GNYDM bundles C.E.
New option opens up unlimited courses at big savings

A new bundling option for earning C.E. credit at the Greater New York Dental Meeting promises to make it easier for attendees to maximize the amount of credits earned while reducing their overall per-credit costs.

The new C.E. Passport Bundle enables an attendee to register for as many C.E. seminars and essay courses as wanted for the entire meeting, which runs from Nov. 23-28. Registration is required for each course to earn C.E. credits. For $495 an individual can register for unlimited seminars and essays as available (excluding workshops, "Botox and Fillers" and "Invisalign"). For $795, a dentist and his or her entire staff can register for any number of seminars and essays (staff must register with the dentist and, again, workshops, "Botox and Fillers" and "Invisalign" are excluded).

The GNYDM is an ADA CERP- and AGD PACE-recognized provider. And there’s plenty of C.E. to choose from even if your time available for the meeting precludes the Passport Bundle option. The meeting offers C.E. opportunities covering almost every dental subject, and many offerings are available for a minimal cost. In fact, on each day of the meeting it’s possible to earn up to six credits of C.E. at no cost.

Scientific sessions comprise more than 350 seminars, hands-on workshops, essays and poster sessions. Hundreds of the world’s most respected dental educators present full- and half-day courses.

As always, preregistration for the meeting is free. After Nov. 23, a $50 administrative fee will be assessed for each registration whether onsite or on the web.

The exhibit hall at the Jacob K. Javits Convention Center will run from Sunday, Nov. 25, through Wednesday, Nov. 28. The exposition will feature more than 700 dental manufacturers, service providers and other dental organizations in more than 1,600 booths. The exhibition is recognized globally as one of the biggest and most influential showcases for the dental industry’s latest products, services, technologies and equipment.

The meeting has multilingual personnel available to assist and encourage interactions between exhibitors and international guests.

It all takes place in the “World Capital of Excitement” with its nonstop cultural, sporting and social events during the peak holiday season that many view as New York City’s most enchanting time of the year. You can register and get all of the details at www.gnydmc.com.
Dentistry as a trade?

By David L. Hoexter, DMD, FACD, FICD
Dental Tribune U.S. Editor in Chief

Today’s average dental student graduates with massive debt, closing in on $300,000 for dental school alone — not even including additional borrowing to cover basics such as rent and food. New dentists start careers under tremendous professional and financial pressure. They must find a way to practice what they’ve trained for — while also retiring the debt.

Postgraduate studies in a specialty can add $300,000 more in debt, again without even including living expenses. Many new specialists are starting careers with more than $700,000 in debt. Against this backdrop, new schools are opening and entrance standards are toughening, all while tuition, total admissions and students per classroom keep increasing.

The trends look great for the schools, but what about for everybody else, especially when viewed with other changes?

Answering that question requires some historical perspective — stretching back to 1905 and what could be viewed as the dawn of modern dentistry. Synthesis of the anesthetic procaine (later marketed as Novocain), which ushered in a new era in patient comfort. Around the same time, William H. Taggart patented his lost-wax casting machine, enabling dentists to fabricate fillings and crowns with precision.

Another leap came with standardization in amalgams and operatory procedures pioneered by G. V. Black, author of the ground-breaking “Operative Dentistry.” In 1948, the National Institute of Dental Research (renamed in 1998 as the National Institute of Dental and Craniofacial Research) formed in the U.S. as the third National Institutes of Health. In this post-World-War-II era, dental schools attracted a generation of students helped by the GI bill. Participants felt proud, and the public benefited from more dentists and improved oral health. New dentists earned respectable incomes and respect as valued leaders in growing communities.

Parallel to advancements in materials and professionalism, dental chairs and operatory equipment were improving. By the 1970s, patients were reclining on one side of the chair. Why did we have a spittoon by the chair anyway? Studies showed patients used it mainly just to take a break from the procedure. Dental companies developed comfortable. Dental companies developed durable but not friendly. Dentists stood while practitioners no longer had to stand fixed and practitioners were sitting at chairside instead of standing. The plumbing and power lines previously snaking to instruments were wrangled and wrapped. Operatories were more welcoming and comfortable. Dental companies developed innovative and ever-improving instruments and products. Gradually, the public and the American Dental Association became an organizing voice, standardizing professionalism and products while building on dominance it achieved over competitor societies though its early support of amalgams. Dental equipment of the era was durable but not friendly. Dentists stood for hours with one leg and foot bearing most of their weight, all while subjected to high-decibel whirring from belt-driven machines. Conditions that deterred many from the profession.

Still, dentistry, like most work then, was stable. Most dentists were male, solo practitioners treating patients on their own. It wasn’t until the 1960s that dental specialties and dental hygienists began gaining greater acceptance. The first hygiene school had opened in Connecticut in 1912. But it was later, with schools such as Forsyth and leaders such as Drs. R. Loeber and J. Hein, that dental hygiene emerged as a true profession, dominated by women. Dental assistants, through specialized education and certification, also gained recognition for their value.

Dental schools grew in number and class sizes, parallel to expansion of the U.S. and global economies — and dental equipment became ever easier to use. The G. V. Black foot pedal had given way to belt-driven equipment, which in turn was replaced by air-driven, high-speed equipment. The profession was becoming less strenuous. The spittoon disappeared, and practitioners no longer had to stand fixed on one side of the chair. Why did we have a spittoon by the chair anyway? Studies showed patients used it mainly just to take a break from the procedure.

As the profession advanced throughout the world, so did an international market for dental products and the exchange of ideas across borders. But it was the computer and internet age that fully opened global distribution channels and borderless educational opportunities. The Seiker brothers and, later, the Henry Schein company, created networks that today are making dentistry at its highest level available to all.

In the 1960s, dental implants gained momentum. But materials, sizes and shapes lacked consistency and predictability. Acceptance by the public and academic community was tentative. Successful outcomes with endosseous implants (including root forms), subperiosteal implants and blades were extremely technique-sensitive and not easily transferable. Subperiosteal implants required specifically trained laboratory technicians and special casting techniques with a titanium alloy. Less-precise work could easily result in contaminated castings prone to fracture. Before titanium, some metals in use weren’t well accepted by the body. Rejection and nonpredictable outcomes weren’t unusual.

Helping the profession through these early days were dedicated implantologists such as Drs. Leonard Linkow and Isaiah Lew. The first national organization in implantology, pioneering the exchange of knowledge, was the American Academy of Oral Implantology. By the 1970s, patients were reclining in highly adjustable ergonomic comfort, and practitioners were sitting at chairside instead of standing. The plumbing and power lines previously snaking to instruments were wrangled and wrapped. Operatories were more welcoming and comfortable. Dental companies developed innovative and ever-improving instruments and products. Gradually, the public and the American Academy for Dental-Facial Esthetics will gather in New York City on Nov. 26 for an educational meeting and to award fellowships. Held annually in conjunction with the Greater New York Dental Meeting, the meeting will be the organization’s 23rd. Fellowship in the academy is by invitation to dentists, physicians and members of the dental-facial cosmetic industry who have distinguished themselves in their respective professions.

This year’s fellowships will be awarded at the iconic Sanford-White-designed Harmonie Club at 4 East 60th St. (between Madison and Park avenues) Beginning at 6 p.m., fellowships will be presented to new members from across the globe, including Australia, New Zealand, France, Italy, Peru, Argentina, Canada, Mexico, China, England, Japan and the U.S.

For more details, you can contact info@IADFE.com or drdalvith@gmail.com.
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High-definition, uniform light at maximum intensity

By Designs for Vision Staff

Designs for Vision is introducing an advanced photonic design that provides uniform light distribution with maximum intensity. The patent-pending headlights optically focus the light from the LED to provide 45 percent more light with uniform distribution. The new LED DayLite® Micro HD™ uses the new high-definition imaging in an ultra-lightweight headlight in combination with the new Micro power pack. According to the company, the Micro is the market’s lightest and smallest power pack. The complete unit includes two power packs, and each power pack can run up to 10 hours. Designs for Vision also has added high-definition imaging to the LED DayLite WireLess Mini HDi, providing a light-weight cordless solution with light intensity comparable to many cored headlights.

You can choose high-definition imaging with either a wired or wireless design to meet your preference, and either HDi headlights will illuminate the entire oral cavity. Designs for Vision’s WireLess headlights free you from being tethered to a battery pack. The simple modular designs uncouple the headlights from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the LED DayLite WireLess headlights are independent of any frame/loupes.

Designs for Vision is also featuring the “REALITY five-star-rated” Micro 3.5EF Scopes, which use an innovative optical design that reduces the size of the prismatic telescope by 50 percent and reduces the weight by 40 percent — while providing an expanded-field, full-oral-cavity view at 3.5x magnification. Building on an established award-winning design, the newest addition to the Micro Series line is the Micro 4.5EF Scopes, which reduce both the size and weight of the telescopes by 44 percent. Designs for Vision has expanded into a new 67,500-square-foot location at 4000 Veterans Memorial Highway in Bohemia, N.Y. To see photos of the facility you can visit www.DesignsForVision.com/move.htm.

You can see the Visible Difference® yourself by visiting the Designs for Vision’s booth (No. 527) at the American Academy of Periodontology meeting in Vancouver, British Columbia, Canada, Oct. 28–30, and/or its booths (Nos. 1813, 2012 and 4026) at the Greater New York Dental Meeting, Nov. 25–28. You also can arrange a visit in your office by contacting the company at (800) 345-4009 or via info@dvimail.com.
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MKT 10002_1.0  OD-77188-101618
‘Uni-Verse-All’ positioner holds any size sensor

Digital X-rays are changing how you manage patient diagnostics. But while digital is faster and easier to use, it poses some unique challenges too. Sensor positioning is one such challenge. Unlike film, sensors are rigid and thick. And unlike film, there is no standard size to a “size 2” sensor. All this makes finding a quick and easy way to position your sensor somewhat more difficult than when you were using film.

With Flow Dental’s new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Sounds impossible, yet Flow’s Uni-Verse-All sensor positioner does just that. It will hold just about any size sensor. The Uni-Verse-All sensor holder lets you reposition the sensor along the bite plane so you can go from a periapical to a bite wing in seconds, and without changing parts.

The Uni-Verse-All is easy to use and set up is fast. You choose from two sizes of sensor holders (both included in Flow’s starter kit). You then snap the sensor holder into the Uni-Verse-All positioner and slide on the aiming ring. Just like that you’re ready. Move the holder down for anteriors or periapicals, up for bite wings. Lightweight for added patient comfort, Uni-Verse-Alls are re-useable and autoclavable. A starter kit with everything you need retails for less than $57.

For more information, or to order, you can contact your local dealer or visit www.FlowDental.com.

(Source: Flow Dental)

Relationship goals: Partner with a GentleWave provider

By Sonendo Staff

As a professional, staying relevant in your field is dependent upon remaining current on industry developments and innovations. Patients want to know that they’re receiving care from someone well-informed — someone who offers state-of-the-art services.

You should be giving the same considerations when choosing an endodontist to refer your patients to.

Streamline your referral process

Creating a referral relationship with a GentleWave® provider can streamline your referral process and build confidence in your care. Give your patients access to Multisonic Ultra-cleaning® technology, and improve outcomes of even the most challenging cases.

Partner up with the GentleWave provider nearest you — visit www.gentlewave.com/provider today or call Sonendo® at (844) 766-3636 for more information.

According to Sonendo, an advanced combination of fluid dynamics and broad-spectrum acoustic technology enables the GentleWave procedure to reach into the deepest, most complex portions of the root canal system to remove tissue, debris and bacteria. To refer an endodontic patient to the GentleWave provider closest to your practice, visit www.gentlewave.com/provider or call (844) 766-3636.
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1. BISCO has, on file, the calcium release data for TheraCal LC.
3. BISCO, Inc. Data on File.

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Disposable application system mixes 2-component materials

The time-saving Unit Dose 0.5 ml from Sulzer Mixpac is a single-use hygienic application system for two-component dental materials such as cements and bleaching materials.

‘Reliable mixing results’
MIXPACT™ T-Mixer mixing technology produces high-quality, reliable mixing results, according to the company.

The ergonomic and easy-to-use system has a range of safety features including transport protection and a safety fastener. Clear visual indicators ensure that the user can see at a glance whether the system has been activated and is ready to use.

The 850-employee Sulzer Mixpac is part of the Sulzer group international network based in Switzerland with subsidiaries in the U.S., U.K. and China. Learn more at www.sulzer.com

(Source: Sulzer Mixpac)

The Unit Dose 0.5 ml from Sulzer Mixpac has clear visual indicators to ensure that the user can see at a glance whether the system has been activated and is ready to use. Photo/Provided by Sulzer Mixpac.
Find a referral partner who treats your patients well.

When you’re making a referral, are you choosing what’s best for your patients? Ensure they’re receiving state-of-the-art services and build confidence in your care by entrusting your patients to a GentleWave® Provider.

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The impact of marriage, parenthood and spouse’s occupation on dental careers is changing. Dentists are less likely to be anchored to one location for an entire career. At some point, licensure law must catch up. I’ve never understood restrictions on dental licensing based on state borders and reciprocal agreements. Changes in our industry are putting pressures on licensing to transfer across state lines more like a driver’s license. Massive student debt and flexible, mobile career paths are feeding another trend: large-group practices owned by non-dentists with dentists as employees. Patient relationships with oral-health providers are becoming more brand-based instead of practitioner based. Economies of scale enable such businesses to keep pace with advancements, wield big advertising budgets and hire professional staff to run the business side of the operation. Practicing dentistry today is big business — structured around financial concepts — with dentists being incorporated into the new model. There’s nothing wrong with that as long as patient care remains guided by a commitment to ongoing, high-quality professional education, and the labor — dentists — earn incomes that cover student debt and provide a quality of life such work deserves.

Nothing indicates these trends will slow. More top students are being attracted to a growing number of schools that are squeezing more students into every class, but tuition and student debt keep rising (remember that $300,00 or even $700,000 or more for a specialist). Dental patients are demanding the speed and convenience of the latest digital equipment. And giving patients what they want requires large practices with big budgets and staffing strategies aligned with the flexible career paths desired by today’s new dentists — who are performing more dentistry, faster.

As if created to perfectly serve these trends, a growing mantra among cost-sensitive practices and patients is ‘fix it and ship it with an implant. Compromised teeth are being extracted and replaced with implants, often in a single visit. Major non-dental financiers have purchased some of the largest implant manufacturers and distributors. Business is good.

Change is the norm. Adaptation to change is our profession’s challenge. Are we a profession or a business? Are the people we treat our customers or our patients? Is there a way to curb the exponential increase in the cost of education, treatment and business?

These trends might be shifting us away from our role as deeply trusted lifelong advisors to our patients and as pillars in our local communities, both core concepts that help define us as professionals.
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AAP heads to B.C.

American Academy of Periodontology to host 104th annual meeting in Vancouver

By AAP Staff

The American Academy of Periodontology (AAP) will hold its 104th annual meeting from Oct. 27-30 at the Vancouver Convention Centre in Vancouver, British Columbia. The event is presented in collaboration with the Canadian Academy of Periodontology, the Japanese Academy of Clinical Periodontology and the Japanese Society of Periodontology. All dental professionals — including students, early-career periodontists, hygienists, office staff and members of the dental media — are encouraged to attend.

This year’s meeting, which provides up to 25.5 continuing education credits, features 45 courses and more than 30 new speakers. Ten redesigned program tracks include oral pathology, oral medicine and oral diagnosis; emerging concepts and innovative therapies; implant surgery and prosthetic rehabilitation; and periodontal plastic and soft-tissue surgery.

“With a roster of periodontics’ sharpest minds leading our many courses and events, this year’s annual meeting is set to be a gathering of our specialty’s best and brightest from around the world,” said Steven R. Daniel, DDS, president of the AAP. “Attendees will have the opportunity to curate their experiences, and with the return of our Dental Hygiene Symposium, Student and New Periodontist series and the Insurance Coding Workshops, there’s something for everyone in the field.”

Highlights of the 104th AAP Annual Meeting include the following:

• *Endeavor to Succeed* at the opening general session: Captain Mark Kelly, who spent more than 50 days in space aboard the Space Shuttles Endeavour and Discovery, will share insights on leadership, teamwork and success during the meeting.

• *Exhibit Hall* At the center of the action will be the meeting’s exhibit hall, where more than 300 booths will showcase an array of products and services. At the center of the action will be the meeting’s exhibit hall, where more than 300 booths will showcase an array of products and services.

To register for the 104th AAP Annual Meeting, to view the complete advance program or for more information, visit aperiodontist.org/am2018 or e-mail meetings@ periodont.org.

About the American Academy of Periodontology

The American Academy of Periodontology (AAP) is an 8,200-member professional organization for periodontists — specialists in the prevention, diagnosis and treatment of inflammatory diseases affecting the gums and supporting structures of the teeth, and in the placement of dental implants. Periodontics is one of the nine dental specialties recognized by the American Dental Association.

Apply for a research grant

Submissions for 2019–2020 Osseointegration Foundation Research Grant applications are being accepted now

By AO Staff

Dental professionals on the leading edge of evidence-based dentistry who are interested in research grant funding can now submit an application for the 2019–2020 Research Grants program of the Osseointegration Foundation (OF).

Funded by OF, the philanthropic arm of the Academy of Osseointegration (AO), two research grants will be awarded this year. The AO/OF Research Grant Committee will review all applications and award $50,000 to the best proposals in the following categories:

• **Basic Science:** Research to advance implant knowledge that does not include human subjects.

• **Applied Science:** Research to advance clinical implant dentistry that does include human subjects.

To qualify, research grant applications must be submitted by an AO member, faculty member or student who conducts research in any academic dental institution (with at least one person on the research team an AO member). Applications that address areas of research to enhance public acceptance of implants are welcome and encouraged.

Applicants will be informed of acceptance of their proposals in March 2019 via email. First place awardees will be required to present their research at AO’s 35th Annual Meeting (taking place March 19-21, 2020, in Seattle). In addition, all awardees must submit a manuscript to the International Journal of Oral and Maxillofacial Implants (IOMI), AO’s official scientific journal, no later than Dec. 31, 2020.

The deadline for submitting OF Research Grant applications is Dec. 1, 2018.

• See RESEARCH, page B2
Meisinger to host 9th implant symposium

By Meisinger Staff

While it is impossible to reduce the wide range of procedures and topics in the oral-surgery field to a simple catchphrase, there is value in the guiding principle of “Tissue is the issue, but bone sets the tone.” From implantology to surgery, meticulous attention to treatment of bone is key to a successful procedure. This is why, in 2002, Meisinger unveiled the Bone Management™ product line, which consists of coordinated systems that enable controlled optimization of various surgical procedures. Developed in collaboration with scientists and practitioners, the clear, methodical procedures for these systems foster ease of use for a large range of dental professionals. The term “Bone Management” refers not simply to a technique but rather to a mindset of surgical guidelines. While the end goal of prosthetics is incredibly important, the Bone Management approach also focuses on ensuring minimally invasive procedures with long-term success.

To continue making this “Bone Management mindset” accessible to all dental professionals, Meisinger launched the annual High Altitude Comprehensive Implant Symposium (HACIS) — an entire symposium dedicated to the ins and outs of implantology.

For the past eight years, HACIS has been bringing together world-renowned speakers on Bone Management topics in a combination of lectures, hands-on workshops, world-class skiing and fun for all.

Registration is open now! For more information and a list of speakers and sessions, contact Meisinger USA at (303) 268-5400 or visit http://meisingerusa.com/events/9th-annual-high-altitude/

About Academy of Osseointegration

With nearly 6,000 members in more than 60 countries around the world, AO is recognized as a premier international association for scientists and professionals interested in osseointegration and implant dentistry. AO serves as a nexus where specialists, generalists and scientists can come together to evaluate emerging research, technology and techniques, share best practices, and define optimal patient care using timely science and evidence-based methods.

About Osseointegration Foundation

Incorporated in 1987 as the philanthropic arm of AO, Osseointegration Foundation fosters the highest standards of research and education of practitioners, who use this research and education to enrich their patients’ lives and enhance their students’ knowledge and skills.

By Meisinger Staff

While it is impossible to reduce the wide range of procedures and topics in the oral-surgery field to a simple catchphrase, there is value in the guiding principle of “Tissue is the issue, but bone sets the tone.” From implantology to surgery, meticulous attention to treatment of bone is key to a successful procedure. This is why, in 2002, Meisinger unveiled the Bone Management™ product line, which consists of coordinated systems that enable controlled optimization of various surgical procedures. Developed in collaboration with scientists and practitioners, the clear, methodical procedures for these systems foster ease of use for a large range of dental professionals. The term “Bone Management” refers not simply to a technique but rather to a mindset of surgical guidelines. While the end goal of prosthetics is incredibly important, the Bone Management approach also focuses on ensuring minimally invasive procedures with long-term success.

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About Osseointegration Foundation

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**Why the Hahn™ Tapered Implant System?**

- **Clinically proven** — Designed by renowned implantologist Dr. Jack Hahn
- **Safe and efficient** — Simplified surgical protocol with length-specific drills
- **Precise control** — Pronounced thread pattern to engage bone where directed
- **High primary stability** — Tapered body and buttress threads to maximize immediate load opportunities
- **Guided surgery now available** — Fully guided from first drill to implant placement

I enjoy the versatility and simplification offered by the Hahn™ Tapered Implant. It is an implant system that can serve the needs of all dental implant practices. I use the Hahn implant for my full-arch implant cases, extraction with immediate placement, and healed ridge sites alike. The aggressive threads, high primary stability and the machined collar make it my favorite implant system that I have used to date. The compatible connections make it easy and predictable to place as well as to restore with all the prosthetic options available in today's market.

- Philip J. Gordon, DDS,
  Host of "Dental Implant Practices" podcast

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For more information
888-786-2177
hahnimplant.com

*Price does not include shipping or applicable taxes.
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Hahn implants and components are manufactured in Irvine, California, facility.

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CLINICAL AND LABORATORY PRODUCTS