotherapy technique that is less toxic than traditional methods because it targets only cancerous tissue.

The new protocol provides a less invasive but equally efficient postoperative treatment for cases of cancer of the oral cavity and pharynx.

The initial study — conducted between 2005 and 2008 — included 80 patients diagnosed with epidermoid cancer of the oral cavity and pharynx, who had undergone lymph node removal. The affected nodes were located by the surgeon during the intervention and classified into different risk levels. Classification enabled the intervention and classified into different steps or how long it should take.

As a result, some dentists might think they are doing oral cancer screenings, but they may be falling short. Did they pull out the tongue for lateral inspection? Did they feel the palate to see if it was soft and hard in the right places? Did they ask the patient to say “Aah” so they could look at the symmetry of the back of the throat? Did they check the lymph nodes under the chin? Did they feel the neck for enlarged lymph nodes? Did they flip the lips out to look inside the lips and cheeks? That’s all of it? If patients don’t get that, they should personally demand it.

With just 3 percent of cancers in the U.S. occurring in the oral cavity and pharynx, why are enhanced awareness and comprehensive screenings by dental professionals so critical? Oral cancer kills. It’s critical that dentists serve their patients right by providing the best care possible. After I was diagnosed, I wanted to know why the heck the dentists I had turned to didn’t know what was starting at them from my lateral tongue. You didn’t need a magnifying glass. You didn’t have to look way back. It was right there, a huge ulceration that was there for months.

Dentists are not mandated to have any continuing education in the early detection of oral cancer, which is dentistry’s deadliest disease. The state of New York is the only exception, requiring one-two-hour course to maintain licensure. It’s more than critical, it’s criminal for dentists not to do screenings properly and thoroughly, to do that they need current education keeping up-to-date in detecting the early signs. The tagline for the Six-Step-Screening campaign is, “If you’re not getting it, ask for it!” If enough patients demand it, dentists will have to change what they know about oral cancer to provide the best care for their patients.

Would mandated C.E. requirements in oral-cancer screening have made a difference in your case?

Tell us what you think!

Do you have general comments or criticisms you would like to share? Is there a particular topic you would like to see articles about in Dental Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you. If you would like to make any changes to your subscription (name, address or to opt out) please send us an e-mail at customer@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.
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(Source: PhotoMed)

An optional oral cancer course isn’t a big draw because it doesn’t make money. And dental practices are a business. So when dentists have to choose a course, they typically need to choose a course that will grow their business. But a course on oral cancer is a course that will provide their patients the best care possible and potentially save lives. The ulcer in my mouth was a classic presentation of oral cancer. I could have been diagnosed early if my dentists and oral surgeons knew what they were looking at. At the very least, they should have questioned the initial biopsy. If you are out of dental school 20 years, and haven’t taken any C.E. in detection of oral cancer, how can you expect to be up-to-date on lesion recognition?

Do you talk about malpractice in your presentations? Normally, I don’t have time to get into details, but if it is brought up in Q&A, I answer honestly. Yes, there was a malpractice suit. There was negligence no doubt; however, I sued for two main reasons. First, I didn’t want it to happen to someone else, and if they didn’t take responsibility for their actions, change wouldn’t happen. Second, I was abandoned as their patient. I want to believe that my dentists and oral surgeons didn’t know what to say to me after hearing about my late-stage diagnosis. Therefore, they didn’t say anything at all. They never called. I wished they would have said, “I’m sorry this happened to you. Is there anything we can do?” There are many ways to say you’re sorry without admitting guilt.

Your speaking schedule and other efforts look demanding; what motivates you? I was given a second chance at life. I work hard every day to seek out engagements to share my story with dental professionals. It’s a tribute to those who have come before me and an obligation to those who will follow. And there will be many, the numbers are going up, especially among young people because of the HPV connection. Every time I speak, I save lives. What could be more motivating?

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(Source: PhotoMed)
The recently concluded 2012 UAE International Dental Conference and Arab Dental Exhibition (AEEDC Dubai) achieved its vision to be the largest dental event in the Middle East. This 16th annual session surpassed all previous records. The event featured 17 national exhibiting pavilions with 900 exhibiting companies from 80 countries. Overall, there were more than 28,000 attendees from 132 countries, a 15 percent increase over 2011.

In addition to the three-day exhibition, there was a three-day scientific session featuring 110 leading international and regional educators imparting the newest ideas, innovations, technological advances and state-of-the-art materials furthering worldwide dental health care.

The opening ribbon-cutting session was performed by His Highness Sheikh Hamdan bin Rashid Al Maktoum, deputy ruler of Dubai, minister of finance and president of the Dubai Health Authority. Both of these leaders of Dubai visited the exhibit hall and greeted many of the international exhibitors. In addition, they visited the joint Greater New York Dental Meeting (GNYDM)/U.S. Department of Commerce (USDOC) exhibit booth in front of the U.S. pavilion. This joint effort ensures that American-made products are in the forefront when competing with dental products made by international competitors. Dr. Richard L. Rausch, general chairman of the Greater New York Dental Meeting, said, "This partnership provides better exposure of the U.S. dental industry on a global scale and maximizes exhibitor–attendee interaction and networking experiences to produce greater sales opportunities." He said that as strategic partners in this endeavor, both the GNYDM and the USDOC are committed to helping U.S. manufacturers succeed in global markets.

Dubai enjoys a strategic location and serves as the biggest re-exporting center in the Middle East. With the emirate’s ongoing development has come an influx of significant regional and national conferences, conventions and exhibitions. Logistical and operational costs, an international outlook and liberal government policies attract visitors and investors. Dubai offers a kaleidoscope of attractions: desert tranquility, towering buildings, modern landscapes, sandy beaches, lush green parks, neighborhood shops and ultra-modern malls. Dubai is home to world-class companies and financial institutions—as well as the world’s tallest building (Burj Khalifa) indoor skiing, the world’s largest golf course and a world-renowned championship horse racing arena. There is a highly developed infrastructure, a major business center and dynamic tourist attractions.

The joint GNYDM/USDOC exhibit booths were centrally located in front of the U.S. pavilion. This joint effort ensures that American-made products are in the forefront when competing with dental products made by international competitors. Dr. Richard L. Rausch, general chairman of the Greater New York Dental Meeting, said, "This partnership provides better exposure of the U.S. dental industry on a global scale and maximizes exhibitor–attendee interaction and networking experiences to produce greater sales opportunities." He said that as strategic partners in this endeavor, both the GNYDM and the USDOC are committed to helping U.S. manufacturers succeed in global marketplace.

The 900 exhibiting companies were contained on one floor in one of the world’s most modern convention centers. Dr. Abdul Salam Al Madani, executive chairman of AEEDC Dubai and chairman of Index Holdings, a conglomerate consisting of exhibition services, media productions, financial investment services and health care institutions, personally welcomed all of the visitors to AEEDC Dubai. He said, "AEEDC Dubai has remained prominent on an international level as one of the largest and most popular dental events imparting knowledge and fostering new ideas, innovations and global networking."

Dr. John R. Halikas, advisory chairman of the Greater New York Dental Meeting, said, "With over 70,000 dentists in the Middle East and over 90,000 dentists in China, the Greater New York Dental Meeting will continue to contribute a tremendous amount of time and financial resources each year for this Dubai trade fair and also for the one they sponsor in Beijing next year." Dr. Robert R. Edwab, executive director of the Greater New York Dental Meeting was awarded the “2012 Personality of the Year” award by His Highness Sheikh Majid bin Mohammed bin Rashid Al Maktoum, chairman of Dubai Culture and Arts Authority, His Excellency Qadhi Saeed Al Murooshid, director general of the Dubai Health Authority, and Dr. Edwab said, "Dental meetings and conventions are partnerships between the show organizer and dental trade … The Greater New York Dental Meeting has a responsibility to its exhibitors to work 365 days a year, not just the five days of its event, to promote their products and increase their sales opportunities." He said exhibitors must have the opportunity to maximize their investments when participating in dental events. The Greater New York Dental Meeting continues to be the largest Dental event in the United States, with the 2011 event attracting more than 53,000 attendees, including more than 18,000 dentists, from all 50 states and 127 countries.

(Source: Greater New York Dental Meeting)
Make history at Aacd Scientific Session

American Academy of Cosmetic Dentistry invites you to explore National Museum of Natural History at May 2 welcome reception


There are plenty of spots left for dental professionals in D.C., but you will need to register onsite; online registration for this year’s event ended April 15.

The AACD will kick off the session with “A Night at the Museum,” a welcome reception for all attendees, at the Smithsonian Museum of Natural History on Wednesday, May 2. AACD members will see history come to life as they mingle with colleagues and peruse the museum’s exhibits, all of which will be open for members that evening. The reception will take place from 7:30 to 10:30 p.m., giving members plenty of time to explore exhibits featuring dinosaurs, ancient Egypt and the Hope Diamond, while enjoying complimentary beer and wine.

Other history-making events at the conference include an opening “PowerSession” featuring Drs. David Garber, Christian Coachman and Eric Van Dooren. The session is Wednesday, May 2, 2:30 to 5:30 p.m., and will focus on smile design approaches. The AACD will award C.E. credit to any dental professional who attends.

The Annual Scientific Session offers attendees unique, hands-on workshops, lectures, social events and the opportunity to see the latest dental innovations in the exhibit hall. The session is geared toward all members of the dental team — dentists, laboratory technicians, hygienists and other cosmetic dental professionals.

The AACD will honor the accreditation class of 2012, during the Celebration of Excellence Gala on May 5. This year, the AACD is welcoming 12 individuals to the ranks of accredited members and two to the rarified air of accredited-fellow status, accomplishments that promise to be pivotal in these individuals’ professional and personal history.

“The D.C. conference will elevate your passion for what’s most important — the smile,” said Dr. John K. Sullivan, AACD president. “We can give you the tools you need to take your dental skills to the next level. We educate, we inspire, and we connect you with the best. Join us in D.C. — and help us make history.”

For more information about this year’s event, visit the AACD website at www.aacdconference.com.

About the AACD

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

Composed of more than 6,500 cosmetic dental professionals in 70 countries, the AACD fulfills its mission by offering educational opportunities, promoting and supporting an accreditation credential, serving as a forum for the creative exchange of knowledge and ideas, and providing information to the public and the profession.

(Source: American Academy of Cosmetic Dentistry)
Pediatric dentists in news as annual meeting nears

American Academy of Pediatric Dentistry speaker Richard Chaet, DDS, discusses caries and a new product, ICON

By Robert Selleck, Managing Editor

Pediatric dentistry recently received a slew of attention across the U.S. and Canada with a New York Times article reporting there has been a dramatic increase in technophobes undergoing general anesthesia for surgery to treat severe cases of caries. News providers across North America picked up the story, drawing attention to the issue on the eve of the 65th Annual Session of the American Academy of Pediatric Dentistry (AAPD), which is May 24-27 in San Diego. AAPD members were quoted in the Times and other media reporting the story. Among the many prominent speakers at the AAPD meeting will be Richard Chaet, DDS, of Scottsdale, Ariz., a practicing pediatric dentist for more than 30 years. Chaet spoke with Dental Tribune about the New York Times story and his AAPD presentation.

Does what you’re seeing in your practice confirm what was reported by the Times? Yes, we definitely are seeing an increase in families with both parents working. Most parents are simply not aware of the importance of early oral health visits. We are seeing many more families with both parents working and the children placed in day care or supervised by other family members. Many times children are given any foods they like but may not be as healthful as they should be for a balanced diet. Also, going to the dentist is the last thing on many parents’ “list” of things to do. Finally parents seem to be reluctant to brush their young child’s teeth if he/she starts fussing or crying. Their parenting skills are lacking; they don’t want to “force” anything on the child.

The reality is that brushing teeth in infants and young children is a very important responsibility, and the child will stop fussing after a few days of gentle brushing. The goal is to modify the child’s behavior and not let the child modify the parents!

What is your theory on what’s happening? Most parents are simply not aware of the importance of early oral health visits. We are seeing many more families with both parents working and the children placed in day care or supervised by other family members. Many times children are given any foods they like but may not be as healthful as they should be for a balanced diet. Also, going to the dentist is the last thing on many parents’ “list” of things to do. Finally parents seem to be reluctant to brush their young child’s teeth if he/she starts fussing or crying. Their parenting skills are lacking; they don’t want to “force” anything on the child.

The reality is that brushing teeth in infants and young children is a very important responsibility, and the child will stop fussing after a few days of gentle brushing. The goal is to modify the child’s behavior and not let the child modify the parents!

Does your AAPD presentation tie into this? This product, ICON (DMG America), is used only in permanent teeth at this time. What it does address is the problem teens have with getting cavities between teeth and after orthodontic treatment. Frequent eating and drinking of snacks with high sugar content and acidity is causing an increase in cavities in this age group.

What type of success have you seen? We were one of the first practices in the country to use this product, three years now this May. We recently submitted all of our patient data to Baylor University for evaluation. I just received its independent findings that ICON resin infiltration is 100 percent successful in small cavities that are halfway through the enamel and 98 percent successful if the beginning cavity is all the way through the enamel to the dentin. I think this is wonderful because these are teeth that probably would have needed fillings sometime in the future.

We also have had great success using this product on teeth that had white spots (early cavities) on the lips/cheek side of the teeth because of poor oral hygiene while wearing braces. We have been able to remove the white spots (caries) and then fill the surfaces with the resin infiltration without drilling. This is a huge benefit to the patient because there is no filling “margin” to get recurrent decay in the future.

How receptive are parents and their children to ICON compared with simply monitoring early signs of decay? Most parents are receptive, especially those with frequent dental issues who want to pare their children from going through the same experiences. We explain the benefits but also explain the alternative of careful monitoring of the cavity. The major obstacle is usually financial. Currently there is no dental insurance code for billing so parents must pay out-of-pocket.

Who should attend your session? All dentists who treat teens and are interested in alternatives to monitoring or filling every starting cavity. ICON resin infiltration is an excellent option. RICHARD CHAET, DDS, teaches his patients and their parents good habits for the development of healthy teeth and a lifetime of dental health. That sometimes involves advising parents to change their habits. An example Chaet frequently sees is that when babies fall asleep with their bottles. The combination of the juice or formula in their mouths with the reduced saliva production during sleep can lead to the development of cavities. Getting parents to stop or at least change to water easily addresses the problem. Chaet has a DDS degree from the University of Illinois, and an MS in pediatric dentistry from the University of Iowa. He received board certification from the American Board of Pediatric Dentistry. His practice’s website is at www.smilesbypado.com.

*ANAHEIM, page A8*

starts at 4 p.m. and goes until the parks close (midnight for Disneyland and 10 p.m. for Disney California Adventure Park).

Show your badge and save

In addition to discounted Disney ticket offers, numerous other promotional offers and discounts are exclusively available to attendees of CDA Presents. Show your event badge to save at participating restaurants and attractions. Access the entire list through www.cdapresents.com. Here are just a few:  
- *Aquarium of the Pacific, 100 Aquarium Way, Long Beach, (562) 590-3100, $10 off admission at the aquarium’s ticket window. Valid weekdays before, during and after teh CDA meeting.*  
- *Bowers Museum, 2002 N. Main St., Santa Ana, (714) 567-3600; 10 percent off gift shop or Tangata restaurant.*  
- *FlightDeck Air Combat Center, 1601 S. Sunnyst, Suite A, Anaheim, (714) 937-5511, $10 off $69 “Fox-1 Mission” — 45 minutes in authentic fighter jet flight simulator; reservations required.*  
- *Capt. Dave’s Dolphin & Whale Safari, 24440 Dana Point Harbor Drive, Dana Point, (494) 488-2828, adults $55, children 12 and under $35, 20 percent off Monday through Friday; 10 percent off weekends, reservations required, must mention “Show your badge” at time of reservation.*  
- *Knots’ Berry Farm, 8039 Beach Blvd., Buena Park, (714) 220-5130, adults get tickets for the discounted rate: regular (ages 12+) $46.99, juniors (ages 3-11) and seniors (ages 62+) $34.99.*  
- *Pirate’s Dinner Adventure, 7600 Beach Blvd, Buena Park, (866) 439-2469; 50 percent off general admission, valid for up to nine people, discounted rate would be $29.10 including tax, mention code “AOCVCB” or “Show your badge and save” for discount, reservations required.*

(Source: California Dental Association and Anaheim/Orange County Visitor’s & Convention Bureau)

Explore the fun side of Anaheim with promotional offers and discounts exclusively available to attendees of CDA Presents. Find activities at www.cdapresents.com, then show your event badge to get your discount. Photo/Provided by AOCVCB
Canada’s largest dental meeting

12,000-plus expected at Journées dentaires internationales du Québec (JDIQ), May 25–29

More than 12,000 delegates are expected in Montreal to attend the 42nd Journées dentaires internationales du Québec, the annual meeting of the Ordre des dentistes du Québec. The convention will take place May 25 through 29 and will be held at the Palais des congrès de Montréal in the heart of downtown.

Canada’s largest annual dental meeting attracts an impressive line-up of speakers from around the world. Highlighting the program are Drs. Gordon Christensen, John West, Harald Heymann and Jose-Luis Ruiz, to name just a few.

The Dental Tribune Study Club will host a lecture room theatre on the exhibit floor featuring short presentations on new products and technologies in dentistry. These one-hour sessions are ADA-CERP certified and are open at no charge to all attendees registered to the convention or the exhibition. The lecture area will be located directly on the south side of the exhibit floor, facing aisle 1000.

The scientific program offers a wide variety of hands-on workshops for all members of the dental team over a three-day period. Presentations are in English and French. The general attendance courses and exhibition floor featuring more than 325 booths are open to all participants for one registration fee. All lectures are ADA-CERP certified for continuing education credits.

Many limited attendance courses are already sold out. So the event organizers encourage all those interested to register soon to avoid disappointment. The Ordre des dentistes du Québec encourages you to take this opportunity to visit Montreal during this especially scenic time of the year.

For more information on the convention, please visit www.odq.qc.ca.

(Source: Ordre des dentistes du Québec)

Above: Montreal skyline from the Parc Jean-Drapeau. Photo/Copyright Tourisme Montréal

Right: Palais des congrès de Montréal, venue for the 42nd Journées dentaires internationales du Québec. Photo/Copyright Marc Cramer, Tourisme Montréal

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Gelato Prophylaxis Paste

Gelato Prophylaxis Paste continues to put forward the largest assortment of great-tasting flavors such as Pina Colada and Orange Sherbet. In addition to great flavors Gelato offers a multitude of gels, which always deliver excellent stain removal and polishing due to its splatter-free formula.

Stop by the CDA – Booth 460 –

Gelato APF Gels

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Gelato Topical Anesthetics

Gelato 20% Benzoicaine provides fast-acting temporary pain relief during dental procedures. The gel comforts patients without leaving bitter aftertastes.

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Learn implant skills in Jamaica

The American Academy of Implant Prosthodontics and Linkow Implant Institute offer five-day course

The American Academy of Implant Prosthodontics (AAIP) will join with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present a five-day comprehensive implant training course in Kingston, Jamaica, July 3-7. The course will include lectures, hands-on participation, surgical and prosthodontic demonstrations, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of two to six implants, and sinus lifts under supervision of the course faculty.

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

35 C.E. credits

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

Dr. Mike Shulman is course coordinator. Dr. Leonard I. Linkow is course director. And Dr. Sheldon Winkler is course advisor. Course faculty, in addition to Drs. Shulman, Linkow, and Winkler, include Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo, and Robert E. Weiner. Drs. Linkow, Winkler, and Shulman are scheduled to teach the July seminar.

Implants and components for AAIP/ADIS implant seminars are provided by HIOSSSEN Dental Implants. Dental laboratory support is provided by DCA Laboratory, Inc., Citrus Heights, Calif., Dani Dental Studio, Tempe, Ariz., and Dutton Dental Concepts, Inc., Bolivar, Ohio.

About the AAIP

Founded by Dr. Maurice J. Fagan, Jr. in 1982 at the School of Dentistry, Medical College of Georgia, the objective of the Academy of Implant Prosthodontics is to support and foster the practice of implant prosthodontics as an integral component of dentistry. The academy supports component and affiliate implant associations around the world, including organizations in Egypt, France, Italy, Israel, Jamaica, Jordan, Kazakhstan, Paraguay and Thailand.

The academy has published two

**Annual AAIP meeting Nov. 3**

The academy holds an annual convention and international meetings in cooperation with its affiliate and component societies. It offers continuing education courses, and sponsors a network of study clubs in the United States.

The AAIP will hold its 30th annual meeting on Nov. 3, in Carefree, Ariz., at the Carefree Resort and Conference Center, in association with the Dental Implant Clinical Research Group and Midwestern University College of Dental Medicine.

**‘Implant Update — 2012’**

The theme of the meeting is ‘Implant Update — 2012’ and will feature highly regarded dental clinicians. Podium speakers will be Drs. Robert J. Braun, Edward M. Feinberg, Jack Hahn, Leonard I. Linkow, Paul M. Mullasseri, William D. Nordquist, Robert Weiner and Mr. Christopher Torregrossa. Dr. M. Joe Mehranfar is general chairperson of the meeting and Dr. Mahmoud F. Nasr will serve as moderator.

American Academy of Implant Prosthodontics is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs are accepted by AGD for fellowship, mastership and membership maintenance credit. The current term of approval extends from Jan. 1, 2010 to Dec. 31, 2013.

Complete information on the AAIP/ADIS Jamaica implant continuing education programs, including tuition, faculty lectures, transportation and hotel accommodations can be obtained online from the course website, www.adiseminars.com, or by calling (551) 655-1909. AAIP membership information can be obtained from the AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, AZ 85266-1058; telephone (480) 588-8062; fax (480) 588-8296; e-mail swinkdent@cox.net. The AAIP website is www.aaipusa.com.

(Source: The American Academy of Implant Prosthodontics)

Participants at the AAIP/ADIS implant seminar, Kingston, Jamaica, March 12–16.

Participants at the AAIP/ADIS implant seminar in Kingston, Jamaica, perform implant treatment under the supervision of Dr. Mike Shulman.
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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 a 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-BODY IMPLANTS**

Easy to Learn & Implement, Life Changing for Your Patients

“When I received the Atlas Denture Comfort procedure, I became a different person. I feel wonderful and I am very happy with myself and how others compliment the way I look. My new confidence has changed my life.”

— Atlas Denture Comfort Patient

GROW YOUR PRACTICE

The easy-to-learn Atlas Denture Comfort technique is the perfect system to start treating your denture patients. The low start up costs make it easy for both new and experienced implantologists to expand into this modality at your own pace.

LIFE CHANGING FOR YOUR PATIENTS

The minimally invasive, 1-hour Atlas Denture Comfort procedure can restore quality of life to your patients who cannot undergo conventional implant therapies due to lack of time, bone or money.

GET STARTED WITH A HANDS-ON WORKSHOP

Attend our award winning course and help patients who suffer with their dentures. Atlas Hands-On Workshop participants learn the step-by-step technique on an esthetic model, which is yours to keep for staff training and case presentation.

**ATLAS HANDS-ON WORKSHOP SCHEDULE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>May 18, 2012</td>
<td>Kansas City, MO</td>
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<tr>
<td>May 25, 2012</td>
<td>Minneapolis, MN</td>
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<tr>
<td>Jun 8, 2012</td>
<td>Long Island, NY</td>
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<td>Jun 15, 2012</td>
<td>Anaheim, CA</td>
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<td>Jul 27, 2012</td>
<td>Cape Cod, MA</td>
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For secure online registration, more course dates and information on educators visit www.dentatus.com

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Narrow-diameter implants proven for long-term use

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

Atlas narrow-body dental implants have the threaded portion mechanically roughened to increase surface area and maximize the bone-implant interface. (Source: Dentatus)

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 expression. To compensate, denture wearers 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 implant. 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 From and his colleagues from the New York University department of implant and prosthetics published a study in Practical Procedures & Aesthetic Dentistry that said, “In this study, full mandibular dentures supported by nonsplinted, dome-shaped narrow-body implants provided immediate osseous loading and function with high survival rates of both the narrow-diameter implants (ie. 94.1 percent) and prostheses (ie. 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 design better facilitates implant placement, promotes initial implant stability and better distributes osseous loads along the body of the implant. Using a minimally invasive flapless procedure with an immediate restoration eliminates many postoperative challenges and reduces total treatment time.

Many dental professionals have decided it’s time to look into this treatment option to restore quality of life for their denture patients. Dentatus makes it easy for dental professionals to get started by offering half-day hands-on workshops. All of the materials for your first case are included in the registration fee. Dentatus has determined that the course should pay for itself once you perform your first case.

For more information, you can visit www.dentatus.com or call (800) 323-3356. (Source: Dentatus)

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 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 continues to add 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 the sharing of online notes between doctors and enables the sending of files to nonmembers of the program. This can dramatically reduce time and expenses in the office.

The Iowa-based company successfully introduced its services to the dental industry in 2011, after extensive beta usage with dentists and oral surgeons. eDossea 1.0 is now in use by general dentists and a wide variety of specialists including periodontists, endodontists, orthodontists and pediatric dentists.

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, setup or training costs.

A free 30-day trial is available on the company’s website: www.edossea.com. (Source: eDossea)
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)
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 provisionalization specific to each patient, and a matching custom impression coping communicates the final gingival architecture to the laboratory. Add the implant, surgical drills, prosthetic 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 (PVIS)
- 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 or 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
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.

### 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.
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 high-speed rotation.
- **Longer life:** Ceramic bearings outperform steel under marginal lubrication.
- **Quiter 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 the CDA Spring Meeting, booth No. 2526; call at (800) 726-7365; visit online at wwwscoredental.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
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 build an excellent smile.

Cost-conscious patients are exploring 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 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) 758-6584.

‘Just as patient care preferences are changing, so are patient payment preferences.’

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” coverage started to work.

Another bubble?

• See BUBBLE, page A25
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.

(Source: Keystone Industries)
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 (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 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 rate. 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:

1. Keep a good cushion (we call it a buffer) of available cash for emergency purposes. This could include money market funds, 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.

2. Keep your portfolio liquid. Stay clear of investments that tie up your funds and have large charges or limited liquidation rights.

3. 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.

4. Think globally when determining your investments. What do you own? What does it mean? These are all appropriate questions to be asking your advisors.

5. Stay disciplined. Keep your consumer debt low, and continue to actively save for your future.

6. 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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New wipe eases cleaning, disinfecting of operatory

VOLO disinfecting/deodorizing/cleaning wipes are bigger and disinfect faster

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.

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

VOLO disinfecting/deodorizing/cleaning wipes are offered in a 150-count canister available through your dental dealer. Learn more at www.volowipes.com.
Advances in dental implant impressions

By Gregori M. Kurtzman, DDS, MAGD, FACD, FFFA, FADI, DICOI, 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 prosthodontics were completed and returned for insertion.

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Glycine: New dimension in subgingival biofilm removal

Air polishing no longer limited to only supragingival application

By Juliette Reeves

The removal of biofilm deposits from within the periodontal pocket is recognized as being fundamental in reducing bacterial burden and down regulating the pro-inflammatory response in the treatment of the periodontal diseases. Recolonization of the periodontal pocket by pathogenic bacteria, however, occurs within weeks of initial phase therapy making continuous and regular subgingival biofilm removal a prerequisite in the successful management of periodontal disease.

Repeated intervention, however, is not without disadvantages in that a fine balance exists between root surface debridement and disturbance of the epithelial attachment with loss of root substance. Repeated use of traditional methods (hand scalers, curettes, sonic and ultrasonic scalers) can result in significant loss of root substance and surface smoothness, thus limiting the frequency of such intervention. Until now, air polishing has been indicated for only supragingival application. With the advent of a glycine-based prophylaxis powder designed for subgingival use, a new dimension in the removal of subgingival plaque and biofilm deposits has arrived.

Air polishing

Surprisingly, air polishing is not a new technology. It's been used for almost 50 years. In contrast to air-abrasive techniques, air polishing employs a mixture of air, powder and water. This fine jet is directed toward the tooth surface at an air pressure of 4–8 bar and a water pressure of 1–3 bar, leading to the removal of surface deposits. Until now, the powder of choice has been sodium bicarbonate (NaCO3). However, with a particle size of 100–200 μm (micrometers), it has proven too abrasive for subgingival application. Compared with conventional instrumentation, NaCO3 is more effective in the supragingival removal of plaque deposits and extrinsic staining; however, because of its high abrasive quality, it is contra-indicated for root surface application and subgingival deposits.

Abrasion of dental tissues

Intact enamel surfaces appear not to be significantly affected by NaCO3 air polishing techniques; however, pits and fissures or markings from dental instrumentation appear to be abraded more quickly and easily. Enamel surfaces subjected to significant plaque colonization and areas of demineralization (white spots) appear to be particularly affected.1,2 Root surfaces (enamel and dentine) are lower in hardness compared with enamel, and therefore the removal of subgingival plaque deposits with NaCO3 results in substantial wear of the root surface. In vitro experiments on root surfaces have shown significant defects of more than 600 μm following air polishing with NaCO3.3

Histological evaluation of the epithelium, epithelial layers and base membrane of the periodontal pocket have shown significant disruption of epithelial adhesion with loss of basal membrane following either hand scaling or NaCO3 in the removal of subgingival plaque and associated microorganisms.10

Glycine

Glycine is a non-essential amino acid with one of the simplest structures of all the amino acids. Glycine is found in proteins of all life forms, and is important in the synthesis of proteins as well as adenosine triphosphate (ATP). Glycine is water soluble, has a low density of electrical charge and is placed in the category of “generic base.”

The Crest Oral-B Pros in the Profession program recognizes registered dental hygienists who go above and beyond the call of duty every day. Throughout the year, Crest Oral-B rewards a selection of deserving professionals, as nominated by their peers, who truly make an impact on patients and the oral health care. To learn more about the program, you can visit www.prosintheprofession.com. For information about Crest Oral-B products and resources, visit www.dentalcare.com.
PLAQUE REMOVAL

A number of studies have evaluated the plaque removal efficacy of glycine powder and its use along the gingival margins and deep subgingival pockets. Various studies on debridement efficacy have shown that compared with NaCO₃, glycine has a particle size of less than 63 μm, making this powder ideal for air polishing.

Precautionary measures for patients

The advent of a new glycine-based powder for air polishing has been shown to be effective in reducing root surface roughness and disinfection of the periodontal pocket. In vitro, glycine air polishing is widely accepted. 6

Conclusion

Subgingival debridement is considered essential in treating periodontitis and has been shown to be pivotal in arresting disease progression. 33 Biofilm formation occurs rapidly in periodontal pockets following the elimination of the protective effect of glycine air polishing and in significantly greater reduction in CFUs at interproximal sites (two times more) and buccal and lingual sites (three times more) compared with hand instrumentation. 34,35

Additiona16 study has shown that penetration of the power with glycine powder is comparable to hand instrumentation, with 80 percent debridement of the root surfaces in pocke7-3 mm in depth and 65 percent in pockets of more than 4 mm. Previous studies on debridement efficacy of conventional root planing and subgingival debridement showed that on average, 66 percent of the root surfaces were debrided the untreated enamel control surface. 12

The advent of a new glycine-based powder for air polishing has been shown to be suitable for root surface debridement, causing little or no surface loss, tissue or patient discomfort. Reduction in pathogenic microbial colony-forming units is greater than with hand instrumentation and is achieved in less time, with less operator fatigue and with greater patient comfort and compliance.

The use of conventional NaCO₃ air polishing powder has been shown to cause significant epithelial erosion with the exposure of underlying connective tissue. 15,16 The use of glycine powder is, however, associated with minimal gingival irritation and increased patient comfort. 17,18

This finding has also been observed in vivo, where histological examination of the gingival epithelium following subgingival debridement using an air-polishing device with glycine powder 19,20 has been reported. In addition, the use of glycine powder has been found to be effective in removing subgingival biofilm from the root surfaces and disinfection of the periodontal pocket.
CONGRATULATIONS, KASHA LOWER, RDH

FOURTH CREST® ORAL-B® PROS IN THE PROFESSION® WINNER FOR YEAR TWO OF THE PROGRAM

Kasha Lower, Registered Dental Hygienist, has been practicing dental hygiene for more than 14 years, holding an Associate of Science degree from Pasco-Hernando Community College. Kasha currently resides in New Port Richey, FL, with her husband and son.

Kasha is passionate about community service and giving back to those in need. She is an active volunteer for the Great American Teach-In, a program in which she visits local schools and teaches children about the importance of oral health. She also regularly works with the Smile Faith Foundation, an organization that helps physically damaged patients restore their smiles, regain their confidence, discover their personal growth and venture into new career opportunities through major dental care and life-coach counseling.

One of Kasha’s most memorable experiences in her career occurred while performing a routine head and neck exam, during which she detected a cancerous lump in her patient’s neck. Kasha considers this experience a testament to the importance of thorough patient examinations and the crucial role dental hygienists can play not only in oral care, but in overall health.

+++++

Kasha is a fan of the Oral-B Power toothbrush, a staple in her own oral care routine. She also recommends Crest PRO-HEALTH® products for her patients, including the new Clinical Plaque Control line.

For more information about Kasha and the program, log onto www.prosintheprofession.com or stop by the Crest Oral-B booth at upcoming dental conventions.

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