The third annual Dental Tribune Study Club (DTSC) Symposia at the Greater New York Dental Meeting (GNYDM) 2010 was a great success, attracting more than 2,000 registrants. As the official online education partner of the GNYDM, an event that draws many from the international dental community, DTSC hosts a focused lecture program on the exhibition floor.

In case you were not able to attend last year’s program, you may view all of the presentations online. Each lecture was recorded and archived at www.dtstudyclub.com as a C.E.-accredited webinar. The list of lectures available includes:

- **Dr. Howard Glazer**: Beautifil: Go with the FLOW
- **Dr. John Flucke**: Light-cured Adhesive Dentistry: Science and Substance
- **Dr. Martin Goldstein**: A Simplified Approach to Multi-layer Direct Composite Bonding
- **Dr. Richard Rosenblatt**: Digital Impressions: Are they for me?
- **Dr. Louis Malemanna**: Total Facial Esthetics for Every Dental Practice
- **Dr. Dirk Gieselmann**: How aMMP-8 Testing Can Change A Dental Office and the General Health Economy
- **Mrs. Noel Brandon-Kelsch**: Eco-friendly Infection Control
- **Dr. Gregori Kurtzman**: Understanding Adhesives and How to Incorporate New Advances in Dental Materials and Techniques into Your Restorative Practice
- **Dr. Marc Gottlieb**: Exciting New Tools for Superb Impressions
- **Dr. Marc Gottlieb**: A Game-changing Approach to Difficult Class II Composite
- **Dr. Daniel Mulvany**: Optimizing Your Practice with 3-D Cone-Beam Technology
- **Dr. Edward Katz**: Improving Patient Care with 3-D Cone-beam Computerized Tomography
- **Dr. George Freedman**, **Dr. Fay Goldstep**, and **Dr. Edward Lynch**: Soft-Tissue Lasers and Caries Diagnosis
- **Dr. Lou Chmura**: Soft-tissue Lasers Adjunctive to Orthodontic Treatment
- **Dr. Dav Almog**: Introduction to CBCT, Especially as it Pertains to Prevention of Failures in Oral Implantology
- **Dr. Bettina Basran**: Cleaning and Shaping with New Technology
- **Dr. Lou Chmura**: Soft-tissue Lasers Adjunctive to Orthodontic Treatment
- **Dr. Dwayne Karateew**: Contemporary Concepts in Tooth Replacement: Paradigm Shift
- **Dr. Glenn van As**: The Role of the Diode Laser in Restorative Cosmetic Dentistry
- **Dr. Jeffery Hoos**, **Dr. Dwayne Karateew**, **Dr. Enrique Merino**, and **Dr. Ethan Pansick**: Osseo University Summit, Implant-driven Dentistry
- **Dr. Dov Almog**: Introduction to CBCT, Especially as it Pertains to Prevention of Failures in Oral Implantology
- **Dr. Bettina Basran**: Cleaning and Shaping with New Technology
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- **Dr. Jeffery Hoos**, **Dr. Dwayne Karateew**, **Dr. Enrique Merino**, and **Dr. Ethan Pansick**: Osseo University Summit, Implant-driven Dentistry
- **Al Dube**: Mercury Amalgam Waste and OSHA and Regulatory Issues Affecting Dentists
- **Dr. Cihan van As**: The Role of the Diode Laser in Restorative Cosmetic Dentistry

Furthermore, the recorded lectures from GNYDM's Live Dentistry Arena can also be found at www.dtstudyclub.com/gnydm.

For the fourth year in a row, the DTSC team is preparing the symposia at the GNYDM, which will include four days of focused lectures in various areas of dentistry. Each day, from Nov. 27-30, will feature a variety of presentations on topics that will be led by experts in that field.

Participants attend for free and earn ADA CERP C.E. credits. Additional details and registration for the 2011 DTSC Symposia at the GNYDM will soon be available at www.dtstudyclub.com.

Keep updated on DT Study Club happenings by joining the DTSC Facebook group. Search for DTSC on Facebook by using www.dtstudyclub.com.

Membership is free and grants one access to live and interactive online courses, archived C.E. webinars, expert video blogs, product reviews, discussion areas and more.
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 after spending decades 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-lingual 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.2,3

Milestone’s new technology incorporates visual and audible real-time feedback, giving clinicians control and tactile control of the experience for both patient and dentist is one that is significantly less stressful.4

Milestone Scientific created and defined a new category of dental instruments called C-CLAD (Computer-controlled Local Anesthetic Delivery) systems.5,6 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.4,6

This technology has undergone the rigors of clinical testing that has been conducted in numerous universities and research centers throughout the world for more than one decade. According to the company, these studies are 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.5 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, was published in 1997 by Friedman and Hochman, 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, in8 which pulpal and soft-tissue anesthesia of the central and lateral incisors is achieved by a single palatal injection.

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 techniques discussed above, the Wand/STA System instrument improves the success rate of traditional injections such as the inferior alveolar nerve block.9

Holding the Wand handpiece, a pen-like grasp allows the clinician to easily rotate while simultaneously moving the needle forward, increasing accuracy by decreasing needle deflection.10

Added to the ability to use the new multi-cartridge injection feature, the Wand/STA System instrument provides numerous advantages when performing traditional injection techniques. The introduction of the Wand/STA System instrument represents a material improvement over previous versions of this technology.

Numerous innovative new features are available in the Wand/STA System. They include automatic purging of anesthetic solution that primes the handpiece prior to use, automatic plunger retraction after completion of use, a multi-cartridge feature allowing multi-cartridge injections and reduction of aesthetic waste.11

Milestone Scientific has developed a novel training feature in the Wand/STA System instrument, providing clinicians with spoken instructional guidance on the use of the instrument, thereby substantially reducing the initial learning curve.

The Wand/STA System instrument is today’s most advanced C-CLAD technology and represents the next generation of computer-controlled drug delivery instruments for dentistry.12

References
The ‘Denture Comfort’ procedure

We’re all well aware of the difficulties that traditional dentures present to both you and your patients. There are more than 39 million Americans suffering every day with difficulties related to eating, speaking and painful sore spots.

Today, with a great focus on the relationship between dentistry and systemic health, we must take into consideration that edentulism has a direct impact on patients’ overall health with problems ranging from psychological to nutritional and digestive concerns.

According to Dr. Carl Misch, studied denture volume, that complete mandibular dentures should be retained with a minimum of two implants. This would greatly prevent any further bone resorption and provide for a more stable, more retentive denture. The ADEA endorsed this form of treatment in 2004.

So it begs the question: why do so few dentists follow these recommendations? The answer is simple: the population we hoped to serve more often than not did not have the time, bone or money to afford conventional two-stage dental implants.

Here are just a few of the staggering statistics:
• 88 percent of people in the United States who could benefit from implants never receive treatment due to lack of time, bone or money
• Of the U.S. population who are aged 65 and older and have lost all of their natural teeth, 55.9 percent has an annual income of less than $15,000; 25.3 percent has an annual income between $15,000 and $24,999.
• Only 22 percent of older persons are covered by private dental insurance.

Studies of surgery, time constraints, inadequate bone and cost are often cited as the reasons people don’t choose to have implants to support their dentures. Just one third receive a reliable and affordable way for Americans wearing lower dentures to get the comfort and confidence to need to live satisfying lives — all without costly or debilitating surgery.

Thanks to the Atlas® Denture Comfort procedure, millions of people who are suffering with the pain, embarrassment and disabilities that come from dentures that don’t fit properly, can receive state-of-the-art Atlas narrow-body implants at a fraction of the cost for traditional implants.

The Denture Comfort procedure was developed by Dentatus USA in conjunction with world-renowned researchers at New York University College of Dentistry (NYUCD) Department of Implant Dentistry to be a simple and affordable alternative to traditional, larger implant-supported dentures.

The Atlas implant system advances the art of dentistry by eliminating old technology associated with housings and O-rings. This improvement makes it far easier both for dentists to use the system and more comfortable for patients by reducing the number of visits. Insertion/removal of the denture of the easier and offers the patient a new advantage of being able to sleep with his or her dentures.

Tuf-Link silicone is the magical component in the system; it is the interface between the patient’s ridge and denture. There is no need for adhesives with this protocol, which are known to cause bacteria and result in halitosis. The Tuf-Link silicone is so durable that patient’s do not need to have it replaced until their scheduled annual visits. These features distinguish Atlas from other products on the market, which, while sharing the slim diameter, rely on technology originally developed more than 30 years ago.

Dentatus’ goal is to make available to the American people and abroad, dentistry that is affordable, accessible and life improving for the rather significant segment of people who are underserved in this area. The company continues to seek out clinical research by leaders in the profession and focuses on product improvements and real-life patient needs as they become known.

Dentatus leads the way with more university based published data and clinical research than any narrow diameter implant currently available in the U.S. Narrow-body implants have come a long way since they were first introduced as transitional implants in 1995.

In 2004, Atlas received FDA approval for long-term use or any length of time as determined by the healthcare provider. They are manufactured and package certified to ISO 9001/ISO 13485, CE Marked and Health Canada Approved.

In 2005, Dr. Rohrer performed histological studies showing that these implants integrate just as conventional diameter, machined-surfaced implants. In 2007, a five-year study performed at NYU reported a 94 percent survival rate and 100 percent patient satisfaction.

Isn’t it time you looked into this treatment option to restore quality of life for your denture patients? Dentatus makes it easy for you to get started with their half-day hands-on workshops.

All the materials for your first case are included in the registration fee, and the course will pay for itself once you perform your first case. For more information check out www.dentatus.com, call (800) 525-7015 or visit Dentatus at CDA booth No. 584.
XTend ceramic kits and turbines for high-speed handpieces

With the XTend™ ceramic line of turbines and kits, ProScore offers dentists the best quality do-it-yourself products for high-speed handpieces in the market. Not only are XTend ceramic products backed with the best warranties in the business—one year for turbines and six months for rebuild kits—XTend products outperform steel bearings, last longer and produce less noise and vibration.

The Ceramic Bearing Technology incorporated in XTend ceramic products provides many handpiece performance benefits:

• Reduced wear: ceramic balls are twice as hard as steel balls.
• Increased durability: ceramic balls are 40 percent lighter than steel balls, which reduces the internal forces and loads caused by high-speed rotation.
• Longer life: ceramic bearings perform better than steel under marginal lubrication.
• Quieter and smoother operation: noise and vibration are reduced as a result of lower loads.

ProScore’s other EZ Solutions offer dentists various do-it-yourself repair and maintenance options.

EZ Press III™ and EZ Rebuild™ Kits

The EZ Press III Repair System is the answer to the high costs and downtime associated with sending high-speed handpieces out to be repaired. Allowing the dentist to easily change those parts that have worn out, the EZ Press III utilizes simple procedures, requires no guesswork and ensures precision placement of the bearings on the spindle.

EZ Install™ Turbines

For an instant repair, dentists can replace cartridges chairside with EZ Install Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine that outlasts others in the market.

Smart Cleaner

Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue buildup in handpieces and coupler waterlines, but also clears away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear obstructions and debris.

EZ Care® Cleaner and Lubricant

EZ Care Cleaner was formulated to flush debris and remove build-up from the handpiece’s internal rotating parts, improving long-term handpiece performance and sterilization efficacy.

BEAUTIFIL Flow Plus

Shofu presents BEAUTIFIL Flow Plus, an all-in-one flowable base, liner and final restorative. Approved for all indications (Class I–V) based on physical properties that rival leading hybrids, this injectable hybrid restorative achieves superior adaptation that offers distinct benefits compared to traditional hybrid packing techniques.

BEAUTIFIL Flow Plus was specifically designed to stand up to the rigors of the occlusal surface and marginal ridge. High filler content and unique chemical properties ensure that clinicians have all of the material strength found in leading hybrids. In fact, compressive strength, flexural strength, toothbrush wear and other crucial mechanical properties of BEAUTIFIL Flow Plus were either clinically equivalent or superior to leading hybrids on the market.

Stay-put handling and superior adaptation

Traditional methods of filling and packing hybrids are time consuming and technique sensitive. BEAUTIFIL Flow Plus easily flows into the prep, self-levels and creates a tight marginal seal quickly and reliably. Unlike other flowables, BEAUTIFIL Flow Plus stays put and won’t spill out of the prep. This allows stacking all the way up to the occlusal surface. Two distinct viscosities are available: “F00” zero flow for controlled stacking and “F05” low flow, which handles more like a traditional base or liner but has the same physical properties as F00.

Clinically proven benefits

Shofu’s proprietary GIOMER technology
The device gently holds the patient’s mouth open, keeps the tongue out of the working field, illuminates the oral cavity and guards the patient’s airway—all while continuously evacuating saliva and excess moisture.

Additionally, the company announced that Isodry, a non-illuminated dental isolation system, was named by www.drbicuspid.com as “Best New Instrument” in its 2011 Dental Excellence Awards. Isodry was introduced in February 2010 and was also named by Dentistry Today magazine as one of its “Reader’s Choice Top 50 Technology Products” for 2010.

Both Isolite and Isodry dental isolation systems use the patented Isolite Isoflex mouthpiece. The super soft mouthpiece used with the device makes for a more comfortable experience for the patient, and allows dental professionals to work more efficiently with greater control over the oral environment.

Mouthpieces are available in six colors, and Isolite Systems’ dental isolation technology continues to receive praise from its users and recognition from the dental industry for its dental isolation technology.

Isolite’s inclusion in the list placed it among some of the dental profession’s biggest advancements, including fluoride, local anesthesia, dental handpieces and digital radiography.

Isolite is a dental isolation system that combines the functions of light, suction and retraction into a single device that solves many of the frustrations that dental professionals deal with on a daily basis.
Schick digital radiography: the elite solution

Schick’s CDR Elite digital radiography system combines truly outstanding image quality, an easy-to-use design and a robust, hardwearing construction to provide an intraoral radiography experience that is truly “elite.”

CDR Elite was developed with guidance from a panel of leading dental radiologists and validated by an extensive range of dental practitioners from all fields.

It is quick, providing instant X-rays. It reduces radiation; provides high-quality images for enhanced diagnosis; enhances patient communication and increases case acceptance; is easy to use for both the clinician and staff; eliminates the repetitive costs of film, chemicals and disposal of those chemicals; and eliminates time wasted while waiting for film to be developed.

CDR Elite images provide bold bone trabeculation, crisp lamina dura and a clear, clean DEJ to meet the diagnostic needs of every clinician.

Schick’s CDR Elite system is designed to focus on ease of use, diagnostic image quality and durability.

Simple and easier sensor placement, even for vertical bitewings, comes from an optimally located sensor-cable interface and a new color scheme that provides high visibility in the oral cavity.

Embracing the success of Schick’s unique removable cable technology (introduced with the CDR Plus-Wire), CDR Elite incorporates this technology on all three sensor sizes, ensuring that every clinician and every dental practice can enjoy the simplicity and convenience of a one-step cable-replacement process.

CDR Elite integrates fully with Schick’s intuitive and easy-to-use CDR DICOM imaging software, as well as Eaglesoft and Patterson Imaging, which all feature multiple tools for enhanced diagnostic capabilities and patient communication.

The dentist can add other Schick products such as iPan, CDR PanX and USBCam2 for a complete digital solution.

distinct sizes that are designed to fit patients varying in size, from small children to large adults.

“Proper dental isolation is one of the most underrated factors affecting the longevity of dental work,” said Thomas Hirsch, DDS, co-creator of Isolite. “Compared to other dental isolation methods, such as the rubber dam or manual suction and retraction, Isolite is faster and easier for dental professionals and easier on the dental patient.”

For more information about Isolite Systems and its products, including a video tour and clinical videos, please visit www.isolitesystems.com or call (800) 560-6066. See a live demonstration during the California Dental Association Fall meeting at booth No. 234.

Schick digital radiography: the elite solution

Join Us
AND SAVE CHILDREN IN NEED

Get involved today and make a difference in the life of a child forever.

Prevent disease in a young child.
Adopt the care of a child through participation in the America’s Toothfairy Dental Home Program™ and your practice will ensure that an at-risk child can look forward to a lifetime of good oral health.

Restore a smile and change a life.
Prepare a teen for a happy, successful future by restoring their confidence along with their smile, when you volunteer for the Tomorrow’s SMILES™ program. Your generosity will carry on as the teen serves as a mentor, teaching good oral health habits to younger children.

Corporate underwriting of operational and program expenses ensures that 100% of contributions go to life-changing programs for children in need.

www.AmericasToothfairy.org

(Photos/Provided by Schick)
Introducing ProMax 3D Mid
2-D and 3-D fusion in one unit

The new PLANMECA ProMax® 3D Mid is a CBVT unit including 1.5-D imaging, panoramic, extra-oral bite-wing and cephalometric all in one machine that can accommodate all of your clinical needs.

The PLANMECA ProMax® 3D Mid:
• provides an extended selection of 3-D volume sizes combined with traditional 2-D panoramic and cephalometric imaging;
• and has the unique ability to meet all of your diagnostic needs, including implantology, endodontics, periodontics, orthodontics, as well as dental and maxillofacial surgery and TMJ analysis.

The volume sizes range from ø3.4 x 4.2 cm to ø16 x 16 cm. This wide selection of volume sizes allows for optimizing the imaging area according to specific diagnostic task — always complying with the best practices of dentistry including the ALARA (as low as reasonably achievable) principle to minimize radiation.

Versatility
• Adjustable KV and MA.
• Pediatric Mode automatically reduces volume according to child’s anatomy.
• Works natively in MAC OS environment.
• Provides volume sizes for every clinical application.
• Cephalometric upgrade available.

Ease of use
• Simple, effortless patient positioning.
• The intuitive graphical user interface offers preprogrammed target sites and exposure values for different image types and targets.
• Fully integratable with third-party software.
• Comes with a complete software system for diagnosis.

SmartPan, unique panoramic imaging
• A unique SmartPan imaging system also uses the same 3-D sensor for panoramic imaging, eliminating the need to change sensors.
• The SmartPan system automatically calculates nine different panoramic curves in a 1 mm shift.
• The user can browse between the panoramic images and select the most suitable for diagnosis after the exposure.

For an in-office consultation or more information call (650) 529-2500 or visit www.planmecausa.com.

Products to fit your entire practice

Keystone Industries is proud to announce the addition of the Gelato line of oral health care products and the Prehma line of disposable and surgical products to its overall offering.

Keystone has long been a major supply source for the dental laboratory industry and, in recent years, has made strategic acquisitions that have expanded the product offerings into the dental operatory arena.

With the addition of the Gelato and Prehma lines, Keystone now has the ability to offer products in almost every item class, including anesthetics, articulating, cements, cosmetic dentistry, disposables, endodontic products, small equipment, evacuation products, finishing and polishing, impression materials, infection control, lab products, matrix materials, prevents, surgical products, waxes and office products.

Here are a few of Keystone’s products, all of which are made in the United States.

Gelato APF Fluoride Gel
This is an economical and 60-second acidulated phosphate fluoride gel that contains 1.23 percent fluoride ion. The smooth and creamy thixotropic formula will not run, preventing patient gagging. It is available in cherry, mint, orange vanilla, piña colada, bubble gum, strawberry, grape, cotton candy, mango smoothie and marshmallow.

The formula is gluten-free.

Gelato Home Care Rinse & Gel
This 0.63 percent stannous fluoride perio rinse 10 oz (284 g) tube with pump comes in two natural flavors: mint and raspberry. It is antimicrobial and alcohol-free and relieves tooth sensitivity, reduces gingival inflammation, helps inhibit plaque build-up, prevents demineralization and promotes re-mineralization. The formula is gluten-free.

The 0.40 percent stannous fluoride brush-on gel 4.3 oz (120 g) tube also comes in two natural flavors: mint and red berry. The product reduces sensitivity and plaque biofilm, while inhibiting the microbial process. The formula is gluten-free.

Gelato 0.12% Rinse Chlorhexidine Gluconate
This “alcohol-free” formula is a broad-spectrum, anti-microbial oral rinse that has been proven safe and effective for treating gingivitis. The time-released formula continues to work after rinsing, reducing redness and swelling of gums.

Gelato Topical Anesthetic Gel
The 1.25 percent acidulated phosphate fluoride formula provides comfort and consistent and efficacious coverage. The foam remains in the fluoride tray under bite pressure to eliminate patient gagging. It is available in these flavors: cherry, bubble gum, grape, mint, strawberry and cotton candy.

High-volume evacuator (HVE) tips
This gel has no bitter aftertaste and is fast-acting with no systemic absorption. It is available in seven flavors: cherry, piña colada, bubble gum, mint, mango, strawberry and raspberry.

It contains 20 percent benzocaine for effective temporary pain relief during procedures such as local anesthetic injections, periodontal curetage, impression taking, scaling, intra-oral radiographs, root planning and prophylaxis.

High-volume evacuator tips are available in nine colors. (Photo/Provided by Keystone Dental)
CareCredit®, the nation’s leading patient payment program, continued its support as founding donor of the American Dental Association Foundation Give Kids A Smile® Fund with its fifth consecutive $100,000 donation.

The donation was made at the Give Kids A Smile National Advisory Board meeting, Feb. 23, in Chicago.

The funding will help the American Dental Association Foundation continue to make grants that support the Give Kids A Smile Program.

The American Dental Association’s Give Kids A Smile program has several objectives:
• to raise awareness of the high level of oral disease suffered by children primarily from low income families;
• to demonstrate dentistry’s commitment to addressing access to care;  
• to enable volunteer dental teams across the country to provide free dental care, screening, and education to children in need; and  
• to urge policymakers to increase funding for children’s oral health.

In 2010, with the help of CareCredit’s contribution, the ADA Foundation awarded grants to the Hispanic Dental Association (HDA), the National Dental Association (NDA) and Oral Health America.

The HDA is using its grant to fund local dental-student-led oral health programs in Los Angeles, San Antonio and Boston, to expand their mobile dental van program and participation in local health clinics.

The NDA is enhancing the Deamonte Driver Dental Project, a memorial to a young boy who died from an infection in his brain that was caused by untreated dental decay, to reach more elementary schools and expand mobile dental van services.

Oral Health America’s grant funds have been distributed to Smiles Across America sites in California, Minnesota and Nevada, which has enabled thousands of children to receive education, preventive care and restorative services.

“Dental disease among children is a serious issue in the United States. When a child has disease and pain, it makes it difficult for him or her to eat, sleep and learn. CareCredit became the founding donor of the American Dental Association Foundation Give Kids A Smile Fund to help increase children’s access to treatment throughout the year. “Each year we are so impressed with how the grant recipients use the funds to reach out in their community,” stated Cindy Hearn, board member and senior vice president of marketing at CareCredit.

“The ADA Foundation and its Give Kids A Smile Fund greatly appreciate CareCredit’s continuing support. CareCredit’s generosity will play a key role in helping Give Kids A Smile achieve its goal of cavity-free kids by 2020,” stated Dr. David A. Whiston, president of the ADA Foundation.

Today, CareCredit is offered in more than 86,000 enrolled dental practices. CareCredit is exclusively selected for their members by most state and national dental associations, and is also recommended by leading practice management consultants.

For more information on CareCredit, call (800) 300-5046 ext. 4519 or visit www.carecredit.com/dental.

Information on Give Kids A Smile can be found at www.givekidsasmile.ada.org.

Nikon D7000 clinical camera package

The Nikon D7000 fits into the Nikon lineup between the D90 and the D300s in regard to price and size, but beats both of them when it comes to features. The D7000 takes the resolution up to 16.2 megapixels (compared to the 12.3 mp resolution of the other two cameras) and adds full 1080p HD video capture (the D90 and D300s have 720p HD video).

Nikon has also introduced User Modes (U1 and U2) on the D7000. This has been a popular feature on the Canon 40D, 50D and 60D. For clinical use, one can use the User Modes to pre-program the camera and simplify switching between portrait and close-up views.

The User Modes are also nice in case someone changes settings on the camera. To get back to the proper settings, you simply turn the dial to another mode and then back to the User Mode and then all of the pre-programmed settings are restored.

The D7000 has two SD memory card slots, and you can program the camera to use the slots in Backup Mode (each image is written to both cards), Overflow Mode (when the first card is full, the camera switches to the second card) or RAW Slot 1-JPG Slot 2 Mode (RAW files are written to the first card and JPGs to the second card).

The camera system features Nikon’s 85mm macro lens and a Metz wireless macro flash. For more information, please visit www.photomed.net or call PhotoMed at (800) 998-7765.
It’s Time To Embrace The NEW Wand® STA Technology

The New Wand STA can:
- Save you time
- Increase your productivity
- Reduce patient anxiety

Experience the latest technology in comfort injection
Call 1-800-862-1125 for a complimentary demonstration of The Wand® STA and we will bring you a free lunch

See us at these Shows:

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800.862.1125 www.milestonescientific.com
Take a cosmetic practice to the next level with facial injectables

By Zev Schulhof, DMD, MD

Minimally invasive cosmetic facial procedures are quickly becoming the most exciting and controversial topic in cosmetic dentistry. In my mind, there is no better clinician with the capabilities and qualifications to provide these procedures than the dental professional.

Over the last three to four years, we have trained hundreds of practitioners in the art of facial injectables. In doing so, we have found that dentists have the greatest inherent skills and artistic ability when compared to any other professional.

Dentists often ask me why I think that they are qualified to do these procedures. In response, I ask them some simple questions:

- Which medical professional injects the most patients on a daily basis?
- Who knows the ins and outs of giving as painless of an injection as possible?
- Who knows how to anesthetize the tissues of the face via introral techniques?
- Who is in tune, on a daily basis, to facial and peri-oral anatomy and symmetry?
- Who knows the dental and skeletal relationships on the soft tissue of the face?
- Who knows the anatomy of a proper lip line?
- Whom do patients trust (every six months) to continuously inject them?

The answer, of course, is you do! Using facial injectables is a natural progression for the cosmetic dentist. For example, we all understand that enhancing a patient’s smile is more than just placing some laminates. In our courses, we tell clinicians to imagine the teeth as a picture and the

Fig. 1: 62-year-old female with a chief complaint of ‘thin and mishapen’ lips. (Photo/Provided by Dr. Zev Schulhof)

Fig. 2: One week after augmentation with 1 cc of Restyne.

AACD general session speakers focus on involvement, opportunity

Attendees of the annual scientific sessions of the American Academy of Cosmetic Dentistry’s (AACD) have come to expect memorable and unique general session speakers. This year’s session, slated for May 18–21 in Boston, is no exception.

The AACD solicited feedback from attendees to learn the three things they want in their keynote speakers: education, motivation and entertainment. This year’s lineup will deliver on those three and more.

The AACD will kick off the conference with Peter Sheahan, author of “Flip.” Sheahan, CEO of the Centre for Skills Development, has spent a decade teaching businesses how to flip their thinking. Real money is made in the cracks, according to Sheahan, and the opportunity for mind-blowing success is all around.

The problem is that humans are conditioned by their experience, blinded by business models and conned by popular media to believe that success is a product of economic conditions.

Sheahan’s clients include NewsCorp, Google, Hilton Hotels, GlaxoSmithKline, Harley Davidson, Cisco and Goldman Sachs, many of which engage him on an ongoing basis to provoke their leaders to rethink their assumptions and challenge them to find innovative ways of doing business.

Photographer Joel Meyerowitz, creator of The World Trade Center Archive, will continue Sheahan’s momentum with his presentation, which will inspire attendees to get more involved. Meyerowitz is internationally renowned for his pioneering work in color photography and his view-camera artistry.

A Guggenheim Fellow and an NEA and NEH award winner, Meyerowitz was the only photographer to gain unlimited access to Ground Zero after 9/11. In his presentations, he conveys his intense belief in the transformational power of art.

He reaches beyond photography
lips as their frame. When you look at a middle-aged woman with beautiful veneers and a thin, colorless upper lip with many smoker’s lines, it tends to dampen the cosmetic effect.

As a matter of fact, when you start planning those veneers, you should be taking into account the effect the veneers will have on lip support, as well as incisal show, both in relaxed and animated positions. Then, when you enhance her lip, you have to take into account the proper lip outline and volume, as well as incisal show. In other words, the two procedures go hand in hand. Which medical professional could possibly understand this better than a dentist?

The first thing the practitioner needs to realize is the difference between Botulinum toxin (Botox® and Dysport®) and facial fillers (Restylane®, Perlane®, Juvederm® and Radiesse® among many others). Botulinum toxin is a clear fluid medication that comes in a lyophilized (freeze dried) form. It is then mixed with saline and injected subcutaneously or intramuscularly with the intention of weakening the target muscle. Contrary to popular belief, it does not “fill” lines, nor does it “smooth” wrinkles.

In order for a muscle to contract, a signal is sent down the motor nerve terminal and at its nerve ending, acetylcholine is sent across the gap to the terminal and at its nerve ending, a signal is sent down the motor nerve. This signals the muscle to relax and “relax” the underlying muscles. How-ever, in this patient we know that Botulinum toxin would do very little for these wrinkles and grooves because the toxin would “relax” the underlying muscles. However, in this patient we know that even if the muscles are relaxed, they still have this wrinkle at rest. Therefore, filler (or combination therapy) would be better.

A dynamic wrinkle is one that is caused by animation or muscle function (see forehead). In this instance, botulinum toxin would do very well. It would weaken the underlying muscle and cause a chemical denervation. In turn, this would stop the overlying skin from wrinkling.

For the beginning injector, we generally recommend starting with three areas of the face that generally receive botulinum toxin and three areas that generally receive filler material. In the botulinum toxin fill in a depression or wrinkle and can add volume or contour to the face. They are gel-like in consistency and come in pre-filled syringes. The most common type of filler currently being used in the United States is hyaluronic acid (Restylane, Perlane and Juvederm). Hyaluronic acid is a polysaccharide complex found in normal human tissue.

Because it is not a protein, the risk of allergic reaction is extremely low. There is another filler material, Radiesse, that is made up of calcium hydroxylapatite (CaHA) micro-spheres suspended in a water-based gel carrier. This is similar to the hydroxylapatite found in our teeth and bones.

Another important learning aspect is which areas require botulinum toxin and which areas require filler material. Many times, a combination of both materials is required for the most esthetic effect.

When looking at the aging face, it is important to understand the difference between static wrinkles and dynamic wrinkles. If you tell a patient to relax her facial muscles and not make any movements, and you see a wrinkle or groove at rest, this would be a static wrinkle (see nasolabial fold). By definition, botulinum toxin would do very little for these wrinkles and grooves because the toxin would “relax” the underlying muscles. However, in this patient we know that even if the muscles are relaxed, they still have this wrinkle at rest. Therefore, filler (or combination therapy) would be better.

The main difference between the two procedures is how the two procedures differ in their outcomes and their effect on the tissues their treating. Filler is used to augment the volume of the tissues it resides in, whereas botulinum toxin is used to relax the muscles their treating. This is important to understand in the beginning of your career as a cosmetic dentist. When treating the aging face, it is important to understand the difference between static wrinkles and dynamic wrinkles.
course we teach both Botox and Dysport and focus on the glabella complex (the frown lines between the eyes), the forehead and “crow’s feet” (smile lines around the eye).

In the filler course, we focus on the nasolabial folds (lines from the ala of the nose to the corners of the mouth), the “marionette lines” (lines from the corners of the mouth to the inferior border of the mandible) and the lips.

However, with time and experience, there is no limit to how creative the practitioner can become. In my office, we can perform a lunchtime “liquid facelift” by combining botulinum toxin and filler material in multiple areas of the face.

We can accomplish this by placing the fillers via an intra-oral route, without any bruising or swelling, allowing patients to go right back to work.

Once the practitioner gains experience and confidence, there are many other exciting procedures that can be done. Instead of doing a genioplasty, you can augment the chin with filler material. You can do a liquid rhinoplasty (nose job), cheek lift or brow lift, just to name a few. How about eliminating a gummy smile, rounding off a square jaw or even augmenting an earlobe?

Another application of botulinum toxin in the dental arena is in the treatment of tempromandibular disorders (TMD). Tempromandibular disorders can span a wide variety of etiologies, including muscular, ligamental, intra-articular or bony sources. A diagnosis relies on an extensive history, physical exam, radiologic studies and diagnostic procedures.

Botulinum toxin is just one treatment modality included in an extensive algorithm used in treating TMD. Recent studies show that botulinum toxin contains both a muscle relaxing as well as an analgesic effect.

In my opinion, the reason this has become such a controversial topic throughout the medical community is because of the encroaching competition that the other specialties are feeling in this multi-billion dollar industry.

Over the last five years, non-invasive cosmetic procedures have experienced significant growth due to their increasing popularity and virtually painless, highly profitable, office-based administration, and their ability to make patients’ faces look younger and fuller for longer periods of time. Many specialties, such as gynecologists, family practitioners and ER physicians, are offering these procedures without any backlash.

Surely, the dentist is better prepared, better trained and has more experience in the peri-oral and facial arena than these other specialties.

The ADA definition of dentistry is defined as “the evaluation, diagnosis, prevention and/or treatment (non-surgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body.”

Whether you are interested in providing these procedures or not, it is important to defend the skills and talents that the dentist inherently holds.

It is time to show the medical community and the rest of the world that we are truly physicians of the oral cavity and its associated structures.

Dr. Zev Schulhof is a board-certified oral and maxillofacial surgeon as well as a physician. He is currently the president of the American Academy of Facial Cosmetics. Schulhof lectures nationally on a variety of topics, including non-invasive facial cosmetic procedures. To date, Schulhof has trained hundreds of dentists and physicians in the art of neurotoxins and facial fillers. You may contact him at zev.schulhof@gmail.com.

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