American’s Toothfairy fifth anniversary

By Fred Michmershuizen, Online Editor

Hundreds of dental industry leaders were on hand during the Midwinter Meeting in Chicago as the National Children’s Oral Health Foundation (NCOHF), known as America’s Toothfairy, held its fifth anniversary celebration Feb. 24 at the Hyatt Regency.

The mission of the NCOHF is to eliminate pediatric oral disease and promote overall health and well being for millions of children from vulnerable populations.

The NCOHF is a comprehensive resource provider for non-profit community programs that deliver critical preventive, educational and treatment services.

Among those speaking at the reception were NCOHF board member Dr. Gordon Christensen and NCOHF President and CEO Fern K. Ingber, who both expressed thanks to the association’s corporate underwriters, whose contributions allow 100 percent of donations to go directly to children’s oral care services.

The NCOHF provides vital financial, product and technical support to a growing national network of not-for-profit Affiliate programs and volunteer dental professionals delivering critical oral health services for underserved children.

All NCOHF affiliate partners use a comprehensive preventive, restorative and educational model to break the cycle of pediatric dental disease and improve children’s overall health.

Hinman’s southern hospitality

From left: Mike Cohen, Mike Orecchia, David Lang and Dan Parrilli. (Photos/Mark Eisen, Dental Tribune)

Oral Health America holds annual gala

By Fred Michmershuizen, Online Editor

Founded in 1955, Oral Health America (OHA) is a national not-for-profit organization dedicated to changing lives by connecting communities with resources that increase access to dental care.

Funded by charitable contributions, the association also provides education and advocacy for all Americans, especially those most vulnerable.

OHA held its 21st annual Gala and Benefit at Chicago’s Field Museum on Feb. 23, during the recent midwinter meeting. The evening featured a reception, an auction and raffle and dinner, followed by music and dancing.

Dr. Gordon Christensen, left, and Fern K. Ingber.

See page 6A
Osteoporosis and bisphosphonates

By David L. Hoexter, DMD, FACD, FICD

The administration of bisphosphonates, via an IV or orally, is an important distinction.

Die because of these fractures. Treated by bisphosphonates will

mated that 24 percent of patients

chance of these fractures. It is es-

sation and significantly reduce the

fractures that seriously jeopardize

are at risk for osteoporotic

important because more than 30

years of osteoporosis. There is

with bisphosphonates have caused

crosis of the jaw (ONJ) associated

with bisphosphonates. As it was once

some of the unknowns, or innue-

nate administration.

This article seeks to clarify

oesteonecrosis lesions after oral surgical

procedures were done on patients in hospitals under IV bisphos-

rate administration.

This article seeks to clarify

of the unknowns, or innen-

over the fear of using bisphosphonates. As it was once

wise written: “We have nothing to fear but fear itself.”

Identifying the problem

by Dr. Marx and later

by Dr. Ruggerio related osteone-

osis is made, the cause is listed

Definite causes includes: alco-

Table 1: A cross section of normal, healthy bone.

AR

DM

18

by Dr. Marx and later

Clearing up the confusion is

are the best tool to reduce bone

At present, bisphosphonates are the best tool to reduce bone

loss and significantly reduce the

chance of these fractures. It is es-

minated that 24 percent of patients

with osteoporotic fractures not

in treating osteoporosis. There is

This article seeks to clarify

Definite causes includes: alco-

Table 1: A cross section of normal, healthy bone.

AR

DM

18

About using certain medication

bisphosphonates and their relationship

To osteonecrosis. Osteonecrosis is defined as the death of bone tissue

due to an impaired blood supply. When the diagnosis of osteone-

cosis is made, the cause is listed as definite causes and possible

Definite causes includes: alcohol abuse, atherosclerosis, decom-

Tell us what you think!

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

Chair of the OHA Gala Committee Genevieve M. Bauer welcomes attendees at the annual Oral Health America Gala on Feb. 23. (Photo/Mark Eisen, Dental Tribune)

Chair of the OHA Gala Committee Genevieve M. Bauer welcomes attendees at the annual Oral Health America Gala on Feb. 23. (Photo/Mark Eisen, Dental Tribune)
pression sickness, Guacher’s disease, high doses of corticosteroids, radiotherapy, sickle cell disease and tumors. Possible causes include: blood clotting disorders, Cushing’s syndrome, diabetes mellitus, fatty liver, gout, lipid disturbances, pancreatic cancer, pancreatitis, smoking, systemic lupus and erythematosus.

Brittle bones and fractures are more prevalent as the population lives longer. It is estimated that 20 to 30 million people have concerns about their osteoporosis and are taking medications to cease or prevent their osteoporosis. The medications to aid osteoporosis are in general called bisphosphonates.

When clinical reports of associations of bisphosphonates to osteonecrosis were distorted, it started a reaction that caused people to associate all bisphosphonates and all levels of strengths and dosages in one grouping. It is as if one were to claim all antibiotics are the same and only one strength were to be used for all instances.

There is a benefit to being made aware by Marx and Ruggerio, and now drug makers are also aware of the possibility of ONJ and include this information in their listing of possible side effects for bisphosphonates.

However, the result of this information has also caused people to hesitate in their efforts to prevent or inhibit osteoporosis. Suddenly, lawyers have come to the fore who claim to specialize in representing patients using bisphosphonates who wish to instigate a lawsuit and actually advertise to acquire plaintiffs who have been harmed by using bisphosphonates.

In addition, some physicians now hesitate to prescribe bisphosphonates for fear of legal consequences, leaving the patient to deteriorate further.

Oral surgeons at dental meetings are also showing more osteonecrotic lesions in their presentations. However, the causes of these necrotic lesions are not necessarily from bisphosphonates.

Clinical reports of osteonecrosis associated with bisphosphonates was brought to dentists’ awareness by oral surgeons (Marx and Ruggerio) some 30 years after the use of bisphosphonates were first released to the public and received FDA approval.

Oral bisphosphonates were first approved and released in 1970, and clinical reports of oral necrosis were published after 2003. The clinical reports independently provided proof of oral necrotic bone lesions resulting when treating patients in hospitals that were under some regime and hospitalized.

Only after oral surgical therapy, while in the hospital, these patients presented necrotic oral lesions and their sequela.

While I do appreciate the reporting of such information and now avoid having patients acquire further trauma, I found myself asking: “What were these patients doing in a hospital environment to begin with?” As reported, the patients were all hospitalized for cancer therapy and undergoing chemotherapy. Their resistance factors certainly may, under those circumstances, be altered.

The method of receiving bisphosphonates while being treated in a hospital was not, as most commonly accepted, orally, but rather intravenously.

Intravenous bisphosphonates have been used for Paget’s disease, hypercalcemia associated with malignancy and with antineoplastic bone lesions associated with breast cancer and multiple myeloma. The strength and dosages of the medication used with the IV was close to four times the recommended oral dosage.

There are, of course, protocols for treating hospitalized patients, and they were all followed. Yet, these reports are being interpolated to encompass all modes of bisphosphonates delivery systems.

However, there are positive results from using oral bisphosphonates when administered at the proper dosage. Emphasis must be placed upon differentiating the reported results from all intravenous delivery of bisphosphonates as well as the recognition of different dosages.

In my practice, I have patients who are taking oral bisphosphonates. I treated them for periodontal disease with surgical intervention with positive results over the years.

The same goes for patients that continued taking their oral bisphosphonate medication when I placed implants and achieved successful results.

Dr. M. Jeffcoat reported a three-year study comparing patients taking oral bisphosphonates with non-medicated patients. Each group received the same number of implants inserted. The results were the same for each group:

FINALLY, AN INJECTABLE HYBRID RESTORATIVE FOR ALL INDICATIONS

BEAUTIFIL Flow Plus

- Indicated in classes I, II, III, IV & V
- Physical properties rival hybrids
- Stackable & sculptable; stays put
- Self-polishing “levelling-effect”
- High radiopacity, beyond enamel

BEAUTIFIL Flow Plus is the next step in the evolution of restorative materials, combining the delivery of a flowable and the strength, durability, and aesthetics equal to or better than leading hybrid composites.

Visit www.shofu.com or call 800.827.4638

TRIAL OFFER $99.95 A $160.00 VALUE!
Order now www.shofu.com Enter code: DTRFP2-11
approximately a 98 to 99 percent acceptance. The millions of patients that have osteoporosis and need assistance are the ones that we are trying to aid, not deter. Let our profession encourage and inform patients of all the facts pertaining to bisphosphonates. Indeed, I have apprehensions of unknown possibilities for those taking various medications.

As such, in the case of oral bisphosphonates, what might be the accumulative effects of taking this medication for five or 10 years? A recent report from University of Southern California showed a 96 percent success rate of people using oral bisphosphonates with osteoporosis. A new acronym for bisphosphate-associated osteonecrosis, BON, has become popular in discussions. It behooves us to share this knowledge with our patients. In particular, we must clearly note the difference in administration of bisphosphonates via an IV or orally when discussing the use and safety of these drugs. So-called “drug holidays” are not the answer. There is no supporting data that stopping the use of bisphosphate medication for a set amount of time reduces the risk of developing BON.

Perhaps standardizing a bone turnover marker test and getting a base line of bone metabolism, a DTX information gathering radiograph — definitely as the American Dental Association suggests with osteoporosis — and trying to avoid oral pathology by undergoing regular oral examinations by a dentist and increasing good oral hygienic techniques by using power toothbrushes or hand toothbrushes, and avoiding alcohol rinses would decrease risk. Perhaps standardizing a bone turnover marker test and getting a base line of bone metabolism, a DTX information gathering radiograph — definitely as the American Dental Association suggests with osteoporosis — and trying to avoid oral pathology by undergoing regular oral examinations by a dentist and increasing good oral hygienic techniques by using power toothbrushes or hand toothbrushes, and avoiding alcohol rinses would decrease risk.

There are millions of people who need, or will need, treatment for osteoporosis. Let us help ourselves with knowledge, not fear. Let us start by recognizing the different administration methods, oral as opposed to IV, as well as their dosage differences. Perhaps with knowledge and statistical studies we can help eliminate this fear.
Which one of these are you still using?

It’s time, embrace the new technology...
Introducing the new Wand STA

Injection Technology Reinvented

- More consistent anesthetic effect reduces patient anxiety and reduces operatory stress
- Faster onset allows you to get right to work
- Avoid collateral anesthesia of the face, lip and tongue

See us at the Hinman Dental Meeting - Booth 1445 for a FREE Starbucks gift card.

800.862.1125
www.milestonescientific.com

Milestone Scientific, the Wand, and STA Single Tooth Anesthesia System logo are registered trademarks of Milestone Scientific, Inc. © 2010 Milestone Scientific, Inc., All Rights Reserved.
Get ready for the Hinman Dental Meeting

By Fred Michmershuizen, Online Editor

The 2011 Thomas P. Hinman Dental Meeting — the 99th — will be held March 24 to 26 at the Georgia World Congress Center and Omni Hotel in Atlanta. The theme of the Hinman meeting is “Quality Continuing Education Served With Southern Hospitality,” and organizers say this year’s event will not disappoint.

Some of the highlights of Hinman 2011 include the following:
• At least 60 leading authorities in the field of dentistry.
• More hands-on courses (60-plus) offered than ever before for the entire dental team.
• All-day educational tracks for dental hygienists, assistants and office staff.
• New “Business of Dentistry” track for dentists.
• Multiple one-hour courses, allowing for more time on the exhibit floor.
• Hinman Eatery, located at each end of the exhibit hall.
• A Dentist Reception to be held on Friday night.

Education in Atlanta
No matter what your area of interest, there are courses available just for you. Specialty educational tracks include those for dentists, hygienists, assistants and business office staff.

The Hinman Dental Meeting utilizes a computerized accreditation process. Attendees who register for courses will receive a ticket listing the course and speaker for each class and a C.E. scan ticket. These tickets can be stored in the badge holder.

Be sure to make note of the C.E. code announced at the conclusion of each course and keep the C.E. scan ticket and your badge number included in your registration materials. C.E. certificates can be printed out at the conclusion of each course, at the end of the meeting or from www.hinman.org for up to six months following the meeting.

The Thomas P. Hinman Dental meeting is an Approved PACE Program Provider (FAGD/MAGD Credit) by the Academy of General Dentistry. To receive AGD credit, include your AGD number where indicated on the registration form.

Upon processing your C.E. codes for credit, your completed information will be submitted to the AGD following the 2011 Hinman Meeting.

Table clinics
Table clinics are complimentary tabletop presentations, which are each 10 minutes in length and are given by volunteers from the dental community. Spend a minimum of one hour and attend at least six table clinics to receive one hour of continuing education credit. C.E. cards for table clinics will be available at the table clinic desk in Exhibit Hall A5. Table clinic presenters will stamp the card at the completion of each presentation, and a code will be provided for C.E. credit as you exit. Enter behind the 2700 aisle.

Exhibit hall
The exhibit hall is a great place to see the latest dental products, technologies and meet people. Free Internet access is available in the Cyber Café, and complimentary morning and afternoon snacks are also provided.

Make sure you check out some of the table clinic presentations, several of which are presented by dental students.

And don’t miss the closing party in the exhibit hall on Saturday from 2 to 4 p.m. and enjoy a complimentary cocktail.

The exhibit hall will be open on the following dates and times:
• Thursday, March 24, 9 a.m. to 5:30 p.m.
• Friday, March 25, 9 a.m. to 5:30 p.m.
• Saturday, March 26, 9 a.m. to 4:30 p.m.

Special events
The meeting also offers several fun events to attend. Be sure not to miss:
• Auxiliary Reception on Friday. This gathering is filled with free food, drink and dancing.
• Dentist Reception on Friday. This event has a spread of food and a live band.
• “Up on the Roof” party on Saturday at STATS in the Luckie Marietta District.

Other things to do include a Thrashers hockey game, taking a cooking class and much more.

More information on the 2011 event is available online, at www.hinman.org.
Restorations as real as the real thing.

EsthetX® HD Restorative gives you the power to mimic nature. Our TruMatch® Shade Guide offers unmatched ability to predict and control the esthetic outcome of every restoration. And optimized handling and excellent polishability deliver life-like results for a beautiful smile that's as real as the real thing.

visit www.esthetxhd.com
Bioderm is a dirty word

Thousands of bacteria strains deep down in the periodontal pocket are responsible for the development of various diseases. The magnitude is enormous and so is the need for periodontal disease management.

No need to mention the increased risk factor on systemic diseases such as diabetes, stroke, or premature birth.

Swiss-based Electro Medical Systems (EMS) is well known for Air-Flow®, the original method for supragingival air polishing. Yet, too few dental professionals are aware of the unique subgingival application of this mix of powder and air.

“Air-Flow goes subgingival,” says EMS, and brings the point home. A unique nozzle delivers the air-powder mixture deep into the pocket where rinsing water washes out the eliminated biofilm. The device and consumables go hand in hand for extraordinary results without any stress or risk for the patient, according to the company.

The patented Dynamic Pressure Sensing (DPS) technology that accurately and defined a new category of dental instruments called C-CLAD (Computer-controlled Local Anesthetic Delivery) systems.

These are the only dental injection instruments that have the published scientific data that substantiate the claim of eliminating or reducing pain perception when performing a dental injection.5 This technology has undergone the rigors of clinical testing that has been published in some of the most highly respected dental journals in the profession. No other instrument, technology or device developed specifically to reduce pain and anxiety while performing a dental injection can currently make that statement.

With the introduction of C-CLAD technology, several newly defined injections were also introduced to dentistry.6 The Wand/STA System has been optimized to perform these new dental injections. The first of these techniques, the anterior middle superior alveolar (AMSA) nerve block, published in 1997 by Friedman and Hochman, is a contemporary technique to achieve maxillary pulpal anesthesia of multiple maxillary teeth from a single palatal injection without producing the undesired collateral anesthesia to the lip and face.7

Subsequently, Friedman and Hochman introduced a second injection, named the palatal-approach anterior superior alveolar (P-ASA) nerve block,8 in which pulpal and soft-tissue anesthesia of the central and lateral incisors are achieved by a single palatal injection.9

The general reduction in pain perception for all injections has led to innovative ways to producing more efficient and effective dental anesthesia.

In addition to the new dental injection, discussed above, the Wand/STA System instrument improves the success rate of traditional injections such as the inferior alveolar nerve block.10

Fig. 1: Perio-Flow handpiece and nozzle for subgingival use. (Photos/Provided by EMS)

Fig. 2: Wound surface of moderate periodontitis in the entire oral cavity.

Fig. 3: Implants are a poor investment without regular periodontal disease management.

Solving one of dentistry’s challenges: fear of injections

Of all the procedures performed on a routine basis, the one procedure that is universally perceived by patients as the most fear- and anxiety-provoking is the dental injection. In spite of the significant advances made during the past 100 years, our profession has yet to conquer one of the greatest challenges of dentistry—or has it?

Milestone Scientific, Inc., after spending the past decade responsibly and methodically studying this problem, now believes that with the introduction of its new product, the Wand/STA System instrument, it has finally conquered this age-old problem.

The Wand/STA System instrument represents the world’s first and only technology that uses the patented Dynamic Pressure Sensing (DPS) technology that accurately and safely performs a pressure-regulated intra-ligamentary dental injection.1

The new Wand/STA System can also perform all traditional dental injection techniques, i.e., inferior alveolar block, supra-periosteal infiltration, etc. All techniques are performed more efficiently, more effectively and virtually painlessly.2-5

Milestone’s new technology incorporates visual and audible real-time feedback, giving clinicians an unprecedented level of control and information when performing a dental injection.

The Wand/STA replaces the antiquated heavy metal dental syringe with an ultra-lightweight disposable handpiece weighing less than 10 grams for superior ergonomics and tactile control.1 The experience for both patient and dentist is one that is significantly less stressful.1

Milestone Scientific, Inc. created and defined a new category of dental instruments called C-CLAD (Computer-controlled Local Anesthetic Delivery) systems.

These are the only dental injection


‘Our goal is to offer solutions and products with a definite benefit for the practitioner’
An interview with Sanavis Group Executive Chairman Dr. Martin Rickert

Dental supplier SycoTec, headquartered in Eutkirch, Germany, acquired MICRO-MEGA — a French company with a long-standing tradition of excellence — in autumn of 2009.

In February 2010, the Canadian company SciCan joined the duo. The merger of SycoTec, MICRO-MEGA and SciCan formed the Sanavis Group, which is now one of the 10 largest suppliers of dental equipment worldwide.

Executive Chairman Dr. Martin Rickert spoke with Dental Tribune about these new developments.

Dr. Rickert, what does the name Sanavis mean and what new tasks has the merger brought to the group?

The word sanavis is borrowed from Latin and, simply translated, means “health and strength.” The name is meant to illustrate that the group consists of companies whose main business segment is dental products designed to enable dentists, and consequently patients, to attain and maintain good oral health.

Contemporary and innovative products are the foundation of our company strategy. Our main task is gradual orientation toward a joint fundamental strategy and the development of joint processes so that our customers can directly benefit from the advantages of this merger.

Which advantages do you see resulting from this merger?

First of all, we are able to offer our customers an improved service. With a much greater regional presence, our customers now receive a far more regional and, consequently, more individualized service.

Furthermore, we are now able to coordinate sales of the individual companies much more effectively, thus making them more attractive to our customers.

This will also affect the product development process and, in turn, lead to products that enable improved courses of treatment. Internally, we will be able to benefit from clear advantages in production, purchasing, logistics, administration and reporting.

What are the individual companies going to focus on and which role will they play within the Sanavis Group?

Ergonomics and safety are the key features of all our future products. In this context, ergonomics means enabling the person providing the treatment to work as simply, efficiently and carefully as possible. Safety refers to minimizing the potential for error during the course of the treatment and to the wide field of infection control.

MICRO-MEGA is our endodontic specialist, offering everything from root-canal instruments to filling materials. SciCan is our infection-control specialist, covering general practice hygiene, instrument sterilization and infection control during treatment. Both companies have similar needs with regard to dental drive technology.

Simply put, this term refers to technologies and products that make devices rotate or move, such as micro-motors, handpieces and turbines. SycoTec, an expert original equipment manufacturer, is our specialist in this.

Let’s look at the individual companies. MICRO-MEGA, the French manufacturer of high-precision tools for root-canal treatments, has been setting world standards internationally for more than 100 years. Which products is considered to be state-of-the-art now?

With the Revo-S system for root-canal preparation, MICRO-MEGA undisputedly has the right to claim a pioneering role once again. Revo-S is a NiTi instrument system that offers unparalleled ease of handling for the practitioner with maximum protection against file breakage.

The root canal can be prepared in a clever sequence with only three files. Easy-to-use upgrades are also available for complicated canal shapes. This system is a good example of the advantage of MICRO-MEGA’s many years of experience in endodontics.

Moreover, SciCan complements the range of products with its full spectrum of infection-control solutions. The timing is excellent considering that the legal regulations with regard to infection control are becoming increasingly more stringent. Infection control is becoming increasingly important, not only as a result of the regulatory requirements. SciCan offers complete solutions from A to Z. Dentists can rely on more than 50 years of experience, which has led to products that offer maximum efficiency, consistency and safety. The rapid sterilizer, Statim, is a great example.

While it is easy to handle, economic and functional, its short cycle time is unrivalled. PURTHENTS can rely on more than 50 years of experience, which has led to products that offer maximum efficiency, consistency and safety. The rapid sterilizer, Statim, is a great example.

In the difficult macroeconomic environment we have been experiencing in recent years, it is an advantage to be part of a strong group. We therefore feel very well equipped for the future, not only in terms of purely economic aspects, but also generally with regard to our future business.

Our goal is to offer solutions and products with a definite benefit for the practitioner. Being a strong group makes this easier and provides greater future security.

MICRO-MEGA and SciCan are internationally recognized brands that are constantly investing in research and development. The Sanavis Group is now a global player. How do you intend to take advantage of this?

Even though we have reached the size of a global player, we will continue to structure our business locally. However, we will now make use of our expanded network in the respective local branches. This applies to our research partners, as well as to sales and services.

Will the Sanavis Group appear under one umbrella at trade fairs and exhibitions in the future?

Yes, this will be the case at the larger trade fairs, such as the International Dental Show [IDS]. However, a joint umbrella does not mean that the name Sanavis will be at the forefront. MICRO-MEGA and SciCan will continue to form the backbone of the trade fair presence. However, the brands will exhibit at a joint booth.

Which products will be in focus during the IDS and what innovations can we expect?

We have already strengthened our development efforts and look forward to being able to present a large number of new products. These new developments include a new, rapid sterilizer and advanced thermal disinfectors. We will also present new root-canal fillers.

In the field of drive systems, visitors will be able to see a whole range of innovations, such as new micro-motors, handpieces and contra-angle handpieces, as well as motors with an innovative ergonomic design. I believe that we never before have we been able to present such an explosion of innovations.

In the future, products will become increasingly digitalized and integrated, making the integration of different product areas indispensable. A great deal can be expected of us in this respect.

How will customer service be organized?

Customer service will be organized at a local level, as has been the case up to now. Naturally, we will continue our existing, reliable partnerships. Furthermore, our customers can look forward to an extension of the services offered as we are improving our presence for our entire product range, particularly in the German market.

Dr. Martin Rickert (Photos/Provided by Sanavis Group)
Arguments for providing loupes for dental hygienists

The primary arguments for why a dental hygienist should use loupes are essentially the same as why the dentist should use loupes.

The use of a loupe forces a certain working distance and, therefore, posture. Truth be told, a hygienist spends more time over a patient each day than a typical dentist. This means that posture and reduced eyestrain is even more important for the hygienist than the clinician.

The improved vision of the loupe does far more than make it easier for the hygienist to see.

Not only will hygienists be able to perform the cleanings more quickly, the quality of the cleanings will be considerably higher and they will be less likely to miss issues that should be brought to the dentist’s attention.

The economic argument for why the dentist should purchase high-quality loupes for his or her hygiene staff becomes clear.

The most common cause of disability claims for hygienists are neck, back, and eye strain. Every single day that a hygienist is out due to these kinds of repetitive injuries equates to a $3,000 loss of revenue for the practice.

By using loupes, patient throughput and satisfaction is improved.

The number of billable procedures discovered during routine cleanings is increased based on the hygienist’s ability to better visualize and identify potential problem areas.

The one argument against buying loupes for hygienists is that the dentist fears the hygienist will leave and he/she will be out the money spent on the loupes as well as being out the hygienists.

The beauty of the Heine HR loupes is that they can easily be re-customized for any new hygienist that would join the practice so they continue to retain their value.

Fight oral cancer!

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at www.oralcancerselfexam.com. This website was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations.

Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?

You know how important photographs are to your practice, but you don’t know who to turn to for advice. PhotoMed understands your needs and can help you choose the right camera. We also include a support and loan equipment program for the life of the camera so you have someone to turn to if you have questions.

PhotoMed dental cameras feature the best digital camera equipment available. The Canon G11, Rebel XS and T2i are great choices.

Choosing a quality dental system for your practice doesn’t have to be difficult. Call the experts at PhotoMed and we’ll help you with all of your camera questions.
Join Us for the 99th Annual

Thomas P. Hinman
Dental Meeting

March 24-26, 2011

Featuring:
- 60 leading authorities in the field of dentistry
- More hands-on courses (65) offered than ever before for the entire dental team
- All-day educational tracks for dental hygienists, assistants, office staff, and new this year, dentists
- An exciting exhibit hall with two food courts, complimentary snacks, drinks, Wi-fi access and a fun closing afternoon party

It’s one of the best decisions you’ll make for your practice and career!

Register between December 1, 2010 and February 24, 2011 to take advantage of discounted pre-registration fees.

For more information or to register online, visit www.hinman.org or call 404-231-1663.

Lectures and Technical Exhibits are open Thursday through Saturday.

---

Featured Clinicians

Ms. Lois Banta
Insurance

Dr. Marvin H. Berman
Pediatrics

Dr. Joseph A. Blaes
Pearls and Materials

Dr. Gordon L. Brady
Implants/Oral Surgery

Mr. Darrell Cain
Finance/Retirement

Dr. Anthony R. Cardoza
Forensics

Dr. Gordon J. Christensen
Prosthodontics/New Trends

Dr. Harold L. Crossley
Pharmacology

Dr. Robert R. Edwab
Oral Surgery

Dr. Ronald E. Goldstein
Esthetics

Dr. David S. Hornbrook
Esthetics

Ms. Loretta LaRoche
Communication

Dr. Samuel B. Low
Periodontics

Dr. Stanley F. Malamed
Medical Emergencies/Anesthesia

Mr. Imtiaz Manji
Transitions/Business

Dr. Joseph J. Massad
Partial and Full Dentures

Dr. Thomas R. McDonald
Restorative/Occlusion

Dr. Michael A. Siegel
Oral Pathology

Dr. Bruce W. Small
Gold Restorations

Dr. Frank M. Spear
Restorative/Prosthodontics

Dr. Jon B. Suzuki
Periodontics

Ms. Char Sweeney
Communication

Dr. Marshall L. Wade
Oral Surgery

Dr. John D. West
Endodontics
Is sleep dentistry for you?

Sleep dentistry is changing the way patients with sleep disorders are treated. Traditionally, sleep apnea has been the exclusive responsibility of MDs, neurologists or pulmonologists, but dentists are now focusing their energies on how patients who snore can improve their quality of sleep. When patients are diagnosed as sleep apneic, they are usually placed on a CPAP machine, which involves a mask and breathing tube that they wear while sleeping. Until recently, surgery was one of the few alternatives to CPAP.

Dentists have started treating sleep apneic patients because they understand how occlusion and the position of the jaw can influence a patient’s airway. Many dentists offer oral sleep apnea and anti-snoring devices to help patients who don’t wish to undergo CPAP treatment or surgery.

“I now always discuss, in my report and with my patients, whether or not a sleep study is warranted.”

As a dentist, I feel I have an opportunity to ‘bridge the gap’ so to speak, and help catch more cases of sleep apnea,” adds Dr. Don Lowrance, who practices in Corpus Christi, Texas. “They’re in my chair, and it doesn’t take that much time to ask some simple questions that tell whether or not a sleep study is warranted.”

Omaha sleep apnea dentist Dr. Roger Bouhal routinely asks his patients if they snore. “It’s a simple question, but by asking it, we’re potentially saving lives in the dental office.”

The American Academy of Cosmetic Dentistry will offer several lectures on sleep apnea, among many other dental topics, at the annual scientific session in Boston, May 18-21. Dr. Gary Alex, Kent Smith, Beth Thompson and Lee Ann Brady will focus on sleep apnea in their lectures for the individual dentist and dental team. For more information, visit www.aacdconference.com.
Patient testimonial

“I was so afraid the day I called to schedule my appointment. I was so fearful, yet I wanted to be presentable for my daughter’s wedding. She is the most wonderful daughter a mother could have, I would do anything for her, so I did the hardest thing I had ever done. I read about how you [Dr. Sama]ha] helped others who were deathly afraid of dental care like me.

“This experience with you and your team has been amazing. I felt so safe within minutes of meeting you and your lovely team. My previous experiences were nothing but fright, doom and gloom, and with each new dentist I felt more and more shame. You and your team are remarkable — you opened your arms and your hearts to me — hugging me and praying for me when you knew I needed it.

“My first appointment with you became a life-changing day. The stories and pictures on your website gave me the courage to come see you. I couldn’t believe what you did for others, and after meeting you for the first time, I knew you could help me.

“In under three weeks, I was ready to stand tall with my daughter on her wedding day with a bright and beautiful smile like the smile I once had on my own wedding day, 40 years ago.

“I began to love myself too, in a brand new way, with all the shame of a diseased smile finally cast off. And I think my husband fell in love with me all over again. When my daughter and her husband left for the honeymoon, we felt like we were on our honeymoon, too.

“My husband was amazed and touched at how you were able to do what no one else could, mainly to get me beyond my fear. And no one can believe you did it without sedation or any drugs to calm me.

“I felt uplifted and supported from the first moment I walked into your office, and the day you eliminated my disease was one of the greatest days of my life. I can never thank you enough.

“Within three weeks, my treatment was complete, and I was not only freed from decades of disease, I had my pretty smile back. No words can express the overwhelming emotions of pure joy I felt in finding my smile again after so many years.

“Nothing can express the raw, overriding emotion my husband felt when he finally saw me with my new smile — the one he hadn’t seen for years.”

~ Donna Atkinson
AACC D free webinars focus on accreditation

The American Academy of Cosmetic Dentistry (AACD) continues to offer free webinars focusing on accreditation through the AACD Webinar Series.

The series, sponsored by Ivoclar Vivadent, features many speakers scheduled to appear at the AACD’s 27th Annual Scientific Session in Boston later this spring. The session will take place May 18–21 at the Hynes Convention Center in Boston.

Participants can register for individual webinars in the series by visiting www.aacd.com/index.php?module=evento&section=301. No special equipment or programming is needed. Past webinars have been archived on the AACD website. Upcoming webinars include:

*Composite Mirroring: Aiding with Accreditation and Beyond,* by Brian LeSage, DDS, on March 7 from 12 to 1 p.m. CST. Participants will review multiple smile design principles and tie them into the accreditation examination criteria, evaluate fault with compromise reviewed cases and learn to correct and manage many of the AACD accreditation criteria parameters, and discuss contour, finishing, and polishing to create a seamless, undetectable and appropriate luster to direct composite restorations.

*“Advanced Accreditation Webinar: Case Type IV and V,”* by Brian LeSage, DDS, on April 11, from 10 a.m. to 12 p.m. CST. Attendees will understand how cases for accreditation are judged based on specific criteria, learn to discern fine details in judging cosmetic dentistry and present cosmetic dentistry cases for feedback.

*“Advanced Accreditation Webinar: Case Type III,”* by Betsy Bakeman, DDS. Attendees will understand how cases for accreditation are judged based on specific criteria, how to discern fine details in judging cosmetic dentistry, and they will have the opportunity to present cosmetic dentistry cases for feedback.

*“Advanced Accreditation Webinar: Case Types I & II,”* by Nils Olson, DDS. Olson provides an in-depth analysis of how accreditation cases are judged. This webinar is especially helpful for members working toward accreditation.

**Family member testimonial**

“Sometimes it is hard to deal with reality, and Donna was literally paralyzed by her fear of dental care. Donna’s way was to keep her lips pursed and hope that no one noticed. She finally agreed to go for help just three weeks before our daughter’s wedding because of what she had read about how you helped others with fears like hers.

“I was so proud of Donna making the commitment to begin care with you, yet I could only guess how difficult the surgery was going to be for her. That night, I could see and feel her fear, yet I was helpless; but she was determined.

“The next morning, I had prepared myself and fully expected to see her pain afterward. It never happened. Instead, I saw pure relief and happiness in Donna’s eyes, and there was absolutely no lingering pain following the surgery you did.

“She had so much peace about the whole process because of each of you. Her new smile, just two weeks later, was the best gift Donna could have given our daughter and me.”

~ Carl Atkinson,  
(Donna’s husband)

* Sadly, several months later, Carl was diagnosed with Alzheimer’s.

---

**Contact info**

Lisa Marie Samaha, DDS, FAGD  
251 Nat Turner Blvd.  
Newport News, Va. 23606  
Tel.: (757) 223-9270  
samahadds@pwdentalarts.com  
www.PWDentalArts.com

---

**Discovering the latest techniques and materials**

**TAKES COLLABORATION**

Find it at the 27th Annual AACD Scientific Session, May 18-21, 2011

**The RISE of COLLABORATION: Feel it!**

Giuseppe Allais, DDS  
Stephen Chu, DMD  
Newton Fahl, Jr., DDS  
Willi Goller, MDT  
Harald Heymann, DDS, Med  
Frank Speer, DDS, MS  
Dennis Tarnow, DDS  
Dennis Wells, DDS

“Educators are subject to change. View the complete program online.”

---

**AACD free webinars focus on accreditation**

---

**AACC D News**

March 2011

Contact info

Lisa Marie Samaha, DDS, FAGD  
251 Nat Turner Blvd.  
Newport News, Va. 23606  
Tel.: (757) 223-9270  
samahadds@pwdentalarts.com  
www.PWDentalArts.com

---

**Discovering the latest techniques and materials**

**TAKES COLLABORATION**

Find it at the 27th Annual AACD Scientific Session, May 18-21, 2011

**The RISE of COLLABORATION: Feel it!**

Giuseppe Allais, DDS  
Stephen Chu, DMD  
Newton Fahl, Jr., DDS  
Willi Goller, MDT  
Harald Heymann, DDS, Med  
Frank Speer, DDS, MS  
Dennis Tarnow, DDS  
Dennis Wells, DDS

“Educators are subject to change. View the complete program online.”

---

**AACD free webinars focus on accreditation**
What does your future hold?

Explore your options...

Modern Advances, Techniques and Procedures that will dramatically enhance the lives of you and your patients!

Invest in yourself, your practice and your future by exploring “The Future of Dentistry” with Aurum Ceramic and LVI Global.

Learn, through lecture and discussion:

- Best procedures for diagnosis and treatment planning.
- Exciting options for smile design, restoration selection, preparation, temporization and cementation.
- Improved patient communication.
- Proven new concepts in practice marketing.

Tampa Bay, FL
Sarasota, FL
Kelowna, BC
Montreal, QC
Thunder Bay, ON
Regina, SK
Grande Prairie, AB
Albany, NY
St. John’s, NF
Boise, ID
Halifax, NS

March 18 & 19, 2011
March 25 & 26, 2011
April 1 & 2, 2011
April 1 & 2, 2011
April 8 & 9, 2011
April 15 & 16, 2011
April 15 & 16, 2011
April 15 & 16, 2011
April 15 & 16, 2011
April 29 & 30, 2011
May 6 & 7, 2011
May 13 & 14, 2011

To Register or for further information, Please Contact
Email ce@aurumgroup.com
Toll Free 1-800-363-3989
or Fax 1-888-747-1233
www.aurumgroup.com

Presented by
The evolution of the toothbrush

By Emily Sutter, RDH, BS

The toothbrush is an essential tool that is used for the care of our teeth. Have you ever missed brushing your teeth for one day? Have you ever considered what it would be like without the toothbrush?

Like many common household items, we give little thought about the origins or the trials and tribulations these products went through to arrive at their modern form. The toothbrush is no exception.

There is no single person credited as being the sole inventor of the toothbrush. Actually, the toothbrush evolved over time and mainly out of necessity.

Traces of the first toothbrush can be dated back as early as 3500 B.C.E. (before common era) and were thought to be used by the Egyptians and Babylonians. This piece of toothbrush history proves that this device is one of the oldest still used by man.

The primitive form of the toothbrush was found in the pyramids of the Egyptians.

These ancient civilizations used a “chew stick” to clean their teeth. This consisted of chewing on one end of the stick until the fibers of the wood formed a brush. These chewing sticks were made out of Salvadora persica branches, which were believed to have healing and antiseptic qualities.

The Chinese are credited with inventing the first bristle toothbrush, similar to the type used today. In the late 15th century, the Chinese took the hairs of Siberian wild boar and manipulated them onto bamboo sticks, one of the most common plants from that region. These bamboo sticks were then used just like a modern manual toothbrush to clean the teeth.

Eventually, the Chinese version of the toothbrush made its way to Europe. One of the biggest downsides to using the Siberian wild boar hair was the fact that it was very rough on the gums. Because of this, some people began to use the hair found on the back of horses to create the bristles on their brushes because this was gentler on their gums and teeth. Despite the added softness of the horsehair bristles, the boar-hair sticks were more commonly used because horses were too valuable to Europeans during this era.

An alternative method Europeans used to clean their teeth was known as the Greek way. It consisted of rubbing ones teeth with a linen cloth or sponge dipped in sulfur oils and salt solutions. Sometimes these cloths were attached to a stick to help reach posterior teeth.

One could argue that the teeth were being mopped rather than being brushed. Essentially, during this era most Europeans still did not brush their teeth.

The National Association of School Nurses (NASN) and the American Dental Association (ADA) have teamed up to support school nurses in their efforts to promote awareness of oral health in schools.

The 2011 campaign, Empowering School Nurses to Change Oral Health Perceptions, is funded by a $160,000 grant to NASN from the DentaQuest Foundation.

The campaign, which will be primarily web-based and free to the public, will be launched this summer.

The goal of this initiative is to provide school nurses with oral health resources and messages that can be distributed for use in classrooms and health offices.

“School nurses work to ensure that students are healthy and ready to learn. Since 98 percent of children spend their days in school, addressing oral health through the school nurse makes sense,” said Amy Garcia, executive director of NASN.

The campaign will complement ADA’s existing efforts to raise awareness of the importance of oral health in communities across the country.

Each February, ADA reaches millions through its National Children’s Dental Health Month (NCDHM). NASN will work with ADA to help distribute NCDHM materials and to develop new materials as needed.

A needs assessment of school nurses will be conducted in February to help NASN and ADA determine the resources that will be most beneficial in schools.

Another goal of the program will be...
A great opportunity for all

Clinical hygienists utilize a variety of products every day in the operatory. Clinicians need products to accomplish their jobs. It is taken for granted that products will be available and will perform the way they are intended to. Recently I was afforded the opportunity to tour the corporate headquarters and manufacturing plant of Sunstar Americas, located in Chicago. In addition to the tour, six dental hygiene students from Japan interviewed me. These students were brought to the United States to learn about product operations and culture. These students were brought to the United States to learn about product operations and culture.

The time I spent at Sunstar Americas was eye opening and educational. Seeing how its products are made was amazing to see how much technology and how many people are necessary to make these products. While I am treating patients, there are people hard at work, making sure the products I need are available, and they are making sure the product will do what my patients and I need it to do. I will never look at a toothbrush the same.

After our tour, the Japanese students delivered a short presentation to me explaining where they lived and they shared a bit about their communities. We spent two hours talking with each other after their presentations. They asked me questions about my dental hygiene career. They were very interested to learn there are some similarities as well as some differences between hygiene in our respective countries.

This experience made a great impact on me. I encourage our readers to look closely at the products you use in your clinical practice. Find out where they are manufactured. You may be surprised to learn the location is close to you.

Contact the companies and ask if they offer tours to professionals. This is a great way to spend an afternoon off and a great team-building activity. Consider taking your team to see how other teams operate and learn how your favorite products come to be.

If there are no companies close to your location, consider visiting when you attend a dental or dental hygiene conference. Consider taking a manufacturer tour. I think the exercise must be valuable.

I welcome any feedback about company tours you have taken in the past or hope to do in the future.

Best Regards,

Angie Stone, RDH, BS

be to connect school nurses with dentists who are doctors of oral health.

“The ADA looks forward to collaborating with school nurses to help children and their parents understand that oral health is an important part of overall health,” says Raymond F. Gist, DDS, president of the ADA.

“Working together in communities across the nation, school nurses and dentists can help raise awareness about the need for good oral hygiene, good nutrition and regular dental visits in order to prevent dental disease.”

The NASN is a non-profit specialty nursing organization, organized in 1968 and incorporated in 1977, representing school nurses exclusively. The NASN has more than 15,000 members and 51 affiliates, including the District of Columbia and overseas. The mission of the NASN is to improve the health and educational success of children and youth by developing and providing leadership to advance the school nursing practice.

The DentaQuest Foundation is a national organization and a recognized leader in the community, helping millions of people have access to affordable dental care, and through its partnerships with funders, policy-makers and community leaders.

Hygiene Tribune strives to maintain utmost accuracy in its news and clinical reports. If you find a factual error or contact that requires clarification, please contact Group Editor Robin Goodman at r.goodman@dental-tribune.com.

Hygiene Tribune cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune America.

Published by Dental Tribune America © 2011 Dental Tribune America, LLC All rights reserved.
Around 1780, the first modern toothbrush was made by William Addis of Clerkenald, England. Legend has it that the idea actually came to Addis while in prison. Boredom proved to be the motive for Addis to take a bone left behind from his dinner, and bristles that he borrowed from a guard, and combine them to create a tool to clean his teeth.

This alternative was far superior to a dirty cloth with soot and salt. After his release, William Addis became the first person to mass-produce toothbrushes. The Addis version of the toothbrush used cow tail hair drilled and tied onto cow bones.

During World War I, the growing need for soup bone became more important than the need for brush handles. This sparked the birth of Celluloid handles that were made by injecting plastic into molds and cooling them in a given shape. Celluloid handles soon became the No. 1 choice for toothbrush handles.

Animal hair bristles continued to be used until 1957, when Wallace H. Carothers created nylon in the Du Pont laboratories. This invention forever changed the history of the toothbrush. In 1958, nylon became one of the first signs of modernization, from the creation of nylon stockings to Dr. West’s Miracle-Tuft Toothbrush, the first nylon toothbrush.

Nylon filament seemed to be the natural choice for replacing animal hair bristles with its countless advantages, including lower production costs and the ability to control bristle texture. Manufacturers found they could also shape the filament tip and vary its diameter for improved performance.

Several disadvantages to boar hair were that it often fell out, did not dry well and was prone to bacterial growth. Although nylon continues to dominate the market today, boar hair bristle still account for about 10 percent of toothbrushes sold worldwide.

After World War II, Americans began to become more concerned about oral hygiene. Brushing teeth regularly became popular in the United States after soldiers returned home and brought with them their strict habits of brushing their teeth.

This influence spurred the development of more advanced toothbrushes and helped bring oral hygiene into the mainstream. Today, more than 5,000 toothbrush patents exist worldwide. The brands, styles and colors of toothbrushes are virtually endless.

Manufacturers now offer toothbrushes customized to a patient’s personal needs. Bristle design and texture as well as the size of the brush head are just a few of the variables available for manual toothbrushes, not to mention electric ones, that patients may choose among.

Over the centuries, the toothbrush has seen many changes in designs and materials used. Now the toothbrush is a scientific instrument, which comes in diverse colors, shapes and sizes. It’s a tool with modern ergonomic designs and safe hygienic materials. The toothbrush has stood the test of time, thus earning the title of being the cornerstone of proper oral hygiene.

References

1. History of Dentistry and Dental Care by Mary Bellis; www.inventors.about.com/od/dstartinventions/a/dentistry_2.htm.

How do you use a miswak stick?

1. Remove the stick from the package and trim or chew the ½ inch of bark off one end of the stick.
2. Chew on the exposed end until the twig forms bristles.
3. Brush as usual. No toothpaste required.
4. When bristles look like an old broom—every few days—cut off the exposed bristles, peel the bark away and start anew.

Miswak sticks contain two times the amount of fluoride that is found in toothpaste, as well as silicon, vitamin C, salvadorine and trimethylamine. Minerals include potassium, sodium, chloride, sodium bicarbonate and calcium oxides.

In addition, the bark itself contains an antibiotic that suppresses bacterial growth and plaque formation. Resins and mild abrasives reduce stains from coffee, tea and tobacco while the twig shape massages gums and can access those hard to reach places in the mouth.

If you are game to try if yourself, they are rather inexpensive and can be found at a number of sellers online. At www.miswakstick.com you can also read some of the research papers referenced on the site.

Contact info

Emily Sutter
24641 Irish Lane
Cleveland, Minn. 56017
sutt0079@yahoo.com
LVI can show you how to stay ahead of the curve

empower your practice

IN YOUR FUTURE WITH CONTINUED EDUCATION
Discover a path that leads your practice to greater competitive power in the current marketplace. LVI will teach you techniques and procedures that will dramatically enhance the lives of you and your patients.

11 HRS OF CE CREDITS & COURSE INFORMATION
- Identify appropriate procedures for smile design and when to use them.
- Define the options for porcelain restorations and the preparation and temporization necessary to accomplish the restoration.
- Implement better cementation techniques and more efficient administration of anesthetics for the patient.
- Understand the best procedures for diagnosis and treatment planning and better communication with the patient.
- Discuss the parameters for use of transcutaneous electrical neural stimulation.
- Define the four categories of marketing.

save your money

$100 OFF TUITION AT AN LVI REGIONAL EVENT
With events throughout the nation and $100 off your tuition when you register before the event, LVI makes it easy and affordable for you to continue your dental education.

VISIT WWW.LVIREGIONALEVENTS.COM OR CALL 888.884.3237
Dublin, CA May 11-12 // Arcadia, CA Mar 25-26 // Dallas, TX Apr 1-2
Jacksonville, FL Apr 8-9 // Galveston, TX Apr 15-16 // Washington, DC
May 13-14 // Pittsburgh, PA May 22-21 // Orlando, FL Jun 3-4
San Francisco, CA Jun 10-11 // New York, NY Jun 24-25

register

LVI Regional Event
SPONSORED BY MICRODENTAL