An interview with Michael Miller, president/editor in chief of REALITY

By DT International Staff

Would you please tell our readers a little bit about yourself and how you got started in dentistry?

After graduating from dental school, I did a general practice hospital residency, which aroused my curiosity with research. Even though I decided to go into private practice instead of pursuing an academic career, I never lost that urge to participate in the scientific world in some way. About seven years after starting my practice, I decided I was guessing too much about patient care, and especially how to select and use all the new tooth-colored materials that were just beginning to explode in the marketplace. It was my contention that dentistry needed a publication that was a non-commercial product and technique guide. Because none existed, I asked another dentist here in Houston if he would like to help me get this publication off the ground. Our first book came out in October 1986 and I’ve been at it ever since.

You are the co-founder of REALITY Publishing Company. Could you explain, in brief, what REALITY is, which goals it is pursuing and how?

REALITY is a consensus report on products and techniques. Our mission is very simple: protect patients by informing dentists. We accomplish this by testing products and techniques using clinically relevant methods in our research laboratory as well as having our editorial team [ET], comprised of leading clinicians from around the world, use the products in their clinics and practices.

Some clinicians criticize the REALITY star system as being a commercial process as being a commercial process that only supports the marketing of the manufacturers. How do you react to such statements?

Nothing could be farther from the truth. When a manufacturer submits a product, it has absolutely no control over the evaluation process. This is the reason some manufacturers do not submit products — they are wary about what we are going to find. In addition, because there is no fee involved for manufacturers when they submit products, we have no reason to try to please them. While we don’t believe in trashing products unprofessionally, we have warned our readers numerous times about products that don’t live up to their marketing propaganda. Any clinician who believes we are merely a marketing arm for manufacturers has never asked a manufacturer if it’s true.

How exactly does the product rating process work?

Products are listed on a password-protected section of our site for ET members’ eyes only. We then ask the ET members to select products that they are interested in evaluating. At least 10 members must volunteer to evaluate a consumable-type product such as a composite or adhesive for it to qualify for a complete evaluation.

For more expensive equipment, the minimum is five. The manufacturers of these products are then invited to submit the product. If they agree, we provide them with the list of evaluators who have volunteered to evaluate the product.

Once the evaluators receive the product, they have 90 days to use it clinically and/or perform tests of it. While we don’t believe in trashing products unprofessionally, we have no reason to try to please them. Although some manufacturers do not submit products — they have no fee involved for manufacturers when they submit products, we have no reason to try to please them. While we don’t believe in trashing products unprofessionally, we have warned our readers numerous times about products that don’t live up to their marketing propaganda. Any clinician who believes we are merely a marketing arm for manufacturers has never asked a manufacturer if it’s true.

Dr. Bruce LeBlanc notes that direct composites have a longevity that qualifies them as a great value in terms of solving esthetic dilemmas. In addition, with conservative tooth preparations, the solution can often be realized in one visit.

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Dental Tribune launches Internet-based learning site with input from practitioners and opinion leaders.

Inside this week

Solving esthetic dilemmas

Dr. Bruce LeBlanc notes that direct composites have a longevity that qualifies them as a great value in terms of solving esthetic dilemmas. In addition, with conservative tooth preparations, the solution can often be realized in one visit.

Batman and braces?

Shirley Gutkowski, RDH, BSDH, FACE, answers how hygienists can intervene to cure the melted enamel under and around orthodontic brackets and bands. This may even mean suggesting that the braces be removed in the most extreme cases of uncooperative patients.

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Canker sore therapy

A team of physicians at Ben-Gurion University of the Negev has discovered that a nightly dose of vitamin B12 is a simple, effective and low risk therapy to prevent recurrent aphthous stomatitis (RAS), better known as “canker sores.”

The findings were reported in the Jan./Feb. issue of The Journal of the American Board of Family Medicine. The lead researcher Dr. Ilia Volkov is a primary care physician in the Clalit Health Services and lecturer in Ben-Gurion University’s Department of Family Medicine in its Faculty of Health Sciences.

The researchers tested the effect of vitamin B12 on 58 randomly selected RAS patients who received either a dose of 1,000 mcg of B12 by mouth at bedtime or a placebo, and were tested monthly for six months. Approximately three quarters (74 percent) of the patients of the treated group and only a third (32 percent) of the control group expressed remission at the end of the study.

According to the research, “The average outbreak duration and the average number of ulcers per month decreased in both groups during the first four months of the trial. However, the duration of outbreaks, the number of ulcers, and the level of pain were reduced significantly at five and six months of treatment with vitamin B12, regardless of initial vitamin B12 levels in the blood. During the last month of treatment a significant number of participants in the intervention group reached ‘no aphthous ulcers status’ (74.1% vs. 52.0%; P < .01).”

The treated patients expressed greater comfort, reported less pain, fewer ulcers, and shorter outbreaks during the six months while among the control group the average pain level decreased during the first half of the period but increased during the second half.

(Source: Ben-Gurion University of the Negev and American Associates)
there is always a level of disparity between our lab and others is the way we perform tests. Our methods and educational facilities for underserved children. In addition, Dr. Miller is the co-founder, president and editor in chief of REALITY and maintains a dental practice in Houston, Texas. Reality Publishing Company 11757 Katy Frey., Ste. #210 Houston, Texas 77079 Tel.: (800) 544-4898; (281) 558-9101 E-mail: mm@realityesthetics.com Web site: www.realityesthetics.com

Contact info

Dr. Michael B. Miller is a Fellow of the Academy of General Dentistry, a Founding and Accredited Member, and Fellow of the American Academy of Cosmetic Dentistry, and has memberships in the International Association of Dental Research, Academy of Dental Materials and Academy of Operative Dentistry. He is also a founding board member of the National Children’s Oral Health Foundation, which is dedicated to fostering the development of local dental health and education facilities for underserved children. In addition, Dr. Miller is the co-founder, president and editor in chief of REALITY and maintains a dental practice in Houston, Texas.

How would you grade the quality of work done by Asian professionals?

I have seen some absolutely beautiful dentistry come from the offices of Asian clinicians. Definitely on par with the U.S. and Europe.

Do you have any suggestions for readers who have an interest in incorporating cosmetic dentistry into their practice?

First, it takes a lot of study. You cannot attend a weekend seminar and learn the nuances of really fine cosmetic dentistry. Read as much as possible, attend numerous and varied seminars, and watch as many masters as possible. Then start with easy cases and progress to more demanding ones.
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“I just got back from LVI and my world has changed. I can’t possibly look at dentistry the same way again!”
~ Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
~ Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
~ Dr. Robert S. Maupin

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By Lorne Lavine, DMD

Most of us tuned in to see President Obama’s de facto State of the Union address to the nation a number of weeks ago. These speeches are meant to give the public a sense of where things are at and where things are going. While we don’t have anything like that in the dental world, I think it is beneficial to take a step back each year and get an overview of what’s exciting in the industry and where I see things going. I travel to most of the major dental shows and have an opportunity to see what products are out there and which ones are generating the most “buzz.”

Digital impressions

Who would have thought that the age-old system of taking impressions would become passe in 2009, but the new systems from Cadent, called the iTero and the 3M Lava, aim to do just that. According to Cadent, the iTero is designed to replace the uncomfortable and imprecise method of conventional impression taking. iTero, powered by proprietary imaging technology, enables the dentist to take a digital scan of the patient’s teeth and bite, make any necessary adjustments in real-time and then transmit the file via a wireless Internet connection to a Cadent-partnering laboratory for further processing. From there, the digital file is transmitted to Cadent where a model is milled. The physical model is then sent to the laboratory where a highly precise physical restoration is created.

There are significant benefits from these systems such as increased patient satisfaction, improved clinical outcomes and enhanced office efficiencies. I had the opportunity to see these systems in action at the Yankee Dental Congress and Chicago Mid-winter meeting and they are everything they are cracked up to be.

About the author

Dr. Lorne Lavine, founder and president of Dental Technology Consultants, has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y. He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community. Tel.: (866) 204-3398 E-mail: drlavine@thedigitaldentist.com Web site: www.thedigitaldentist.com Blog: thedigitaldentist.blogspot.com

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See DENTISTRY, Page 9

Cone beam

Cone beam or 3-D imaging is the new frontier for digital radiography.

This is the appointment confirmation tab within the Demandforce platform. It shows patients that have confirmed their appointments via e-mail or text-message, as well as those individuals who have yet to confirm and are at risk for no-show.
Who do your patients believe?

By Louis Malcmacher, DDS

This is a common scenario: you present a treatment plan to a patient — whether it is something as simple as a tooth-colored restoration or an endo, post, core and crown — and the patient goes home to think about it. The patient then says, “My hairdresser thinks that a root canal is a bad idea and I would rather just take out the tooth.”

You think to yourself what an idiot this patient must be. Here I went to dental school, have many hours of advanced continuing education, treat patients every single day, and instead of believing me, the patient is listening to her hairdresser? How in the world could a patient compare my treatment recommendation to the dental information she receives from a cosmetologist?

This scene will repeat itself many times over during your dental career. I’ll tell you exactly why it happens: There is an aura of believability that we as dental professionals sometimes don’t project. Think about it: this patient has come to your office, met your entire staff, you as the dentist did the examination and made a recommendation. It was all very clinical and confident, but was it believable? That connection is essential to forming a relationship where the patient will trust you and your team more than she will trust the dental IQ of her hairdresser.

I often say this in my lectures and I know this disturbs some dentists: Your patients have absolutely no way to judge your clinical skills. They don’t know if you are a better clinical dentist than the dentist down the street. They really don’t know what all of the diplomas on your wall mean. Truth be told, you go into many dental offices and they all have the same wall hangings of all the continuing education that they have taken. As a profession, people pretty much assume that most dentists know what they are doing, so how can your office be different from everyone else?

The answer is in the personal connection that you provide to patients. The easiest and fastest way to establish that connection is with the little chit-chat conversations that your team members have with your patients to get to know them a little better, find out about their families, hobbies, interests and what they do for a living. These are valuable pieces of information that you can incorporate into formulating how you are going to approach your treatment plan by making yourself believable and connecting with the patient.

It’s funny when a dentist tells me that his team talks too much to patients and they waste too much time in the office in conversations about what seems to be nothing. I point out that this can be the basis for building a great patient relationship, which then leads to a loyal, long-lasting patient.

The other very important piece that I believe adds value to a patient appointment is by pointing out some of the unique things that you do in your office that he or she may never have done before. The most valuable words that come from a patient’s mouth that I love to hear are, “Nobody has ever done that for me before.”

A couple of quick examples to illustrate what I mean. When patients come in, I tell them that I am using a Waterlase MD laser so that they won’t have to get a shot before their restorative treatment. Another patient comes in and has a periodontal abscess. I clean out the pocket and place Arestin by OraPharma. In both cases if I say nothing to the patient, the patient will not think that anything special has occurred. However, if I point out that I am using these patient-friendly technologies to make the patient’s visit easier, I am different from every other dentist out there and I am unique and uniquely believable.

Learn the valuable art of connecting with people. It takes only a few moments to be friendly and believable. Then, instead of choosing whom to believe, your patients will start referring their cosmetologists to you!
Traditional endodontics has been based on feel, not sight. Tactile proprioception was the only guide as burs and files were blindly inserted into pulp chambers and root canal systems. Together with radiographs and electronic apex locators, this blind approach has produced surprising success that, in the words of Dr. Eric Herbransen, “the endodontics succeeds often in spite of us.”

There is, however, a significant failure rate, especially long-term failure, due to the driving mainstream dentistry to aggressively extract natural teeth in favor of implants. The sting of clinical failure is a powerful motivator for change. In this article, I will describe the rationale and techniques involved in minimally traumatic endodontic access and shaping (Part I). In my upcoming Webinar I will discuss obturation techniques for smaller and non-round endodontic shapes, which will also appear as a follow-up article in this publication (Part II).

Ribbons, sheets & banners

One of the most distressing “hangovers” of the era of blind endodontics and endo-restorative is the belief that canal systems are straight, exit at the radiographic apex and are round in cross section. In reality, most canal systems curve in various directions, exit short of the radiographic apex and are round in cross section. Figure 1 demonstrates that of the three roots of an ovoid root, at least 50 percent, are ovoid or super-ovoid in cross section. Figure 1 demonstrates that of the three roots and canal systems shown, only one is round. As these canal systems mature, they narrow into a variety of unpredictable ovoid shapes, often with smaller anastomosing canal systems (Figs. 4-6).

The evolution of endodontic shaping

The original endodontic shape was established based on mostly hand filling with either silver points or cold lateral condensation of gutta-percha. Sargenti later introduced a more rapid approach that involved machine-driven instruments (rotary files) creating larger shapes with significantly more dentin removal. As of late, a crown-down approach is now popular. The roots are rapidly and blindly machined. This can result in better obturation of the apical half because of improved penetration of irrigation during instrumentation and improved hydraulics during obturation. But at what cost (Fig. 2)?

Is crown-down endo actually better than lateral condensation?

The outcome studies are inconclusive, but what we do know is that the success rate today is no better than it was 40 years ago (Fig. 5).

The advantages of crown down are often offset by the weakening caused by Gates-Glidden burs and orifice shapers. The short-term thrill of the radiographic “puff of sealer” at the apex is lost when the tooth imitates a few years down the line. Residual dentin is directly related to long-term strength and has indisputably been shown as the key to long-term tooth retention.

In contrast, the supposed strengthening of the root from a “monoblock” of bonded resin obturation, bonded core and fiber post is proving to be inconsistent. Another startling revelation is that the dentin in an endodontically treated tooth is not more brittle than in a vital tooth. In short, preservation of peri-cervical dentin and ferrule girth trump all other factors.

Ovoid canal systems & roots are non-round for a reason

Rotary instruments and obturating gutta-percha are round because of the limitations of their mechanical nature. They create anatomically appropriate shapes in round roots, but fail in ovoid roots. Over the ages, the dynamics of occlusion and arch form have guided the development of human tooth roots such that at least half have ovoid roots.

Smallers and/or ovoid shaping: Why and how?

Why? Biomimetics is a treatment approach that has, as its ultimate goal, to retain as much of the natural tissue as practical, and to mimic the physics and structures of the human body. There is nothing biomimetic about a stiff, round rod (prefabricated post) running through the center of an ovoid root.

The natural ovoid root is essentially a semi-rigid pipe deriving its strength from without, not within. The endodontic and endo-restorative goal should be to mimic the pulp space that was present when the tooth was young. From that point, it can be argued that any secondary dentin that is deposited adds little additional strength because of the amorphous and irregular deposition pattern. This point is supported by the robust strength of young teeth with large pulp chambers and large radicular pulp spaces.

If a small round access that does not disturb primary dentin can allow instruments to engage potentially significant complex anatomy (e.g., a second or third major system and corresponding portals of exit), then the round access is acceptable. The See ENDODONTICS, Page 8

...are you curious?
realities of ovoid roots would seem to disagree with this approach.

Creating a large round access that results in removal of primary dentin of the delicate, narrow portion of the root is the common approach today. While this can allow access to complex branching of systems that occurs further apically, it does not satisfy the more appropriate goals of anatomic, biomimetic dentistry. Additionally, the single large round endodontic shaping pattern often encroaches upon a fluting in the center of the root.

How? Visually shaping ovoid systems. The three components of ovoid shaping are:
1) the operating microscope with powerful coaxial shadowless lighting,
2) ultrasonic instruments, and
3) an understanding of the anatomic shapes of ovoid roots.

Anatomic, biomimetic shaping cannot occur safely “by feel” (Figs. 7, 8a, 8b).

Summary

Although no two roots are the same, general anatomic patterns allow the microscope-equipped clinician to search for major pulpal regions that will yield a high probability of cleaning and shaping the clinically available pulpum zones.

shapes that were introduced during the Schilder era have served as a transitional technique to allow the first real three-dimensional compaction of gutta-percha. Endodontics is, in reality, a restoratively driven procedure; and to be minimally invasive and to apply biomimetic principles will require different skills and materials to shape, pack and restore these non-round canal systems.

References


Attend Dr. David Clark’s Webinar!

On March 14 at 1:45 p.m. E.S.T., Dr. Clark will present a one-hour Webinar, “World Class Obturation for General Dentists,” followed by a live question-and-answer session with the online audience.

Can endodontics be minimally invasive? Biomimetic? Last as long as implants?

The implant era has raised the bar for endodontics serendipitously as new tools and techniques allow for the next level of endodontic excellence. Instead of “blindly poking around” the pulp chamber and “machining” the delicate root with Gates-Glidden and large rotary files, there are other options! Once we have created the new shapes, then how can we perform ideal obturation? Join us to find out!

This is one Webinar in a five part Webinar series that will be running over the course of the entire day to launch the brand new Dental Tribune Study Club. Participants will receive C.E. credits and attendance is free for the first 100 registrants. After the first 100 spaces are filled, the cost of the full-day symposium is only $49. Live attendees have 30-day access to the recorded Webinars to review at their convenience. Attendees require an online computer with audio capabilities. Please register at www.DTSStudyClub.com. Upon registration, you will be provided with a pass code. However, if you cannot attend the live Webinar, you may access the archived version for $49 by signing up on the site.
While these systems go by many different names, the best way to describe the system is that it’s a cross between a digital pan/ceph and a CAT scan machine. The most popular model right now in the United States is the i-Cat by Imaging Sciences. While I could describe the system in detail, this excerpt from an i-Cat user does the best job of explaining why they are becoming so popular:

“Compared to medical scanners, cone beam scanning is 10 times more accurate while reducing a patient’s exposure to radiation by more than 97 percent. Pre-surgical implant treatment, preparing to remove impacted third molars, determining how sinus grafts and ridge augmentations should be healed, determining the ideal position for a single-tooth replacement are just some of the benefits of cone beam scanning technology. Because cone beam scanning permits multiple slices through the axial, sagittal and coronal views, the guesswork is removed when it is critical to determine the width of edentulous ridges, whether or not cancellous bone exists between cortical plates, the position of supernumerary and developing tooth buds, if sockets have filled with bone, if irregularities exist to the condyles, where the mandibular nerve is relative to an impacted tooth and implant sites, or to visualize the borders of a cyst or tumor. Cone beam scanning has an added benefit in that it can take the maxilla and mandible in a single scan.”


Table 1: New microscope-enhanced protocol

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Initial access with round-ended carbide or diamond burs. For incisors and canines, the new CK endo access burs provide optimum safety and dentin preservation (Fig. 5).</td>
</tr>
<tr>
<td>2.</td>
<td>Gross de-roofing with tapered diamond burs, retaining a small “soft fit.”</td>
</tr>
<tr>
<td>3.</td>
<td>Provide straight-line access sweeping away from high-risk anatomy with the CPR-2D.</td>
</tr>
<tr>
<td>4.</td>
<td>For ovoid systems ...</td>
</tr>
<tr>
<td>5.</td>
<td>Sweep the coronal 1/4 of the ovoid system with the CPR-2.</td>
</tr>
<tr>
<td>6.</td>
<td>Sweep the next 1/4 with the CPR-2D (Fig. 10b).</td>
</tr>
<tr>
<td>7.</td>
<td>Irrigate, dry with the Stropko syringe and then evaluate at 16–24x for multiple systems that branch in the apical half.</td>
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Receivables at risk

By Keith D. Drayer

Does your practice extend open credits to your patients?

This is an important question as veteran dental practice owners know that their practice’s fiscal health, profitability and success require balancing a prudent patient financing policy.

Balance allows the flexibility to accommodate your patients, and it needs to be re-enough to avoid cash flow/collect problem that may have material consequences for both the doctors and staff. Even a temporary cash flow problem is stressful for a practice owner, creating the potential for uncertainty in making the payrol

What is a dental practice’s uncollectible percentage? While this number will vary substantially (due to many factors ranging from service mix, use of practice management software, aggressive or lax payment policy compliance), when averaged it shows the nationwide number of approximately 2.5 percent. Many practice owners think they can live with 2.5 percent. However, further inspection reveals a more in-depth appreciation of collection effectiveness on a practice.

Let’s suppose a practice grosses $1,000,000 annually. If the practice has had debt or “uncollectible receivables” of $25,000, that is 2.5 percent, then that write-off number would be correct. (See Table 1)

Accounts Receivable trends for any business, from a FORTUNE 500® company to a dental practice, are almost identical. Receivables are like gravity. You can’t resist gravity and you can’t resist receivables’ falling value over time. Table 2 shows the effects of time on receivables. Each $1.00 of Accounts Receivable at 90 days is statistically only worth $0.72.

Thus, the case can be made for dental practices to devote more focus to their “payment is due upon service” policy so the practice is not acting as a bank to patients. Offering patients (monthly, more affordable) financing options makes optimal treatment acceptance more likely, as well as removes a practice that offers selective financing from appearing as credit officers and lenders to patients.

Today, a good patient financing plan will accept from 50 to 60 percent of the patients who apply. There are patient financing companies that indicate an approval rate of 90 percent based on the total patient base being considered. That may be a misleading number as not every patient wants to be approved. Your patient-financing candidates can automatically be any who might remark:

1. “Just bill me.”
2. “I can pay you $100 a month until we’re done.”
3. “I want to have the treatment, but can’t afford it now.”
4. “Let me know the balance after the insurance pay-in.”

It is prudent to offer patient financing when you examine what consumers are advised to pay on a graduated scale. Data reveals the recommended consumer order of payments is as follows:

1) Child Support By law, credit bureaus must report any information received about overdue child support, as long as it’s verified by the proper agency and is not more than seven years old. Consumers are told this should be the No. 1 payment priority. Penalties, considered quite serious, include garnished wages, liens on property and a suspended driver’s license. Dentists should be aware that finance companies might consider an open child support lien on a credit bureau report as very negative.

2) Mortgage After more than 90 days, late mortgage payments can end up on a credit record. Mortgages also tend to have hefty late payment fees, and if a mortgage holder misses two or more, a lender may start foreclosure proceedings.

3) Car Loans Repossession laws vary — in some states repossession happens after only one missed payment. Mass transit isn’t applicable everywhere and the risk of not having a vehicle probably impedes a person’s ability to work.

4) Taxes The Internal Revenue Service (IRS) is tough when taxpayers don’t pay on time. Penalties accrue with time and the clock keeps going from the time of the infraction.

5) Bank Credit Cards Credit cards are important. Paying them on time is more important than ever today as late payments give all credit card issuers the right to reprice a cardholder because of economic risk status. Recent legislation was passed about sudden rate increases from credit card companies; though the effective date isn’t until 2010

6) Department Store Cards Many will negotiate and or accept lower payments for various periods of time.

7) Utilities (electric, gas, water) Utility companies may work out payment arrangements (though security deposits for future services will be a factor). Nationwide, rules vary as regional regulators have rules protecting homeowners from losing vital services and keeping consumers safe.

8) Student Loans Federal student loans may be deferred during times of financial challenge. When loans are deferred payments aren’t required, but you can’t qualify for deferment once the loan is in default, so don’t wait until you are behind in payments to apply. Continue making payments until your request is approved.

9) Health-Care Bills Most medical bills aren’t reported to credit bureaus until they are sent to collection agencies. Doctor’s will rarely initiate a patient credit check before starting a major treatment case.

With health care bills ranked in order at number No. 9 and a new era with a tough economy, can your practice benefit from a proactive approach to patient financing?

Keith D. Drayer is vice president of Henry Schein Financial Services. Henry Schein Financial Services represents the only 2.5 percent same-as-cash patient financing and no dedicated terminal program. Drayer can be reached at hsfs@henryschein.com or (800) 443-2756. Henry Schein is the leading distributor of services and products to office-based health care practitioners.

Table 1

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
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</thead>
<tbody>
<tr>
<td>Eligible Receivables</td>
<td>$850,000</td>
<td>Less: Cash Payments*</td>
<td>$150,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
<td>Eligible Receivables</td>
<td>$850,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>2.5%</td>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>2.5%</td>
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</tr>
</tbody>
</table>

Table 2: Value of Aged Accounts Receivable

$1.00 is worth the following amounts over time

<table>
<thead>
<tr>
<th>31 Days</th>
<th>61 Days</th>
<th>91 Days</th>
<th>181 Days</th>
<th>365 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>0.90</td>
<td>0.80</td>
<td>0.70</td>
<td>0.60</td>
</tr>
</tbody>
</table>

- “Just bill me.”
- “I can pay you $100 a month until we’re done.”
- “I want to have the treatment, but can’t afford it now.”
- “Let me know the balance after the insurance pay-in.”

About the author
## Alabama
- **Birmingham**- 3 Ops, GR $750K, #10105
- **Birmingham Suburb**- 3 Ops, 3 Hygiene Rooms #10106

**Contact:** Dr. Jim Cole @ 404-543-3171

## Arizona
- **Shaw Low**- 2 Ops, 2 Hygiene Rms, GR in 2007 $654,995

**Contact:** Tom Kimble @ 602-516-3219

## California
- **Altura**- 3 Ops, GR $551K, 1.5 day work week #14279
- **Central Valley**- 4 Ops, 2,000 sq ft, 2007 GR $500K #14266
- **Dixie**- 13 Equipments, 5,000 sq ft, GR $150K #14265
- **Fresno**- 3 Ops, 1,500 sq ft, GR $1,451,881 #14250
- **Lilac/Tulare**- 2 practices, Combined GR $1.4 Mill #14240
- **Madera**- 1,200 sq ft, 3 Ops, GR $449K #14269
- **Madera**- 1,060 sq ft, fully plumbed building for sale #14270
- **Monrovia**- 3 ops 3 days of hygiene 2005 GR $338K #14178
- **Red Bluff**- 8 ops, GR over $1Mill, Hygine 10 days a wk. #14273
- **Red Bluff**- 3 Ops, 990 sq ft, 2007 GR $201K #14282
- **Redding**- 3 Ops, 1950 sq ft #14229
- **South Lake Tahoe**- 3 Ops, 847 sq ft, 2007 GR $55K #14277

**Contact:** Dennis Hoover @ 800-519-3458

## Camarillo
- 3 Ops w/room to expand, 1,495 sq ft, GR $500K

**Contact:** Dr. Dennis Hoover @ 800-519-3458

## Florida
- **Coconut Grove**- 3 Ops, 1,000 sq ft, GR $450K #11610

**Contact:** Alex Litvak @ 617-240-2582

## Georgia
- **Atlanta Area**- 2 Ops, 2 Hygiene Rooms, GR $300K #11414
- **Atlanta Suburb**- 3 Ops, 2 Hygiene Rooms, GR $631K #11928
- **Buckhead**- Busy Pediatric practice seeking associate #19103
- **Kennesaw**- 1 Hygiene, Est. for 43 years #19110
- **Newnan**- 3 Ops, 600 sq ft, GR $175K #19111

**Contact:** Dr. John David @ 678-680-2930

## Indiana
- **Indianapolis**- 3 Ops, GR $325K, 1 day work week #19105
- **West Marion**- 2 Ops, 80% Insurance, GR $300K #19106

**Contact:** Dr. Tom Kelleher @ 603-661-7325

## Kentucky
- **St. Joseph County**- GR $270K on a 3 1/2 work week. #23108
- **Western Kentucky**- 4 Ops, 2 Hygiene Rms, GR $250K #23109

**Contact:** Al Brown @ 800-668-0629

## Massachusetts
- **Boston**- 2 Ops, Hygiene, GR $650K. #30013
- **Suffolk**- 3 Ops, 2,000 sq ft, GR $500K #30016
- **Somerville**- GR $700K #30017
- **Sturbridge**- 5 Ops, GR $1,187,926 #30015

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## Michigan
- **Suburban Detroit**- 1 Op, Hygiene, GR $132K #31104
- **Saginaw**- 2,000 sq ft, GR $373K #31105

**Contact:** Dr. Jim David @ 586-530-0800

## Minnesota
- **Crawling County**- 4 Ops #32104
- **Mankato**- Food service and state-of-the-art office #32107

**Contact:** Dr. Jim David @ 561-750-0800

## New York
- **Saratoga Springs**- 4 Ops, 1 Hygiene, GR $132K #33105
- **Grand Rapids**- 3 Ops, Building available #33110
- **Pittsburgh**- 4 Ops, GR $1,840,628 #34109
- **Albany**- Large practice, state of the art equipment #34110
- **New York**- 6 Ops, GR $1,800K #34111

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## New Jersey
- **Hackettstown**- 3 Ops, GR $900K #35104
- **Somerset**- 3 Ops, GR $500K #35115

**Contact:** Alex Liskow @ 617-240-2582

## Ohio
- **Dayton**- 10 Ops, 2 Hygiene Rms, GR $2 Million #36104
- **Columbus**- 4 Ops, GR $700K #36105
- **Trenton**- 3 Ops, 3,000 sq ft, GR $650K #36106

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## Pennsylvania
- **McKeesport**- 4 Ops, 3 Hygiene Rms, GR $650K #37105
- **Jefferson County**- 2 Ops, 1 Hygiene #37106
- **Cambria County**- 2 Ops, Hygiene #37107

**Contact:** Sharon Mascerini @ 484-788-4071

## Rhode Island
- **Southhampton**- 2 Ops, Hygiene, GR $750K. #38102
- **Newport**- 2 Ops, GR $700K #38103

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## South Carolina
- **Charleston**- 8 Ops fully equipped #39101
- **McBride**- 4 Ops, 2 Hygiene Rms, GR $1,500K #39102
- **Piedmont**- 4 Ops, 2 Hygiene Rms, GR $1,200K #39103
- **Charleston**- 4 Ops, GR $1,800K #39104

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## Tennessee
- **Charlottesville**- 2 Ops, 1 Hygiene, GR $100K #40101
- **Tullahoma**- 2 Ops, 1 Hygiene, GR $600K #40102
- **Memphis**- 2 Ops, 1 Hygiene, GR $200K #40103

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## Virginia
- **Roanoke**- 2 Ops #41101
- **Loudon**- GR $600K #41108

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## West Virginia
- **Fairmont**- 4 Ops, GR $800K, Est. Net $600K #42105
- **Wheeling**- 3 Ops, GR $250K #42106

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## Wisconsin
- **Rochester Area**- 4 Ops, 2 Hygiene Rms, GR $1,000K #43107
- **Kenosha**- 3 Ops, 2 Hygiene Rms, GR $1,200K #43108
- **Green Bay**- 4 Ops, GR $1,000K #43109

**Contact:** Dr. Peter Goldberg @ 617-680-2930

## Contact Information
- **Dr. Doug Gullerand** @ 208-938-8305
- **Dr. Steve Rizer** @ 805-405-6568
- **Dr. Dennis Hoover** @ 800-519-3458
- **Dr. Peter Goldberg** @ 617-680-2930
- **Sharon Mascetti** @ 484-788-4071
- **Alex Litvak** @ 617-240-2582
- **Dr. John David** @ 586-530-0800
- **Dr. Tom Kelleher** @ 603-661-7325
- **Dr. Jim Cole** @ 404-543-3171
- **Dr. Peter Goldberg** @ 617-680-2930
- **Dr. Doug Gullerand** @ 208-938-8305
- **Dr. Peter Goldberg** @ 617-680-2930
- **Sharon Mascerini** @ 484-788-4071
- **Sharon Mascerini** @ 484-788-4071

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Come one, come all!

The 97th Thomas P. Hinman Dental Meeting, March 19–21

It’s not too late to plan your time at the meeting (even if you’ve already landed in Atlanta!), which is a good idea because last year saw some 22,676 attendees. You only need to visit the Hinman Web site, www.Hinman.org, where you can:

- search the course schedule;
- download course handouts;
- search the exhibitors via the interactive floor plan and use the My Agenda Tools to create a list of the booths you want to visit. The list can then be printed or e-mailed;
- redeem Continuing Education Credits without a fee for six months after the meeting. Beyond the time limit, however, there is a $10 fee.

Last year’s meeting had the unfortunate distinction of closing one day early due to a tornado that hit Atlanta on March 14. The Georgia World Congress Center (GWCC) sustained serious damage, thus attendees received refunds for prepaid events that were scheduled on March 15. This was the first tornado to touch the downtown Atlanta area since the 1880s, which is when weather record keeping first began. At the time this edition went to press, the 10-day weather forecast for Atlanta had some showers predicted but quite a bit of sun, and we hope for more of the latter by the time the 10-day weather forecast for Atlanta is released. You can purchase tickets in advance or at the Ticket Sales Desk. (Site: GWCC; entry is at the corner of Spring Street and Harris Street. There will be signs near the escalators to the left of the Apparel Mart Exhibit Hall entrance.)

Georgia Aquarium ($81.90–$869)
March 19–21; Sunday–Friday: 10 a.m.–5 p.m., Saturday: 9 a.m.–6 p.m.

Would you like to witness first hand what eight million gallons of fresh water and marine water actually look like? Well, then head over to the world’s largest aquarium! There are a variety of activities to choose from, and fees vary accordingly and depend on one’s age. Please visit www.georgiaaquarium.org for more detailed information. (Site: 227 Baker St.)

Uptown Entertaining Demonstration Cooking Class ($85)
March 19, 11 a.m.–1 p.m.

Chef Peter Rubin, a master of French cooking and an Atlanta-based caterer, will prepare: roasted vegetable hors d’oeuvre canapés; eggplant caviar with garlic pita chips; spice-crusted strip steaks with roasted red pepper cream; sweet potato, corn and red pepper hash browns; romaine salad with blue cheese, bacon and pears; blueberry bread pudding. Attendees will enjoy wine as they taste this menu. Rubin is also the director of the Viking Cooking School, where this demonstration will take place. (Site: Viking Cooking School, 1745 Peachtree St.)

Keynote Session
March 19, 5:30–7:30 p.m.

The doors to the official Hinman opening ceremony open at 5 p.m. (as does the cash bar), and attendees will enjoy musical accompaniment until 5:30 p.m. Featured clinicians will be introduced during the session. The Keynote Speaker is Neal Boortz, who is a veteran of talk radio. (Site: GWCC Auditorium)

Atlanta Hawks Basketball Game
March 19, 7 p.m.

Hinman attendees may purchase discounted tickets for the Atlanta Hawks game against the Dallas Mavericks. Games will take place at the Philips Arena, which is next to the Omni Hotel. To see if tickets are still available, please contact Karin Beckman at (404) 878-5781. (Site: Philips Arena, 1 Philips Dr.)

CNN Studio Tours ($89 for a 55-minute tour)
March 20, tours begin at 9:30, 9:40, 9:50 a.m. and 1:00, 1:20, 1:40 p.m.

Want a behind-the-scenes look at CNN Studios and Turner Broadcasting System? This detailed tour includes climbing stairs, so if you need assistance please let the Hinman Office know in advance. The tour is open to those 5 years old and above and tickets must be purchased in advance or at the CNN Ticket Sales desk found in the CNN Atrium. Please arrive 10 minutes before the scheduled start time.

Hinman Luncheon ($59)
March 20, 11:45 a.m.–12 p.m.

Cocktails, 1:30 p.m. Luncheon

Enjoy lunch with Jamie Deen, who is the son of Food Network host Paula Deen, Jamie and his younger brother Bobby hosted their own food show, called “Road Tasted,” on the Food Network, the reruns of which are still playing. The brothers have also authored two cookbooks, and their third will be published in September. (Site: Ritz-Carlton, Atlanta Downtown, 181 Peachtree St.)

Wine Seminar & Tasting ($45)
March 20, 3–5 p.m.

Educate your palate with some savory wine from the Rhone Valley, France. You’ll also get the opportunity to taste a few spicy wines and some sweet ones. Tickets need to be purchased in advance of the event at the Ticket Sales desk in the Registration Hall. (Site: Omni Hotel at CNN Center, South Tower, Atrium Terrace)

Auxiliary Reception
March 20, 7–11 p.m.

The Omni Hotel will host a night of dancing under the auspices of Spectrum Entertainment. Two complimentary drink tickets for those 21 years and older are valid for use between 7 and 9 p.m. for either beer or wine. The cash bar has other drink options and will be open until 11 p.m. (Site: Omni Hotel at CNN Center, North Tower, Grand Ballroom)

Atlanta Thrashers Hockey
March 20, 7:30 p.m.

Watch the Atlanta Thrashers take the ice with the Detroit Red Wings, who were last year’s Stanley Cup champions. Discounted tickets are available but likely to sell out, so please call Karin Beckman at (404) 878-5781 to see if any are left. (Site: Philips Arena, 1 Philips Dr.)

Southern Style Cooking Demonstration ($86)
March 21, 11:00 a.m.–1:00 p.m.

Virginia Willis — author, cook, teacher, television producer — will prepare a specialty Southern menu sure to get mouths watering: pecan-crusted, oven-fried chicken breasts; goat cheese grits and herb toasts; cheese grits with Vidalia onions and spring greens; chocolate bread pudding and vanilla cream. (Site: The Cook’s Warehouse, 349 1/2 Amsterdam Ave.)

King Tut Exhibit (Adults, $15; Ages 6–17, $8; Age 5 and under are free)
March 21, 1:15–4:00 p.m.

Only in town until May of this year, Atlanta is the North American debut for this new exhibit that includes some 50 objects from Tutankhamun’s tomb. There are also artifacts from King Khufun and Hatshepsut, an Egyptian queen who actually became king. Visit www.kingtut.org for more information. Hinman attendees can get a discounted rate at www.ticketmaster.com/promo/ncoxgd, and will need to pick up their tickets at the Atlantic Civic Center’s Will Call box. (Site: Atlanta Civic Center, 395 Piedmont Ave.)

Dentist Reception 7:30–11 p.m.
(Site: Omni Hotel at CNN Center, International Ballroom)

Banks & Shane is the high-octane band performing at the official closing ceremony and party for this year’s meeting. Buffet reception complete with dessert and coffee, as well as a cash bar, will keep you fueled for the dancing ahead of you. Please note that there is a dress code: coat and tie for the gents and cocktail attire for the ladies.
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As dentistry continues to evolve, the need for training is greater than ever before. Compared to even 10 years ago, operating a dental practice is much more complex. Management systems require regular updating to remain effective. Employee turnover is an issue for many dental practices. Having a well-trained team ensures practice stability, increases efficiency and productivity, and results in a far less stressful environment.

Why is training critical to practice success?

The best practices have high-performance systems and well-trained teams. The dentist’s team is one of the practice’s greatest assets. Keeping their skills up to date improves productivity, boosts employee morale and lowers practice stress. A well-trained team provides a high level of customer service, generates more patient referrals and increases case acceptance. Of course, targeted training that addresses specific issues will lead to marked improvement in those areas.

Is there a need for 1Day Training?

Absolutely. We have found that most dentists would love to have one-day training as an option for their teams. Outside-the-office training can be extremely beneficial, but it is not always convenient, especially for most GPs who are open on average four and a half days a week.

Has the need for training changed over the years?

The need has grown more critical during the last 10 years. The pace of innovation and technology in dentistry has increased exponentially in the last decade. That puts a heavier burden on dentists and their teams to stay abreast of all these changes — software, digital equipment, new services, etc. Some dentists even have difficulty staying on top of everything, so you can imagine the difficulty faced by staff members.

1Day Training is our way of making things easier for dentists and dental teams. An experienced trainer comes to the office and conducts targeted, leading-edge training in areas that matter the most to each dentist.

What training courses are being offered?

Our 1Day Training offerings include 1Day Case Acceptance™, 1Day Marketing That Matters™, 1Day Immediate Collections™, 1Day Hygiene Maximizer™ and 1Day New Patient Experience™. We want to provide dentists with opportunities to learn, update and enhance their practices in numerous areas.

Is 1Day Training for the entire team or select employees?

It’s for the entire team because most management systems impact the whole team. 1Day Training is designed to get the entire team on the same page. When everyone has the same information, everything runs more efficiently with far less stress. Levin Group has seen too many practices plagued by dysfunctional teams. Team building requires team training and shared communication; these are the hallmarks of 1Day Training.

Why is team training so critical?

Team training is key to positive growth, improved efficiency and greater success.

Most dentists want to give their teams tools they need to succeed, but it can be difficult finding the right training. Time, location and cost are all factors. With 1Day Training, Levin Group comes to the practice. We make it easy and convenient for the doctor and team.

What are some of the differences between consulting and 1Day Training?

Our Total Practice Success™ Management consulting programs are comprehensive, customized programs that last a year or longer. We provide support and guidance throughout the entire consulting experience. With 1Day Training, our experienced trainers deliver targeted training on a specific subject over the course of eight hours. 1Day Training focuses on one of the practice’s systems while our Total Practice Success Management programs address a practice’s entire operations, including all major and minor systems, for an entire year or longer.

What are the benefits of 1Day Training?

Again, it’s extremely convenient. No travel is involved. It’s targeted and highly focused. It’s conducted by Levin Group’s experienced trainers who are subject matter experts in their chosen fields. There’s no long-term commitment. You pick the course or courses that fit the needs of your practice. This is a cost-effective way to enhance a team’s ability to do its job better than ever before. For more information, I advise Dental Tribune readers to go to www.levingrouptraining.com. The Web site has in-depth information on each course.

New I.V. Sedation Course for Dentistry by DOCS

There are less than 100 continuing education slots per year available for dentists to acquire the licensure that allows them to perform I.V. sedation in the U.S. Now, thanks to DOCS Education, that number has increased by another 50 due to their new course, I.V. Sedation for Dentistry. Specifically planned to minimize time away from office, the didactic portion of the course takes place over three weekends (Friday to Sunday) in Pittsburgh. The 2009 inaugural course will occur on the following weekends: March 20–22, May 29–31 and June 12–14. The Fall 2009 program will be in October and November.

In comparison to the I.V. sedation courses already available, DOCS Education has created a program specifically designed to meet the needs of dentists.
Direct or Indirect...

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Artiste® Nano Composite puts the power to restore and improve your patients’ smiles entirely in your hands. With intuitively named shades and a simple layering technique, you can now complete a direct veneer in as little as 20 minutes. Without the lab fee, you get to keep more money in your pocket and your patients can get a complete smile makeover in only one day.

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that surpasses them all. The reasoning behind this approach was that DOCS Education wanted to ensure that every student in the I.V. sedation course would be extremely confident in performing the procedures upon graduation. Knowing that DOCS Education has been around since 1999, whom else would you trust for an I.V. course that not only meets but also exceeds the American Dental Association’s minimum requirements for such courses? The didactic portion is taught at Duquesne University by university faculty and DOCS Education faculty members, and comprises a total of 60 hours. The clinical rotations include 45 to 60 cases in a one-on-one student/teacher ratio. Thus, there is no sharing of patients as found in other I.V. programs, and the ADA’s requirement of a three-to-one student/teacher ratio, along with its 20 total cases, are exceeded as well.

The DOCS I.V. sedation program tallies to an impressive 84 hours of education, and this translates into only two days away from the practice during the didactic portion if a clinician schedules office hours from Monday to Thursday. DOCS Education faculty member Michael E. Mermigas, DDS, who is also a pharmacologist, is the course director. In addition, DOCS faculty member Eugene Pester, DDS, FADSA, a dental anesthesiologist, rounds out the DOCS presence on the Duquesne University campus. Because of Mermigas’ involvement, the program is deeply rooted in the pharmacology of dental sedation while Pester brings a highly attuned knowledge of sedation techniques and patient assessment. The ability to offer patients I.V. sedation means less chair time for them due to the faster induction phase, but it is also a benefit to those patients who have challenges brought on by medications or physiological conditions.

For more information about the I.V. Sedation for Dentistry course, please visit www.DOCSeducation.com or call (877) 325-3627.

Google and SEO (Part 2 of 6)

Dr. Garry Bey, Dr. David Clark, Dr. George Freedman, Dr. Daniel McEowen, Dr. Clark Stanford

Saturday, March 14, 2009 - 8 hours and 30 minutes 10:00 am – 5:45 pm EST
Premium lectures in the fields of General Dentistry, Cosmetic Dentistry, Endodontics, and Implantology.

Endodontic Instrumentation at the Speed of Thought

Dr. John T. McSpadden

Thursday, April 23, 2009 7:00 – 8:30 pm EST
Learn to design and accomplish root canal instrumentation in the most efficient, most effective manner with the least risk for instrument failure.

Death of a Sales Man; Birth of The Helping Professional

Peter Barry, C.M.C., R.R.D.H.

Tuesday, May 12, 2009 7:00 – 8:30 pm EST
Discover new strategies for communicating with your patients in a more buyer-based, service-focused and solution driven way. Boost your ability to inspire patient interest in our services; by learning to more effectively speak our patient’s language.

Increase Net Revenue, Foster Employee Confidence

Michael Moore

Tuesday, May 19, 2009 7:00 – 8:30 pm EST
The Five Keys to Effective Employment Relations for the Dental Office
...We Have and They Did.

First it was the adulation of thousands of adoring fans. Next, it was the “triple crown” of industry awards. Now, you can get in the game too, and experience first-hand the best core material available today.

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Zenith Dental to rebrand as DMG America

Zenith Dental, the visionary company with a 25-year tradition of introducing innovative and market leading restorative dental products to North America, will rebrand as DMG America as of April 1.

DMG, founded in 1964 in Hamburg, Germany, has long been recognized as a world leader in the research, development and manufacturing of dental materials. DMG’s focus has always been to combine the highest quality materials and to yield the maximum practical benefits.

Zenith Dental has been the exclusive North American distributor for DMG products since the company’s inception in 1983. According to President George Wolfe, “Zenith and DMG entered this market together and grew together over the past 25 years. As DMG America, we will be able to leverage the global power of a name that has been recognized for 40 years as a world leader in this industry. This is a very exciting step for our company, one that gives us a single, clear voice in dentistry.”

DMG America will continue to promote and sell all of their current product offerings. Among these are some of the most widely used and clinically successful dental restorative products, including Luxatemp®, Status Blue®, LuxaCore® Dual, TempoCem® and Honigum®.

In addition, DMG America will continue to grow and enhance Koloz®, one of the fastest growing hygiene lines in dentistry, Kolorz® products were developed in conjunction with food industry experts and are guaranteed to have superior taste.

Moving forward, the company will continue the tradition of innovation that has been the hallmark of the DMG name. The company is in the process of developing an exciting, first-of-its-kind product, which officials believe represents a true leap forward in dental technology. Launch is planned for later this year.

As DMG America, the company will also continue its commitment to quality and excellence by maintaining its hands-on customer service, extensive support for continuing education for dental professionals and a high standard of training and education for its own employees.

“We have always and will continue to value the strong personal relationships we enjoy with our customers, as well as the valuable input and accolades we receive from dental professionals across North America,” Wolfe said. “This will not change.”

For more information and a complete list of DMG America product offerings, please visit www.dmgamerica.com or call (800) 662-6383.

DentalEZ Group redesigns and relaunches its corporate Web site

DentalEZ® Group, a supplier of innovative products and services for dental health professionals worldwide, is pleased to announce the official launch of its recently redesigned corporate Web site, www.dentalez.com.

The new Web site is now updated with a fresh new modern look and includes effortless navigation links and improved functionality. The site incorporates and details all of the company’s product brands including StarDental®, CustomAir®, RAMVAC®, DentalEZ Equipment, and Nevin-Labs®.

“A Web site is always a work in progress,” remarked VP of Marketing for DentalEZ Randy Arner. “But because of our recent product line growth, expanding capabilities and our many additional products and services, a total overhaul was necessary. The new DentalEZ site better showcases our unique company culture, quality-focused business philosophy and our expanded industry offerings.”

Some new features of the Web site include an improved product image library, convenient order tracking, a new efficient literature ordering process for dentists and DentalEZ distributors, and a multimedia center that features entertaining and informative product videos and educational tutorials.

In addition to the many new features, the Web site will continue to allow visitors to download product literature and technical information, find a DentalEZ representative in their area of choice, and easily contact DentalEZ’s supportive staff of customer and technical service representatives.
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, tetracaine hydrochloride 2 percent) has onset within 50 seconds and duration typically lasts 50 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 50 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 Hinmann Meeting at the Vista booth, No. 2526. The company will also 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 50-gram bottle with purchase of three 50-gram bottles.

For more information, visit the Web site, www.cetylite.com, or stop by the Vista booth, No. 2526, during the Hinman Meeting.

Plak Smacker introduces Banilla Bling & Baby Bling toothpastes

Plak Smacker’s new Banilla Bling and Baby Bling toothpastes pack the sweet flavor of vanilla ice cream into a healthy toothpaste that contains no saccharin or sodium laurel sulfate! Baby Bling toothpaste contains all of the great tasting vanilla ice cream flavor without the fluoride. Developed by a dentist, both are available in convenient 0.12 oz packets and made in the United States. Kids absolutely love the taste and parents love the dentist-approved cavity fighting.

For more than 20 years, Plak Smacker has been focused on introducing new, innovative products to help patients feel good about a trip to the dental office. For more information or to order, please call (800) 558-6684 or visit www.plaksicker.com.
The Artiste Nano Composite is now available in five-shade syringe or single-dose trial kits, featuring A2 dentin/body, A3 dentin/body, B1 dentin/body, A-Enamel and B-Enamel. The kits also include a comprehensive DVD and a handy quick restorative guide that shows you step-by-step procedures for basic anterior/veneer restorations or a posterior restoration.

The Artiste Nano Composite System is a uniquely simple approach to creating beautiful polychromatic restorations with an easy-to-follow technique that requires just minutes of chair time.

While many composite systems seek to introduce complex layering techniques, the Artiste System simply builds on the concept of effectively replicating the two basic components of natural teeth: dentin and enamel. The intuitive nomenclature implemented for the dentin/body and enamel materials that make up the foundation of this system takes all the guesswork out of which material or shade should be used at any point during the restorative procedure to generate beautiful and vital results.

This innovative new system is centered on a full line of dentin/body shades that correspond directly to the Vita™ shade guide and a limited line of intuitively keyed enamels that facilitate quick and easy selection for accurate shade matching and seamless blending with natural dentition. The combination of the carefully formulated dentin/bodies and the corresponding enamel layer effectively recreate the optics of natural teeth without requiring the general practitioner to take any extra steps than normally required for even monochromatic layering.

The Artiste Nano Composite System is one of the latest innovations from Pentron Clinical Technologies, the company behind other brands such as Build-It® FR® Core Build-Up Material, TempSpan® Dual-Cure Temporary Crown & Bridge Material, Artiste Nano-Hybrid Flowable Composite, Breeze® Self-Adhesive Resin Cement, FibreKleer Posts, Bond-1® Primer/Adhesive and the Epiphany® Endodontic Obturation System.

For more information, call (800) 551-0283 or go online to www.pentron.com.

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Weber's MM1500 Sonic Endo handpiece is in its cutting action, which in turn translates into an ultra clean canal. Because the file vibrates, it will always cut with the maximum amount of force of cut at the source of its vibration, namely, the top of the file. Therefore, final preparation of a root canal when the Sonic Endo is used will be a funnel shaping of the canal, which is highly desirable for the placement of a tapered gutta-percha cone.

In addition, the vibration level at or below 1,500 cycles per second (low intensity) allows for maximum acoustic streaming of any fluid that is in the canal. High vibration above 1,500 cps will lessen acoustic streaming with a non-cutting tip. The steel file will also benefit in its cutting and shaping of the canal. Sonic files are re-usable, rarely ever break and the operator will only experience dullness because these files have barbed cutting edges and a safe non-cutting tip.

The MM1500 Sonic Endo system is truly an efficient and effective device to clean all debris from the canal, especially difficult lateral canals. In order to achieve ultimate cleaning results, it's designed and recommended to compliment your technique only after apex length is established with a hand file. The MM1500 will work most effectively when the operator drops back one size smaller than the apex file, i.e., size #15 to the apex then use a #10 sonic file; size #20 to the apex then use #15 sonic. The sonic file application length is approximately one millimeter short of the apex.

The MM1500 device should only be activated once the sonic file is placed in the canal's desired length. A great feature of the MM1500 is that it can be used for the entire procedure, thus eliminating the need for expensive NiTi files that have been prone to breakage and are very difficult to retrieve.

Compare this system for yourself and call for your free instructional DVD.

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Why geometry matters most!

By L. Stephen Buchanan, DDS, FACD, FICO

Shortly 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 have been optimized 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 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. GTX Files have a maximum flute angle, and the variable width lands allow for faster cutting in the apical and coronal portions, while wider flutes in the middle of the file maintain the flexibility of the canal path.

All of these innovations in design geometry have resulted in a file that typically cuts ideal shape in most canals with 1-5 instruments and in as little time as 50-45 seconds. That’s why geometry matters.

DEKA laser technologies opens new headquarters

DEKA Laser Technologies moved into its new headquarters in Carlsbad, Calif., on March 2. The company will close its smaller Ft. Lauderdale office, but will continue to maximize and fully staff its DEKA National Training Center in Ft. Lauderdale.

Tom Stratton, president of DEKA Laser Technologies commented: “our objective in this move is to prepare the company for rapid growth in the dental laser market. Visit them online at www.dekalasers.com. DEKA Laser Technologies marke...”

BeautiBond puts two powerful monomers into one thin adhesive

BeautiBond is a seventh-generation adhesive developed by Shofu.

According to the company, this new product contains two powerful monomers — one for the dentin and one for the enamel — that provides a powerful bond that is less than 5 micrometers thick. And to make things even better, it is easy to use and requires very few steps.

Just ask Howard S. Glazer, DDS, a general practitioner who has been using the new product for several months now at his practice in Fort Lee, N.J.

“I have been a seventh-generation user from the day they were introduced and have used every one on the market, and I am telling you — this one is hot, and it is getting hotter,” Glazer told Dental Tribune during an interview at the Chicago Midwinter Meeting. “It will definitely get people who have been hesitating to switch. In fact, it makes ‘the leap’ so much easier, and ‘the leap is in quotes because there is no leap really.”

Glazer said he likes BeautiBond because it incorporates two separate chemistries that bond to both the dentin and the enamel. He also likes the fact that it works with a very low micrometer thickness, leaving no gap of potential porosity for his patients. And another huge plus, Glazer said, is the ease of use of the product offers. BeautiBond comes in a “unit dose” size, and the package is designed in such a way that it will not tip over.

“There is no fumbling, no mixing, no shaking,” Glazer said. “Just look at the steps card — it is as easy as one, two, three.”

BeautiBond can be used with any composite resin on the market, and to make it even more appealing to dentists at the Chicago Midwinter Meeting, Shofu had a special trial offer: a box of 60 for the price of 50, with a money-back guarantee if you don’t like it.

A curious practitioner who is always looking for increased efficiency, Glazer typically tests half a dozen or so new products every month. “I want things that are faster, easier and better, not only for me, the doctor, but also for the ultimate end user — the patient,” he said. “After all, we’re in the smile business, so we like to keep everybody smiling.”

Dr. Buchanan is a Diplomate of the American Board of Endodontics and a Fellow of both the International College of Dentists and American College of Dentists. Clinicians interested in his DVD series, The Art of Endodontics, and his hands-on laboratory workshops in Santa Barbara, Calif., can call (800) 528-1590. For more information related to this article and for GTX updates and answers to frequently asked questions, please visit www.endobuchanan.com.

Free C.E. online courses are also available on the GTX System and other topics. Questions concerning challenging cases can be directed to (800) 528-1590.

About the author

Lenny Sukis, left, of Shofu (booth No. 417) and Dr. Howard S. Glazer talk about the BeautiBond seventh generation adhesive during the Chicago Midwinter Meeting.
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

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

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 GTX Accessory Files (40-10, 50-12, 70-12, 90-12) may be necessary to complete the shape or create more taper.

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Solving esthetic dilemmas with direct composite bonding

By Bruce J. LeBlanc, DDS

As an old saying goes, “we often miss the forest for the trees.” In our practice, it is easy to get lost in the concept that we do veneers, crowns or whatever and lose our focus on the call to help patients solve problems that affect their comfort, esthetics or function. These problems can range in the effect they have on a patient’s daily life, from minor irritations to what I call dental disabilities. When a patient fractures a front tooth, the effect includes an emotional component that can be disabling. Solutions we are able to offer may be truly life changing.

We approach these patients with the concept of “How can we help you?” using visual tools, including digital photography and radiographs, to discover problems and communicate solutions, and allowing patients to choose what fits their socioeconomic situation and needs. I have found this approach to be non-threatening in a way that shares the responsibility with the patients so that they own the outcome.

Although I consider lab processed restorations done meticulously to generally have the highest potential for longevity of service, direct composites offer a tremendous service with sufficient longevity to be of great value. Additionally, because solutions can generally be accomplished in one visit with the most conservative tooth preparations, patients consider it an excellent choice.

For example, a college student had recently fallen and broken several upper incisors. She was a very pretty girl who identified strongly with the appearance of her smile. If you will notice in her pretreatment smile picture (Fig. 1), there was a real strain in her face that indicated the problem had become as much emotional as it was physical (Fig. 2 is a pre-treatment close-up). With the clinical photographs, we were able to discuss solution options in consultation by showing the present condition and the outcomes of similar cases from other patients. The solution chosen was direct composite restorations as well as a root canal for tooth 9.

My technique utilized a fourth generation multi-bottle bonding agent that has provided me exceptional predictability and longevity over many years, and without sensitivity issues. Micro- and nano-hybrid composites offer the strength of hybrids while retaining a high gloss polished finish. Silicone polishing points, abrasive discs and polishing brushes were used to properly shape and create a highly polished

Mentors lead the way for a satisfying career in dentistry

An interview with Dr. LeBlanc about his career success and fulfillment

By Robin Goodman, Group Editor

What motivates you to practice dentistry?

I have practiced for 31 years. I intended to quit dentistry when I graduated from dental school because I could not stomach the idea of roller skating around the office seeing 60 patients a day, which I thought was necessary to make a profit. That did not match my value system. When I ran into the right mentors that showed me that I could practice in a way according to my values and likes, then that all changed. I love what I do and am ready to go 51 more years.

The turning point in my practice came in the earliest days when I decided I would set my schedule to enjoy each day rather than focusing on how much money I made. I identified what it was about each day that made me happy. I understood that, for me, the way I could practice had to be an expression of my value system. I wanted to have enough time to focus my best efforts on doing my best work for each person. It is not a
Dear Cosmetic Dentist,

We’re well into a new year and certainly change is still in the air. With this in mind, many of us are thinking what we can do to make this year, in spite of the current economic difficulties, better than the year before.

The best changes come from within. Let’s begin with our most important asset, our health. Let’s try to drop those bad habits and eat better and exercise more. If we can accomplish these worthwhile goals, we will be better able to make improvements in our personal and professional lives as well.

Next, let’s try to listen more to the people who need us and trust us — our patients, our team and, most of all, our families. Finally, let’s try on a daily basis to get just a little better at what we strive to do, delivering excellent cosmetic dentistry.

In the months ahead, our featured articles in Cosmetic Tribune will be committed to help you achieve your daily goal of getting a little better in delivering excellent cosmetic dentistry. Things will be just fine in ’09.

Sincerely,

Dr. Lorin Berland
Editor in Chief
Acrcredited and a Fellow of the AAD

Mentors

From Page 1

You mentioned that you had the right mentors. Can you tell us a little more about them?

I graduated from LSU School of Dentistry in 1977. I was very fortunate that Dr. F. Harold Wirth, a very close friend of L.D. Pankey, had retired and was mentoring students at the school when I was there. Although I did not appreciate his message as a student, I gravitated toward it in my early years of practice.

Dr. Wirth was the first president of the L.D. Pankey Institute and traveled the world with Dr. Pankey spreading the message of developing trust in the dentist/patient relationship. They both lectured for days about them. Can you tell us a little more?

Yes. No one was more miserable and less likely to practice dentistry for an extended period of time than I was. Success and fulfillment are different for each person. I think if it matters to us, we must identify what our values are and what makes us happy. Rate each day from one to 10 on a happiness/fulfillment scale. Identify what our values are and what makes us feel significant in the work that we do.

Solving

From Page 1

Surface. The unique aspect of completing a case like this in one visit is the reaction of the patient to have such a traumatic situation resolved so quickly.

To walk into our office disabled as she was and leave restored is an amazing accomplishment to the patient that creates tremendous gratitude. Although there is an obvious financial reward to providing treatment this way, the spiritual rewards we receive from providing such a service are of significant value to how we view ourselves in the work that we do. Notice in the picture that we took at one year post treatment (Fig. 3) the relaxed smile of the patient that indicates the emotional component of the disability has been resolved. We have not only restored her teeth, but her psyche as well. Very few professions have the ability to impact their clients this way.

The second case involved an emergency patient with a fractured upper central incisor (Fig. 4). The incisal half of the tooth had broken clean in one piece and fit like a puzzle perfectly back in place (Fig. 5). Definitive treatment included root canal treatment with a fiber post and core with the broken half of the tooth cemented into place as though it was veneer (Fig. 6). Minimal preparation of the facial allowed a direct veneer of nano- filled composite to be layered for color balance and reinforcement.
A recall photo at 6 months (Fig. 7) shows a very durable esthetic result achieving proper color matching of the centrals. An emotionally disabled patient was now restored and excited about her smile.

The final case was a seventeen year old patient with a retained deciduous tooth in place of #10 (Fig. 8) that had minimal root remaining and was about to exfoliate. The patient preferred not to do an implant and crown, so with the abutment teeth being non carious, a fixed bridge was unacceptable. The decision was made to replace the primary exfoliated tooth with a direct bonded pontic in place of #10 splinted to teeth 9 and 11. When the occlusion scheme is favorable and sufficient area of bonding can be gained on the virgin abutment teeth, this solution can easily last for 10 years or longer. For this patient, that was an exciting option that left open the possibility of an implant and crown at a future date. The tooth was extracted (Fig. 9) and a direct bonded pontic was fabricated of nano-hybrid resin and bonded to the adjacent teeth (Fig. 10). The completed case satisfied the desires and needs of the patient within her existing financial limitations.

Conservative minimally invasive options using bleaching techniques to remove tooth discoloration combined with creative composite bonding techniques can create a variety of solutions to the dental problems patients encounter. For many patients experiencing financial challenges in the present national economy, direct composite dentistry can provide an affordable solution that can satisfy their needs and desires.

It has been my experience that a non-threatening consultation approach builds tremendous trust with our patients as we communicate appropriately to them that we want to help them make choices that serve them best in solving their problem. As patient trust and satisfaction increases, so do the financial and spiritual rewards that we receive in return, which allows us to build a practice climate that is a joy to return to each day.

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Six-year followup photo photo courtesy of Joseph P. O’Donnell, DMD

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"This is the best group of people that I have ever been around. To see and feel all the positive energy was truly inspirational. I met some amazing people this week who share the passion we all share."
- Dr. Balaji Srinivasan

"Today the IACA started with four absolute legends of the profession talking about the past and future of dentistry and it was amazing! There is no other group on the planet that could gather this kind of a panel! Such an incredible group of people and experiences!"
- Dr. Mark Duncan

"[I] was inspired; was educated; have grown in myself; have realized I have not expressed love and gratitude to as many as I should...IACA was yet again beyond compare!" - Dr. Fred Calavassy

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* tentative and partial list

Presenting Partners

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What do Batman and orthodontic braces have in common?

By Shirley Gutkowski, RDH, BSDH, FACE

The most stomach-wrenching thing dentists see is an oral cancer lesion; for hygienists, it’s the melted enamel under and around orthodontic brackets and bands. The hot pink tissue seems to pulse with a life of its own. It covers the gingival third of the tooth hiding a caustic biofilm that percolates acids reminiscent of the vats Batman hung over, strung up by the Riddler. The chemistry under there has baffled third year dental and dental hygiene students. What to do with melted enamel?

Solutions: appliances and chemical ones

One option is to use the more advanced appliances that discourage biofilm accumulation. The ‘living better though chemistry’ is another answer to this problem. Today’s oral care products, over the counter and professional, have the potential to eliminate that stomach-wrenching moment. Even without relying on patient compliance, change can occur to save the teeth.

Brackets New passive self-ligating brackets are a great way to go (Damon). They discourage biofilm formation. The design of the bracket allows the low-force memory wire to move the teeth with less chance for bacteria to accumulate because they don’t require ligatures. Elastic ligatures greatly increase the number of microorganisms attached to the apparatus during treatment. This increased level of biofilm activity increases the incidence of decalcification during treatment.

Fluoride Applying fluoride varnish biannually may decrease unsightly white spot infections. Some of the elastomeric ligatures come in fluoride releasing types that cut down on biofilm too. The fluoride release is temporary, lasting only about two weeks; one study stated that they shouldn’t be counted on for decreasing enamel breakdown.

Bonding cement The cement for bonding the brackets onto the teeth can make a huge difference, too. An ortho cement containing amorphous calcium phosphate (ACP) (Bosworth Ageis) contains the components to repair the enamel, instead of removing it. By relying on a teenager to remove biofilm, the cement changes properties during an acid challenge to release the ACP, thus buffering the consequences of teenage hormone surges that put self-care on the back burner.

The Ageis cement is a compliance-free way to go. The hygiene department can have more say in treatment modalities if it affects the oral hygiene of the patient. Stopping therapy by removing the brackets is not always a good option, although it should work its way to the top of the option list if by six months the patient’s oral hygiene hasn’t improved.

Paste Along with the enamel replacement trend there are newer pastes that do more than just provide fluoride. The list is long, starting with Colgate Total with Tricolasan, and advancing to products containing Novamin and Recaldent, and the new one Tricalcium Phosphate (TCP). Having these products on hand to give orthodontic patients can set the stage for a premiere cosmetic outcome, along with a great orthodontic outcome.

Prophy paste Deciding on a prophy paste is also a worthwhile exercise. It seems as if new polishing pastes are brought to the market almost every day. The newest Nupro contains Novamin. New prophy cups and brushes can never resist break apart around brackets or wires. An air slurry polisher is important to use on patients with brackets and bands. Bicarbonate has many healing properties and can reduce biofilm on its own working with the sodium pump in the cell wall of the bacteria to upset the equilibrium, thus killing the bacteria. Calcium carbonate in Prophy Pearls (KaVo) is also helpful to the tissue, although not as dramatically.

Home care Customizing the home care regimen is very important for people wearing orthodontic appliances. Many hygienists go to the cosmetic end and talk about halitosis or gunky food hanging from the brackets or wires, making the patient unappealing to the opposite sex. The problem is, though, the patient’s don’t respond well to this scare tactic. If they want to, they’ll find someone to get close to.

Really looking at the array of toothbrushes available for ortho patients is important. So is finding out if they’ll use a Water Pik. The benefits of pulsing water for removing biofilm and creating ghost cells of the bacteria in the biofilm is substantiated in the literature. Water is the only thing necessary for outstanding results.

Resin modified glass ionomer (RMGI) On occasion, things get out of the clinician’s hands and enamel breaks down. Something new on the market can be used as a temporary band aid over a white spot infection that has started anywhere on the teeth. It’s a resin modified glass ionomer called Vanish XT Varnish. The dispenser is new to the hygiene world in that it uses double-barrel dispensing. Like epoxy cement, two components are squeezed out onto a mixing pad, mixed chairside and applied with a microbrush or other similar device, then the material is light cured. It is tooth colored as long as the tooth is white. It releases fluoride to the area and recharges when fluoride is around.

Sociological & psychological considerations

The sociological and psychological needs of the teenage patient also need to be addressed. Remove all judgment; the situation you are looking at with each patient is what it is. With teenage patients, it’s very tempting to belittle or use a condescending tone.

Sometimes the patient doesn’t want the treatment and will show his or her displeasure by refusing to cooperate. The patient’s displeasure by refusing to cooperate. The patient’s displeasure by refusing to cooperate. The patient’s displeasure by refusing to cooperate.
Dear Reader,

In this issue, readers will be learning about alternative treatment modalities for orthodontic patients. While these treatments may have been introduced to some practitioners, the information will be completely new to others. How is it possible that some hygienists are actually using new products for various dental hygiene applications and others have never heard of such things?

This is truly reflective of the amount of interest a clinician takes in keeping up to date with the world of dental hygiene. Many hygienists are content doing the things they always have and do not seek out new, potentially better ways to treat patients. The question I pose to hygienists is this. Do you want your physician practicing 1980s medicine or do you want him/her to be able to educate you on the latest recommendations being made by the medical profession? I am sure the answer is not only do you want your medical professional to be up to date, you expect it!

Well, guess what? Dental patients expect dental professionals to deliver the latest and best oral care possible. At this point in time, hygienists are fortunate to have a menagerie of places in which to gain education. Learning about new developments and different ways of doing things used to require time away from the office, travel and sitting in a meeting room all day. Now hygienists can learn 24/7 without even leaving the living room, if that is what we choose.

Hygiene journals and magazines are full of information and they can be accessed online. Yes, even Hygiene Tribune can be read online, Live, as well as taped Webinars are accessible online. Yes, even Hygiene Tribune is gaining popularity. Online hygiene programs/study clubs are wonderful to cooperate with home care. In such a case it’s best to offer new, innovative use of the appliances. This is a difficult decision, and while the parents may not agree, it is important that we as professional take a stand. Orthodontic treatment is not inert. It may not be the best treatment option at that particular time if the patient is not ready to receive it.

Shirley Gutkowski, RDH, BSDH, FACE is a clinical dental hygienist from Sun Prairie, Wis. She is the 2008 recipient of the Leadership Award from the World Congress of Minimally Invasive Dentistry. She is an award winning author and is co-author of the best seller, “The Purple Guide: Developing Your Clinical Dental Hygiene Career.” Her new book, The Purple Guide: Careers Management for Difficult Case Presentations,” will be published summer 2009. Please visit www.rdhpurpleguide.com for more information. You may contact Gutkowski at crosslinkpresent@aol.com.

Shouldering the burden

Our professional responsibility is to care for the burden of the patient as possible. Brushing and flossing will never be totally in the background, but until the patient in the chair learns basic and advanced self-care during those turbulent teenage years, it behooves us to do everything within our power so that we suffer the fewest consequences. Doing so will lessen tissue overgrowth, thus eliminating the caustic acid even Batman doesn’t want to tangle with. By using products from the professional end and suggesting less difficult home care regimens we can really produce the kind of smiles we hoped to create.

More info

An orthodontic patient and Texas dental hygienist, Gutkowski has some insights into oral hygiene with braces.

You’re wearing the Damon braces now, are you excited about the difference in oral hygiene you’re able to achieve wearing them over others?

Yes, because of the way the brackets are designed I find that oral hygiene is much easier for me. I see much more accumulated plaque biofilm in a patient with the traditional brackets and bands set up than the patient with Damon braces.

Can you tell us what makes them so different? Is it the design of the hardware or the materials used?

It’s not the materials, they’re similar to traditional equipment. Light wires are used to move the teeth with little pressure. This allows for the facial muscles and tongue to help the process along. The light pressure lesson the bone necrosis to occur, which I believe causes some of the tissue overgrowth we see in teens undergoing orthodontic treatment. Heavy pressure can cause the alveolar bone to crush, decreasing blood supply and cause pain.

The other oral hygiene friendly aspect of this system is the self-ligating brackets. The wires go into the brackets and there’s no need for those little elastic bands to hold the tooth against the wire. Less elastic, less plaque biofilm, better oral hygiene.

When you’re presented with patients with traditional brackets and bands, what do you generally recommend for oral hygiene?

Since embarking on this journey I’ve had a number of eye opening experiences. I had no idea about the potential for necrosis, for example. Now that I’m living with braces full time, I’ve made some adjustments in my oral hygiene recommendations. For instance, I’d never disregard the new chemistry we have available today. I recommend Denclude for nearly everyone, I also recommend MI Paste. I recommend the Sonicare Flexcare for anyone with brackets and bands, and the Sunstar Summit brush for when a power brush isn’t practical, like at school. I’m very particular about what I recommend and I’m seeing better results than ever. In the office, I apply fluoride varnish and use smart prophy paste.

Angie Stone, RDH, BS
Editor in Chief

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!
NCOHF awards Dental Hygienists’ Toothfairy Grants

The National Children’s Oral Health Foundation (NCOHF) has awarded three Dental Hygienists’ Toothfairy Grants totaling $14,000 to organizations to help eliminate children’s suffering from preventable dental disease. Grants are made possible through contributions to the Dental Hygienists’ Toothfairy Campaign in partnership with the American Dental Hygienists’ Association.

NCOHF President and CEO Fern Ingber said, “NCOHF is very grateful to the American Dental Hygienists’ Association and all dental hygienists who have made generous contributions to the Toothfairy Campaign. Together we are focused on providing underserved children effective preventive oral health services that break the cycle of preventable pediatric dental disease.”

Dental Hygienists’ Toothfairy Grants were awarded to the following NCOHF Affiliate network organizations:

- $10,000 to Catholic Healthcare West (Chandler, Ariz.), that in collaboration with multiple community partners has expanded its new dental clinic to reduce the incidence of needless suffering through its prevention and intervention dental program.
- $2,000 to Primary Health Care, Inc. Dental Clinic (Des Moines, Iowa) for vital prevention education program materials that teach positive behaviors to prevent pediatric dental disease.
- $2,000 to A Fluoride Connection Non Profit Corporation (Madison, Wis.) for materials teaching prevention and positive behaviors that prevent needless pain caused by pediatric dental disease.

Recipients are members of NCOHF’s national affiliate network, dedicated to delivering comprehensive oral health treatment and preventive educational services to millions of economically disadvantaged children and their families.

Nancy Adriansen, RDH for Primary Health Care, Inc. expressed her excitement. “The funding is very beneficial since we are currently seeing many more people who do not have the means to pay for dental care in our clinics. We are very excited to receive our educational material and begin using it with our most vulnerable children. Thank you so much for this great opportunity!”

About the National Children’s Oral Health Foundation

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GENETIC

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The researchers used a laboratory mouse model in this study in which this gene has been “knocked out” and its protein is missing. Such mice lack basic biological systems and cannot live after birth, but allow scientists to study what is there and what’s missing.

In this case, the mice had rudimentary teeth ready to erupt, but they lacked a proper enamel coating and never would have been functional.

“Enamel is one of the hardest coatings found in nature, it evolved to give carnivores the tough and long-lasting teeth they needed to survive,” Kioussi said.

With an understanding of its genetic underpinning, Kioussi said, it may be possible to use tooth stem cells to stimulate the growth of new enamel. Some research groups are already having success growing the inner portions of teeth in laboratory animal experiments, but those teeth have no hard coatings – the scientists lacked the genetic material that makes enamel.

“A lot of work would still be needed to bring this to human applications, but it should work,” Kioussi said. “It could be really cool, a whole new approach to dental health.”

Many people have problems with eroded tooth enamel, including people who smoke, drink and especially some who use illegal drugs such as methamphetamine. And most cavities start as a hole in tooth enamel that allows decay to begin.

This research was supported by the National Institutes of Health and the National Institute of Dental and Craniofacial Research, National Institutes of Health. The study was a collaboration of scientists from the OSU College of Pharmacy, College of Science and College of Engineering, and the Institut de Génétique et de Biologie Moléculaire et Cellulaire in France.

Stauth may be reached via e-mail, David.Stauth@oregonstate.edu, or telephone, (541) 737-0787.

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NCOHF awards Dental Hygienists’ Toothfairy Grants

The National Children’s Oral Health Foundation (NCOHF) has awarded three Dental Hygienists’ Toothfairy Grants totaling $14,000 to organizations to help eliminate children’s suffering from preventable dental disease. Grants are made possible through contributions to the Dental Hygienists’ Toothfairy Campaign in partnership with the American Dental Hygienists’ Association.

NCOHF President and CEO Fern Ingber said, “NCOHF is very grateful to the American Dental Hygienists’ Association and all dental hygienists who have made generous contributions to the Toothfairy Campaign. Together we are focused on providing underserved children effective preventive oral health services that break the cycle of preventable pediatric dental disease.”

Dental Hygienists’ Toothfairy Grants were awarded to the following NCOHF Affiliate network organizations:

- $10,000 to Catholic Healthcare West (Chandler, Ariz.), that in collaboration with multiple community partners has expanded its new dental clinic to reduce the incidence of needless suffering through its prevention and intervention dental program.
- $2,000 to Primary Health Care, Inc. Dental Clinic (Des Moines, Iowa) for vital prevention education program materials that teach positive behaviors to prevent pediatric dental disease.
- $2,000 to A Fluoride Connection Non Profit Corporation (Madison, Wis.) for materials teaching prevention and positive behaviors that prevent needless pain caused by pediatric dental disease.

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