Lots of hands-on C.E. options at CDA event in San Francisco

California Dental Association Presents The Art and Science of Dentistry, Sept. 4–6

CDA Presents continues to expand its educational offerings, evidenced by the San Francisco event’s packed agenda and large exhibit hall numbers. Attendees at the Sept. 4–6 meeting can expect to see a wide variety of presentations and some of the industry’s newest equipment on display in the exhibit hall. The meeting has developed a reputation as a West Coast product-launch venue by many dental companies.

“We expect this show to be one of the best we have put on in San Francisco,” said Del Brunner, DDS, CDA Presents board of managers chair. “We strive to adapt and enhance our programs based on what members want and need to help them better their practices.”

Lots of C.E. options

Highlights among the meeting’s many continuing education courses include:

Detection and Diagnosis of Oral Lesions for the General Practitioner: A Hands-on Cadaver Course (led by Homayon Asadi, DDS, and William M. Carpenter, DDS, MS). This workshop will provide proper head and neck examination and hands-on experience in oral mucosal and soft-tissue biopsy techniques. Use of appropriate instruments, biopsy site selection, tissue procurement, specimen fixation and relationship with the pathology laboratory also will be covered.

Local Anesthesia Cadaver Dissection (led by Alan W. Budenz, DDS, and Mel Hawkins, DDS). This workshop will cover the anatomy, landmarks, skull locations, insertion points and needle pathways for the inferior alveolar, mental and advanced (higher) mandibular nerve blocks, such as the Gow-Gates and Akino-si techniques. Also covered is a complete maxillary division nerve block as well as the use of other blocks and infiltrations. Analysis of the neurovasculature, muscles of mastication and accessory innervations in the dissected fields will allow direct visualization and better un-

Lots of hands-on C.E. options at CDA event in San Francisco

American Association of Oral and Maxillofacial Surgeons, Sept. 8–13, Honolulu

Pristine beaches and colorful orchid leis are among the sights awaiting attendees of the AAOMS annual meeting. The exhibit hall and most educational sessions take place at the Hawaii Convention Center, in the heart of Honolulu at the gateway to Waikiki.
Summer thoughts to warm you this winter

By Dr. David L. Hoexter, DMD, FICD, FACD, Editor-in-Chief

This past winter was brutally cold and at times simply depressing. Helping me to keep warm during this forthcoming winter will be photos of the previous year’s warmer moments. The Hamptons, that playground of the jet set, offers many such moments: the sun reflecting on the water, the vibrant colors and the exuberance in the air all make for lasting memories. The dinner parties, polo matches, lively cocktail hours and homes of the rich and famous present memories that can provide winter warmth. And among these images are sprinklings of “providers of the smile” — dentists. Dr. Chester Redhead and wife Gladys celebrated their 61st wedding anniversary by taking over the American Hotel in Sag Harbor. Guests included me and my wife, June, and several New York powerhouse politicians, including Basil Paterson and former NYC Mayor David Dinkins. Dr. Redhead is noted for his involvement in the Greater New York Dental Meeting and for bringing in a plethora of members to the American College of Dentists, having served as a past president of the New York County section. But perhaps he is best known for marrying Dr. Scott’s daughter. Can’t wait for the next season to begin!

Top photo, from left: Gladys Redhead, Dr. David L. Hoexter, June Hoexter and Dr. Chester Redhead. Bottom photo, from left: Dr. David L. Hoexter and Dr. Larry Rosenthal compare and create smiles in Southampton during the peak of “Bacchus time.”

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 articles about in Dental Tribune? Let us know by sending an email to feedback@dental-tribune.com. We look forward to hearing from you!

If you would like to make any change to your subscription (name, address or to opt out) please send us an email at c.maragh@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.
ProMax® S3
WHAT IF... You Could Do ALL Your Routine Imaging Extraorally?

The Industry’s #1 Digital Panoramic X-ray

- Anatomically Accurate Extraoral Bitewing Program enhances diagnostic capabilities and eliminates gagging
- Enhances clinical efficiency - takes less time and effort than a conventional intraoral bitewing
- Captures more clinical data from lateral to third molar
- Fully upgradable to 3D and cephalometric capabilities
- Open design for simple, face-to-face patient positioning
- Compatible with Mac OS and Windows platforms

*According to “Efficacy of ProMax Bitewings vs. Intraoral Bitewings” study. For a copy of this study please contact Planmeca USA.

For a free in-office consultation, please call 1-855-245-2908 or visit us on the web at www.planmecausa.com
Past keynote speakers create ‘hall-of-fame’ panel at AADOM 10th annual meeting

According to the meeting organizers, the event’s exhibitors understand how important the office manager is to the practice and are excited to educate attendees on the newest products and services in dentistry.

As always, many exhibitors also will be offering show specials no practice will want to miss.

The 2014 Office Manager of the Year will be announced in San Diego, and the organization’s newest fellows will be inducted into the fellowship program.

And, of course, the conference will be rounded out with plenty of time and opportunity for networking with fellow professionals from around the country and a little bit of time for some off-site social events. This conference is approved for up to eight C.E. credits toward the AADOM Fellowship Program.

Conference venue features numerous attractions

The grounds and interior of the Hilton San Diego Bayfront, which rises 30 stories above San Diego Bay, are filled with local artwork that draws upon light, wind and other inspirations from the San Diego Bay waterfront to create spaces that many have described as being “dramatic and uplifting.” Other highlights of the hotel include:

• San Diego’s first and only heated salt-water hotel pool, located directly alongside San Diego Bay.
• A 4.3-acre park and waterfront promenade with an abundant variety of trees and plants.
• Spa Aquazul and fitness center, a therapeutic ocean oasis offering an elaborate range of relaxation and renewal.
• Direct access to hiking, walking, rollerblading and boating along the San Diego Embarcadero and on San Diego Bay.
• Lush landscaping surrounding the Pool Deck and Promenade Plaza, comprising more than 60 varieties of plants, shrubs and trees, all labeled with descriptive signage for guests’ educational enrichment.

(Source: American Association of Dental Office Managers)
understanding of local anesthesia.

Practice Assessment: How Healthy Is Your Business? (led by Michael W. Perry, DDS, and Robyn Thomason, CDA practice support director). This lecture will help dentists understand the key practice assessments that keep a practice healthy and strong. Attendees will learn how to ‘diagnose’ business problems, develop a ‘treatment plan’ of solutions and implement that plan. Attendees also will learn how to identify when it’s time to bring on a consultant to help implement changes and train the dental team.

Restorative dentistry — international symposia

Functional and Esthetic Commitment Denition (led by Miguel Angel Diez Gurtubay, MsC). This lecture will teach attendees how to design a treatment plan of a functionally and esthetically compromised anterior segment. It will provide an overview of surgical alternatives based on tissues (soft-tissue anatomy, bone volume and density). Attendees will learn the steps and techniques used from diagnosis up to cementation of a restorative implant, from clinically ideal to compromised alveolar situations. The creation of an emergence profile via prosthetic design and fabrication of different personalized attachments, including prosthetic solutions when there is a loss of bone and gingival tissue contours, will also be covered.

Treatment of the Edentulous Maxillary (led by Miguel Angel Diez Gurtubay, MsC). This lecture will provide an overview of the surgical-prosthetic techniques in the edentulous superior arch. Treatment design based on identification of maxillary atrophy, narrow crests or pneumatized sinuses will be covered. This course will provide a step-by-step review of definitive metal/acrylic prosthesis, CAD/CAM and translucent zirconium development. Dentists will learn the different techniques used to solve the most common problems encountered in patients with maxillary atrophy.

Exhibit hall floor

As the site of numerous new product launches every year and featuring more than 375 companies, the exhibit hall at CDA Presents consistently ranks as one of the country’s most popular destinations for mingling with colleagues in the evenings.

The Moscone Center and neighborhoods beyond

In addition to providing informative lectures and hands-on opportunities to explore the latest in new dental products, CDA Presents also offers up one of the country’s most popular destination cities as its backdrop. San Francisco provides a near-unlimited variety of venues for mingling with colleagues in the evenings.

The CDA Party will take place at the California Academy of Sciences on Friday, Sept. 5, from 7 to 10 p.m. There are several restaurants near the Moscone Center as well, including North Beach Restaurant (552 Stockton St.), Jillian’s (401 4th St.), La Briciola Restaurant (489 Third St.), Roc’s Cafe (1513 Folsom St.), Cesario’s Fine Food (601 Sutter St.), Waiters On Wheels (542 Mission St) and Firenze By Night (5429 Stockton St.).

Also nearby are an array of museums that are open in the evenings. For more information about the CDA Party, visit www.cdapresents.com. For more information about San Francisco, visit the San Francisco Visitors Bureau website.

Engage and inspire the entire staff

The CDA Presents Board of Managers reports that it strives to ensure all attendees, including staff, have the opportunity to learn from some of the most successful names in dentistry.

Office staff members will be able to glean some key takeaways on topics such as effective communication skills, how to deal with difficult people, hands-on social media tips, the top five skills every administrative team member must master, trends in dental insurance and diagnosing and treatment challenges of periodontal diseases.

Dentists can have their staffs attend profession-specific lectures and workshops. Staff members also enjoy having the time to get to know their colleagues outside of the daily office setting.

Learn more at www.cdapresents.com.

(Source: California Dental Association)
The LVI Core I program encompasses the principles in physiologic restorative concepts creating excellence in care for your patients and prosperity for you. This program will start you on a path to greater understanding and enjoyment of our profession while creating loyal, enthusiastic and grateful patients!

This exciting three-day, hands-on program shows you how to evaluate cases and educate your patients for advanced restorative dentistry and more comprehensive case acceptance. For many of your patients you will learn how to eliminate a lifetime of pain that no other medical professional has been able to address, and for some learn how you can actually save their lives!

In essence, become a mouth doctor with ability to do things you never were taught in dental school. You have patients in your practice RIGHT NOW that can benefit from these concepts and you have the opportunity to change their lives starting the day you return to your office.

Dr. Bill Dickerson, Dr. Heidi Dickerson and Dr. Mark Duncan will present this information in a practical, easy to understand manner where you will feel comfortable presenting these exciting and practice building new options to your patients on Monday. Don’t miss this golden opportunity to find out about this incredible world of dentistry that awaits you!

Core I guarantee: We are so sure you will be satisfied with this course that we offer a money back guarantee!

“LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career choice was not a mistake.”

—Dr. Charles Shin, Strouffville, ON

“I wish I would have attended LVI earlier in my career. I still have time to make a difference but this info is too valuable to not be used throughout an entire dental career.”

—Dr. Tim Sturmman Algonquin, IL

“Not only did I learn what I didn’t know about dentistry, I learned how to help my own long history of pain in the head and neck. Thanks for the missing link.”

—Dr. Paul Bell, Denver, CO

TO REGISTER
Email Concierge@lviglobal.com or Call 888.584.3237
www.LVIGlobal.com

Follow LVI TV for your weekly dental news @ youtube.com/user/lvitv

ADA CERP™ Continuing Education Recognition Program

Las Vegas Institute for Advanced Dental Studies, LVI Global, is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.adas.org/goto/cecrp.

2014 DATES
October 1-3 - LVI (Las Vegas)
December 10-12 - LVI (Las Vegas)

2015 DATES
February 25-27 - LVI (Las Vegas)
April 22-24 - LVI (Las Vegas)
September 23-25 - LVI (Las Vegas)
December 2-4 - LVI (Las Vegas)
A7

ADEA combines two events in Barcelona

International Workshop, Sept. 14; International Women’s Leadership Conference, Sept. 14–16

The American Dental Education Association (ADEA) is hosting two meetings for today’s globally minded dental education and research communities: the 5th ADEA International Women’s Leadership Conference (IWLC) and the ADEA International Workshop.

Both events — being held at the Renaissance Barcelona Fira Hotel from Sept. 14–16, in Barcelona, Spain — will focus on professional development, leadership strategies, cross-cultural connections and curricular reform to help chart dentistry’s future course.

Hundreds of dental educators, leaders and practitioners from around the world are expected to come together with ADEA experts, other thought leaders and emerging pioneers in dental education and research for the two conferences, which are separate in theme and focus.

In its fifth year, with the theme of “Global Health Through Women’s Leadership,” the ADEA IWLC is a three-day conference providing insight and perspectives on how women are forging new pathways to help advance future generations and produce better health outcomes globally. Participants — including both men and women — will explore research-based and practical strategies related to gender and the roles of women leaders in dentistry worldwide through plenaries, working groups and skills-building sessions.

Building on a long-standing collaboration with the Association for Dental Education in Europe, the ADEA International Workshop is a one-day event discussing change and innovation in dental education. With the theme “A Global Perspective on Leading Change and Innovation in Dental Education,” this meeting also presents an opportunity to further expand on ongoing efforts being championed through the ADEA Commission on Change and Innovation in Dental Education.

For more information and to register for the 5th ADEA International Women’s Leadership Conference and ADEA International Workshop, visit www.adea.org/Barcelona.

Follow ADEA on Twitter at @ADEAweb using #ADEASpain14 and #IWLC14.

Find 2014 Winter Clinic in new Toronto location

The 77th Annual Winter Clinic, the largest one-day dental convention in North America, is on the move, with its 2014 meeting set for Friday, Nov. 14, at the Toronto Sheraton Centre.

This year’s clinical program covers a broad spectrum of topics, including an examination of the way digital technology is transforming workflow, demonstrations of cutting-edge tools and equipment, specialized techniques for prosthodontics, repositioning, the use of lasers in periodontal therapy, a discussion of X-rays as a diagnostic tool, advice on the latest legal requirements for health and safety in the dental office; and how to meet the future oral health needs of the public.

You can bring the whole team to share the knowledge. The single-day event features 24 separate programs in contemporary dentistry, offering something for all.

Greater New York Dental Meeting keeps on growing

By Jayme McNiff Spicciatie
Program Manager, GNYDM

New events scheduled for the 2014 Greater New York Dental Meeting include: the World Implant Expo, four days of innovations in implantology; an expanded ColLABoration Dental Laboratory Meeting, bringing together dentists and lab technicians; an expanded exhibit floor with more than 1,700 booths and 700 companies.

The new World Implant Expo will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3. ColLABoration, the dental laboratory meeting, is expected to surpass its inaugural 2013 numbers: 1,183 technicians and technician students and 50 exhibitor booths. The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3.

Again for 2014, the GNYDM, which is hosted by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee. Other distinctions that make the GNYDM stand out include:

• Only event with four-day exhibit hall.
• More than 300 educational programs.
• One C.E. unit can be earned by exploring the exhibit floor.
• Eight “Live Patient Demonstrations.”
• Multilingual programs (in Spanish, Russian, Portuguese, French and Italian).

Learn more at www.gnydm.com.
Hard to achieve orthodontic stability? Answer may be blowing in the wind

By Dr. Daniel Hanson, BDS
Sheffield, UK

The majority of children today exhibit some degree of malocclusion, and it has been well documented that this is related to soft tissue dysfunction. In fact, it is now so well accepted that the muscles of the tongue, lips and cheeks play a major role in tooth position and jaw development. There are contemporary pre-orthodontic clinics around the world using myofunctional philosophy to treat children between the ages of 5 and 15 (Myobrace® Pre-Orthodontic Center).

However, despite these evolutionary myofunctional treatment systems achieving outstanding results, a small percentage of cases that prove difficult to treat remains. This raises questions regarding what is causing these stubborn cases as well as how best to treat them when all obvious poor myofunctional habits, such as digit sucking, tongue postural issues and dysfunctional swallowing patterns, have all been addressed in the myofunctional sense. It appears that answers may be uncovered by examining the child’s airways and breathing patterns.

Relevant literature explains how mouth breathing is a significant factor in the aetiology of malocclusion. In short, when mouth breathing occurs, the tongue moves down in the mouth to allow the passage of air above it. Furthermore, an open-mouthed posture can affect the direction of growth as the muscles pulling on the jaws are affected. However, the real details of why children habitually mouth breath are not so well documented.

Breathing dysfunction factors

Factor 1: Tongue and head posture
Breathing through the mouth causes the tongue to lower and also alters the head posture. This low tongue posture then leads to reduced maxillary growth and increases in vertical growth (Figs. 1a, b).

Factor 2: The Bohr effect and cellular hypoxia
It is important to be mindful that breathing dysfunction includes more than just mouth breathing. It also includes habitual hyperventilation, which means the patient will constantly be breathing an excess of air. This will then cause the bond between haemoglobin and oxygen to be strengthened (Bohr effect), and while blood oxygen saturation can be normal, oxygenation at a cellular level may be reduced due to poor oxygen release from haemoglobin.

As a result, cells become stressed, and this cellular hypoxia can lead to dysfunction on a cellular level (Fig. 2).

My observations as a breathing educator and dentist practicing myofunctional orthodontics is that in addition to maloclusions, patients with poor breathing patterns also tend to have sinus congestion, asthma, hay-fever, enlarged adenoids or tonsils as well as ADD, Asperger’s and other syndromes on the autism spectrum.

Factor 3: Becoming locked into a cycle of habitual hyperventilation
Patients who habitually hyperventilate become accustomed to breathing greater than the physiological norm (> 4.5 L/min at rest). It is hypothesised that habitual hyperventilation causes the trigger point at which the brain detects a level of CO2 sufficient to prompt the breathing reflex to become too low, and patients become sensitive to healthy CO2 levels, causing them to breathe an excess of air. Because such patients can get locked into this cycle of habitual hyperventilation, they may need extra help breaking the mouth-breathing habit.

What can help these patients?
An increasing number of dental profession- als are focusing on innovative techniques to help patients break their cycle of habitual hyperventilation. These techniques involve a combination of breathing and airway awareness exercises intended to assist the patient to become accustomed to breathing smaller, healthier volumes of air. As a result, these patients learn to breathe less (retain more CO2), and more O2 is released to their cells and tissues. Additionally, airways remain clearer, patients often become healthier, and tongue posture improves when mouths remain closed.

These techniques are used by Myobrace Pre-Orthodontic Centers to treat the difficult 5 percent of cases where the patient does not adapt to a better breathing habit using Myobrace appliances along with myofunctional and breathing activities alone.

To predict which patients may require help correcting their airway dysfunction, they can be divided into three groups during treatment planning. It is important to note that the groups remain flexible.

Group 1 — Unlikely to require assistance (5 percent of patients): no asthma, no hay-fever, no sinus infections, no venous pooling: low blood CO2 caused by regular illness.

Group 2 — May possibly require assistance (50 percent of patients): previous asthma, previous ENT; medications: regular illness.

Group 3 — Likely to require assistance (5 percent of patients): current asthma, current ENT; multiple/several medications; constant illness.

Patients classified into Groups 1 and 2 are likely to change their airway dysfunction after treatment with the Myobrace System, which encourages correct breathing. However, patients classified into Group 3, and in some instances those in Groups 1 and 2, are likely to require additional assistance.

Patients with narrow maxillae can be expected to have a smaller than average pterygomaxillary fissure. As a result of these two factors, there is less venous drainage from the inferior orbital vein, which has to pass through the narrowed pterygomaxillary fissure. Deoxygenated or venous blood then pools beneath the eyes. When patients habitually breathe through their mouth and have a narrow maxilla, they will show symptoms of venous pooling.

Summary of factors associated with venous pooling: low blood CO2 caused by habitual hyperventilation, low N2O caused by a lack of nasal breathing, reduced vaso-dilation caused by low CO2 and N2O, small pterygomaxillary fissure as a result of constricted maxilla, and low tongue posture.

* See STABILITY, page A16

Images/Provided by Myofunctional Research
Full-arch case from dentist Sung-Kim, Republic of Korea, shows the natural-looking esthetics of BruxZir® Solid Zirconia compared to PFM, PFZ and monolithic glass ceramic restorations.

BruxZir Solid Zirconia tooth pre-sintered, colored and finished by Przemek Seweryniak, CDT, Malmö, Sweden; Certified Member - European Society of Cosmetic Dentistry; Past President - Swedish Academy of Cosmetic Dentistry.

Our toughest implant-supported restoration ever!

BruxZir Solid Zirconia has become the new high-strength, biocompatible option for fixed restorations, from single-unit crowns to full-arch implant-supported prostheses.

Over 220 Authorized BruxZir® Laboratories can be found at www.bruxzir.com
Fixed hybrid dentures have been used to successfully restore fully edentulous patients for decades. Their durability, however, leaves room for improvement. There are three issues that can complicate the long-term success of the traditional fixed hybrid denture: The acrylic teeth tend to wear; the teeth can fracture or dislodge from the acrylic base; and the acrylic base itself can fracture. The BruxZir® Full-Arch Implant Prosthesis (Glidewell Laboratories, Newport Beach, Calif.) eliminates these issues, providing a restoration that is more durable in the long term, while sacrificing nothing when it comes to esthetics.

Milled from a single block of BruxZir® Solid Zirconia—an exceptionally fracture-resistant material that exhibits flexural strength up to 1465 MPa—this fixed prosthesis utilizes advanced staining and glazing techniques, coloring the prosthetic teeth to closely mimic natural dentition and the gingival areas to match the shade of the patient’s soft tissue.

Case report
The patient is a 58-year-old male with no contraindications for implant treatment. The patient had a total of 11 BioHorizons® Internal Hex implants (BioHorizons; Birmingham, Ala.) placed, including six in the maxilla and five in the mandible (Figs. 1a, b). The implants integrated for more than six months, and the patient presented for restoration of his edentulous arches.

First, preliminary impressions of the implants were made. After removing the healing abutments, closed-tray impression copings were seated. The impressions were made in stock plastic trays, and the impression copings were placed back into the impressions before the case was sent off to the laboratory. The laboratory poured casts from the initial impressions and fabricated bite blocks and occlusal rims for the centric jaw relationship (CJR) records. Each bite block contains two screw-retained temporary cylinders that allow the wax rims to be screwed down, producing a very accurate CJR. The contoured rims were returned to the laboratory with the initial casts.

Upon receiving the wax rims and jaw relation records, the laboratory and dentist decided that the patient required four multi-unit abutments in the anterior maxilla to ensure that the screw access openings were within the confines of the planned prosthesis, so at the next appointment, the patient’s healing abutments were removed, and the multi-unit abutments were transferred to the patient’s mouth and torqued into place. Later, wax setups were tried in and evaluated for proper esthetics, phonetics, contours, occlusion and tooth arrangement.

The implant verification jig (IVJ), which precisely captures the depth and angulation of the implants in the final impression, was seated and tightened into place. After bonding the individual sections of the IVJ together, a final impression was made using an open-tray
NURTURING DEVELOPMENT NATURALLY
THE MAJORITY OF 21ST CENTURY CHILDREN WILL DEVELOP MALOCCLUSION

myobrace
MYOFUNCTIONAL ORTHODONTICS

“The Myobrace System™ packages myofunctional habit correction, arch expansion and dental alignment into one integrated system which satisfies the increasing parental demand for modern, pre-orthodontic treatment.”

✓ Treat more children earlier
✓ Increase patient flow
✓ Improve efficiency by delegation
✓ Added financial benefits

Attend a seminar to learn more:
www.myoresearch.com
1866-550-4696
usa.courses@myoresearch.com
Fig. 2: The provisional prostheses fit well and afforded the patient a trial period to evaluate the proposed restoration for esthetics and function over a period of weeks. Note that the gingival shade was adjusted for the fabrication of the final restoration.

Fig. 3: The patient was extremely satisfied with the function and esthetics of the final restoration, which fit perfectly thanks to the precision of the CAD/CAM design process and the confirmation provided during the provisional trial period.

The final restoration was fabricated using the CAD design that was confirmed during the provisional trial period. The final prostheses were delivered without complication, exhibiting excellent fit, occlusion and esthetics (Fig. 3).

The patient was exceptionally pleased with the function offered by this fixed restoration, which he should be able to enjoy for a great number of years given the extraordinary durability of BruxZir® Solid Zirconia.

impression technique and the custom tray provided by the lab.

The lab produced a fixed provisional appliance using precise CAD/CAM technology and effectively preserving the doctor-approved setup. The provisional implant prosthesis afforded the patient a trial period to evaluate the proposed restoration for esthetics and function over an interval of a few weeks (Fig. 2).

"DENTSPLY proudly supports the America’s ToothFairy affiliate network for its smile-saving work helping children in need," said Robert Size, senior vice president of DENTSPLY International and NCOHF Board member. "As a longtime supporter, we applaud their commitment to helping children receive the pediatric dental care they need to live healthy lives."

"DENTSPLY’s steadfast underwriting and product support has helped America’s ToothFairy change thousands of young lives," said Fern Ingber, NCOHF president and CEO. "This generous product contribution from DENTSPLY will support America’s ToothFairy programs that provide vital oral health services for children of our most vulnerable populations."

DENTSPLY International has donated more than $55,000 in oral care products to National Children’s Oral Health Foundation: America’s ToothFairy® (NCOHF) to support its nonprofit clinical network of oral health programs serving vulnerable children.

The donation, which included prophylaxis paste, brush tips, polish and stain removal products, benefitted 25 America’s ToothFairy affiliates — community-based health-care facilities and outreach programs providing vital educational, preventive and restorative services to underserved populations.

"DENTSPLY donated $55,000 in product to America’s ToothFairy"
By Mark Duncan, DDS, FAGD, LVIF, DICOI, FICCMO, Clinical Director, LVI

As a patient, I expect the best care I can find. As a doctor, I want to deliver the best care possible. That takes us to the power of continuing education, and as doctors we are faced with many choices in continuing education.

As a way to introduce you to the Las Vegas Institute for Advanced Dental Studies, or LVI, I want to outline what LVI is about and what void it fills in your practice. The alumni who have completed programs at LVI were given an independent survey, and unlike the typical surveys, 99.7 percent said they love practicing dentistry, and of those surveyed, 92 percent said they enjoy their profession more since they started their training at LVI. That alone is reason enough to go to LVI and find out more.

While the programs at LVI cover the breadth of dentistry, the most powerful and life-changing program is generally reported as Core I, “Advanced Functional Dentistry: The Power of Physiologic-Based Occlusion.”

Take control of your practice
This program is a three-day course that is designed for doctors and their teams to learn together about the power of getting their patients’ physiology on their side. In this program, doctors can learn how to start the process of taking control of their practice and start to enjoy the full benefits of owning their practice and providing high-quality dentistry.

Whether he or she works in a solo practice or in a group setting, every doctor can start the process of creating comprehensive care experiences for his or her patients.

We will discuss why some cases that doctors are asked by their patients to do are actually dangerous cases to restore cosmetically. We will discover the developmental science behind how unattractive smiles evolve and what cases may need the help of auxiliary health care professionals to get the patient feeling better.

The impact of musculoskeletal signs and symptoms will be explored and how the supporting soft tissue is the most important diagnostic tool you have — not simply the gingiva, but the entire soft-tissue support of the structures not just in the mouth but also in the rest of the body.

Comprehensive care
A successful restorative practice doesn’t need to be built on insurance reimbursement schedules. An independent business should stand not on the whims and distractions of a fee schedule but rather on the ideal benefits of comprehensive care balanced by the patients’ needs and desires. Dentistry is a challenging and thankless business, but it doesn’t have to be. Through complete and comprehensive diagnosis, there is an amazing world of thank-yous and hugs and tears that our patients bring to us, but only when we can change their lives. The Core I program at LVI is the first step on that journey.

That’s why when you call, we will answer the phone, “LVI, where lives are changing daily!”
Teaming up with Little League Baseball and Softball, the annual contest calls on players ages 8-14 to create a compelling, 10-word phrase describing the dangers of spit tobacco for a chance to win a trip to the Little League Baseball World Series and a cash prize.

“It’s an awesome program, and I told him that the most important thing is that maybe you’ll convince someone not to start,” said Alex’s mother, Beth Smith. “That’s the whole key — if you don’t start, then you don’t have to quit.”

The recent tragic loss of Tony Gwynn to oral cancer highlights the fact that educating Americans about the dangers of spit tobacco is more important than ever. The latest numbers from the Centers for Disease Control and Prevention show that while cigarette use continues to decline, spit tobacco use remains the same. In addition, almost half of all new users start before the age of 18, with 8.8 percent of all high school students using smokeless tobacco as of 2013. Through the slogan contest and other advocacy and education efforts throughout the year, NSTEP works to educate people, especially young people, about spit tobacco and helps all users quit.

“NSTEP provides Little League athletes with an opportunity to start a dialogue about an alarming trend in tobacco use on and off the field,” said Beth Truett, president and CEO of Oral Health America. “We are thrilled about the enthusiasm of youth engaging their peers with an important message about the dangers of smokeless tobacco.”

As the winner of the slogan contest, Alex received an all-expense paid trip to the Little League Baseball World Series in South Williamsport, Pa., and a cash prize. In addition, OHA is donating $500 to Alex’s local Little League program, the Falls Church Kiwanis Little League.

“Little League is pleased to be a part of helping educate Little League players about the risks associated with the use of spit tobacco,” said Stephen D. Keener, Little League president and CEO. “We hope that by participating in the slogan contest we help increase awareness for Little League players, coaches and their parents. We thank Oral Health America and commend them on NSTEP’s efforts.”

The winning slogan was chosen out of nearly 1,500 submissions from Little Leaguers from across the country, a contest record.

To learn more about spit tobacco, please visit www.nstep.org. There you will find brochures with resources to help current users quit and fact sheets that explain exactly why smokeless isn’t harmless.

(Source: Oral Health America)
‘Adaptive Image Noise Optimizer’ results in noise-free 3-D imaging

Crystal clear images support precise diagnostics

The ProMax® 3Ds and 3D units from Planmeca (California Dental Association exhibit hall booth No. 1636/1936) are designed for capturing the smallest anatomical details with precision. High-resolution images with a 75 μm voxel size and efficient artifact removal make these units ideal for effective case planning and precise diagnostic capabilities, according to the company.

Versatile, selectable volume sizes on the ProMax ensure observance of the ALARA radiation principle; these include 5-by-5 and 5-by-8 cm for the ProMax 3Ds and 4-by-5, 4-by-8, 8-by-5 and 8-by-8 for the ProMax 3D.

Noise-free images

The Planmeca AINO™ (Adaptive Image Noise Optimizer) is an intelligent 3-D noise filter that removes noise from CBCT images without losing valuable details. The result is a crystal clear, highly diagnostic image, according to the company. Features include:

- Analyzes the reconstruction exposure data during reconstruction and adaptively differentiates noise and fine details.
- AINO filter is enabled in Planmeca Romexis® 3D capturing screen, while the original image is also stored and accessible.
- Improves image quality in endodontic mode where noise is inherent because of small voxel sizes.
- Also useful in ultra low-dose images.

Artifact removal

Planmeca ARA™ artifact removal algorithm removes shadows and streaks from the 3-D image, such as those caused by metal and root fillings, according to Planmeca.

Ideal patient support

The adjustable patient support keeps the patient firmly and comfortably in place, providing high-quality images without artifacts caused by movement, according to Planmeca.

Comprehensive Planmeca Romexis software

All ProMax™ units include Planmeca Romexis open-architecture software with versatile tools for endodontic diagnostic and treatment planning needs, such as true measurements and 3-D visualization of root canals. CBCT applications in endodontics include:

- Assessment of endodontic treatment complications.
Conclusions

It is clear a correctly functioning tongue acts as a natural retainer, but when a patient habitually breathes through his or her mouth, the tongue is prevented from functioning in this correct way. In contrast, when the mouth remains closed and the tongue sits correctly, increased orthodontic stability can be expected.

Furthermore, when a patient maintains a closed-mouth posture and high-tongue posture, treatment time can be expected to lessen as forces exerted on the teeth and jaws will work favorably. Finally, it has been well-documented mouth breathing is not in the best interests of health, growth and correct development. Therefore, it is reasonable to assume encouraging correct functional breathing patterns will have a much more far-reaching effect than just correcting crooked teeth and jaws. Simply fixing the teeth and jaws is potentially missing a huge piece of the puzzle at the expense of possible health gains and future orthodontic stability.

References


Mouth breathing in allergic children: its relationship to dentofacial development. Dante Bressolin, DDS, MS; Peter A. Shapiro, DDS, MSD; Guilc G. Shapiro, GMD; Chapko, MK PhD, and Dassil, S MD Briaika. DF, Brazil, and Seattie, Wash. American Journal of Orthodontics and Dentofacial Orthopedics 1985.


Planimeca AINO removes noise from CBCT images without compromising diagnostic quality (top image uses filter, lower doesn’t).

• NON-NOISE, page A15

- Diagnosis of periapical pathosis.
- Root canal system anomalies.
- Determination of root curvature.
- Trauma diagnosis, such as root fractures, luxation, displacement of teeth and alveolar fractures.
- Localization of root resorption.
- Determination of exact root apex location in pre-surgical planning.

True all-in-one units

The Planmeca ProMax 3D and 3D offer the following, according to Planmeca:

- CBCT, panoramic, anatomically accurate extraoral bitewings and optional cephalometric imaging.
- Optional 2D SmartPan™ so 2-D and 3-D images can be taken with the same sensor.
- Optional Planmeca ProFace™ 3D facial photo for advanced case presentation, operation pre-planning and treatment follow-up.

You can visit Planmeca in the California Dental Association exhibit hall in booth Nos. 1636 and 1936, learn more online at www.planmecausa.com, or call the company at (855) 245-2908.

(source: Planmeca USA)
Wykle Research offers Calasept Endo line

Wykle Research offers Calasept Endo products, which it distributes for Nordiska Dental of Sweden, the manufacturer of Calasept and Calasept Plus.

Calasept Irrigation Needles are high-quality, double-side-vented, luer-lock irrigation needles that optimize the cleansing of canals, creating a "swirl effect." The needles are available in 27 g or 31 g, in packs of 40 needles.

Features include the following:
• Bendability
• Luer-lock hub
• Sterile and disposable
• Designed for ease in cleaning roots
• High-quality stainless steel

Calasept Irrigation Syringes are 3 ml luer-lock, single-use syringes. They are color coded to eliminate risk when using multiple irrigation liquids. They are available in packs of 20 syringes, 10 white and 10 green.

Features include the following:
• High-quality, three-part syringe
• Color coded
• Luer lock

These products complement Wykle’s popular Calasept line, which includes Calasept and Calasept Plus calcium hydroxide paste for temporary filling of root canals, sold in packages of four syringes with 20 needles. Calasept EDTA is 17 percent EDTA solution. Calasept CHX is 2 percent chlorhexidine solution for irrigation. Both solutions are packaged with a luer adaptor for easy filling of syringes.

For more information, contact Wykle Research at (800) 859-6641 or visit the company online, at www.wykleresearch.com.

(Source: Wykle Research)
CALASEPT® Endo-line

CALASEPT® Irrigation Needles
- Double side vented
- With luer lock hub
- Bendable
- High quality stainless steel
- Sterile and disposable
- Easy for cleaning out the canals
- Container packed

NEW

CALASEPT® Plus
Calcium Hydroxide

CALASEPT PLUS
- More than 41% calcium hydroxide
- Optimal calcium release
- Strong bactericidal effect pH 12.4
- Flexi-needle for precise and deep application

Call Wykle Research for a Free sample of our Calasept products 800-859-6641

Distributed by:

Made by: Nordiska Dental