Associations want chief dental officer role to have teeth

The Academy of General Dentistry (AGD), the American Association for Dental Research (AADR), the American Association of Public Health Dentistry (AAPHD) and the Special Care Dentistry Association (SCDA) in April urged U.S. legislators to restore the position of chief dental officer with executive-level authority and resources to oversee the dental programs and oral health initiatives of the Health Resources and Services Administration (HRSA).

Leaders from the four organizations convened on Capitol Hill to advocate that good oral health is an essential public health need, and they argued that the HRSA’s current staffing structure fails to adequately support individuals across the country. “HRSA needs the strong voice of a dentist to inform and lead our country’s oral health agenda,” said AGD President W. Mark Donald, DDS, MAGD. “Without this leader, the health of more than 3 million people served through HRSA programs, including many of the most vulnerable and underserved, is being left at risk, managed by administrators without formal training in oral health and dentistry. A dentist in the chief dental officer role would be able to draw from his or her practice expertise and clinical knowledge to best identify our country’s oral health challenges, develop solutions in response and ensure that each dollar spent is done in a way that will result in better oral health outcomes.”

The chief dental officer position was established in 2008, however, the role has never been granted a separate budget or line-item authority as has been done with similar appointments in agencies such as the Centers for Disease Control and Prevention, Indian Health Services or the National Institute of Dental and Craniofacial Research.

Donald was joined by SCDA Vice President Jeffrey Hicks, DDS; AAPHD Executive Director Julie Frantsve-Hawley, RDH, PhD; and AADR Director of Governmental Affairs Carolyn Mullen.

The AGD (www.agd.org) is a professional association of 40,000 general dentists dedicated to providing quality dental care and oral health education to the public. Founded in 1952, the AGD is the second-largest dental association in the U.S., and it is the only association that exclusively serves the needs and represents the interests of general dentists.

(Source: AGD)
AGD 2016 includes exhibit-hall-based education

‘Revolutionary changes in dentistry’ coming to Boston

Reflecting its host location, the theme of this year’s Academy of General Dentistry annual meeting is “Revolutionary changes in dentistry.” AGD 2016 will be from Thursday, July 14, through Sunday, July 17, in Boston at the Hynes Veterans Memorial Convention Center and Sheraton Boston Hotel.

The meeting features four days of continuing education for dentists and dental team members, highlighted by clinical and practice management lectures, hands-on courses and live-patient demonstrations.

In the exhibit hall, dental professionals, students and service providers will have numerous ways to connect at daily networking events and demonstrations of new dental products and services.

Educational opportunities in the exhibit hall include the “Transitions Program Learning Labs,” designed to assist attendees in transitioning through various career stages, whether you just graduated or you’re preparing to open your own practice. Learning Labs also will cover a range of topics such as marketing, CAD/CAM and dental photography — of benefit to the entire dental team. Early sign-up early is encouraged because these complimentary courses tend to sell out quickly.

Online registration ends at 5 p.m. CDT, June 30. Onsite registration opens at 3 p.m., July 13. Learn more and register at www.agd2016.org.

(Source: AGD)
Today’s new and innovative technologies hold a great potential to improve oral health and advance dental care. One of those budding technologies is evident in the ACTIVA BioACTIVE product range (Pulpdent, USA). As part of a new class of esthetic, bioactive restorative dental materials, it offers an alternative to traditional composite restoratives and delivers direct benefits to dentists and patients.

Bioactive materials are “smart,” moisture-friendly and dynamic. By responding to ambient conditions in the mouth, they play an active role in the oral environment and stimulate formation of a layer of protective, apatite-like crystal deposits at the material-tooth interface that forms a natural bond between the material and living tissue. This natural protective remineralization process knits the restoration and the tooth together. A crystallized connective layer penetrates and fills micro-gaps, seals margins, guards against recurrent caries and prevents the staining associated with microleakage and failure.

ACTIVA BioACTIVE materials are the first dental restoratives with a bioactive resin matrix, shock-absorbing resin component and reactive glass fillers designed to mimic the physical and chemical properties of natural teeth. ACTIVA responds to pH cycles in the mouth with release and recharge of calcium, phosphate and fluoride.

ACTIVA BioACTIVE products resist fracture and chipping at the margins while maintaining the high compressive and tensile strength and wear resistance required of an esthetic restoration resin. It can be used for all patients and contains no Bisphenol A, no Bis-GMA and no BPA derivatives.

Over a period of five to seven years, failure may become visible at the marginal interface between the cement or restorative material and the tooth. Some materials are soluble and wash out at the margins; others are brittle and chip, and still others do not adapt intimately to tooth structure and form gaps, allowing microleakage to undermine the integrity of the restoration. These problems are compounded by constant acid attacks, the solubility and degradation of bonding agents and the incompatibility of the materials with the soft tissues, all leading to a proliferation of restoration failure.

ACTIVA BioACTIVE-RESTORATIVE solves the problem of microleakage as the primary cause of restoration failure. As flowable/injectable materials, they easily adapt to irregular tooth surfaces and exhibit wear resistance comparable to traditional composites. The Mixpac Colibri mixing tip (Sulzer Mixpac, Switzerland) mixes the base and catalyst of the two-component material, prevents air bubbles with the 360-degree fully turnable and bendable needle and allows for precise placement of material, even in post holes and hard-to-reach areas. Placing the Mixpac Colibri mixing tip along the wall at the floor of the cavity, allowing the restorative material to flow ahead of the needle, and keeping it submersed in the material at all times ensures intimate adaptation with tooth structure and a gap-free restoration (Fig. 1).

ACTIVA BioACTIVE-CEMENT stimulates continuous formation of calcium and phosphate crystals that strengthen the surrounding dentition and ensure marginal integrity (Fig. 4). This crystalline seal is virtually insoluble and friendly to surrounding tissues. These unique chemical and physical properties provide a durable, long-lasting seal for crown and bridge placements fabricated with both traditional and newer materials.

ACTIVA BioACTIVE-CEMENT has self-etching, self-adhesive properties and is both light-curing and self-curing. Its syringe delivery system in combination with the Mixpac Colibri mixing tip provides an easy and simplified cementation procedure.

After more than three years of clinical use and more than 25 published studies, ACTIVA BioACTIVE materials have been validated and proven successful. A one-year Clinical Performance Report from The Dental Advisor awarded ACTIVA its highest 5-plus rating (+++++) and a 98 percent approval rating.

A 36-month recall visit of an early ACTIVA placement looked like newly placed. This provides further clinical proof of the material’s ability to penetrate and integrate with tooth structure and form a positive seal against microleakage.

A list of references is available from the publisher on request.
By Kettenbach Staff

Kettenbach recently launched Sugi Butterfly, a non-sterile, unique cotton fiber and cellulose barrier that is available in two sizes: small and large.

According to the company, it is ideal for absorbing oral fluids up to 20 times its weight, while providing tissue isolation and patient comfort. As a lint-free and shred-resistant barrier, it will not inadvertently contaminate restorative procedures, according to the company.

The company describes the barrier as being easily placed and easily removed, so the work field can be maintained comfortably for the patient while providing for an optimum operating area.

About Kettenbach

Kettenbach, based in Huntington Beach, Calif., is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG (Eschenburg, Germany).

Founded by August Kettenbach in 1944, Kettenbach GmbH was created for the development and marketing of medical and dental products. Today, the company is one of the leading international producers of dental impression materials and is also known in other surgical areas of medicine. The company’s brands include Panasil VPS Impression Material, Identium VSXE Impression Material, Futar Bite Material, Silginat Alternative Alginate, Visalys Temp Material, Mucopren Resilient Liner and Visalys Veneers.

For more information you can call (877) 532-2123 or visit www.kettenbachusa.com.
VOCO has introduced Admira® Fusion x-tra, describing it as “the world’s first all ceramic-based direct bulk-fill restorative material.”

After almost two decades of intensive research and development, VOCO has created the first ever nano-ORMOCER® through the innovative fusion of VOCO’s proven nano-hybrid and ORMOCER (ORganically MOdified CERamic) technologies.

Admira Fusion x-tra’s chemistry base is formed by siliccon oxide, making up both the glass fillers as well as the ceramic resin matrix, a first of its kind.

This unique “pure silicate technology” offers several advantages, including up to 50 percent lower polymerization shrinkage (1.25 percent by volume) than today’s conventional composites, as well as up to 50 percent lower shrinkage stress. These are two key physical properties in bulk-fill restoratives.

Admira Fusion x-tra has a 4 mm depth-of-cure for fast, long-lasting posterior restorations and is available in one universal shade. Admira Fusion’s nano-particulate amplifies its chameleon effect, enhancing its ability to adapt and blend to surrounding tooth structure, according to the company.

The ORMOCER matrix used within Admira Fusion x-tra makes the material highly biocompatible because it contains none of today’s classic monomers (BisGMA [BPA], TEGDMA, UDMA, etc.). With an 84 percent (by weight) inorganic filler content, the light-cured, radiopaque Admira Fusion x-tra has excellent strength and wear properties, according to the company. Additionally, the company reports that it is compatible with all conventional bonding agents and offers homogeneous non-sticky handling.

To learn more, you can visit www.vocoamerica.com.

Cefla Medical Solutions names national sales director

Cefla Medical Solutions, a subsidiary of one of Europe’s top dental-unit manufacturers, has announced that Colby Ledbetter has joined the company as national director—sales and services. Ledbetter will direct overall sales efforts and follow-up service for dental practices interested in advancing their businesses and the industry in North America.

Ledbetter comes to Cefla with more than 20 years experience in the dental industry, most recently as U.S. regional sales director for a dental imaging and practice management solutions company that has its North American headquarters in Atlanta. There she was responsible for attracting, hiring, coaching and mentoring territory sales representatives in six southwestern states. She has had a great track record in sales, with significant growth in every territory she managed.

“Our team is extremely fortunate to have someone with Colby’s drive, knowledge and experience to assist customers as they strive to understand new technology, weigh options and succeed in implementing the best possible solutions for their practices,” said Cefla North America General Manager Massimo Di Russo. “She is a dynamic force in the industry, and we couldn’t be happier to have her join us as such a strong advocate for advancing dentistry.”

Ledbetter has an MBA in marketing management from LeTourneau University and a bachelor’s degree in biology from LaSierra University. She also served for four years active duty, in the U.S. Navy, where she was a fleet marine force dental technician. She has continued to give back to the community by volunteering for non-profits, such as the Mission of Mercy and CDA Cares.

Cefla Medical Solutions is focused on providing dental practices with units designed and manufactured to ensure premium product standards capable of leading the future of dental care.


(Source: Cefla Medical Solutions)
Barrier protection critical with dental gloves

Gloves with inferior capability could expose patient/user to harmful infections

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 these professionals 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 (polyvinyl chloride), 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 capability could expose both the patient and user to harmful infections.

Quality, safety top priorities

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and users’ safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Glove, 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, low in protein and low in allergy risks, in addition to having excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are trying to achieve.

Natural, sustainable resource

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online by visiting www.smgonline.biz or www.latexgloves.info).

The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to markedly 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 coworkers wearing the improved low-protein gloves without any heightened allergy concern.

However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polyisoprene gloves, which provide them with effective barrier protection.

Extensive array of brand, prices

Selecting the right gloves should be an educated consideration to enhance safety for both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and they are widely available in an extensive array of brands, features and prices.

They can be sourced either factory direct (www.mrepc.com/marketplace) or from established dental products distributors in the United States and Canada.

(Reprinted by permission from The Dental Tribune)
Wireless and unconnected

Cut the cord without sacrificing any light

Cordless, compact LED DayLite WireLess can work with all of your loupes and frames

Designs for Vision’s new LED DayLite® WireLess™ not only frees you from being tethered to a battery pack, but the simple modular design also uncouples the “WireLess” light from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the DayLite WireLess is independent of any frame/loupes.

The patent-pending design of the LED DayLite WireLess is a new concept: a self-contained headlight that can integrate with various platforms, including your existing loupes, safety eyewear, lightweight headbands and future loupes or eyewear purchases.

The LED DayLite WireLess is not limited to just one pair of loupes or built into a single, specific eyeglass frame. The LED DayLite WireLess can be transferred from one platform to another, expanding your “WireLess” illumination possibilities across all of your eyewear options.

Half the weight of integrated cordless systems

The LED DayLite WireLess weighs only 1.4 ounces and, when attached to a pair of loupes, the combined weight is half the weight of integrated cordless lights/loupes. The LED DayLite WireLess produces more than 40,000 lux at high intensity and 27,000 lux at medium intensity. The spot size of the LED DayLite WireLess will illuminate the entire oral cavity. The function of the headlight is controlled via capacitive touch.

The LED DayLite WireLess is powered by a compact, rechargeable lithium-ion power pod. It comes complete with three power pods. The charging cradle enables you to independently recharge two power pods at the same time and clearly displays the progress of each charge cycle. Designs for Vision has been showing the Micro Series together for the first time this winter. The Micro 3.5EF Scopes use a revolutionary optical design that reduces the size of the prismatic telescope by 50 percent and reduces the weight by 40 percent, while providing an expanded-field full-oral-cavity view at 3.5x magnification.

You can “See the Visible Difference®” by visiting the Designs for Vision booth, No. 405 at ADHA’s annual session, Florida Dental Convention booth No. 15 or Pacific Northwest Dental booth No. 333. Or arrange a visit in your office by calling (800) 345-4009 or emailing info@dvimail.com.

(Source: Designs For Vision)

Universities, business partner to advance oral health care in East Africa

Researchers from Columbia University Medical Center (CUMC) are collaborating with the University of Nairobi, Unilever East Africa and the Columbia Global Centers | Africa to improve oral health care and disease prevention in East Africa and other resource-poor countries in the region. The project was officially launched at the East Africa Oral Health Summit, hosted in March at Columbia Global Centers | Africa

• See AFRICA, page A8
Africa in Nairobi, Kenya.

The project is part of the Children’s Global Oral Health Initiative of the International Family AIDS Program (IFAP) Global Health Program at Columbia, which includes CUMC’s schools of dental medicine, nursing, medicine and public health. Additional key collaborators include the Ministries of Health in Kenya, Uganda, and Tanzania and the Kenya Dental Association.

With only one dentist for every 42,000 people, Kenya falls far below the World Health Organization’s recommendation of one dentist for 7,000 people. In addition, the majority of dentists in Kenya are found in urban areas, leaving most rural Kenyans without access to oral health care. Poor oral health in rural populations has been associated with other significant health problems, such as diabetes, cardiovascular disease and strokes, and absenteeism from work and school.

“With only one dentist for every 42,000 people, Kenya falls far below the World Health Organization’s recommendation of one dentist for 7,000 people. In addition, the majority of dentists in Kenya are found in urban areas, leaving most rural Kenyans without access to oral health care. Poor oral health in rural populations has been associated with other significant health problems, such as diabetes, cardiovascular disease and strokes, and absenteeism from work and school.”

The Children’s Global Oral Health Initiative and its partners aim to improve oral health and related illnesses in Kenya, Uganda and Tanzania by integrating oral health care into the countries’ health prevention and education initiatives. The program leaders hope to inform policy that can be tailored to local needs and implemented by the Ministries of Health in these three countries.

“We have chosen to initially engage stakeholders from Kenya, Uganda and Tanzania because these three countries share a common history, ethnicity and language and cooperate both politically and economically,” said Dr. Kavita P. Ahluwalia, DDS, MPH, director of Global Oral Health Initiatives for Africa and South Asia at the Columbia University College of Dental Medicine and associate professor of dental medicine at CUMC.

Improving general understanding of the connection between dental health and systemic health among East Africans is an important part of the work, according to Christian Stohler, DMD, DrMed-Dent, dean of the Columbia University College of Dental Medicine, who attended the summit.

“The time has come for a radical change in our thinking about the importance of teeth and the mouth in terms of overall health,” Stohler said.

The summit included more than 100 leaders in oral health from Kenya, Uganda, Tanzania and the U.S., as well as high-level government officials and the highest-ranking dental officials from East African nations. The participants identified regional priorities and began defining next steps to address oral health needs. Sustainable models of oral care delivery were presented, including utilizing existing health care workers to offer preventive services and promote improved oral hygiene practices.

“The summit was a great success,” said Stephen W. Nicholas, MD, director of the IFAP Global Health Program, principal investigator of the Children’s Global Oral Health Initiative and professor of pediatrics and population and family health at CUMC. “It far exceeded our expectations at every level, including in participation, attendance and enthusiasm.”

The project will also include a research component. Students from CUMC’s four schools are scheduled to begin research in Kenya under the mentorship of Ahluwalia and Professor Regina Mutawe of the University of Nairobi.

Learnings from the project are expected to be applicable to other resource-poor countries in the region.

In an effort to improve oral health care in Kenya, Unilever’s Pepsodent toothpaste brand, in collaboration with the Kenya Dental Association, recently launched an educational program to encourage 1 million school children across the country to adopt—and promote within their families—better oral hygiene practices, including twice-daily tooth brushing.

Unilever will provide Pepsodent toothpaste at a reduced price to encourage correct toothpaste dosage and improve the frequency of brushing.

(Source: Columbia University College of Dental Medicine)
Designs for Vision introduces

**LED DayLite**® **WireLess**™

**Totally WireLess Headlight** - no wires, no battery pack

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The Tango-Endo system includes its own reciprocating handpiece. The latch-type handpiece is designed to aid in the prevention of binding and to assist in preservation of a canal's unique anatomy. The kit also includes precision-matched gutta-percha points. Here’s what dentists are saying:

- “Length of treatment was drastically reduced. It truly has simplified endodontics!”
  — Janet Williams, DDS, Hempstead, N.Y.
- “Any instrument that helps get the patients out of the chair faster is improving the experience.”
  — Bilyana Tesic, DDS, Redwood City, Calif.
- “Very easy to use and I love that it’s only two files.”
  — Abraham Jaskiel, DMD, Miami

To learn more visit www.edsidental.com/tangoendo or call (201) 487-9090.

(Source: Essential Dental Systems)

University, Henry Schein launch digital dentistry education program

Henry Schein Inc. recently announced the opening of the Henry Schein Digital Dentistry Program at Temple University’s Kornberg School of Dentistry. The goal of the training and delivery-of-care program is to prepare the next generation of dental professionals for advances in digital dentistry.

At a grand opening, students and faculty demonstrated the new 3-D imaging equipment, intraoral scanners and milling machines made available as a result of a partnership with Henry Schein. Five volunteer patients from Temple’s local underserved community received digital crowns, and one patient received an inlay, custom-milled on site.

“We are in the midst of unprecedented change in dentistry, driven by digital technology advancements,” said Henry Schein Chairman and CEO Stanley M. Bergman. “Yet one thing will never change, and that is the trust Temple’s Kornberg School of Dentistry can place in Henry Schein to help accelerate the adoption of digital dentistry. The profession and its future leaders can rely on Henry Schein to help increase productivity through digital solutions and services, support, education and training.”

Kornberg School of Dentistry Dean Dr. Amid Ismail said: “This new technology marks the beginning of a new era in oral health care, in which digital technology will dramatically improve patient outcomes. This will have a life-changing impact for those we serve. The scanners will reduce patient discomfort, and the milling of well-fitting crowns and other dental prostheses can be completed within a few days, instead of weeks. We are grateful to Henry Schein for giving us the tools that will help enable us to prepare our students for clinical practice, not only with this equipment, but with the type of positive learning experience that will prepare them to work in a technology-driven oral health care environment throughout their careers.”

(Source: Henry Schein)
Choose wisely. Choose Oraqix.
(lidocaine and prilocaine periodontal gel) 2.5%/2.5%
Schick by Sirona knows you have more to do than retake intraoral images. That's why our Schick 33 sensors provide a great image with every shot. Visit www.schickbysirona.com to learn more and schedule a demonstration today!

Or contact your Patterson representative at 1-800-873-7683 for additional information.
Pittsburgh is hosting largest gathering of dental hygienists

American Dental Hygienists’ Association 93rd annual session is from June 8–14

With the 2016 Center for Lifelong Learning (CLL) at the 93rd Annual Session (ASS) quickly approaching, the American Dental Hygienists’ Association (ADHA) has approximately 2,000 attendees already registered for what will once again be the largest assembly of dental hygiene professionals in North America. To add more excitement and energy to the setting, this years’ convention also coincides with the city of Pittsburgh’s bicentennial celebration.

With the week-long convention taking place at the David Lawrence Convention Center on June 8–14, attendees will not only experience Pittsburgh’s emerging and vibrant downtown, but also the city’s numerous venues for entertainment, including outdoor adventure, art, history, festivals, spectator sports, shopping, and great food and dining.

According to data provided by the ADHA and an event evaluation done by the Destination Marketing Association International, the direct business sales impact of ADHA’s annual meeting is estimated at $2.6 million.

City rolling out “red carpet”

“It is an honor for Pittsburgh to be host- ing the American Dental Hygienists’ Association this summer,” said VisitPit- burgh President and CEO Craig Davis. “We have been looking forward to this event for some time, and attendees can be assured that we will be rolling out the red carpet for them. This year we are celebrating the bicentennial of the incorporation of our city, and visitors are discovering why Pittsburgh has been labeled a city to have on your bucket list. So conference attendees should come with high expectations, because we are going to work hard to exceed them.”

CLL 2016 at the 93rd Annual Session features a robust schedule that participants will be able to tailor to fit their own personal needs and desires. Highlights this year include:

- Continuing education courses being delivered by more than 50 speakers and covering five different tracks (Clinical Practice, Educator, Professional Development, Research, Public Health)
- Opportunities to reconnect, network and have fun at unique events including the community service day, the In Mo- tion 5K Run-Walk-Fun, plenary sessions, the IOH benefit/president’s reception, and the Awards for Excellence luncheon.
- EXHIBITS 2016 featuring the latest, state-of-the-art dental products and ser- vices on the market.
- “CLL is an experience like no other in the field of dental hygiene, and the ADHA could not be more grateful to Pittsburgh for serving as its host,” said ADHA CEO Ann Battrell. “The pride our attendees show for their profession coincides with the pride Pittsburgh citizens have for their city. It’s that passion that makes this event so special. At no other gathering of dental hygiene profession- als will you find such an all-inclusive blend of opportunities for both career and personal development.”
- This year’s CLL again features a community service day on June 8; a pair of inspiring plenary sessions slated for June 9 and June 11; as well as a product exhibi- tion hall showcasing more than 120 com- panies involved in oral health and dental hygiene — affording dental hygienists from around the globe the opportunity to view, learn and discover the latest products and technologies over two full days from June 10–11.
- “CLL is an event that offers a unique opportunity in the oral health and den- tal hygiene community,” added Battrell.

“CLL is an event that offers a unique opportunity in the oral health and dental hygiene community,” added Battrell.

All of our attendees benefit from not just the education, but the experience, the networking, the engagement. They have the opportunity to interact with their peers, corporate sponsors and men- tors in the field to build their knowledge in oral health and create new career op- portunities.”

To learn more about the ADHA’s Cen- ter for Lifelong Learning at the 93rd An- nual Session, you can visit www.adha. org/annual-session.

(Source: American Dental Hygienists’ Association)
Protecting digital tools: Intraoral sensor care and maintenance

A checklist of dos and don’ts

By Mary Ann Rupertus, Sirona Dental

Technology is one of the biggest investments that a dental practice will make, and intraoral sensors are among one of the first tools dentists invest in before going 100 percent digital. There are many considerations when choosing a sensor-size/size, integration, service and support, return on investment, and cost. To protect your investment, ongoing sensor care and maintenance are critical right from the start.

The most common reason for sensor failure is a user’s improper handling of the sensor and/or cable. That is why today’s digital intraoral sensors should be designed to withstand years of normal daily use.

Sensor care

There are many dos and don’ts that both novice and expert sensor users should know, some of which we will explore in more detail. Following is a quick checklist of what you should and should not do with a sensor.

Do:
- Handle the sensor as gently as possible.
- Always use a new sheath with every patient.
- Grasp both connector and interface when disconnecting sensor from interface.
- Store sensor in a holster when not in use.
- Disinfect sensor after each use with only the approved disinfectant.
- Keep sensor off the floor at all times.
- Make sure the sensor is backed by great service and support.
- Use only the correct positioners.
- Handle the sensor gently.

Don’t:
- Coil sensor cables.
- Let cable hang where it can be stepped on or become tangled.
- Let cable hang near a drawer where it can become kinked/crimped.
- Pull on the sensor cable to remove the sheath.
- Tangle cable during use.
- Let the patient bite down hard on the sensor or cable. Ask patient to close gently.
- Clamp a hemostat to the sensor.
- Soak the sensor.
- Autoclave the sensor.
- Clamp a hemostat to the sensor.
- Pull the sensor from the sheath.
- Use only the correct positioners.
- Handle the sensor gently.

Using sheaths

Always cover the sensor with the recommended sheath. Simply slide the sensor into the barrier, pushing it all the way to the end making sure that the upper part of the cable is covered. The sheath should fit snugly to provide a secure barrier around the sensor.

The protective sheaths are for single use only and must NOT be reused under any circumstance for obvious reasons. Reuse may result in patient infection or illness. Do NOT place a sensor into the patient’s mouth without a barrier and never use a damaged sheath.

Please be very careful when removing the sensor from the sheath. It is suggested that users wrap the sensor around their wrist away from their scrubs to prevent the sensor from falling on the floor, pinch the barrier off at the top and it should easily slide off the sensor.

*See SENSOR, page B3*
Cleanin?g and disinfecting

Sensors should be thoroughly cleaned after each use with the recommended disinfectant only. Check the user’s guide to ensure proper disinfectant techniques. For example, Sirona recommends using Cavi-Wipes pre-moistened towelettes to disinfect the Schick 33 sensor. Follow the instructions on the back of the cleaning product, but when wiping down the sensor and cable, make sure to wipe toward the sensor head or the sensor connection to prevent cable damage.

Proper storage

It is best to store the sensor on a wall-mounted holster in a safe and dry location. This keeps it out of the way and minimizes the risk of damage. Place the sensor into the holder and loosely drape the cable around it once to keep it from kinking or coiling. Do not hang a sensor by the cable. This will cause damage that can compromise the sensor’s capabilities.

Finding the right technology for a practice requires research, investment and care. As more dental professionals implement digital intraoral radiography into their practices, dental assistants should be sure to not only become educated on proper use, but also proper care. This awareness will help take the investment that much further.

Mary Ann Rupertus has been with Sirona Dental for nearly 20 years as a clinical specialist. She previously worked chairside as a dental assistant for 12 years in private practice. She may be contacted via email at MaryAnn.Rupertus@dentistrysirona.com.

Institute for Oral Health plans 5k run/walk

ADHA charitable event, ‘In Motion,’ starts at 8 p.m. Thursday, June 9, in downtown Pittsburgh

As part of the largest gathering of dental hygiene professionals in the U.S., the American Dental Hygienists’ Association will launch a charitable fun run/walk titled In Motion: 5K Run-Walk-Fun on Thursday, June 9, at 8 p.m. in downtown Pittsburgh.

Set to take place during the 2016 Center for Lifelong Learning at the AOH Annual Session, the race is designed to raise funds for ADHA’s foundation, the Institute for Oral Health, which is committed to empowering, supporting and developing education and research opportunities for dental hygiene professionals.

“The Institute for Oral Health is thrilled to host its inaugural 5K to further our mission of service, research and scholarship,” said Kelli Swanson Jaecks, MA, RDH, chair of the ADHA Institute of Oral Health. “This event will be the highlight of the annual session, and whether you run, walk or shuffle, I invite everybody to participate in what will be the first of many memorable 5Ks to come.”

Scholarships, research, access to care

Proceeds from the fun run/walk will help fund scholarships for dental hygiene students, provide research opportunities for those expanding the field of dental hygiene, and support dental hygienists who donate their services to improve access to oral health care and education in their communities.

Runners and walkers of all skill levels are invited to participate in the event as individuals or in teams. All participants will be treated to an “After Glow Party” immediately following the race.

In addition, ADHA hosted an In Motion: 5K Run-Walk-Fun Song Contest on social media, in which the song with the most votes at the end of the contest is being crowned as the anthem of this year’s race.

“The In Motion: 5K Run-Walk-Fun is an exciting way to engage students, exhibitors, friends, alumni, states, corporate sponsors and districts, all running or walking together for a great cause,” said ADHA CEO Ann Battrell. “With more funds, IOH can increase its presence nationwide and continue to do great work in the field of oral health.”

For 5K registration information, go to www.crowdrise.com/ADHARunWalk2016. To join in the race excitement and stay updated, you can follow the ADHA on Facebook, Instagram and Twitter, using the hashtag #IOH5K. You can also visit facebook.com/InstituteforOralHealth.

(Source: ADHA)
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Malaysia is the largest source for U.S. imports of natural and synthetic rubber gloves as reported in tariff and trade data by the U.S. Department of Commerce and the U.S. International Trade Commission.
By Craig Johnson
ICOI Executive Director

Known for its ideal weather conditions, the seaside city of San Diego, Calif., will host the International Congress of Oral Implantologists’ (ICOI) Summer Symposium this August. The venue will be the Hilton San Diego Bayfront hotel, a stone’s throw from Old Town of San Diego.

The theme for this meeting will be “Implant Dentistry as a Team Sport: Together, We can Achieve More.” The program was designed by the Scientific Program Chair, Dr. Jin Y. Kim, of Los Angeles. In the words of Kim: “The ICOI Summer Symposium will focus on looking at implant dentistry as a team sport: the synergistic potential that can offer the best dentistry possible, when talents come together with interdisciplinary team approach.”

The faculty for this symposium is composed of international clinicians and academicians as well as laboratory technicians.

The first day will feature a full afternoon podium devoted to “Young Implantologists.” Fast becoming a highlight of ICOI meetings, this afternoon session on Thursday, Aug. 25th, will showcase the fresh ideas and talents of our younger practitioners. Event planners encourage everyone to attend this important session.

On Thursday morning, we are proud to present a number of sponsored pre-symposium workshops, beginning with our gold sponsor, Keystone Dental, which with Dr. Robert Walinchus will present a hands-on course on guided implant surgery.

A wide range of silver sponsors will provide something for everyone. For example, BioHorizons and Dr. Frank La Mar will offer options for full-arch treatment. Dr. Bruce Baird and Comprehensive Finance will show attendees how to double daily productivity. Dentis and Drs. Jin Kim and Amr H. Elkhadem will conduct a hands-on course for guided implant placement. Drs. Randolph Rentuk and Carl E. Misch will take an in-depth look at full-arch implant solutions for Glidewell Laboratories. Lending Club Patient Solutions and Dr. Ara Nazarian will provide a protocol for computer-guided implant reconstruction from case presentation to final delivery.Impladent, with the help of Drs. Timothy Kosinski, Robert Miller and Adj. Prof. Maurice Valen, will cover “Predictable and Cost-Effective Bone Graft Composites: From Socket Preservation to Advanced Surgical Concepts in Bone Regeneration.”

Park Dental Research will call upon Drs. Ronald Bulard, Ady Palti and Kenneth Judy to conduct a hands-on course on the use of narrow ridge implants (NRI). Dr. Avi Schetritt will demonstrate for Salvin Regenerative a simple and predictable method of lateral ridge augmentation using the guided bone regeneration concept. With all of these courses being held on Thursday morning, there is ample opportunity for delegates to select a course to meet their needs.

Starting at 1 p.m. Thursday will be the Young Implantologists Program, featuring speakers such as Drs. Lincoln Harris, Randolph Rentuk, Robert Walinchus, Carl Misch, Dr. Jin Kim and Dr. Ahmad Elkhadem.

ICOI symposium heads to sunny San Diego

August event to focus on ‘Implant Dentistry as a Team Sport’
requirements are the same for general practitioners and specialists alike. Post-graduate students may submit cases completed in the post-graduate programs.

Who reviews the certificate applications and how long does the review process take? The review process involves calibrated committee members who assess the requirements of the applicant relative to training, continuing education, meeting attendance and membership status. In addition, the four cases submitted with each application will be reviewed with specific guidelines for assessment. Committee members will be assigned to focus on either the surgical or restorative aspect of the application. Please allow two to four weeks for review of completed applications.

How will the awardees of the AO Certificate in implant dentistry be recognized? All awardees will receive recognition at a special ceremony at the annual meeting, where they are presented with the AO Certificate and lapel pin. Photographs of each awardee will be featured in the AO Certificate in implant dentistry booklet. The certificate will be presented with the AO Certificate in implant dentistry booklet, and the full arch case. Also, plan to attend the meeting taking place in Orlando, Fl., from March 15-18.

How can members apply? More information about the application process can be found on AO's website at www.ao.org.
MIS Implants signs distribution agreement with Datum Dental for OSSIX PLUS Membrane

By MIS Implants Staff

MIS Implants, a global leader in implant dentistry, recently announced a new distribution agreement with Datum Dental Ltd., a global manufacturer of dental regenerative products, for the distribution of the OSSIX PLUS membrane in the United States.

MIS USA President, Motti Weisman, said: “We are very excited to reintroduce the OSSIX Plus membrane back to implantologists in the USA market. Due to a string of acquisitions, this previous market-leading premium membrane left the market in 2005. Many customers who have used OSSIX in the past are excited about the return of this unique product. We are thrilled to partner with such an innovative company with such a long successful history in the USA.”

The OSSIX line of membranes was introduced in 2001 and has more than 15 years of clinical history with more than 90 publications supporting its clinical success.

The OSSIX PLUS resorbable membrane is manufactured using a proprietary collagen crosslinking technology called GLYMATRIX to crosslink collagen molecules using sugars. GLYMATRIX is based upon the naturally occurring glycation process in the human body. OSSIX PLUS maintains a barrier for four to six months, resists degradation when exposed and provides sufficient time for bone regeneration of osseous defects, according to the company.

Dr. Michael Jaffin of New Jersey, a former user of OSSIX, said about its use: “This is a unique membrane. I used the OSSIX membrane in the past, and I was very happy with it. I really like the membrane’s handling properties, and I’m looking forward to bringing it back into my clinic.”

Order the OSSIX PLUS membrane at www.misimplants.com, by calling MIS customer service or through your local MIS territory manager. You may also call toll free at (866) 797-1333 or email service@misimplants.com.

About Datum Dental
Datum Dental, a subsidiary of Datum Biotech, was founded in order to develop, manufacture and market a full line of biomaterial products for dental tissue and bone regeneration. Datum Dental develops sugar crosslinked collagen products in various forms for dental regeneration.

About MIS Implants
MIS Implants Technologies designs, develops, manufactures and markets dental implants, abutments, prosthetics and accessories, including surgical instruments and kits. The company is based in Bar Lev Industrial Park, Israel, and has distribution channels in more than 65 countries including MIS USA, a division of MIS located in Fair Lawn, N.J. MIS developed and distributes one of the most widely used dental implants in the world, the SEVEN implant.
Why 510(k) clearance means peace of mind for you.

Knowing more is doing more when it comes to patient safety. Before an abutment or implant can be sold or promoted, it must undergo an extensive review process by the FDA. Clearance is a mark of success and provides confidence knowing that the device has met FDA requirements for 510(k) compliance.

3 important facts you should know.

1. Today’s technology means that labs have become more industrialized to be more competitive. The process is no longer limited to “one-off” custom devices but includes the use of thousands of parts being produced by labs that may be non-compliant with FDA requirements. The FDA considers this an increased risk.

2. The FDA is concerned about the abutment potentially damaging the implant or putting the patient at risk.

3. The FDA wants to ensure that abutments are designed and produced in a controlled manner that does not go beyond agreed upon limits.

Your role. Your responsibility.

Be aware of the new FDA requirements. Speak to your laboratory partners about the abutment solutions they are providing so you can make an informed decision.

Is the solution you are using FDA compliant?

At the end of the day, you will know you’ve done your best to protect your patients.

An FDA-Compliant CAD/CAM Abutment Guide is available for your reference. It’s easy... and only a click away. Scan the code or visit www.isitcompliant.com