The man behind the microscope
Dr. Assad Mora shares his thoughts on using 3-D vision to make treatment easier and improve patient care

By Fred Michmershuizen, Managing Editor Endo Tribune

A s inventor of the MORA Interface and the MoraVision® 3D system, Assad F. Mora, DDS, MSD, FAGP, pioneered a new era in visualization technology by introducing the use of stereoscopic 3-D video technology for viewing the operating field in real time for performing clinical dental procedures. Mora is a graduate of Damascus University who came to the United States in the early 1970s to study prosthodontics. Today, he maintains a private practice in Santa Barbara, Calif., with his wife, Kathy Patmore, an endodontist. He discussed with Dental Tribune how he became involved with microscope enhanced dentistry, the thinking behind the MoraVision 3D system, and what he sees for the future of microdentistry.

Please describe the MoraVision 3D system.
It is a digital stereoscopic microscope system that delivers to the viewer an accurate, three-dimensional depth perception in real time. It also delivers two different perspectives of the same operating field, one for the doctor and another for the assistant. The MoraVision 3D system is unique in that the assistant vision is provided as a standard configuration with the system, not an option.

What comprises the system itself?
The MoraVision System has two main components: the MoraScope™ and the MoraVu 3D™. The MoraScope is made of two self-contained digital stereoscopic microscopes in one housing. It combines the powers of two zoom stereo microscopes and their high definition (HD) video cameras into one compact 5-inch cube to provide magnification levels from 0.5x to 50x. The MoraVu 3D is a real time stereoscopic display module based on two HD LCD monitors and a beam splitter.

How can MoraVision 3D help specialists and GPs provide better patient care?
The benefits of the MoraVision 3D system extend to all phases of dentistry, for specialist and GPs alike. In addition to improving the quality of dental care for the patient, it can save the back and the neck of the dentist and the assistant. It improves the quality of dental care by virtue of providing an unobstructed magnified view of the operating field. An eating disorder is a complex mental illness characterized by self-induced starvation (such as anorexia nervosa) or self-induced weight loss (such as bulimia nervosa, binge eating with and without purging, or self-induced vomiting). Eating disorders can be dangerous and can lead to physical, mental, and psychological health problems. The most common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder. An eating disorder is a complex mental illness characterized by self-induced starvation (such as anorexia nervosa) or self-induced weight loss (such as bulimia nervosa, binge eating with and without purging, or self-induced vomiting). Eating disorders can be dangerous and can lead to physical, mental, and psychological health problems. The most common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder.

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AD
Looking ahead through a rearview mirror

By Editor in Chief David L. Hoexter, DMD, BA, FACD, FICO

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his year looks to be one of decision and direction. I think we can all agree that 2008 was a year of highs and lows, wrong decisions and indecision. It was a year that really tested our trust. Sometimes we were floating on clouds and sometimes the clouds couldn’t sustain our weight and we spiraled downward. Queen Elizabeth, the pinnacle of proper English, put it best when she called 1992 “annus horribilis,” or “horrible year,” which can also be applied to 2008.

Hopefully, the new administration will bring necessary change. As a country, we became greedy and obsessed with material possessions. We were both ruled and defeated by banks, mortgage companies, Wall Street and government leaders. Even Congress revoked protections that had previously been in place to protect the unwary consumer. Unfortunately, the subprime mortgage fallout affected the entire world. Trust was lost. Whose fault was it, the greed of the seller or the last of the buyer? Wall Street’s “three card Monty” left a void. Business slowed and thousands of jobs were lost. Bank mismanagement left society without future security. What about their oral health care?

The economic difficulties of 2008 were joined with hatred, uncertainty, killings and violence. In Mumbai (Bombay), India, innocent persons were slaughtered. For what reason and toward what cause did this happen? The world’s unseen enemy thrives on emotional unrest and public apathy. We are now recognizing that we must become more involved and aware. Tim Russert would have alerted and guided us consciously on TV, but alas, he passed away.

What should we do as dentists, we must step up and do our part to heal the nation. With a strong voice we must help rebuild the foundation of trust that has been violated by the events of 2008. We must regroup, become stronger and be more protective of our profession and our patients. Our government should work along side of us, giving incentives to those who help heal the community.

Myriad scientific studies have shown gum disease to be a forerunner of dire consequences to the body. As a profession, it is up to us to make sure that our patients maintain good oral health, and as a profession we have the right to be reimbursed for this service by insurance companies. How else can we detect problems and protect our patients? Gone are the days when dentistry was thought of as a nonessential service, not reimbursable. We must return to the basics of good oral health and we must be compensated.

At the same time, we must all do our part to help those less fortunate. Trudy Heller in her book, “A Daughter’s Love,” points out that lower social income groups tend to eat less nutritious, cheaper foods. This leads to increased caries, poorer oral awareness and an inability to function orally. To ameliorate this situation, Heller started a free children’s dental clinic for all children in Jerusalem, Israel.

In the United States, we have record pre-term, low birth weight for babies born in this country, and it is due to periodontal disease. It is essential for healthy future generations that women of child-bearing age be made aware of this and treated for periodontal disease.

We are now in 2009. The past is the past. Hope is the future and it is eternal. We must campaign to help the public become aware of the nutritional foods that are necessary for good oral health. We must help the young to acquire good oral hygiene. We can volunteer as dentists to participate in this year in elementary schools and educate today’s youth on how to prevent caries and other oral problems.

We should reward those who do benevolent deeds and we should plan together how to proceed.

Most importantly, we must learn to forgive, learn to listen and avoid repeating obvious errors.

Plenty of you are already doing your part and plenty of you have great ideas for the future. I would like to hear from you. Please e-mail me at DrHhoeexter@gmail.com and let me know your thoughts, and tell me what you are doing to help. Learn from the annus horribilis year of 2008 … and don’t forget to brush! From Wall Street to Main Street and everywhere in between, stay up-to-date with the latest news.

About the author

Dr. David L. Hoexter (BA, DMD, FACD, FICO, FICD) is director of the International Academy for Dental Facial Esthetics, an organization that combines physicians and dentists with other related fields in research and relates its findings to clinical practice. He is also clinical professor in periodontics at Temple University, Philadelphia.

He was previously clinical professor in periodontics at the University of Pittsburgh. He received his degree from Tufts University, where he was an adjunct professor in periodontics. He is a Diplomate of the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a Diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 555-0004 or drdavidlh@aol.com.
EATING DISORDERS
From Page 1

vation, poor nutrition can affect oral health by increasing the risk for periodontal diseases.”

As many as 35 million men, women and children suffer from eating disorders in the United States. Dentists are becoming the first line of defense when it comes to spotting eating disorders in patients, according to the Academy of General Dentistry. For example, although parents may not recognize that their child is anorexic or bulimic, they are often still taking the child to a dentist on a regular schedule and the dentist may spot the oral signs of the disease.

Bad breath, sensitive teeth and eroded tooth enamel are just a few of the signs that dentists use to determine whether a patient suffers from an eating disorder. Other signs include teeth that are worn and appear almost translucent, mouth sores, dry mouth, cracked lips, bleeding gums, and tender mouth, throat and salivary glands.

According to the National Eating Disorders Association, studies have found up to 89 percent of bulimic patients have signs of tooth erosion due to the effects of stomach acid. Over time, this loss of tooth enamel can be considerable, and the teeth change color, shape and length.

“Delta Dental Plans Association supports providing appropriate referral for those individuals with signs and symptoms of eating disorders and encourages those with eating disorders, or those who are caring for individuals with eating disorders, to seek care from a dental professional to manage the dental consequences of these disorders,” Anderson says.

The not-for-profit Delta Dental Plans Association (www.deltadental.com) based in Oak Brook, Ill., is the leading national network of independent dental service corporations specializing in providing dental benefits programs to 51 million Americans in more than 95,000 employee groups throughout the country.

(Source: Delta Dental)

References
1. Delta Dental Plans Association National Scientific Advisory Committee Library
5. National Eating Disorders Association

International

Experts quarrel over mouthwash

Study in Australian dental journal pushes oral cancer debate

Daniel Zimmermann, Managing Editor
Dental Tribune International

LEIPZIG, Germany: New evidence from Australia suggests that the long-term use of mouthwash containing alcohol can lead to an increased risk of developing oral cancer. The information, which was released after a scientific review was published in the Australian Dental Journal, reports on evidence that ethanol allows carcinogenic substances, such as nicotine, to permeate the lining of the mouth.

Top-selling mouthwashes contain as much as 26 percent alcohol, which is used to kill the bacteria responsible for tooth decay. It is also necessary as a solvent for different flavor oils.

Michael McCullough, associate professor of Oral Medicine at the University of Melbourne in Australia, who led the study said, “We see people with oral cancer who have no other risk factors than the use of mouthwash containing alcohol, so what we’ve done is review all the evidence. Since the article, further evidence has come out, too.”

“We believe there should be warnings. If it was a facial cream that had the effect of reducing acne but had a four- to five-fold increased risk of skin cancer, no-one would be recommending it,” he added.

The Australian government said
See MOUTHWASH, Page 3
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Disagreement over mouthwash and its outcome

By Bernhard Stewart, Australia

Recent media controversy in Australia over the risk of oral cancer associated with the use of alcohol-containing mouthwash can be seen as one aspect of a pervasive public health issue. Once an agent has been unequivocally established as carcinogenic to humans, exposure to that agent in any context is likely to be hazardous and, therefore, to be prevented.

Consideration of this principle in relation to alcohol-containing mouthwashes clearly illustrates one aspect of the dilemma. Specifically, in determining public health policy, how much weight should be accorded to the general findings concerning the agent in question in comparison with those findings that relate specifically to the context under consideration?

Causation of cancer from drinking alcoholic beverages is established to the point of certainty. The anatomical sites principally involved are the oral cavity and oesophagus, and risk is increased multiplicatively in smokers. However, the evidence in relation to the risk of oral cancer associated with mouthwash use is equivocal to the point that sharply differing conclusions may be drawn.

Writing in the Australian Dental Journal, McCullough and Farah, arguing from the perspective of alcohol as an established carcinogen, state: “There is now sufficient evidence to accept the proposition that developing oral cancer is increased or contributed to by the use of alcohol-containing mouthwashes.” This differs from the conclusion by La Vecchia in Oral Oncology: “a link between mouthwash use, specifically alcohol-containing mouthwash, and oral cancer is not supported by epidemiological evidence.” La Vecchia delineates uncertainties regarding mouthwash studies generally, specifically in relation to the lack of clear evidence regarding an anticipated increased risk attributable to alcohol per se.

General agreement that a carcinogenic hazard associated with the use of alcohol-containing mouthwashes is plausible suggests that cautionary advice should be given to those making long-term use of these products. However, present uncertainty would not justify warning labels or restricted sales of mouthwashes, especially with reference to current public health standards concerning availability of alcoholic beverages.
A picture is worth a thousand words. A stereoscopic 3-D picture is worth a thousand pictures, and a stereoscopic 3-D video is worth a thousand 3-D pictures. The amount of visual information that can be conveyed through stereoscopic video is enormous. It does not leave anything to speculation and imagination. Live 3-D video is an effective tool for reducing patient anxiety. Empowering the patient with visual information produces a more educated patient who is more cooperative, motivated, appreciative and who takes ownership of their problem. Visually educating the staff increases their competence. Communication with colleagues with referral information using stereoscopic clinical visual records can convey the most comprehensive picture of the clinical condition with accuracy and completeness unmatched by any other method.

Louis Malcmacher, DDS, MAGD

Faster, easier and better - these are the three magic attributes that I look for whenever I evaluate new products. The GoldenMisch Physics Forceps are by far one of the greatest advancements I have seen in exodontia in my 28 year career. Using these unique instruments greatly reduces buccal bone loss during the extraction, making implant support and esthetic success much more predictable. The amount of time, effort and frustration saved is incredible, especially with challenging teeth. The Physics Forceps are an absolute must for every dental practice and I highly recommend them in my lectures.

Assad F. Mora, DDS, MSD, FACP

Emerging technologies can play a significant role in advancing the principles of microsurgery and microdentistry and gain acceptance by a larger segment of practicing dentists. By bringing the comfort of posture-independent stereoscopic vision, ease of use, a short learning curve and ease of documentation to microscope magnification, the profession should find it more compelling to adopt this new paradigm for improving the standards of dental care, for both the patient and the treating team. Also, bringing real-time stereoscopic video vision and simplified stereoscopic documentation to clinical dental education can create a new paradigm in teaching. Change will come to the profession when the compelling evidence is accepted based on a perceived need assessment. It will only come when the time is right.

If you could send one key message to dentists and specialists, what would it be?

The microscope is not the end. It is the means to challenging the status quo and achieving a higher quality in patient care. Constant decisions are made every second during exams and treatments based on visual feedback. To drive the point home please allow me to use the following example: An image made of 20-by-30 pixels has 600 pixels, or 600 points of information. The same image made of 200-by-300 pixels has 60,000 pixels or 60,000 points of information. The second image is considered 10 times larger than the smaller image. However, it has 59,400 points of information more than the first image. Or, the first image has 1 percent of the information present in the second image. Could it be that if we were not working with 10x magnification, we are then working with 1 percent of the information that could be available to us? When performing a dental operation, clinical decisions have to be made constantly. Visual feedback is the main source of information upon which clinical decisions are made. Dentistry has been and will continue to be an assumption-based endeavor. The closer our assumptions are to reality, the better will be our decisions leading to more successful outcomes.

You can’t diagnose or treat what you can’t see. You don’t know what you can’t see, and you can’t see what you don’t know.
Four ways to increase case acceptance

By Roger Levin, DDS

"A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty." — Winston Churchill

E veryone wants 2009 to be a bet¬
ter year than 2008. Well, here’s how: improve your system for presenting treatment to patients — especially larger need-based and elective cases. When I say that to dentists at my Total Practice Success™ seminars, a few attendees will inevitably respond, “I’m doing everything I can, but nothing seems to work. About the same percentage of patients accept treatment year-to-year no matter what I do.”

This is when I start asking ques¬
tions about their case presentations:

◗ Is your team involved? Do your hygienist regularly edu¬
cate patients about all practice services?

◗ Do you emphasize patient ben¬
efits right from the get-go?

◗ How up-to-date are your mar¬
keting materials? Do they pro¬
mote all of your services, espe¬
cially cosmetic dentistry and implants?

◗ Do you offer flexible financial options to every patient?

As you can probably guess, the majority of the responses are in the negative. That’s because most people, including dentists, have difficulty accurately evaluating their performance. We all want to believe that we’re doing the best that we can. Of course, we often are, but sometimes we are not. Admittedly, changing can be difficult. It often takes a major event, such as the worst economy since the Great Depression, to shake us out of our complacency.

While the past several months have certainly been a wake-up call, this is no time to dwell on the negative. We’re starting a new year — a time brimming with possibilities — so, let’s focus on the one indis¬
putable fact that I can’t emphasize enough to dentists everywhere: Your practice is the best investment you ever made.

Now is the time to re-invest in your practice by improving your system for case presentation. Levin Group helps our clients increase case acceptance with a systematized approach called Greenlight Case Presentation. These four “green light” action steps can help you do the same.

Promote comprehensive dentistry

Successful practices take a long¬
term view of patients’ oral health. Most patients are potential candi¬
dates for any number of traditional and elective procedures, yet too many practices take a shortsighted view and focus exclusively on the patients’ current needs and treat¬
ment. Yes, practices should address a patient’s immediate concerns, but there also should be a focus on life¬
long dentistry that takes a compre¬
hensive view of the patient’s dental future needs and wants. Unfortu¬
nately, a high percentage of dental appointments are still single-tooth treatments. Offering comprehensive care to all patients can result in a significant increase in production and profitability.

Focus on benefits right from the start

Dentists love the technical aspects of treatment, but most patients couldn’t care less. They just want to know how treatment will ben¬
efit them. Let’s take implants, for example. Patients want to hear how implants will improve their smile, prevent bone loss, increase their quality of life, etc. It’s not that clini¬
cal explanations should be avoided entirely, but it’s just that they should be de-emphasized. Save technical details for later in the case presenta¬
tion, and keep them to a minimum unless the patient asks specific ques¬
tions. Remember, patients generally have one thing in mind: “What’s in it for me?” Only by focusing on benefits can patients become truly motivated. Without motivation, it’s doubtful patients will move forward with treatment.

Educate patients

Just as billion-dollar corporations run the same TV commercials repeat¬
edly to create product awareness, a practice must also educate patients about all of its services multiple times during each and every visit. Case presentation shouldn’t be sole¬
ly the doctor’s responsibility, each team member must do his or her part to educate and motivate patients about practice services. In addition, marketing materials — brochures, posters, infomercials on monitors, etc. — should be featured in patient areas throughout the practice.

Present flexible financial options

Practices can dramatically increase case acceptance by offering a broad array of financial options to all patients. Many doctors make the mistake of assuming which patients may or may not be able to afford certain cases. Case acceptance dra¬
matically increases when patients see the value in the recommended treatment and are presented with a variety of flexible financial options that suit their budget. Levin Group recommends that practices use these options:

◗ 5 percent discount for full pay¬
ment in advance for larger cases,

◗ credit cards,

◗ half upfront, half before comple¬
tion of treatment,

◗ outside or third-party financing.

Conclusion

Case acceptance drives practice success. These four action steps can help you and your team get more patients to say “yes” to recom¬
manded treatment. Combat a tough economy by increasing your case acceptance and give the green light to more success in 2009!

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Dr. Roger P. Levin is chairman and chief executive officer of Levin Group, the leading dental practice management firm. Levin Group provides clients with Total Practice Success, the premier comprehen¬
sive consulting solution based on the implementation of high-perfor¬
mance systems. A third-generation dentist, Levin is one of the profes¬
sion’s most sought-after speakers, bringing his Total Practice Success Seminars to thousands of dentists and dental professionals each year.
An interview with Donato Napoletano, DMD, who says scopes have ‘transformed’ his practice

Donato Napoletano, DMD, started his general dental practice in 1988 in his hometown of Middletown, N.Y. From the very beginning, his practice has focused on three key philosophies: prevention, early diagnosis and minimally invasive intervention whenever possible.

To achieve his goals, Napoletano has always relied upon the best technology available. He uses CAD/CAM systems to design and fabricate all-porcelain restorations, and he uses lasers in diagnosing and treating carious lesions early, in removing soft tissue lesions, and in treating moderate to advanced chronic periodontitis in patients who desire an alternative means of therapy to conventional surgery. But Napoletano says the most important tool in his technological arsenal, by far, is the dental operating microscope.

“I use a microscope with just about every patient I examine or treat,” Napoletano says. “In addition to enhancing the use of other technologies I use, the microscope also helps to enhance and augment just about all aspects of dental practice that I can think of, including patient management and patient education.”

Napoletano, who is so excited about his microscopes that he offers a dental microscopy course for fellow restorative dentists, spent some time recently discussing microscopes with Dental Tribune.

How long have you been using microscopes? What can they do?

I have been using the dental operating microscope for over five years now, and I consider it to be the most valuable piece of technology I use. This equipment has truly transformed the way I practice dentistry in ways I never imagined. I currently have six microscopes, one in each of my six operatories. They are ceiling-mounted Global Surgical G-6 models, which offer six steps of magnification. All of my microscopes have SLR digital cameras and live video cameras attached to them. The video feed, which is directly connected to the operatory, computes and bridges to my practice management software so that images can be easily captured and stored in the patient’s chart.

How does having microscopes in your practice enable you to provide better patient care?

The microscopes give me increased precision and a higher level of confidence that all decay has been removed. When utilizing lasers, the microscope is very helpful in better observing laser-tissue interactions. Most importantly, however, the microscope enables me to better diagnose problems early and effectively communicate these problems to patients so that they are better able to accept treatment recommendations. The key to offering patients better care is first getting them to agree to it, which, as we all know, can be challenging with some patients, especially if they are new to the practice or are not currently experiencing any symptoms.

What other advantages do the scopes give you?

One of the most significant advantages to the operator is improved ergonomics through better posture. This enables the clinician to operate more comfortably for longer periods of time without breaks.

By Fred Michermshuizen, Managing Editor Endo Tribune

Donato Napoletano, DMD

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obviously improves one’s level of efficiency and productivity because more treatment can be provided in fewer visits. This has also helped increase new patient referrals.

Have you recouped your investment in this equipment yet? If not, when do you plan to?

The funny thing for me was that I never acquired the microscope with any preconceived expectation of an investment return in mind, as I honestly believed they did not have any. To my surprise, however, my earlier beliefs regarding return on investment could not have turned out to be more wrong. There are many factors that contribute to the realization of investment return, but the most evident are increased visualization and having the ability to efficiently document and share what is observed with patients prior to, during and after treatment. Both of these factors result in an increased level of patient communication, increased patient confidence and, most importantly, increased level of trust established in much shorter time periods. All of these factor byproducts ultimately lead to increased case acceptance, which in turn can produce a significant return on investment.

Is there a long learning curve? Are any training opportunities available?

The amount of time required to fully integrate microscopes into a practice is obviously going to vary among practitioners. Without proper training, the time required into fully integrate a microscope into practice will no doubt be longer for some, and others may not integrate them at all. The only bad technology is technology that is not being used to its fullest potential or, worse yet, not used at all. I am very dedicated and passionate in helping other restorative dentists discover the many advantages and benefits to dental microscopy through education and hands-on training programs utilizing mannequins and microscopes in an operatory setting. My dental microscopy course for restorative dentists is designed for new users, but it is not restricted to microscope owners. Dentists who are undecided about whether or not a microscope will work for them can benefit too in that it allows them an opportunity to explore and practice before they buy.

Donato Napoletano, DMD, graduated from Boston University Dental School in 1987 and has been in private practice in Middletown, N.Y., since 1988. He can be reached by e-mail at Donato@DonatoDental.com or by phone at (845) 342-6444. For information regarding upcoming courses on dental microscopy, visit www.donatodentalsystems.com.

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Dr. Napoletano teaches courses on microscopy at his practice, which is also equipped with a classroom.

A crown preparation performed under the microscope. Note the precise, uniform margin with minimal trauma to adjacent soft tissue.

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Hypersensitivity Reactions: Adverse reactions including urticaria are extremely rare. Localized allergic reactions may occur after prolonged or repeated use of any anesthetic anesthetic. The most common adverse reaction caused by local anesthetics is contact dermatitis characterized by erythema and pruritus that may progress to vesication and oozing. This occurs most commonly in patients following prolonged self-medication, which is contraindicated. If rash, urticaria, edema, or other manifestations of allergy develop during use the drug should be discontinued. To minimize the possibility of a serious allergic reaction, Cetacaine preparations should not be applied for prolonged periods except under continuous supervision. Dehydration of the epithelium or an escharotic effect may also result from prolonged contact.

Precaution: On rare occasions, methemoglobinemia has been reported in connection with the use of benzocaine containing products. Care should be used not to exceed the maximum recommended dosage (see Dosage and Administration). If a patient becomes cyanotic treat appropriately to counteract (such as with methylene blue, if medically indicated).

Use in Pregnancy: Safe use of Cetacaine has not been established with respect to possible adverse effects upon fetal development. Therefore, Cetacaine should not be used during early pregnancy unless in the judgement of a physician, the potential benefits outweigh the unknown hazards.

Contraindications: Cetacaine is not suitable and should never be used for injection. Do not use in eyes. To avoid excessive systemic absorption, Cetacaine should not be applied to large areas of denuded or inflamed tissue. Cetacaine should not be administered to patients who are hypersensitive to any of its ingredients or to patients known to have chromomerase deficiencies. Tolerance may vary with the status of the patient. Cetacaine should not be used under dentures or cotton rolls, as retention of the active ingredients under a denture or cotton roll could possibly cause an escharotic effect. Routine precaution for the use of any topical anesthetic should be observed when using Cetacaine.

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New York City welcomed the world of dentistry at the 2008 Greater New York Dental Meeting

Plans for 2009 are even bigger

More than 57,000 dentists, their families and staffs, and members of the dental trade attended the 84th annual Greater New York Dental Meeting (GNYDM). The 2008 meeting featured an impressive array of unique new programs both on and off the exhibit floor, and seminars and workshops that were well attended. Attendees were able to try out the most innovative technologies and learn from some of the world’s most acclaimed health care professionals; all while enjoying New York City, beautifully decorated for the Thanksgiving–Christmas holiday season.

As the largest dental congress and exposition in the United States, the Greater New York Meeting feels it has an obligation to its exhibitors and attendees to excel in hosting a conference that showcases the finest products and procedures modern dentistry has to offer. Dr. Robert Edwah, the GNYDM’s executive director, insists that new and innovative programs are constantly created and developed to ensure that the GNYDM delivers the best conference possible. To that effect, many new programs were instituted at the 2008 meeting.

Among the numerous new programs, and perhaps one of the most successful endeavors of 2008, was the addition of the “Live Dentistry Arena.” This revolutionary concept in dental conventions took place right on the show floor at no cost to attendees. For the first time ever, participants had the unique experience of watching first-hand as world-renowned dentists performed procedures on actual patients. TV monitors were strategically placed around the 300-seat arena so attendees could watch up-close while clinicians performed groundbreaking procedures using the latest innovations in dental technology.

The meeting offered eight three-hour sessions on seven different topics: anterior composites; endodontics; immediate implants and temporization; implant insertion; laminate insertion; laminate preparation; and mini posterior composites. Participants learned techniques to upgrade their skills and gained evidence-based knowledge of how dentistry is evolving.

Also new to the conference last year was “Greater New York Smiles.” Children from all five New York City boroughs traveled from their local schools to convene on the Greater New York Dental Meeting’s exhibition area in the Jacob K. Javits Convention Center. There they received nutrition information and oral hygiene instruction in a fun, child-friendly atmosphere. This entertaining educational program emphasized the importance of oral care in a way the children understood and showcased step-by-step tooth care utilizing proper brushing techniques.

Sinks were set up so that the children had the opportunity to practice their newly learned oral hygiene skills while dental hygiene personnel supervised. Each child went home with a “goody bag” of dental treats and lots of newly acquired knowledge on how to properly care for their teeth and gums. Local television station Fox 5 News filmed and broadcasted the event on their evening news segment and made it available to affiliates throughout the country.

Once again, the Greater New York Dental Meeting offered an unparalleled educational program, featuring some of the most highly regarded educators in the field of dentistry. There was a choice of full-day seminars, half-day seminars, as well as hands-on workshops and several other exciting educational programs. Additionally, workshops held within glass-enclosed areas on the exhibit floor ran simultaneously and covered a broad spectrum of up-to-date, hands-on procedures. These four unique classrooms were constructed with walls made of plexiglass so that anyone walking by on the exhibit floor could easily look in and see the dental products being used inside the workshops.

The 2008 Greater New York Dental Meeting was proud to partner with Align Technology to hold its first Annual Educational Expo – Invisalign Greater New York Educational Expo – which offered eight different programs that enabled dental teams to learn the logistics of tooth alignment with Invisalign from some of the finest clinicians in the world. With the popularity of Invisalign growing so rapidly, the 2008 meeting featured four full days of Invisalign programming that attracted over 1,200 registrants.

Zahn Dental Expo was another new program on the 2008 exhibit floor. As a division of Schein Dental, Zahn hosted its first ever Laboratory Technicians Extravaganza, which featured the latest technology plus educational programming.

With the resounding success of all the new programs instituted in 2008, the Greater New York Dental Meeting has already begun working to enhance its 2009 convention with the intent of bringing in even more attendees from the U.S. and many other countries. More seminars, workshops and many other exciting new programs will be unveiled at the 2009 meeting. Plans are already well under way to add another Live Dentistry Arena as well as two additional glass classrooms to the redesigned exhibit floor. Greater New York Smiles will also be back in 2009 to continue its mission of educating even more children on the importance of proper oral hygiene and nutrition.

Be sure to check the meeting’s Web site, www.gnydm.com, for information and updates on this year’s courses and all the other exciting new programs offered at the 2009 meeting. Remember, there is never a pre-registration fee.

Mark your calendar for Nov. 27 to Dec. 2 to be a part of the excitement of the 2009 Greater New York Dental Meeting and experience all that New York has to offer! For additional information, please contact the Greater New York Dental Meeting at 370 Seventh Ave., Suite 800, New York, N.Y., 10018-1806; Tel. (212) 598-6922; Fax (212) 598-6934; e-mail info@gnydm.com.

Chicago: what to know before you go

In just a few weeks, more than 50,000 dental professionals are expected to arrive in Chicago for the 2009 Midwinter Meeting, being held Feb. 26–March 1. Visitors to the meeting — the theme this year is “The World of Dental Networking” — will not only have the first peek at an array of dental products, but also the opportunity to attend about 200 scientific programs, including 58 hands-on programs, covering topics such as periodontics, endodontics, composites and restorations, stainless steel crowns, CAD/CAM and lasers. In addition, this year’s offerings include more courses than ever before for hygienists, assistants and staff.

Going to Chicago?

For even more on the 144th Chicago Midwinter Meeting, including daily schedules, product news and live coverage of all the seminars, exhibitors and social events, be sure to pick up Dental Tribune’s special Chicago Daily Editions, published each day of the show. See you in Chicago!

Where
McCormick Place Lakeside Center, Chicago

When
Thursday, Feb. 26–Sunday, March 1
See CHICAGO, Page 15
Who Else Wants to ‘TKO’ the Great Recession in 2009?

Who is this Dentist and why is he telling the harsh truth about recession economy marketing and sales [case acceptance] in YOUR practice?

He’ll probably make you MAD, especially if you are a generalist or specialist with advanced training. Mad enough to question your entire belief system about marketing and case acceptance in implant dentistry and the value of advanced training if you can’t find the patients who need your skills the most and who are willing to pay for advanced treatments. HELL DESTROY EVERY SUGAR COATED FALLACY BEING PREACHED AT THE MAJOR MEETINGS CHALLENGED TO RE-THINK every aspect of your marketing and sales systems in your practice. He’ll even make you LAUGH OUT LOUD once you’re an insider hearing the UNVARNISHED TRUTH that exposes the nonsense so-called “experts” express in throw away journals. (Those “Management & Sales Experts” that blather from podiums even though they never took advanced implant CE, have zero clinical credentials, never treated a full mouth case, fallen in a successful practice, whose last case presentation was B.C. [before composites], or aren’t even dentists!) A successful clinician whose cases average over $38,600 per patient, Dr. James McAnally has taught dentists in over 40 countries and 6 continents how to supercharge and systematize their marketing and case acceptance [sales] process for complex care patients (implants, reconstructions, sedation, cosmetics). At any given time, only 5 dozen Elite dentists on the planet are

Acceptance insider secrets, resulted in two cases over $50,000 being

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$38,600 per patient, Dr. James McAnally has taught dentists in over 40 countries and 6 continents how to supercharge and systematize their marketing and case acceptance [sales] process for complex care patients (implants, reconstructions, sedation, cosmetics). At any given time, only 5 dozen Elite dentists on the planet are admitted to his top level Programs where each invest $15K-$25K per year for success with the marketing and sales for complex dental cases. His frustration at the ‘elephant in the operatory’ being completely ignored by manufacturers, labs, equipment vendors, universities, and advanced CE providers on how to find patients need complex care and those willing to pay for it has brought forward the marketing and sales book only James would dare write, revealing the dark underbelly of MOST myths circulating in the profession, and presenting very specific, radical but proven strategies for maximizing the success at marketing and sales for full mouth cases for any doctor that needs his blunt truths. In the current great recession, only dentists with access to these powerful MARKETING and SALES secrets will maximize their cases going to treatment, help more patients with serious problems, remain independent of insurance constraints and experience high levels of PROFIT. If you’re a ‘milk-toast’ dentist with no backbone or are simply too “professional” to use effective marketing and sales and help patients who really need advanced care, you’ll hate James. But if you’d welcome a fresh, frank voice encouraging and empowering you to get more return on your marketing dollars and to get the insider’s truth on what “sells” major dental treatment plans, you’ll be thrilled to have discovered him. His very unorthodox dental business book reveals how to get better results in one year of marketing then in the previous 10 years combined. Every month over 26,000 dentists worldwide devour his newsletters and e-letters. The most successful dentists take his concepts and elevate their success to even higher levels. As a trusted management, marketing and sales advisor to the most successful Elite Dentists, James commands $14,997 for his single day sales and marketing practice makeovers. HE’LL DARE YOU to think differently and more creatively about your marketing and case acceptance system possibilities AND PRESENT THE TOUGH-MINDED, PRAGMATIC STRATEGIES NECESSARY to make the grand and exciting ideas real. TKO the Recession with “The Gloves Off Guide to The Biggest Marketing Secrets in Reconstructive Dentistry” today!

During the Current Recession, The Most Elite Dentists are Investing in Their Case Acceptance and Marketing Skills. Are You?

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faction and security.”

Dr. Jerry Niznick, Inventor & Prosthodontist (www.ImplantDirect.com)

“Finally a book about how to get complex cases. Dentistry’s needed this book for decades and finally it has it.”

Dr. Larry Brooks, CEO (www.Smile-Vision.net)

“James’ book could have easily been title What They Forgot to Teach You in Dental School. Finally, a book written from the trenches......”

Bill Glazer, Glazer-Kennedy Insider’s Circle (www.DanKennedy.com)

“The first presentation where James’ told his marketing and case ac-

ceptance insider secrets, resulted in two cases over $50,000 being closed in my practice.”

Dr. Wes Moore, Fellow, ICOI

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Better patient compliance – With Topex® ReNew™ your patient doesn't need to brush twice. ReNew™ takes the place of separate prescription fluoride pastes and remineralizing pastes with one, great-tasting formula.

Kid's Camp
A childcare center will be offered for the first time at this year's meeting. Camp CDS will provide care for children 6 months to 12 years old. Children will participate in age-appropriate activities including arts and crafts projects, active games and more. Full day, half day and hourly rates are available.

Visit Booth #1607 at the Chicago Midwinter Meeting to take advantage of this special offer.

Dental Tribune | Feb. 9–22, 2009
Chicago Preview 15
Welcome to the Windy City!

What’s cookin’?

Hopefully, you are lucky enough to have a friend in Chicago who can steer you in the right direction when it comes to finding somewhere to eat. If you are not so lucky, well, here are a few suggestions for you.

**Alinea:** 1723 N. Halsted
Noted as one of the best restaurants in the nation, this local hotspot offers meals with 12 or 24 courses that will broaden your experience through unique textures, temperatures and tastes using familiar ingredients.

**Bongo Room:** 1152 S. Wabash Ave.
It’s hip, it’s colorful and it’s a coffee house that makes excellent breakfasts with a little creative twist. Brunch menu on the weekends.

**Chicago Chop House:** 60 W. Ontario St.
Great food at affordable prices at this steakhouse. The three owners are always on-site. There’s a picture of every mayor of Chicago on the walls (even City Hall doesn’t have them all).

**Costa’s:** 540 S. Halsted St.
It’s all Greek here — well, Mediterranean and European too — and comes to you within very elegant surroundings and a little piano music to dine by.

**Dee’s Mandarin:** 1114 Armitage Ave.
Chinese (Mandarin and Szechuan) and Japanese cuisine (sushi bar) in one place with comfortable booths and a fireplace.

**Harry Caray’s Italian Steakhouse:** 33 W. Kinzie St.
Great service, menu classics done and the vegetarian with impeccable service.

**Inn at the](123) 77 E. Washington St.
Great dining in the steakhouse style with the ambience of an exclusive club.

**Pizzeria Uno:** 29 E. Ohio St.
Chicago-style pizza that has people lining up around the corner even though the dining room seats 500. Some say it’s the best pizza in town.

**Tiffin:** 2336 W. Devon Ave.
Indian cuisine for the carnivore and the vegetarian with impeccable service.

**What’s doin’?**

As in, what are you doing if you are not at the convention center? There is a lot to do in Chicago and here are our top suggestions.

**John Hancock Center:** 875 N. Michigan Ave.
This nine-acre marbile museum houses a cornucopia of historical delights. Enormous columns define the boldness the architect sought for the building’s structure. The galleries are flooded with natural light. Say hi to Sue, the Tyrannosaurus rex skeleton while you are there. Sue is the largest and best preserved fossil skeleton of her kind in the world, and she cost the museum $84 million.

**Museum of Contemporary Art Chicago:** 220 E. Chicago Ave.
After the addition of a new facility in 1996, the museum is now officially the nation’s largest museum of contemporary art. Its collection includes not only paintings but also photography and sculpture, as well as music and performance art. The sculpture garden itself is over an acre in size and the combined indoor exhibition floors feature more than 7,000 objects.

**Wrigley Field:** 1060 W. Addison St.
Today, the field holds a special place in the hearts of Chicago Cubs fans. To keep spirits of Cubs fans high, a home run ball hit by the opposing team must be thrown back onto the field. And what’s not to like about brick walls in the outfield covered with ivy, right?

**Chicago Botanic Garden:** 1200 S. Lake Shore Dr.
Again, this is a bit of a drive from the city, some 25 miles to be exact. The 400-acre preserve is a worthy destination though: giant topiaries, Japanese gardens, and some 20 other specialty gardens. Check out the Bee Line, which is a glass case that is home to 100,000 pollinating bees.
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Henry Schein Professional Practice Transitions partners with Dental Tribune America

Henry Schein Professional Practice Transitions (HSPPT) is proud to announce its partnership with Dental Tribune America by providing valuable and timely articles on practice purchases and sales. Planning and preparation are vital to every dentist’s successful career transition, and ongoing practice operations and profitability until that transition happens. HSPPT’s unmatched nationwide network of regional offices and contacts offers the most extensive knowledge for dentists on practice transition issues, financing and nationwide listings.

In 2009 and going forward, it is more important than ever that dentists deal with experienced and industry-specific dental transition specialists. Dental practice transitions have always been more about goodwill than tangible assets — in reality, a buyer is purchasing the “custodianship” of patient files. This is the most valuable part of any practice transition. Whether dentists use an unqualified or inexperienced practice transition consultant, or attempt to plan and implement a transition themselves without the use of a professional, most dentists face delays and challenges that range from finding a qualified buyer to finding financing that doesn’t require the seller to subordinate or guarantee a buyer’s loan. And this does not include the potential mistakes made, ultimately costing the dentist tens of thousands of dollars.

Herading this partnership and the benefit for Dental Tribune readers will reap from it, National Director of Transition Services for Henry Schein Professional Practice Transitions Dr. Eugene W. Heller answers a few questions that have been on many dentists’ minds.

Given the current economic climate, what changes do you see in the dental practice sales market? While I cannot speak for the practice transition industry as a whole, for Henry Schein Professional Practice Transitions, 2008 was a record year, including the fourth quarter while all the bad economic news was occurring. It is attributed to the size and experience of our nationwide team as well as our track record in facilitating financing for practice transitions. Different doctors have different experiences. No one — certainly not buyers or sellers — is immune from the stock market and the general economy. As a result of losses sustained, some dentists are postponing execution of their exit plans, which has resulted in steady or even increasing practice for those still seeking to sell. Other dentists, having provided for their retirement through careful planning, have had minimal effect from their retirement plan losses, and see the current practice sale market place as an unprecedented opportunity to receive the maximum value possible for their practice. The needs of buyers and new dental graduates have not been changed by the economy nor have the advantages of buying an existing practice changed. And despite the headlines, most of our credit worthy buyers, using HSPPT’s available financing resources, are having no problem securing the necessary financing.

What are you doing as a division to help your customers get through these economic times? Valuations of dental practices are a function of earnings. There are different ways to work with sellers based on the different stages they are individually at in their transition planning. Some sellers want to “sell now” if they have a qualified buyer through a role reversal where the seller becomes the associate for the buyer. Another means of capturing some of the practice equity while maintaining control and the benefits of ownership involves a partial sale now with details of the future total sale carefully laid out at the time of the first half sale.

What do you think a dentist really needs to know about transitions? All dentists will either leave ownership by design or default. It is truly never too early to plan and design a transition. The earlier a dentist lays out his or her transition, the sooner he or she can begin preparing the “practice” for transition. These preparation steps not only increase the value of the practice and enhance its salability, but also increase the practice’s profits until the transition occurs. Dentists need to know what a practice valuation does and why they should have it. The ultimate purpose of a current practice valuation is the same as life or disability insurance — to protect their families. Practice transition consultants do so much more than answer the question, “If I want to sell my practice right now, how much can I get and how fast can I sell?”

Why did you decide to work with Dental Tribune? Dental Tribune America has really set itself apart from other publications in the industry and proven that its publications are a reliable source of timely news and information for the general practitioner as well as specialist alike. The layout and content is highly readable and applicable to a practitioner’s daily life.

What benefits do you see by publishing in Dental Tribune? There is more to being a dentist than just dealing with people’s teeth. Dentists are entrepreneurs and business owners who need to know the ins and outs of running a business. Despite optimal clinical training, the business aspect of their career received minimal emphasis during dental school. Henry Schein Professional Practice Transitions has a wealth of knowledge to share with dentists and we feel our partnership with Dental Tribune America is the perfect vehicle to accomplish that. Even if a dentist does not utilize our transition services during his or her own practice transition, we hope the information we share here will help practitioners make good choices while avoiding costly mistakes.

Future editions of Dental Tribune will feature a series of articles on dental practice transitions as well as informative dialogue regarding this important topic.

About HSPT

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Dr. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 750-8883 or send an e-mail to hsppt@henryschein.com.
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FLORIDA
Cumberland—3 Ops, 1,125 sq. ft., 12 days work week #12107

GEORGIA
Atlanta—3 Ops, 2 Hygiene Rms, GR $400K #31102

ILLINOIS
Chicago—3 Ops, Condo available for purchase #22108

MICHIGAN
Suburban Detroit—2 Ops, 1 Hygiene, GR $325K #31501

MINNESOTA
Grand Rapids Kentwood Area—3 Ops, Building available. #31102

NEVADA
Carson City—3 Ops, 2 Hygiene, 2,200 sq. ft., GR $1 Mill #31705

NEW HAMPSHIRE
Syracuse Area—6 Ops all computerized, Dentrix and Dexis #41104

NEW JERSEY
Southern NH/Seacoast Area—3 Ops, GR $402K, 16 years #38103

NEW YORK
Marlboro—Associate positions available #39102

NORTH CAROLINA
Charlottesville—7 Ops—5 Equipped #24124

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**Chicago Midwinter Special**

Ask for COMBO pricing on Dental Telescopes and LED DayLite™
AT BOOTH # 217 OR 1917
By James McAnally, DDS

Many national consultants feel “mission statements,” “branding” and “logos” are important. You’ll never hear anyone at Big Case Marketing saying such. Why? Because there are fundamental truths about branding and “image” that aren’t getting shared with dentists, and here they are.

Truth No. 1: mission statements
Patients could care less. Patients, and actually everyone, are tuned to their favorite station whose call letters are WII-FM — What’s in it for me?

Here are five things patients want instead of framed mission statements:
1. no pain,
2. to understand what you propose in simple terms,
3. options (but not too many),
4. the “Wizard,” and
5. respect.

Truth No. 2: logos and brands
Logos? The only thing less important to your patient than your logo is your mission statement. Thus, no need to worry much about logo design. A logo can cost $250 or $5,000. Instead of spending a month’s marketing budget on your logo, invest the $1,750 on direct response based marketing to make the phone ring with patients you wish to treat.

Logos can be useful if gracing a popular product on a shelf, backed by multi-millions of dollars in advertising. Then there’s value. When that level of money is spent, even when dead, a brand still has value. Is that your situation? Is that the situation of even the largest group practices or “chains” of clinics? Doubtful.

A logo can also be useful when a niche culture or sub-culture wears it on their polo shirt. In triathlons I’ve seen IronMan® logos tattooed on some fellow racers. That’s true power in branding. No one is queuing up to get our logos as tattoos though.

Logos won’t make or break us. Patients don’t lie awake eagerly anticipating your newest logo design or, really, any company’s. The patient simply doesn’t care. Recently, people on the street were shown the Subway® logo — the real one and four fakes all on the same sheet of paper. With millions in franchise fees annually spent on marketing, only 6 percent could pick out the real logo! Dental logos backed by $50K to $300K are not going to beat that dismal result or create new cases.

Truth No. 3: the doctor is the brand (especially when performing elective or complex cases)
The bigger the dollar amount involved, the more important you become. Patients need who you are, not what you are, and you in the consultation room is the brand. This becomes even more important after the patient receives promotional information from the practice and schedules a live appointment.

With the right marketing, patients can call a practice, know very little about the doctor and still be powerfully motivated to seek treatment with that office because they were offered solutions to problems, not logos, brands or mission statements.

Are you offering solutions to problems or simply wasting time, energy, and money on things the patient really doesn’t care about?

Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turn-key marketing for the complex case patient and in teaching a trademarked sales system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing doctors are on three continents and programs are conducted worldwide. His two-day per week part-time practice focusing on reconstructive and implant dentistry is in Seattle, Wash. To find out more, visit www.bigcasemarketing.com or e-mail info@bigcasemarketing.com.

About the author
Chart a course forward in 2009

By Gary Severance, DDS

Yogi Berra once said, “The future ain’t what it used to be,” and his humorous perspective on life couldn’t be more on target for the times we face today. Obviously, the economic meltdown of 2008 has not been a lot of fun for any of us, but as we jump into a new year we can choose to just deal with it or consider ways to grow through the pain. Hopefully, many of us will choose to consider ways to grow through the pain.

How can you strengthen your office team, increase patient loyalty by looking inwardly and outwardly? Find ways to build stronger practices and ultimately create an enhanced working environment to meet your own personal and professional goals? It is a big question and I challenge you not to hunker down, but consider the opportunities that 2009 offers. Many will choose to do nothing, but it is my challenge to you to take this time to chart a course forward that will distinguish your practice in your community, ultimately making the “catch up” longer and harder for your peers when they realize that you have spent 2009 in a sprint towards a new goal.

Yes, we are in challenging times, but there are foundational truths in marketing and dentistry that can serve you well. Seek to offer excellent patient care and service and provide unchallenged dental expertise by becoming a market leader with investment in new technology.

Patient care and service

While the economic challenges are trying for all of us, it is even more likely that the families you serve are facing even tougher financial decisions. To play it safe, many will choose to weather the tough economic times by reducing business hours to lower operations costs. Yet, it will be the dentist who chooses to sow seeds with patients by providing a more convenient patient-friendly operating schedule who will prosper. Your patients may have a difficult time leaving work during the day, or taking time again for a second seating appointment. The ancillary costs add up with multiple visits — babysitters, gas, parking. Make the effort to build your day around your patient’s schedule, consider the long-term value of each patient and the many times you hope he or she will return to your office for dental care.

Invest in high technology

Yes, it can be expensive to “upgrade” your office to the digital world either in X-rays, documentation, soft-tissue management or restorative procedures, but investing in better and more efficient equipment can save you money, motivate your team and build your patient base.

If your practice is ready for it, a chairside CAD/CAM system (E4D Dentist) can save on expenses because it will supplement some of the lab fabrication costs, motivate and utilize all of your team members with new skills and information, and save patients who cannot afford multiple appointments time and money.

How many new patients will the E4D technology bring to your practice? A recent survey concluded that once patients knew about “Same Day Dentistry,” 15 percent of them would change dentists to get it. You can be on the receiving end or the giving end of that statistic and those patients. Again, timing is everything and when you and your practice is ready, go for it.

Integrate new materials

Finally, what Berra often seems like there is a continuous flow of new products offering new, better or improved solutions — true product innovations arrive less frequently. However, when they do appear, integrating them into your practice and your treatment modalities can provide you with unique and “first in line” advantages.

In the first quarter of 2009, Ivoclar Vivadent will be introducing a new extension of their popular IPS e.max CAD materials, a new translucent (HT) series of blocks. This will provide those with chairside CAD/CAM systems (e.g., E4D Dentist) an opportunity to take tremendous advantage of a metal-free material combined with incredible strength and esthetics for Same Day Dentistry.

There are tremendous challenges ahead, but there are also opportunities. Those who recognize the hurdles facing today’s dental patient, and are the first to reach out to reduce obstacles for dental care or offer assistance, will continue to lead modern dentistry and provide excellence in health care. Look for ways to improve every patient’s experience, invest in your practice and lead your team through 2009 with confidence.

Dr. Gary Severance is vice president of Marketing and Clinical Affairs at D4D Technologies. You may contact him at gseverance@d4dttech.com.

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I n 2008, when most dental equipment manufacturers reported declines, sales of the Milestone Scientific STA System were up over 200 percent. It seems that the timing was just right for an instrument that reduces stress and increases referrals. Dentists are turning to Milestone’s STA System (STA stands for Single Tooth Anesthesia) as a way to bridge the office through challenging economic times.

Dental Tribune recently interviewed Scott Mahnken, Milestone Scientific’s director of marketing, about the company’s success, its innovative product and the various advantages that computer-controlled local anesthesia delivery offer the dentist.

Why did Milestone have such a successful year?

Many feel that our success was related to the new leadership team, led by CEO Joe Martin. One of the first things Joe did upon joining Milestone was improve the processes and internal communication. A second key addition was Bob Presutti. Bob joined Milestone in August 2007 as vice president of sales and marketing. Once new leadership was in place, the company conducted extensive market research in order to improve our message to the dentist. When we recognized that dentists appreciated the increased confidence and reduced stress achieved upon making the STA System the standard of care in their offices, we knew that we had discovered a clear message of meaning. It was rather interesting for us to learn that dentists experience increased stress levels when administering anesthesia, as many of us had always looked at it from the patient’s perspective.

So it was not only patients who were stressed?

That’s what I believed until we conducted the first International C-CLAD Symposium. I learned that a study conducted a few years ago showed that 18.8 percent of dentists have considered a career change due to the stress of administering anesthesia. At C-CLAD, which stands for computer-controlled local anesthesia delivery, we heard from dentists who admitted they “held their breath” while giving palatal or mandibular block injections. It made sense that the STA System would reduce their stress level because the computer-controlled delivery controls the flow of anesthesia below the patient’s pain threshold.

Do all specialties benefit from using the STA System?

Indeed. Our biggest audience is GPs, but we have really built a strong following with pediatric dentists and endodontists. The benefits of using the STA for offices that treat kids are enormous. No more collateral numbing, which discourages children from biting their lip and tongue, and no more calls from angry parents after hours or on weekends.

Can a dentist administer every injection using the STA System?

Absolutely. Initially many dentists purchase the STA System to do the New STA Intraligamentary Injection, which allows them to administer fewer block injections. But soon they recognize that the STA System can actually deliver a “comfortable” palatal injection, something that most dentists feel is impossible. STA can also vastly improve your mandibular block injections, and the STA also allows dentists to perform new injections like the PASA and AMSA.

Why are dentists buying STA, even in this economy?

There are a few very sound reasons why STA is selling in today’s economic environment;

1) Stress. The STA System reduces the stress of patients, dentists and staff and gives the office something to feel positive about. The front desk loves STA because it increases referrals and lowers cancellations.

2) Productivity. Offices with STA can work on two different quadrants. What once took two visits can be completed in one.

3) Referrals. Most practices rely upon referrals, and patients can’t stop talking about STA.

4) Preference. Your professional patients prefer to come in before work or while on their lunch hour, but they hate the collateral numbness. With STA your patients return to their routine without a numb lip and tongue.

5) Technology. You and your patients recognize that the traditional dental syringe, which was designed over 150 years ago, is ready for a technology update. The computer-controlled STA eliminates many of the variables and human error associated with traditional held syringes.

What can dentists expect from Milestone in 2009?

In 2009 we’re sponsoring the Second Annual C-CLAD Symposium, to be held May 1–3 in Amelia Island, Fla. The C-CLAD Symposium will be chaired by Dr. Stanley Malamed, the world’s most renowned expert on local anesthesia. This year’s event will include input from more than 25 lecturers and thought leaders from all different specialties.

The objective is for the STA System to be one step closer to being recognized as the standard of care in all dental offices. After all, when is the last time your traditional syringe earned you a patient referral?

For more information on Milestone Scientific, the STA System, or the upcoming C-CLAD Symposium, contact Scott Mahnken at smahnken@milestonescientific.com or visit www.milestonescientific.com or www.sta4u.com.
It’s this small...

Yet you can build your entire practice on it!

The dynamic of each injection experience improves “noticeably” as patients express their appreciation of the sleek, non-threatening STA handpiece. The STA System reduces patient stress and anxiety setting the tone for maximum patient comfort for every dental procedure.

**THE ALTERNATIVE TO THE MANDIBULAR BLOCK INJECTION**

You were trained to administer PDL injections with a traditional syringe or high-pressure syringe. Typically performed not knowing if you were in the right spot or not. These high-pressures can cause pain and tissue damage in the dense PDL area.

With the STA System the computer will confirm proper needle placement into the PDL space and it uses low-pressure allowing a greater volume to be administered - thus a more predictable result, longer acting and more profound anesthesia.

Research has proven that if your patient experiences an uncomfortable injection followed by a flawless procedure – that they will remember the injection.

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Why geometry matters most!

By L. Stephen Buchanan, DDS, FAcD, FIcD

S
hortly after the excitement of the rotary file revolution wore off, the next frontier in shaping technology became the search for faster cutting efficiencies. This is very understandable and similar to our continuing search for Faster and faster computers.

However, experienced clinicians started seeing overfills from transportation, shortened canals, apical ripped canal termini, over-shaped coronal regions and cyclic fatigue failures that hadn’t occurred with their safer, slower files. The first-order question in file selection became, “safe or fast?” Landed-blade instruments with radiused-tip geometry were much safer in terms of avoidance of transportation, but non-landed blades with aggressive cutting tips were faster cutting.

The advent of GTX Files with M-Wire® has eliminated that difficult decision — they are the first rotary shaping instruments that deliver speed of cutting with safety from transportation and breakage.

M-Wire®, a new rhombohedral-phase nickel titanium metal used in GTX Files, has radically improved their resistance to cyclic fatigue. However, Dentistry/Tulsa is not the only company with R-phase Niti (the sweet spot between austenite-phase and martensiite-phase Niti). While R-phase NITI will become the new industry standard for addressing cyclic fatigue, it will never solve the problem of dangerous file geometries.

The radial lands on GTX Files have been optimized by varying the width of those lands along the length of the file. This geometrical change vastly improves cutting efficiency without derangement of the canal path, a claim that no file set without lands can make. Furthermore, the decreased flute angle has significantly increased GTX File’s flexibilitx over other landed instruments, simultaneously doubling the chip space between the flutes for longer cutting time before clogging.

Another important, yet underap-pricated, design feature of GTX Files is their limited maximum flute diameter. Keeping the cutting flute diameters limited to 1 mm controls the amount of coronal enlargement during the shaping procedure — critical to the maintenance of the structural integrity of roots and to the avoidance of strip perforation.

All of these innovations in design geometry have resulted in a file set that typically cuts ideal shape in most canals with one to three instruments, and in as little time as 30–45 seconds. That is why geometry matters.

Innovative user-friendly products at factory direct prices

Medidenta celebrates its 65th anniversary and President & CEO Robert Achtziger celebrates his 35th anniversary with the company

By Dan Jenkins, DDS

Can you tell me about the genesis of the company since "You've come a long way..."

Frederick Benton founded the company in 1944. Benton was an original “carpetbagger” when he went door to door around Manhattan selling posts and temporary crowns. It was his intuitive eye that found the first automated device for endo treatment, namely, the Girromatic, and introduced it to general dentists, which brought affordable endo to the masses. Medidenta has since brought many more endo-related products to the market and is now well established as an innovative endo and handpiece company.

How will the company celebrate this big anniversary?

Showing customer appreciation with big discounts in 2009 because our loyal customers are the reason we have flourished for 65 years

Where is the company based and how many employees does it employ?

We are based in Woodside, N.Y., and the staff numbers 26.

Who are the major players in the company and how is it structured?

The company is privately owned by me, and I started with the company in 1973 as a shipping clerk and rose through the ranks to become the CEO and sole shareholder.

What exactly is the nature of the company’s business?

We distribute and manufacture unique and proprietary dental and health care related products. We sell dental, medical and some beauty related products.

How would you explain the company, and by this I mean its main point, what you hope those who hear it will immediately connect to when they hear the company name?

Medidenta markets some unique and proprietary products directly to the end user and certain health care facilities, thus providing direct savings of time and money over the conventional dealer or middleman.

What are the company’s business goals, and what does it strive to provide to its clients?

We want to deliver quality, cutting-edge products with exceptional value. Is the company involved in any charities or community outreach programs?

We provide some funding for local after school programs for children and community social activities.

What is the promise behind your brand?

Great value with personal attention.

Do you offer special promotions? What do these entail?

We generally run “no-nonsense” percentage discount pricing.

How can people access your products, do you have a catalogue? How often is this updated?

We mail out a catalogue annually along with quarterly flyers.

Can they also view all products on line?

Our Web site is a comprehensive shopping location and has sustained dramatic growth the past two years to where we are also known as Medi-denta.com.

What things are taken into consideration before Medidenta decides to carry a product?

Whether it is user friendly, time saving and cost effective for the busy professional.

What is involved in the decision process in terms of choosing products?

We have over 50 dentists who evaluate our products in their daily practice before we ever enter into full production.

What’s new these days in terms of products you carry?

The CeratoRQue handpiece, which is an ultra lightweight and precise speed control motor system for non-evasive operative dentistry and hygiene procedures.

Are you working on any new products right now to add to your brand?

Since the change of management in 2007, the company has made some substantial investments in new product development and we expect to launch several new products in mid 2009 and beyond. Product development requires a financial commitment coupled with the patience of trial and error.

How many do you add per year?

Considering we are a specialty company with a limited product line, we generally try for one or two new products annually.

What do you feel are the most important concerns/hurdles faced in the area of dentistry today?

Involving overseas costs and attracting new patients.

What are the primary categories your products break down into?

Endodontics, handpieces, rotary medical devices and beautician products.

After 35 years with the company, do you have any words of wisdom to share?

“Can’t everyone just get what you want, but if you try sometimes, you just might find you get what you need.” Being in business for 65 years and now my own 55 years with the company I have to say its been a long, winding, and most gratifying road to success and happiness that the company enjoys, even in these most difficult times.

What are some of the hurdles the company faces in terms of marketing its products?

To remain competitive against the billion dollar conglomerates that can easily outspend us, but our product savvy and specialized personal customer service will keep our customers coming back for the value and satisfaction we provide.

What makes your company stand out from the crowd?

Personalized customer service where you are a name and your business is truly appreciated.

Contact info

President/CEO Robert J. Achtziger
59–25 62nd Street
Woodside, N.Y. 11377
Tel.: (718) 672-4670; (800) 672-4670
Fax: (718) 565-6208
E-mail: boba@medidenta.com
Web site: www.Medidenta.com
Can your file system cut these shapes with only 1-3 files?

All cases shown were shaped with GT Series X Files

For a free download of this chart visit endobuchanan.com

GT Series X Technique:
Selecting Shaping Objectives by Root Form

Preparation and Determining Appropriate File Selection

Before selecting the appropriate GTX File taper, negotiate each root to full length using a size #15 or #20 K-File in the presence of a lubricant, and ensure straight-line access into each canal orifice has been achieved.

Before shaping begins, rinse out the lubricant and introduce full strength NaOCl into each canal.

Determine if the root is small, medium or large.

Small Root Shaping Objectives

Small* Roots
- mandibular incisors
- 2 & 3 canal pre-molars
- mesial roots of lower molars
- buccal roots of upper molars

Threaded tip diametertaper: 20-.06, 30-.06 or 40-.06

The appropriate taper for shaping small roots is .06 mm/mm.

The 20-.06 GTX File will often cut to length in one or two passes. If it does not, take the 20-.04 GTX File to length then re-introduce the 20-.06 GTX to the terminus.

Shape is completed when a .06 taper GTX File with the appropriate tip diameter (.20, .30 or .40) is taken to length.

*Small tortuous canals may require a 20.06 (white handle) standard GTX File to complete the shape.

Medium & Large Root Shaping Objectives

Med. & Large* Roots
- distal roots of lower molars
- palatal roots of upper molars
- lower canines
- upper premolars
- single canal pre-molars

Especially taperedtaper: .08 or .06-.08

In most medium and large roots, the appropriate taper is .08 mm/mm.

The 30-.08 will often cut to length in one or two passes. If it does not, take the 30-.06 to length then re-introduce the 30-.08 GTX File to the terminus. Shape is completed when a .08 taper GTX File with the appropriate tip diameter (.30 or .40) is taken to length.

*In very large roots or open apex cases standard GT Accessory Files (0.10, 0.50-.12, 0.70-.12, 0.90-.12) may be necessary to complete the shape or create more taper.

Two-Day Laboratory Courses with Dr. L. Stephen Buchanan
offered monthly in Santa Barbara, CA featuring GT Series X

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Kuraray, manufacturer of many innovative products, which includes the world’s first total-etching and self-etching products, Panavia and CLEARFIL SE BOND, released another epoch-making product again. CLEARFIL™ SA CEMENT, like most self-adhesive cement, is fluoride releasing, easier and faster to use than other types of resin cements. Yet it goes steps further and solves two very significant problems faced with resin cements: significantly easier removal of excess cement and true bonding to zirconia-based restorations. And CLEARFIL SA CEMENT delivers consistent high and durable bond strengths regardless of whether the bond is moist or dry, with virtually no risk of postoperative sensitivity.

Available in shade Universal (A2) and White, CLEARFIL SA CEMENT is indicated for cementation of crowns, bridges, inlays and onlays made of conventional porcelain, ceramic, hybrid ceramics, composite resin or metal, and cementation of metal cores, resin cores, metal or glass fiber posts.

Kuraray America Inc.
(800) 879-1676
www.Kuraraydental.com

For a limited time, Bien-Air is offering a trade-in special to all users of electric handpieces. For more information, contact Bien-Air at (800) 453-2456.

Electric handpiece users: take notice

In March 2008, the FDA issued a MedWatch Safety Alert discussing patient burns from using improperly maintained handpieces. The article points to worn or poorly maintained speed-increasing handpieces (1:5 increasers). While proper maintenance for handpieces is very important, Daniel Call, customer service manager of Bien-Air USA, explains that the main reason electric handpieces have caused patient burns is because the handpiece has been used as a cheek retractor. This causes the button to touch the spindle moving at 200,000 rpm, creating friction and instant heat without warning.

Many practitioners have experienced the cap heating issue and have posted articles on the FDA Web site. You can test this cap heating theory by running a speed-increasing handpiece out of the mouth and lightly applying pressure to the cap with your thumb. You will notice that the push button cap will heat up within seconds.

Fortunately, Bien-Air has come up with a solution to this problem. The company has a unique, patented design that helps prevent the cap from overheating. All Bien-Air handpieces are equipped with a patented, anti-heating push button that restricts the contact of the push button cap to the moving parts inside the handpiece head, thus virtually eliminating the potential of push button getting in contact with the handpiece parts rotating at 200,000 rpm.

While it does not completely remove the threat of a heating cap if used as a cheek retractor, it gives significantly more warning than any other 1:5 handpiece on the market.
In 2006, the ADA Profession Product Review (Vol. 1, Winter) awarded Shofu’s Robot® Diamonds an “exceptional” rating in the clinical areas of cutting ability, cutting accuracy, lack of clogging and surface integrity. As if third-party confirmation of Shofu’s exceptional craftsmanship was not enough of a motivator to purchase, the company has adjusted pricing in light of the current economic situation and the challenges that dental practices are facing today.

In December 2008, Shofu reduced the price of its Super Fine and Super Coarse Robot FG Diamond rotary instruments for a nearly 15 percent savings. Robot Diamond rotary instruments are used for cavity and crown preparation. Produced by hi-tech robots in a fully computer-automated environment that is untouched by human hands, with a multi-coating technique and a special surface treatment for durability, these instruments are able to maintain cutting efficiency with less clogging.

Other Shofu products include their Super-Snap® Finishing and Polishing System, which received the Dental Advisor’s Editor’s Choice Award in 2008 for top composite finishing and polishing systems. The Super-Snap line is designed for easy, fast and safe contouring, in addition to finishing and polishing all micro-filled and hybrid composites. A plastic shank mount ensures easy placement of the disk onto the mandrel, and because they are manufactured without a metal center, gouging and discoloration of the composite is avoided.

Shofu’s offerings also include OneGloss® aluminum oxide polishers. OneGloss are one-step finishers and polishers that provide an ideal finish for all composite restorations and are durable enough to withstand polishing an entire arch. Available in three popular shapes, OneGloss removes cement without damaging porcelain restorations.

With a wide selection of products and valuable offers, Shofu guarantees quality and savings. For the finest craftsmanship and all of your rotary needs, look no further than Shofu.

Please visit Shofu online at, www.Shofu.com, or contact Shofu Dental Corp. via phone at (800) 827-4658.

Cetylite’s new Cetacaine® Topical Anesthetic Liquid Kit is ideal for scaling and root planing, providing patients with effective, non-injectable, cost-effective anesthesia.

Only $2 for a full-mouth application, the included 14 gram bottle yields up to 54 full-mouth applications. The new, unique dispenser cap for Luer-lock syringes allows the clinician to use only what he or she needs, not exceeding 0.4 ml maximum dose. Cetacaine’s triple-active formula (benzocaine 14 percent, butamben 2 percent, tetra-caine hydrochloride 2 percent) has onset within 30 seconds and duration typically lasts 30 to 60 minutes.

The kit contains a 14 gram bottle of Cetacaine Topical Anesthetic Liquid with dispenser cap, 20 Vista™ 1.2 mL Luer-lock syringes and 20 Vista-Probe™ 27 ga tips. Cetylite now offers a 14 gram or 30 gram replacement bottle of Cetacaine Liquid with the Luer-lock dispenser cap. The cap fits all Luer-lock syringes. This unique design also allows for the single dip of a microbrush, which is ideal for pre-injection or other procedures requiring site-specific topical anesthesia.

Cetylite will demonstrate its new Cetacaine Topical Anesthetic Liquid Kit at the Chicago Midwinter Meeting at its booth, No. 2850. The company also will offer as a show special a free 14-gram bottle of Cetacaine Liquid to anyone who purchases three 14-gram bottles or one Cetacaine Liquid Kit, as well as a free 30-gram bottle with purchase of three 30-gram bottles.

For more information, visit the Web site, www.cetylite.com, or stop by the Cetylite booth, No. 2850, during the Chicago Midwinter Meeting.
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Call 1-800-LD-CAULK or go to www.dentsply.com / www.caulk.com
Immediate dentures: Are you missing out?

By Craig Callen, DDS

All of the courses advertised today tout the productivity of porcelain facings, orthodontics, automated root canal and implants. While any of these treatments can be rewarding and profitable, the often-overlooked area of treatment that is highly rewarding and profitable is that of removable prosthetics. Yes, I said it, dentures! Many of us became burnt out on making dentures in dental school and never recovered, but times have changed. Not only is there a huge untapped market for high-quality dentures as the population ages, but also it can be one of the most rewarding and profitable procedures you provide for your patients per hour.

In addition, with the materials available today, this can be a relatively easy treatment. A lot of what we know about cosmetic dentistry came from prosthodontics. Full denture treatment used to be the ultimate in cosmetic dentistry before periodontal care changed the way dentists practice. Prosthodontists were really the first dentists to study things such as facial proportions as related to tooth size and shape.

How to get denture patients

Our office offers a “Free Esthetic Denture Consult.” This allows patients to meet us and see what we can do for them in a non-threatening environment. If a patient calls in requesting fees, they are offered the option of the free consult. The patient is scheduled for a 10-minute time block with a doctor in the consultation room. He or she fills out a short form that pertains strictly to their case and how natural they look.

We just had two large discount denture centers move into our area (and they tend to be more bait-and-switch than discount centers). We not only had to compete, but also differentiate our office by showing that we provide high quality, esthetic dentures, not cheap ones.

Most of our dentures are set with Dentsply’s Portrait IPN denture teeth, which look amazingly natural. We run a small advertisement in the local paper promoting esthetically pleasing dentures. In addition, we belong to www.denturewearers.com, which is a great online informational site for denture patients and will help drive them toward your own Web site and office looking for solutions.

Technique appointment No. 1

Randy is a typical patient who came in for a free consultation for immediate maxillary and mandibular dentures. He had been told a long time ago that he had severe periodontal disease and that his teeth could not be saved. A busy contractor, he put off treatment for years. We were able to appoint him for a complete examination and X-ray films, which verified his story. Financial arrangements were made and we set up an appointment for impressions, shade and bite. At the next appointment, we took about an hour to get nice impressions with the Accudent dual alginate system with stock trays.

If Randy had been edentulous, we would have used Accudent’s anatomically corrected denture trays. This utilizes a light and heavy body alginate mixed in an alginate and stock trays. If Randy still had teeth to establish vertical and tooth position, we then took a bite with Discus Dental’s Vanilla Mousse, but you can, of course, use your material of choice. If there are many missing teeth, you may also use Discus Dental’s Impression Putty for a bite.

The shade was chosen using the Dentsply Portrait Shade Guide. As most people want to bleach their teeth, we see more and more patients choosing lighter colored teeth. We take several clinical and portrait photos for our records and the lab’s use in setting the case. If the patient wants to change his or her smile, we use “The Smile Style Guide,” written by Lorin Berland, DDS, and David L. Taub, DMD, to pick a new smile (www.Digident.com; (800) 741-7966). It is a great

See IMMEDIATE, Page 2
Fig. 6a: After, full face.

Fig. 6b: Before, close up.

Fig. 6c: After, close up.

Immediate Dental Tribune | February 2009

Craig C. Callen, DDS, is a full time practicing dentist in the small city of Mansfield, Ohio, in the center of the rust belt. He graduated from Case Western Reserve School of Dentistry at the age of 23. Callen has written three books for dentists: “The Cutting Edge I, II, and III.” He is the associate editor for The Profitable Dentist Newsletter and has written numerous articles for national dental publications. Callen is a member of the ADA, AGD and the ACD. He has lectured internationally on clinical and management topics in dentistry. His latest seminar is titled, “The Million Dollar Blue Collar Dental Practice.” Callen and his wife, Dee, have five children. They live on a farm where they raise horses, alpacas and llamas. In his spare time, he likes to spend time boating and traveling. You can reach Callen via e-mail at craigcallendds@gmail.com.

Technical appointment No. 2

Because Randy did not need to have posterior teeth removed and prolonged healing time, we progressed right to a wax try-in appointment in two weeks. I do a split setup to verify the bite and show the patient the setup, Randy, and his wife, approved the setup and the esthetics and we scheduled the surgical appointment in another two weeks. The case is then sent to the lab for proper festooning and life-like base material processing.

Technical appointment No. 3

Fourteen periodontally involved teeth were removed with local anesthetic and nitrous oxide and the dentures seated. I removed them with a temporary soft liner to aid in the fit. We use a cartridge-based system, such as Voco’s UFI Gel SC. When Randy and his wife saw his new smile, they both cried (in a good way). She immediately scheduled herself for an appointment for relines. In six months we will be well worth it.

Technical appointment No. 4

Randy was back the next day with minimal concerns. I will generally see the patient on the first adjustment, and then delegate the simple adjustments to my well-trained, experienced staff.

My total chair time with the free consultation, examination, impressions, try-in, extractions and seating and the first healing check was about 2.5 hours. My per hour production was higher than what I make on a typical crown and bridge case, and I provided a life-changing treatment for a patient who was a dental cripple. If the patient has trouble wearing dentures, we can proceed to implants to help in retention. One of the keys to providing quality denture care for your patients is to find a laboratory that also is interested in quality. You will pay top dollar, but it will be well worth it.

If you are not providing denture treatment in your practice and you have holes in your schedule, you should think again about this under served area of cosmetic dentistry. As baby boomers age and lose teeth, there will be a real need for quality denture care.

About the author

Craig C. Callen, DDS, is a full time practicing dentist in the small city of Mansfield, Ohio, in the center of the rust belt. He graduated from Case Western Reserve School of Dentistry at the age of 23. Callen has written three books for dentists: “The Cutting Edge I, II, and III.” He is the associate editor for The Profitable Dentist Newsletter and has written numerous articles for national dental publications. Callen is a member of the ADA, AGD and the ACD. He has lectured internationally on clinical and management topics in dentistry. His latest seminar is titled, “The Million Dollar Blue Collar Dental Practice.” Callen and his wife, Dee, have five children. They live on a farm where they raise horses, alpacas and llamas. In his spare time, he likes to spend time boating and traveling. You can reach Callen via e-mail at craigcallendds@gmail.com.
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Eliminating dental stains with a whitening chewing gum

By George Freedman DDS, FAACD; FaCDE; Salim Nathoo BDS PhD; Fay Goldstep DDS, FaCDE, FaACD; Kiran Arora BDS, DSc; Lisa Burchall BA, RDH; Jennifer Murphy DA

Introduction

Dental staining is of great concern to the vast majority of the population, and is one of the major drivers of patient behavior with respect to personal oral home care and product purchasing. The appearance of discolored teeth has been made socially and culturally unacceptable by the ubiquitous presence of white, bright smiles on television, in films, and the print media.

From a dental professional team perspective, dental stains are known to contribute to plaque accumulation, an increased retention of bacteria that generate an acidic oral environment and, eventually, to tooth demineralization and dental caries. The routine elimination of dental stains and plaque by the dentist and/or the auxiliary staff on a regular basis (twice per year) has contributed greatly to the improvement of dental health over the past 50 years. As patients have become dentally educated and more aware of their own dental health, they have increasingly demanded not only healthier teeth, but healthier-appearing teeth as well. In North American populations, more than 80 percent of individuals surveyed indicate an active interest in the whiteness (and thus, an active discomfort with the discoloration) of their teeth. Dental appearance is an important visual personality trait reflecting personal hygiene. The healthy and youthful appearance of non-stained teeth is the most visible component of dental health, and as such, is the parameter most often used by patients to gauge their personal oral health and hygiene.

The benefits of routine scaling and prophylaxis, on a bi-annual basis, are well documented and well accepted by both professionals and the public. This approach is effective in removing dental stains at least for a few days or weeks after the recare visit. However, the daily accumulation of dental stains, particularly during and after meals, is a recurrent problem that is far more difficult to solve. All too often, these stains accumulate in public settings where a negative dental coloration can adversely affect the outcome of an event, whether business or social.

It is well established that brushing and flossing after eating and drinking can eliminate the most obvious discolorations, but these activities are not always practical, particularly in the restaurant or home setting of most business and social meals. It is far preferable to have a relatively innocuous, but similarly effective, desstaining procedure that can be readily initiated, unobtrusively and quickly, even under conditions of intense public scrutiny. It is a fairly common practice to use breath mints or chewing gum to freshen the breath after meals. These practices, however, do not alleviate tooth discoloration and may even make it worse (as with food-dyes in mints or gum).

The objective of this clinical study was to examine the effects of a commercially available chewing gum (SuperSmile Professional Whitening Gum, Robell Research, New York, N.Y.) in the removal of food-induced dental stains. This study was designed to objectively evaluate the immediate effect of SuperSmile Professional Whitening Gum, a xylitol-sweetened whitening chewing gum, on recently stained teeth, as well as its value as a rapid and effective decolorizing agent. Two pieces of SuperSmile Professional Whitening Gum were chewed simultaneously for 10 minutes, during which time the chewing gum effectively contacted the surfaces of the maxillary and mandibular anterior teeth.

Materials and methods

Fifty adult male and female subjects were selected to participate in this clinical trial and each subject acted as their own control. After qualification and a baseline dental examination, the subjects who met the criteria listed below were 20 male and 30 females with a mean age of 35.36 years. The inclusion criteria, among others, were as follows: male and female subjects, aged 18–70 years, in good general and oral health, with all maxillary and
mandibular anterior teeth present. No more than two of the anterior teeth could be covered by crowns and/or veneers. Subjects were asked to refrain from brushing or rinsing for six hours prior to the initiation of the study.

Exclusion characteristics included orthodontic appliances, more than two anterior prosthetic crowns or veneers, tumors or significant pathology of the soft or hard tissues, moderate to advanced periodontal disease, extensive untreated carious lesions or restorations, bleaching within the previous 12 months, pregnancy or lactation, or prophylaxis within the previous 50 days.

The measurement of tooth shade can be highly variable between observers, and particularly so under differing metameric conditions. To avoid inter-investigator and sequential variability, two VITA Easyshade intraoral dental spectrophotometer shade-matching devices (Vident, Brea, Calif.) were used to measure tooth coloration. A spectrophotometer consists of three principal elements: a light source; a wand to direct the source light to an object and in turn to receive the reflected light from the object; and a spectrophotometer to resolve the received light intensity as a function of wavelength. The Easyshade’s CPU analyzes the spectrometer data, determining a shade match to VITA Classical or 3-D systems, and displays the results on a touch screen.

The Vita Easyshade is self-contained, easy-to-use and portable, consisting of a base unit and handpiece containing a fiberoptic probe assembly for illuminating and receiving light from a tooth. The two Easyshade units were calibrated with each other and were additionally self-calibrated prior to every shade measurement.

For each subject, the shades of the six maxillary and six mandibular anterior teeth were measured separately, in the middle third, at the mesio-distal center of the tooth, at three specific times. These measurements were at the Baseline (prior to stain accumulation), Post Eating or Stain Accumulation (after 15 minutes of stain accumulation), and Post Product Usage (immediately after the use of the test chewing gum).

The shade of each tooth was scored by reading the Easyshade screen and recording the Classic VITA shade reference code. The overall change in shade was then obtained by averaging the scores as previously described (Nathoo et al.). Analysis of variance (t-test) was employed to compare the mean VITA Easyshade scores at Baseline, Post Stain Accumulation and Post Product Usage.

Results and discussion

Tooth shade was calculated by ranking the VITA Classic Shade guide according to the degree of brightness as recommended by the manufacturer, assigning a numerical value to each tab and calculating the number of tabs as described by Manupome and Petty (2004) and Nathoo et al. (1994). Of the 600 teeth examined, See ELIMINATING, Page 6

The chromogenic "meal" consisted of:

- 4 ounces of red grape juice (simulating red wine)
- 3 ounces of blueberry pie
- 4–6 ounces of coffee or tea

The whitening chewing gum that was tested is a commercially available, non-prescription product. Its active ingredients include xylitol, chewing gum base, natural flavors, xylitol, gum arabic, soy lecithin, beeswax and calcium peroxide. The instructions for use indicated two pieces of the product be placed in the mouth and chewed actively for 10 minutes.

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17 had crowns, veneers or were otherwise unsuitable for shade change evaluation.

The Baseline Vita Easyshade data for 583 (50 x 12) teeth in the study was 5.35 (SD±2.49); corresponding to a shade between Vita Classic tabs A2–C1.

The Post Stain Accumulation Vita Easyshade data for 583 (50 x 12) teeth in the study was 8.06 (SD±3.19); corresponding to a shade between Vita Classic tabs D4–A3. Statistical analysis by the t-test showed significant differences at the p<0.05 level, indicating that eating a chromogenic diet as described above does, in fact, induce staining of teeth.

The Post Product Usage Vita Easyshade data for 583 (50 x 12) teeth in the study was 5.07 (SD±2.51); corresponding to a shade between Vita Classic tabs A2–C1. There was no significant difference between the baseline and Post Product Usage phases.

Statistical analysis by the t-test comparing:
1) The Baseline data with the Post Stain Accumulation data indicated significant differences (p<0.05), showing that chromogenic foods can indeed induce dental stains, darkening the appearance of the teeth.
2) The Post Stain Accumulation data with the Post Product Usage data indicated significant differences (p<0.05), showing that SuperSmile Professional Whitening Gum, the product under investigation, does remove dental stains acquired as a result of eating chromogenic foods.
3) The Baseline data with the Post Product Usage data indicated no significant differences, showing that SuperSmile Professional Whitening Gum removes dental stains acquired as a result of eating chromogenic foods.

A summary of the changes in tooth shade during the study is provided in Table 1.

Supersmile Professional Whitening Gum's very convenient application modality, its rapid decoloration activity, and its significant results in dental destaining make it a very practical and portable tool for oral hygiene and esthetic maintenance.

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Loupes: making a wise long-term investment

‘Grey’s Anatomy,’ ‘ER,’ ‘House M.D.’ and, in the late ‘80s, ‘Chicago Hope’ have used the image of a surgeon wearing loupes

By Ellen Slattery, RDH & Lynn Pencek, RDH, MS

W hat point are the producers of these shows trying to make? Most likely it is an attempt to make the show technically accurate. It may also be an effort to depict the doctor as a highly regarded professional, making use of the best equipment available in order to provide excellent care to the patient. Isn’t that what each hygienist strives for every day in the practice of dental hygiene? Some hygienists may worry about what patients will think when they begin to wear loupes. Those worries need to be put aside. Patients are very accepting of loupes, maybe because of the popularity of medical shows.

When it is time to buy loupes, as tempting as it may be, the investment should not be based upon how cute the frame looks. With the cost of loupes ranging between $200 and $1,800, it is imperative the purchaser understands the quality of the equipment in order to make an intelligent long-term investment. The major consideration is how the optical equipment will perform and how it will stand up to everyday use.

Loupe review

The two most common types of loupe configurations available are flip-up and through the lens, or TTL. Through the lens optics are custom drilled to meet the clinician’s individual needs and are permanently glued in place. The advantages of TTL loupes over flip-ups are:
1) The optics will not go out of alignment.
2) They are better balanced.
3) They are lightweight.
4) They give a wider field of vision because the optic is closer to the eye.

The TTL setup is similar to top-lined reading glasses where the wearer looks over the optic to view the room using distance vision and through the optic when viewing the patient’s mouth at close range. There is now a hybrid TTL loupe on a flip-up hinge similar to the sunglasses being worn by baseball players.

Flip-up telescopes are adjustable. Some clinicians with strong prescriptions or bifocals prefer flip-up telescopes because the optic can be flipped up and out of the way. Flip-up loupes have the weight of the optic balanced forward and they can be knocked out of alignment. An important tip for wearers of flip-up telescopes is that the head strap needs to be fastened securely while they are worn. If the strap is not tight around the clinician’s head, the loupes may feel heavy, uncomfortable and they may slide down the nose. Flip-up telescopes are adjustable and can be changed to different frames if needed. It is easy to change a prescription in a flip-up loupe if the vision of the clinician changes. Recently, a hybrid TTL that flips up with a removable prescription insert for additional flexibility has become popular.

Magnification power

Choosing a lower magnification level (class II power, i.e., 2.5x) offers a wider field of vision and a more forgiving depth of field when treating a patient using loupes. Although the loupes were purchased many years ago, it proves that making a choice for quality means the loupes will serve you well in the long run.

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Dear Reader,

With the new year upon us, many will be thinking about what they will do differently in 2009. Many will begin diets, attempt to make more trips to the gym per week, quit smoking, etc. While these are typical New Year resolutions, I challenge each of my colleagues to take a unique look at the promises they are making for the new year.

Instead of, or in addition to, making personal goals, make at least one professional goal. This change doesn’t need to be earth shattering, but it should be something that will make a difference in your clinical practice of dental hygiene. Maybe make a plan to be wearing a pair of loupes by the year’s end. Make a commitment to provide oral cancer screenings to your patients utilizing the latest oral cancer screening tools available. Why not consider increasing your daily goal by a few dollars, or actually setting a daily goal if you don’t currently work with one?

Remember the rules of goal setting. First of all, let people know what you are going to accomplish. Second, write out the following: state the precise goal; determine how you are going to accomplish this goal; set a date that the goal will be accomplished by. Following these simple rules will assist you in achieving the goal.

In the months of 2009, utilize the articles in Hygiene Tribune to help you in determining what goals you will set and achieve in 2009. Happy New Year!

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

About the authors

Ellen Slattery, RDH, graduated with an ASDH from Indiana University-Purdue University at Fort Wayne in 1986. She worked in private practice for more than 20 years, and currently works as a marketing assistant for JW Specialties. She also stays active in dental hygiene, working as a contract hygienist in the Fort Wayne, Ind., area, and is a member of ADHA, IDHA, and Isaac Knapp DHA. She is a 2008 graduate of CareFusion. Ellen is married and has two boys, Jonathan, 8, and Dylan, 5. You may e-mail her at ellens65@verizon.net.

Lynn Pencek, RDH, MS, is a senior regional manager for Orascoptic. Since 1993 she has published and presented on the topics of ergonomics, posture, vision and use of loupes for dental hygienists. Lynn is a regular presenter at RDHI Under One Roof and serves on the corporate advisory board for Dimensions in Dental Hygiene. Lynn can be reached at lynn.pencek@sybronden tal.com.

LOUPES
From Page 1

looking through the optic area than higher magnification. Stronger telescopes zoom in to a narrow field and are difficult to work with independently.

Optic qualities

A good optic should have the following qualities: be lightweight, have a wide field of vision, have three-dimensional image qualities and a very sharp high-resolution image. Low end, less expensive loupes are heavy and have lower resolution image quality. Some loupes have narrow fields that show less than the full mouth, sometimes just a few teeth. Also, some loupes have no depth, which requires the operator to hold a static posture or dictates the operator’s posture.

Product considerations

It is true that consumers get what they pay for. Less expensive loupes may not be made out of high-quality materials. Good frames are made of titanium and carbon fiber. If the frame is plastic or aluminum, it may not pass the test of time and may need to be repaired and/or replaced due to daily use.

Ask if the loupes are water sealed. Will it fog when being washed under running water?

If a prescription is involved, ask to have it installed during manufacturing;

the better quality loupes companies will install custom prescriptions if needed.

Inquire about the warranty. A good louver company will have a lifetime warranty on the optic and an extended warranty on the frame.

Before buying

The purchase of a loupe is a long-term investment. It is important to buy a quality product that will stand up to daily use to prevent the need to repurchase in a short period of time. When purchasing loupes, inquire about the following items:

• What are the terms of the trial period?
• What happens if the loupe does not fit or perform as promised at the time of purchase?
• Is the company well established and is it readily available for follow up if needed?
• Is the company a start-up that only sells at the large trade shows?
• Ask other clinicians about their experience when buying loupes and find out about the company’s customer service reputation.

Cost is often the main reason clinicians hold off on purchasing loupes. The more established louver companies will offer extended payment plans, from three to 12 months to spread out the payments of the investment. Also, remember to save the receipt; this investment can be tax deductible!

Hygienists need to keep up with advances in the practice of dental hygiene. Wearing loupes is state of the art and allows the clinician to deliver services of the highest quality to patients while keeping themselves free of back, head and neck problems. How can a price be put on this? It is the responsibility of the buyer to make an informed decision. Do the necessary homework prior to making a purchase so the needs of patients and the clinician are met for the long haul.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see covered in Hygiene Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!
Crosstex introduces the only lead-free/latex-free Steam Process Indicator Tape

Now safer for you and the world!

Crosstex leads the way with safer infection control products! Following AORN Latex Guidelines, and because latex may challenge workers or patients, the Steam Process Indicator Tape is now latex-free as well as lead-free, so it's biodegradable (the lead ink in other tapes is not bio-degradable). Crosstex Steam Process Indicator Tape is “greener,” thus safer, and instantly shows that inner contents have been processed while securing sterilization packs — perfect for use with Crosstex CSR Wraps!

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Crosstex Kaleidoscope Facemasks: A new world of colors!

Kaleidoscope Facemasks have a fluid resistant outer layer that is beautiful and colorful, but inside next to your skin is a white, extra soft, hypoallergenic cellulose inner layer devoid of all inks, dyes and chemicals. These masks will not lint, tear or shred, and they are designed specifically for people with sensitive skin. They meet ASTM* Primary (low) Barrier Protection Standards based on: fluid resistance, filtration value, breathability and flammability.

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