End of the line for tobacco displays

New legislation came into effect on 6 April to protect children from being the target of tobacco promotion and to help people quit smoking

From April all large shops and supermarkets in England had to cover up cigarette and tobacco products from public view.

Evidence shows that cigarette displays in shops can lure young people to start smoking. More than eight million people in England still smoke – it is one of the biggest preventable killers causing more than 80,000 deaths each year. Nearly two-thirds of current smokers said they started smoking before they were 18.

Up until now, every time parents do their weekly shop their children are exposed to tobacco, making it a normal part of everyday life. Statistics show:

- Five per cent of children aged 11-14 are regular smokers
- More than 300,000 children under 16 try smoking each year
- 59 per cent of smokers say that they were smoking regularly before the age of 16

Covering tobacco displays will protect children and young people from the promotion of tobacco products in shops, helping them to resist the temptation to start smoking. It will also help and support adults who are trying to quit.

Health Minister Anne Milton said: “We cannot ignore the fact that young people are recruited into smoking by colourful, eye-catching, cigarette displays. Most adult smokers started smoking as teenagers and we need to stop this trend.

“Displaying displays of cigarettes and tobacco will help young people resist the pressure to start smoking and help the thousands of adults in England who are currently trying to quit.”

Jo Butcher, programme director of health and well-being at the National Children’s Bureau, welcomed the end of tobacco displays.

“It’s essential that we create a culture that promotes and protects public health and tobacco legislation is a significant factor in making this happen.”

Cigarettes and all tobacco products will have to be out of sight except when staff are serving customers or carrying out other day-to-day tasks such as restocking. Those responsible in shops not complying with the law could be fined up to £5,000 or could face imprisonment.

“National Children’s Bureau welcomes the end of tobacco displays.

“Children and young people tell us that outside influences make it even more difficult for them to choose healthier lifestyles. A yet to be released National Children’s Bureau health survey has found that more than one in four young people feel they needed more information about the health effects of drugs, alcohol or tobacco.”

Survey finds mid-life crisis likely to suffer from fear of the dentist

Middle-aged women are most likely to suffer from fear of the dentist, a new study found.

Clinical observation of patients taking part in a multi-year clinical trial conducted at the Dental Phobia Clinic in Westminster, Sydney, has indicated that the level of dental anxiety is highest among women in their forties. According to the researchers, taking place from 20 May to 20 June 2012, it is the UK’s largest and most successful oral health campaign. With the help of more organisations raising the importance of oral health, Chief Executive of the Oral Health campaign. With the help of more organisations raising the importance of oral health, Chief Executive of the Foundation, Dr Nigel Carter, believes further advances can be made. Dr Carter said: “Statistics show not enough children give consideration to their oral health, and that’s where National Smile Month comes in.” Visit www.smilemonth.org for information.

Several studies have shown that poor dental hygiene behaviours in patients with congenital heart disease are increasing their risk of endocarditis. For the first study participants completed a questionnaire that measured the use of alcohol, cigarettes and illicit drugs, dental care and physical activity. The researchers calculated risk scores for ‘substance use’ and ‘dental hygiene’. In adolescents with congenital heart disease, substance use increased with age. The results reveal that health risk behaviours are prevalent in adolescents with congenital heart disease and they increase with age. The findings were presented at the 16th Annual Spring Meeting on Cardiovascular Nursing, 16-17 March, in Copenhagen. (www.escardio.org/congresses/cardio-nursing-2012/Pages/welcome.aspx)
Children call for smoke-free homes

A new hard-hitting campaign, highlighting the shocking truth behind second-hand smoke recently hit our TV screens.

The New TV and radio adverts will show that smoking by a window or the backdoor is not enough to protect children from second-hand smoke.

Millions of children in the UK are exposed to second-hand smoke that puts them at increased risk of lung disease, meningitis and cot death. It results in more than 300,000 GP visits, 9,500 hospital visits in the UK each year and costs the NHS more than a staggering £23.5 billion every year.

The only way to completely protect people from second-hand smoke is to make homes and cars entirely smoke free. As the campaign launches, a new survey reveals that children don’t want smoke free lives. The survey found:

- 88 per cent of children wish their parents wouldn’t smoke in front of them at home
- 82 per cent of children wish their parents wouldn’t smoke in front of them in the car
- 78 per cent of the children wished their parents wouldn’t smoke in front of them in public
- 44 per cent of children said cigarette smoke made them feel ill
- 42 per cent of children said cigarette smoke made them cough

Health Secretary Andrew Lansley said: “We all know smoking kills but not enough people realise the serious effect that second-hand smoke has on the health of others, particularly children.

“This campaign will raise awareness of this danger and encourage people to take action to protect others from second-hand smoke.”

If people do want to quit there is excellent support and advice available. Get in touch with your local stop smoking service, GP or pharmacist or visit nhs.uk/smokefree.

“Giving up smoking or making sure you have a completely smoke free home and car is the only way to protect your family.”

Consultant Paediatrician at the Royal Surrey Hospital Dr Charles Godden said: “I see children every week with conditions which are made worse by second-hand smoke. Most parents would be horrified to know that even a short car journey where an adult has been smoking would result in breakdown products of nicotine in their child’s urine.

“This shows exactly why we should all make our homes and cars smoke free and that children need protection from exposure to second-hand smoke.”

Smokers can order a new NHS Smokefree Kit by texting POISONS to 63818 or by visiting nhs.uk/smokefree for facts, tips and tools to help them on the way to a smoke free future.

Nominations open for Principal Executive Committee

The nominations process for the new BDA Principal Executive Committee (PEC) has opened. The new committee, which will replace the current Representative Body and Executive Board, will assume overall responsibility for BDA policy and governance. PEC members will also be the legally responsible directors of the Association.

The Committee will consist of 15 members, 12 of whom will represent geographical constituencies and three who will be elected on a UK-wide basis. All members will be elected in spring 2012. Seats will then be subject to a revolving cycle of elections starting in December 2014, when a third will be subject to fresh elections.

Those interested in standing for election are invited to submit a completed nomination form and personal supporting statement by Friday 23 April 2012. Members will have the opportunity to hear from prospective candidates at a series of speed-dating style events at the British Dental Conference and Exhibition which takes place in Manchester between 26-28 April, and will receive ballot papers, where required, at the end of April.

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Big congratulations to those who found themselves with a place in the top 50 most influential people in dentistry, as voted for by members of the profession.

James Goolnik made the top spot for the second year running, a big achievement and in recognition for the Heart Your Smile campaign which he founded last year, aiming to bring positivity back to the dental profession.

Congratulations also go to Dean of the Peninsula Dental School and Dental Tribune editorial board member Liz Kay, number four in the list. Other notable names familiar to DT readers include Mhari Coxon (5), Elaine Halliley (11), Nik Sisodia (25), Wyman Chan (55), Julian Webber (58) and Susie Sanderson (49).

Thoughts are now also turning to the upcoming events prominent in the dental calendar: the Dental Awards (April 20), BDA Conference and Exhibition in Manchester (April 26-28) and the Clinical Innovations Conference in London (May 18-19). I will be attending all three events – if you see me come over, say hi and let me know your thoughts on Dental Tribune –!

Metformin tablets

According to a new study, Metformin Prevents the Development of Oral Squamous Cell Carcinomas from Carcinogen-Induced Premalignant Lesions, published in Cancer Prevention Research, Metformin may protect against oral cancer.

Metformin is the most widely used treatment for patients with type 2 diabetes, and according to the study authors, scientists have noticed that "metformin reduces the growth of HNSCC (Head and neck squamous cell carcinoma) cells and diminishes their mTORC1 activity by both AMPK-dependent and AMPK-independent mechanisms."

According to a report, J Silvio Gutkind, PhD, chief of the Oral and Pharyngeal Cancer Branch of the National Institute of Dental and Craniofacial Research at the National Institutes of Health, and colleagues induced premalignant lesions in laboratory mice; they then studied the effect of metformin on progression of these lesions to oral cancers.

The scientists found that metformin reduced the size and number of carcinogen-induced oral tumoral lesions in mice and significantly reduced the development of squamous cell carcinomas by about 70 per cent to 90 per cent.

Metformin tablets

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Indications: Prevention of caries, remineralisation of hyper-sensitive teeth. Dosage and administration: Recommended dosage for single application: for milk teeth up to 0.25ml (1.65mg Fluoride), for mixed dentition: up to 0.40ml (9.04mg Fluoride), for permanent dentition: up to 0.75ml (16.95mg Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days.

Contraindications: Hypersensitivity to colophony and/or any other constituent. Ulcerative gingivitis, stomatitis, bronchial asthma. Special warnings and special precautions for use: If the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such as a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat. Interactions with other medicines: The presence of alcohol in the Duraphat formula should be considered. Undesirable effects: Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma.


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Dental plaque may trigger blood clots

Research states that oral bacteria that enter the bloodstream can cause life threatening endocarditis and blood clots. According to research, S. gordonii, a bacterium that contributes to plaque that forms on teeth, enters the bloodstream through bleeding gums, it can cause chaos by acting as human proteins.

Researchers from the Royal College of Surgeons in Ireland (RCSI) and the University of Brussels discovered that S. gordonii is able to produce a molecule on its surface that lets it mimic the human protein fibrinogen - a blood-clotting factor.

This activates the platelets, a blood particle involved in clotting.

The bacterium then use the new blood clots to encase itself, protecting it from the body's immune system and antibiotics.

Platelet clumping can lead to growths on the heart valves (endocarditis), or inflammation of blood vessels that can block the blood supply to the heart or brain.

However, according to reports, scientists who presented their work at the Society for General Microbiology's Spring Conference in Dublin have suggested that with further research new drugs could be used to tackle infective heart disease.

Dr Helen Petersen who is presenting the work said that better understanding of the relationship between bacteria and platelets could ultimately lead to new treatments for infective endocarditis. She explained in a report how a crucial step in the development of infective endocarditis is the bacteria sticking to the heart valve, which activates the platelets to form a clot. This can be treated with surgery or by strong antibiotics, however, because of growing antibiotic resistance this is becoming far more difficult to achieve.

"About 50 per cent of people with infective endocarditis die and most will require surgery for replacement of the infected heart valve with a metal or animal valve," Dr Petersen explained.

Our team has now identified the critical components of the S. gordonii molecule that mimics fibrinogen, so we are getting closer to being able to design new compounds to inhibit it. This would prevent the stimulation of un-needed blood clots," said Dr Steve Kerrigan from the RCSI in an online report.

The team are also looking more widely at other dental plaque bacteria that may have similar effects to S. gordonii: "We are also trying to determine how widespread this phenomenon is by studying other bacteria related to S. gordonii. What our work clearly shows is how important it is to keep your mouth healthy through regular brushing and flossing, to keep these bacteria in check," stressed Dr Petersen.

Dental Protection in the Dock – it’s a sell-out

150 dentists and lawyers assembled at the Mermaid Theatre Conference Centre in Puddle Dock, to attend the first ever Dento-legal Study Day organised by Dental Protection. The delegates either had an interest in working in this area of dentistry or were already doing so and wanted to hear from the UK’s leading provider of indemnity, 70 per cent of UK dentists are already Dental Protection members.

In addition to cases of clinical negligence, the revelation that the GDC has allocated 1200 hearing days in multiple venues for 2012 confirmed that their interest was well founded. Members of the fifteen-strong team of dento-legal advisors already supporting Dental Protection were on hand to share their experiences with delegates on a one-to-one basis.

The Dento-legal Study Day included presentations from experienced dentists and lawyers including Raj Bhatan, who discussed the ethical dimension of dento-legal cases and how professional conduct can complicate the management of complaints and claims. Anne Green, a barrister from Radcliffe Le Brasseur described the crucial and central role of the GDC’s Investigating Committee and Melanie Bowes, Head of Claims Management for MPS, described the law of negligence and explained how a ‘breach of duty’ is described and the process of analysing whether or not a breach has caused any loss.

Kevin Lewis, Director of Dental Protection said: “With the unprecedented case load currently being experienced in all three DPL offices, it is reassuring see such a high level interest from dental colleagues and other who are interested in working in this challenging area of dentistry. Since its inception over a century ago Dental Protection has always taken pride in the quality of its service to members. The same is true today and events like help to ensure that the same service will be available in the future.”

Speakers Hilary Firestone and Melanie Bowles take questions from the audience.

MyFaceMyBody Awards

The MyFaceMyBody Awards has been organised to celebrate and award those who have made a difference in the cosmetic sphere. Celebrating in style, The MyFaceMyBody Awards will be delivered in the form of a masquerade ball and held at The Landmark Hotel, London on the 3rd November 2012.

The prestigious awards, which are sponsored by handl...MEDIA and will be televised, are the first awards within the aesthetic and dental industry where consumers are involved in the voting process. Every treatment and cutting-edge procedure is aimed at helping consumers, so why not let them have a say in the products and procedures which have changed their lives? Let consumers tell us which clinics they love...

For this reason the awards aim to recognise and reward brands for their product innovation and popularity. Clinics will also be rewarded for providing exceptional experiences and outstanding customer service.

What’s more, the awards are designed to be a charity set up to help bring dental pain relief to East Africa, an area where people have no access to pain relief, leaving millions in pain. The charity helps to train local health workers in basic extraction techniques. Focusing on sustainability, and with the help of dentists and nurses from the UK, they train more than 48 health workers each year with plans for expansion.

Aesthetic Awards
- Best Injectable Anti-Ageing Treatment
- Best Cosmeceutical Product
- Best Body Reshaping procedure including semi-invasive as well as take home devices
- Best Skin Tightening Treatment (take home or professional) includes Micro-needling, skincare, skin peels and also Laser treatments
- Dental Awards
- Best tooth whitening Product
- Best Dental Hygiene Product - Floss, Electric, Mouthwash
- Most Innovative Treatment or Service
- Clinic Awards
- Best Customer Experience
- Best Clinic Team
- Best Non-Surgical Makeover
- Best Body Reshaping procedure

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Television Awards
- Best Documentary or Televi-sion Series
- Best Online Information Re-source
- Best Beauty Ambassador

MyFaceMyBody is a television and online resource for consumers seeking advice on hundreds of beauty and cosmetic treatments. It allows people to access information, learn about treatments, follow the latest procedures and dis-cuss them via our social media channels.

The MyFaceMyBody Awards and the masquerade ball and held at The Landmark Hotel, London on the 3rd November 2012.
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New information to help improve patient outcomes

New information that will help put the NHS on the right side of patients and improve results for patients has recently been published.

As part of the Government’s drive to improve results for patients, new detailed information on 20 of the country’s most important National Framework indicators, which measure the care patients receive, has been published by the NHS Information Centre.

The figures provide a regional and local snapshot of how the NHS is performing against the Outcomes Framework and the NHS Information Centre’s performance league tables, which will be published later this year.

The Government committed to focus on outcomes not process targets in 2010 and announced last year that the NHS would be held increasingly to account for measurable results, including whether a patient’s treatment was successful, whether they included a written care plan by NHS staff, and whether they recovered quickly after treatment.

Health Secretary Andrew Lansley said: “The information published today is another step towards shifting the health service to a patient-focused system. People matter.

“Crucially, we aren’t telling doctors and nurses how to do their job – the approached adoption of the previous Government.

We are now clear about what the NHS should achieve, not telling the NHS how to do its job. These results will shine a light on results achieved and where performance needs to be improved.”

The publication of the figures today means the NHS can be held to account for all aspects of care that patients receive, and is part of a drive to make the health service more transparent. They provide a basis for driving improvements in the future through the Secretary of State’s Mandate to the NHS Commissioning Board, expected in the next few months and will allow the NHS to take action where patient outcomes are not as good as they should be.

NHS Medical Director Bruce Keogh said: “Patients rightly expect the NHS to provide care that is effective and safe. And one of the things that makes doctors and nurses feel confident in their practice is when everything joins up seamlessly as they move from GP surgery to hospital to local community care provider. So through the Outcomes Framework, and the information released today, the foundations are being laid to just that.”

MDDUS dental road show coming to town

Dentists can learn how to stay out of trouble by signing up for one of nine dento-legal lectures being held throughout the UK in May and June this year.

UK-wide dental defence organisation MDDUS is co-hosting a series of educational sessions that will provide top tips on how to avoid dento-legal pitfalls that could lead to patient complaints, claims of clinical negligence or referral to the GDC.

MDDUS has teamed up with dental equipment providers Wright Cotrell to host the lectures which kick off on Wednesday, May 23 in Newcastle with further dates in Manchester, Leeds, Liverpool, Inverness, Aberdeen, Glasgow and Edinburgh, before concluding in Dundee on Thursday, June 21.

The lecture will feature MDDUS Head of Dental Division and adviser Aubrey Craig, who has long experience helping MDDUS members deal with professional difficulties.

He says: “Being on the receiving end of a claim, complaint or referral to the GDC is an expensive, time-consuming and stressful experience.

“Every year at MDDUS, we assist members who find themselves in such situations and these lectures will draw upon our considerable experience in this area to provide delegates with practical advice on how to avoid professional difficulties.”

Wright and W&H Northern Territory Manager Claire Wilson will present the sessions in England, with Scottish Territory Manager Raymond Baxter hosting the Scottish ones.

In addition, the Scottish dates will also feature George McDonagh, Clinical Adviser for the NHS in Scotland, who will share his unparalleled knowledge of decontamination procedures that he has accrued from his 20 years’ experience in the industry.

Robert Donald, non-executive director of MDDUS and well-known Scottish dentist and magazine columnist, welcomed the CPD-accredited evening road show initiative.

He says: “Staying out of trouble with the GDC and decontamination compliance are hot topics for all UK dentists. The collaboration of MDDUS and Wrights in providing practical advice and support in addressing these important issues is a very positive step indeed and I would encourage my colleagues to attend.”

To book your place at one of the lectures or for further information, contact Karen Walsh at kwalsh@mddus.com. Tickets cost £30 with a light buffet available from 6pm and the programming commencing at 6.30pm.

Dates and venues for lectures (all dates 2012):
• Wednesday, May 25: St James’ Park, Newcastle
• Wednesday, May 30: Mander, Manchester Dental Hospital
• Thursday, May 31: Weetwood Hall, Leeds
• Thursday, June 7: Liverpool Crowne Plaza, Liverpool
• Tuesday, June 12: Drumossie Hotel, Inverness
• Wednesday, June 15: The Marcliffe Hotel, Aberdeen
• Tuesday, June 19: MDDUS offices, Glasgow
• Wednesday, June 20: BCP of Edinburgh, Edinburgh
• Thursday, June 21: Wright Cotrell offices, Dundee

Wheelchair controlled by remote control in mouth

The Tongue Drive system, which is a wireless device that enables people with high-level spinal cord injuries to operate a computer and maneuver an electrically powered wheelchair simply by moving their tongues, is getting less conspicuous and more capable.

The newest prototype of the system is supported by the National Institutes of Health, National Science Foundation, and Christopher and Dana Reeve Foundation.

The new dental appliance contains magnetic field sensors mounted on its four corners that detect movement of a tiny magnet attached to the tongue. It also includes a rechargeable lithium-ion battery and an induction coil to charge the battery. The circuitry fits in the dental impression tray on the retainer, which sits against the roof of the mouth and is covered with an insulating, water-resistant material and vacuum-molded inside standard dental acrylic.

When in use, the output signals from the GDC are wirelessly transmitted to an iPod or iPhone. Software installed on the iPod interprets the user’s tongue movements and determines the relative position of the magnet with respect to the array of sensors in real-time. This information is used to control the movements of a cursor on the computer screen or to substitute for the joystick function in a powered wheelchair.

Ghovanloo and his team have also created a universal interface for the intraoral Tongue Drive System that attaches directly to a standard electric wheelchair. The interface boasts multiple functions: it not only holds the gels and the receiver, but also includes a simple switch controlled by sucking or blowing through a straw.

The researchers plan to begin testing the usability of the intraoral Tongue Drive System by able-bodied individuals soon and then move on to substitute for the joystick function in a powered wheelchair through an obstacle course.

“During the trials, users will be able to learn to use the system, move the computer cursor quicker and with more accuracy, and maneuver through the obstacle course faster and with fewer collisions,” said Ghovanloo. “We expect even better results in the future when trial participants begin to use the intraoral Tongue Drive System on a daily basis.”

The intraoral Tongue Drive System by Ghovanloo and his team have recruited 11 individuals with high-level spinal cord injuries to test the headset version of the system at the Atlanta-based Shepherd Center and the Rehabilitation Institute of Chicago. Trial participants received a clinical tongue piercing and tongue stud that contained a tiny magnet embedded in the upper hall. They repeated two test sessions per week during a six-week period that assessed their ability to use the Tongue Drive System to operate a computer and navigate an electric wheelchair through an obstacle course.

The Tongue Drive System is being patented, and there are currently no commercial systems available on the market that will provide users with the same level of control and ease of use as Ghovanloo et al. demonstrated in their recent tests.